of my granddaughters how to make the chat thing work”). Despite difficulty navigating passwords, software updates and other common obstacles, most participants expressed gratitude for technology and the connectivity made possible. Many indicated an intention to integrate new technology-based social interactions into everyday life even after restrictions ended. The COVID-19 pandemic has highlighted the role technology can play in fostering resilience among older adults in adapting to external stressors.

**INFORMATION AND COMMUNICATION TECHNOLOGY CHANGES IN LONG-TERM CARE DUE TO COVID-19**

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Residents of long-term care (LTC) facilities (e.g., nursing homes, assisted living facilities) have historically been vulnerable to feelings of loneliness and social isolation. Due to the COVID-19 pandemic, LTC facilities were required to restrict public access in March 2020. LTC communities were not prepared for the residents’ increased socioemotional needs which arose because of the mandated facility lockdown. This study investigated ICT use in LTC facilities and how ICTs are being used by residents since the onset of the COVID19 pandemic. Seventy LTC administrators in South Carolina (12 nursing homes and 58 assisted living facilities) completed an online survey exploring ICT access and use in LTC facilities and whether access and use changed as a result of COVID-19. Administrators from fifty-three percent of LTC facilities reported purchasing ICTs for their residents to use for communicating with family members and telehealth since the onset of COVID-19. LTC administrators reported that using the ICTs helped residents to socialize more frequently and feel more socially connected to their family members, friends and/or other residents. Barriers to ICT use included staff not having time to assist residents with technology, broken technology, and residents not wanting to share technology. LTC facilities were not adequately prepared to support the socioemotional needs of their residents in the event of a federally mandated facility lockdown. Future research should investigate the ICTs available for residents’ use in a national sample of LTC facilities and how LTC administrators adapted the ICTs available as a result of their experiences with COVID-19.

**OLDER ADULT TECHNOLOGY USE DURING A GLOBAL PANDEMIC: A STUDY OF MENTAL HEALTH, SOCIAL SUPPORTS, AND RESILIENCY**

Geunhye Park, Erin Robinson, and Gashaye M. Tefera, *University of Missouri, Columbia, Missouri, United States*

Older adults have been disproportionately impacted by the COVID-19 pandemic, which has led many to isolate during this time. Technology enables people to remain connected, however little is known about how older adults have used technology and the impact it has had on their mental health and connectedness. This study was to explore how the COVID-19 pandemic has influenced older adult mental health and social connectedness, with a particular emphasis on how technology has played a role. One-on-one interviews (N=29) were conducted with adults aged 65+ (Mean age=71.3; 86% female) via phone/Zoom. Participants were asked open-ended questions about the impact social distancing has had on their quality of life, health, and social connectedness as well as their technology use to remain connected. Findings highlight the mental health stressors experienced by older adults during the pandemic, as well as much resiliency and innovation. In speaking of the isolation and its effect on her mental health, one participant said, “I thought fighting cancer was bad, but this is worse.” Nearly all of the participants had used technology in some form to remain connected to others, which the most common being a smart phone to call, text, and videointerface. One participant commented, “You can’t beat an iPhone. How in the world could we ever live without an iPhone?” Many participants had learned a new technology during the pandemic, such as Zoom. Our findings raise the possibility that technology may be a good strategy for enhancing well-being of aging population amid the pandemic.

**PREFERRED COMMUNICATION CHANNELS AMONG OLDER ADULTS DURING COVID-19**

Cheryl Der Ananian,¹ Brad Doebbeling,² G. Mauricio Mejia,¹ Hallie Wine,¹ Michelle Houchins,¹ Frank Infurna,¹ and Claire Pishko,¹ *1. Arizona State University, Phoenix, Arizona, United States, 2. College of Health Solutions, Arizona State University, Phoenix, Arizona, United States, 3. Arizona State University, Tempe, Arizona, United States*

Social distancing measures put in place during the COVID-19 pandemic limited in-person interactions and may have increased the risk for social isolation and loneliness in older adults. Purpose: The purpose of this study was to understand the communication channels used by older adults (age 50+) during the COVID-19 pandemic to mitigate social isolation and loneliness. Methods: Older adults (n=22) who were selected from a longitudinal study, ‘Aging in the time of COVID,’ and who had self-reported they successfully avoided loneliness, participated in a semi-structured online interview. Participants were asked to describe the communication techniques and efforts they used to stay connected to family and friends during the pandemic. All interviews were recorded and transcribed verbatim. A thematic analysis approach was used to identify common approaches. Results: Participants were primarily female and white (100%) with a mean age of 64.7 years. Preliminary findings (n=5) suggest older adults relied heavily on technology to facilitate communication with family and friends including texting, phone calls, email, video calls or conferences (e.g., Zoom), WhatsApp and social media, primarily Facebook. In-person communication strategies, including one-on-one and small group gatherings following social distancing guidelines, were preferred, but used less often than technology-based approaches. Living close to family and friends, and previous experience with technology were facilitators. Competing work and family demands, distance, and technology challenges limited communication. Conclusions: While older adults may adopt technology at a lower pace, they relied on digital communication technology to maintain social connections during COVID.

**USE AND DISUSE OF TECHNOLOGY AMONG PERSONS WITH MEMORY CONCERNS AND THEIR CAREGIVERS DURING THE COVID-19 PANDEMIC**

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Social distancing and shelter-in-place orders designed to curb the spread of COVID-19 increased isolation among persons with memory concerns (PWMC) and increased the burden on individuals providing their care. Technology, such as smartphones or tablets, has demonstrated potential to improve the social connections and mental health of older adults; however, older adults historically have been reluctant to adopt new technology. We aimed to understand why some PWMC and their caregivers used new technology to adapt to lifestyle changes during the COVID-19 pandemic while others did not. In this study, we used data collected in 20 qualitative interviews from June to August, 2020 with PWMC and their family caregivers to assess changes in and barriers to technology use. Qualitative thematic analysis identified three themes which explained motivations for using new technology during a pandemic: 1) seeking relief from caregiver burden, 2) alleviating boredom, and 3) maintaining social connection. Results further revealed lingering barriers to PWMC and caregiver adoption of technologies, including: 1) PWMC dependence upon caregivers, 2) a lack of familiarity with technology, and 3) difficulties using technology. This in-depth investigation suggests that technology has the ability to provide caregivers relief from caregiving duties and provide PWMC with more independence during periods of pronounced isolation.

Session 2330 (Symposium)

THE SILENT MAJORITY: AGING WITH HIV
Chair: Paul Nash
Discussant: Molly Perkins

Those over the age of 50 represent the majority of people living with HIV (PWH), most of the HIV research, prevention and service retention work is targeted at ‘at-risk’ communities under age 50. Given this diverse and growing population, intersections of age with HIV need to be prioritized. This focus would actively increase quality of care and life experience for older PWH and the growing numbers transitioning into old age. Using local, national, and international data, this symposium will highlight the unmet social needs of older PWH. Presentations will provide evidence of unmet need, decreased self-esteem, enhanced health burden, and the damaging nature of stigma. Given the impact of COVID-19 globally, the data will further demonstrate the need to support immunocompromised older PWH. Older PWH are a marginalized community and the effects of COVID-19 have been disproportionately severe. With the adverse health outcomes experienced because of COVID-19 and intersectional stigma, it is important to understand the support structures that are and are not in place for older PWH. Advance care directives make up an integral part of future planning, especially for those living with chronic health concerns, yet little research has previously evidenced the steps taken by OPWH. Finally, using data from sub-Saharan Africa, emotional and instrumental social support sufficiency will be described to highlight the unmet needs of these older PWH. Our discussion will focus on the need for policies and programs to support this growing segment of the HIV population with increasingly diverse and unmet needs.

FAILING TO PLAN IS PLANNING TO FAIL: UTILIZATION OF ADVANCE CARE DIRECTIVES IN OLDER ADULTS LIVING WITH HIV
Paul Nash,1 Annie Nguyen,2 Anna Egbert,3
Mark Brennan-Ing,4 and Stephen Karpiak,5
1. University of Southern California, Los Angeles, California, United States,
2. University of Southern California, Alhambra, California, United States,
3. Ronin Institute, Montclair, New Jersey, United States,
4. Brookdale Center for Healthy Aging Hunter College, CUNY, New York, New York, United States,
5. GMHC, National Resource Center on Aging and HIV, New York, New York, United States

Advance Care Planning (ACP) makes up an integral part of the care continuum, especially for those living with chronic conditions such as HIV. Little research exists to understand how intersections of race, gender, sexuality and gender identity combine to influence the choices made by older adults living with HIV regarding ACP. The Research on Older Adults with HIV (ROAH) 2 study collected data from across the US and investigated the incidence and range of ACP amongst those 50+ living with HIV. Correlational analysis indicated that being White was significantly related to having at least one directive (R=0.070, p=0.035) where being African American correlated negatively with several forms of ACP. Additionally, there were also significant relationships between being Transgender, being gay, and being a woman as to the engagement with ACP options. Further analysis explored the impact of finance, self-rated health and social support networks.

LIVING WITH HIV THROUGH THE COVID-19 PANDEMIC: IMPACTS ON OLDER ADULTS IN NEW YORK CITY
Annie Nguyen,1 and Stephen Karpiak,2
1. University of Southern California, Alhambra, California, United States,
2. GMHC, New York, New York, United States

New York City was among the first to institute physical distancing and shutdowns to curb community spread of COVID-19. The pandemic has amplified issues related to isolation. We investigated the challenges created by the pandemic older adults living with HIV in NYC. 137 participants were recruited Sept-Nov 2020 from the oldest ASO in NYC, to complete surveys. Demographics: mean age=60.4; 58.3% men; 43.1% black/AA, 24.1% white; 48.9% gay, 30.7% straight; mean years living with HIV= 23.0, 92.6% reported undetectable viral loads. About one-third experienced straight; mean years living with HIV= 23.0, 92.6% reported undetectable viral loads. About one-third experienced

4