for OLWD’s health management, and cultivating partnerships with healthcare providers.

CHALLENGES AND BENEFITS: VOLUNTEERISM AMONG OLDER ADULTS DURING COVID-19
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Social distancing restrictions and regulations, put in place to reduce the spread of COVID-19, disrupted the daily lives of active older adult volunteers. One year into the pandemic, we used a mixed-methods approach to explore how these regulations had impacted the quality of life, loneliness, and volunteer behavior of 26 older adults who were active volunteers (i.e., at least an hour a week) prior to the start of the pandemic. All the participants were white and non-Hispanic, and the majority were female (65.4%). The average age was 71, with a range from 53 to 87 years old. On average, participants scored on the UCLA loneliness scale (4.23±1.39) indicated a low amount of loneliness and high scores on the Brunsvenik Brief Quality of Life (BBQ) scale (83.54±10.97) indicated a high quality of life. Thematic findings from the interviews conveyed that, despite the challenges and risks associated with volunteering during a pandemic, participants valued volunteer work enough to make adjustments or seek out new volunteer activities. The research team identified two overarching themes related to participants’ discussions of volunteering during the pandemic: Challenges and changes and Benefits of volunteering during a pandemic. Participants’ discussions of how volunteer work changed and why they continued or sought out new volunteer activities during a pandemic can guide organizations seeking to support or recruit older volunteers, particularly as the pandemic continues. These findings also provide further evidence of the important role that volunteerism can play in the well-being of older adults.

CLINICAL AND UTILIZATION OUTCOMES OF MATCHED PEOPLE WITH AND WITHOUT HIV AGED 65+
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The prevalence of age-standardized comorbidities is significantly elevated for PLWH across an array of cohorts. However, healthcare needs of older people living with (PLWH) and without (PWOH) HIV may be similar if they have similar geriatric conditions. PLWH and PWOH aged 65+ and eligible for Medicare from 7/1/2014-1/1/2015 were matched 1:1 on age, sex, race, and census region (n=7654). Cox regression assessed count of prevalent geriatric conditions (dementia, depression, falls, hip fracture, sensory deficits, osteoporosis, orthostatic hypotension, urinary incontinence, frailty, and polypharmacy), and risk for clinical or utilization outcomes (cancer, kidney disease, muscle wasting, hepatitis C, liver disease, myocardial infarction, stroke; hospitalization, nursing home and home health admission) during follow-up between 1/1/2015-12/31/2016. PLWH and PWOH are similar in count of geriatric conditions. Compared to those with none, those having 2+ geriatric conditions were similar across PLWH and PWOH in their risk of ≥1 clinical outcome (PLWH: HR 1.57 95% CI [1.29-1.90]; PWOH: HR 1.31 [1.02-1.67]), hospitalization (PLWH: HR 2.35 [1.96-2.83]; PWOH: HR 2.07 [1.65-2.60]), and home health admission (PLWH: HR 2.09 [1.58-2.76]; PWOH: HR 2.20 [1.55-3.12]). Having 2+ geriatric conditions, PWOH had 4.45 times the risk (95% CI 3.16-6.26) and PLWH had 2.88 times the risk (95% CI 2.18-3.81) of NH admission compared to no geriatric conditions. In this study, PLWH use nursing homes less than PWOH despite having a similar number of geriatric conditions and clinical outcomes. Further research to understand this apparent discrepancy will be critical to achieve equity in nursing home access.

CLOSING THE LOOP: AN ENVIRONMENTAL SCAN OF APS-REPORTER FEEDBACK PRACTICES AND SERVICES
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Abuse, neglect, and exploitation of older adults are prevalent and underreported in the United States. Pathways to identifying and resolving cases of abuse against older adults depend on mandated and non-mandated reporters bringing attention to these cases through reports to Adult Protective Services (APS). However, existing research points to several barriers to reporting. One significant barrier is a lack of communication from APS to reporters about reports they have made (e.g., whether the report is appropriate for APS, the investigation outcome, and services provided by APS). This lack of reciprocal communication likely serves as a disincentive for future reporting. This study aims to promote improved communication between APS and reporters by examining the legal, ethical, and practical barriers and facilitators to communication at key points in the reporting and response pathways. In this first phase of the project, we conducted an environmental scan of policies and practices related to reporting, investigation, and feedback. Early results from the environmental scan suggest most APS agencies (81%) do not currently provide feedback to reporters. Among those providing feedback, 20% provide feedback only to mandated reporters, and 50% provide only procedural feedback, which focuses on the process of receiving and screening reports for investigation and not on the outcome of the investigation. In the next phase of this study, we will supplement these findings through interviews with APS leaders across the U.S.
These early results will begin to fill an important gap in the understanding of feedback loops between APS and reporters.

**COGNITIVE STIMULATION THERAPY IN OUTPATIENT SETTIN GS FOR PERSONS WITH DEMENTIA**
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Cognitive Stimulation Therapy (CST) is a non-pharmacologic evidence-based intervention for persons living with mild to moderate dementia. This clinical intervention therapy follows a structured protocol designed to connect people with memory loss to others by providing opportunities for social engagement and group discussion of current events and a different themed activity each session. This presentation will include findings from a multi-site study of the group intervention conducted in an urban and two rural out-patient settings with community-dwelling older adults. Pre- and post-assessments captured data on cognitive function, depression, quality-of-life, and mobility. While CST is offered in over 30 countries, this is the first large-scale CST study conducted in the U.S. Implications for future practice and research will be presented.

**COMPARISON OF OLDER ADULT AND HEALTHCARE PROVIDER BELIEFS ABOUT FALL PREVENTION STRATEGIES**
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Older adults reported about 36 million falls in 2018. Although effective strategies are available to minimize fall risk, little is known about older adults’ and healthcare providers’ awareness of these strategies. This study describes and compares older adults’ and healthcare providers’ beliefs about fall prevention strategies. Demographic and fall-related data for older adults were obtained from the 2019 fall cohort of Porter Novelli ConsumerStyles. Similar data from primary care practitioners, nurse practitioners, and physician assistants, were gathered from the 2019 cohort of DocStyles. Percentages and 95% confidence intervals were calculated to compare older adults and providers. Most providers (91.3%) and older adults (85.1%) believed falls can be prevented. High percentages of providers and older adults identified strength and balance exercises (90.7% and 82.8% respectively) and making homes safer (90.5% and 79.9% respectively) as strategies that help prevent falls. More providers reported that Tai Chi (45.7%) and making homes safer (90.5% and 79.9% respectively) as strategies that help prevent falls. More providers reported that Tai Chi (45.7%) and managing medications (84.2%) can prevent falls compared to older adults (21.7% and 24.0% respectively; p<0.0001). Sizable percentages of providers and older adults endorsed less evidence-based strategies including aerobic exercise (70.7% and 58.4% respectively) and being more careful (69.3% and 81.6% respectively). Among older adults, lower endorsement of evidence-based strategies (e.g., Tai Chi, medication management) coupled with higher endorsement of limited evidence-based strategies (e.g., being careful, aerobic exercise) suggest some older adults lack awareness of effective fall prevention interventions. Increased patient and provider communication can increase awareness about the benefits of evidence-based strategies for fall prevention.

**COMPARISON OF PHYSICAL ACTIVITY LEVEL FROM OSTEOPOROSIS, PARKINSON AND HEALTHY SUBJECTS**
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Lifestyle at the habitation immensely affects the progression of various illnesses, such as Osteoporosis and Parkinson’s disease (PD). These disorders lead patients to a sedentary lifestyle and result in significantly less movement compared to the average healthy individual. The combination of these backgrounds escalates the percentage of fall incidents. Quantifying physical activity levels from longitudinal Activities of Daily Living (ADL) data of these disease patients could stipulate intuition of their fall mechanisms. The objective of this study is to compare the osteoporosis, Parkinson’s disease, and healthy group’s physical activity level from their ADL. For this study total of eighteen subjects participated (healthy=6, osteoporosis=6, PD=6). The result indicated that the dynamic physical activity level for the healthy subject was 13.2%, the osteoporosis subject was 7.9%, and the PD subject was 7.0%. This indicates that there was a significant decline in physical activity level for the PD compared to healthy subjects (P=0.0024*). Also, a comparison between healthy and osteoporosis subjects showed a significant difference (P=0.0066*). Lastly, the physical activity level of PD and osteoporosis subjects did not have a significant difference among them (P=0.6276). The aim of this study was to evaluate the physical activity level of the osteoporosis, PD, and healthy subjects. The systematic approach of collecting physical activity levels with the Inertial Measurement Unit (IMU) device allowed researchers to collect the quantitative data of ADL. In this experiment, healthy subjects were significantly more physically active compared to osteoporosis and PD patients.

**COMPARISONS OF FACTORS ASSOCIATED WITH SUICIDAL IDEATION OF OLDER INDIVIDUALS BY HEALTH STATUS**
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This study examined the factors associated with suicidal ideation among older individuals and compared those factors by their objective and subjective health status. Data were obtained from the 13th wave of the Korean Health Panel Survey in 2018. The sample of 6,283 older individuals, who are 55 years and older, was classified into four groups by their objective and subjective health status. Objective health status was measured by the number of chronic health conditions,