

questionnaire assessing COVID-19 perceptions, worries, and behavior changes. Participants were a convenience sample of United States residents, who were community-dwelling younger adults (18-35) or older adults (65 to 81). Analyses included 146 younger adults (68 men, 78 women) and 156 older adults (82 men, 74 women). Participants was predominately White, living in suburban/urban areas, and had completed some college. Our results showed that during the early phase of the outbreak in the United States, older adults perceived the risks of COVID-19 to be higher than did younger adults (e.g., thought COVID-19 was different than the flu). Despite this, older men were comparatively less worried about COVID-19 than their younger counterparts. Compared to the other participants, older men had also implemented the fewest behavior changes, such as wearing a mask. These results suggest that interventions are needed to increase COVID-19 behavior changes in older men. These results also highlight the importance of understanding emotional-responses to COVID-19, as these are predictive of their behavioral responses.

COVID-19, SOCIAL ISOLATION, AND LONELINESS IN OLDER ADULTS: LEVERAGING EXERCISE TO AGE IN PLACE STUDY

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Social isolation and loneliness are associated with morbidity and mortality and highly prevalent in older adults. Older adults, a high-risk group for developing serious complications from COVID-19, are asked to shelter-in-place limiting physical interactions. We aimed to determine the effect of the COVID-19 pandemic on social isolation and loneliness among community-dwelling older adults previously enrolled in in-person exercise classes in the Leveraging Exercise to Age in Place (LEAP) study before March 19th, 2020 when California started shelter-in-place. We conducted a pre-post analysis of cognitively intact participants (n=59) >50 years, who had social connectedness, loneliness, and demographic data collected pre- and post-COVID shelter-in-place. Participants' social connectedness was measured via the 11-question Duke Social Support Index (DSSI) and loneliness via the 3-question UCLA Loneliness Scale (UCLA 3). Participants had an average (\pm SD) baseline DSSI of 27.2 (\pm 3.5) and UCLA 3 of 4.8 (\pm 1.7) and were an average of 76.6 \pm 9.2 years, 81% female, 63% white, 29% widowed, 42% living alone, 27% acting as caregivers, and 44% were diagnosed with 3 or more chronic health conditions. We completed post-assessments on average 61 \pm 29 days after the start of shelter-in-place. Results of the paired t-tests indicated no statistically significant difference in social connectedness and loneliness pre- and post-shelter-in-place. Reasons for lack of observed change include: limitations of a small sample size, possible protective factors from enrollment in the LEAP program, or insufficient time at post-assessment to develop changes in loneliness and social isolation. Repeated assessments are needed throughout the pandemic.

COVID-19-RELATED CHANGES IN POTENTIAL RISK FACTORS FOR ELDER MISTREATMENT REPORTED BY CAREGIVERS OF OLDER ADULTS

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In previous studies, caregiver (CG) stress, substance use, poor physical health, poor mental health, financial problems, and social isolation have been associated with increased risk of elder mistreatment (EM) for older care recipients (CR). This study aimed to assess how the COVID-19 pandemic has impacted these CG-related risk factors for EM in a community sample of CGs. A non-probability sample of 433 CGs caring for adult CRs age \geq 60 years with physical (76%), cognitive (34%) and mental health (14%) conditions completed a survey on COVID-19 impacts in April-May 2020. CGs had mean age 61 (range 21 – 91), were 75% female and 92% non-Hispanic White. Over 40% of CGs reported doing worse financially since COVID-19. Compared to before COVID-19, 15% reported drinking more alcohol and 64% reported somewhat or greatly increased feelings of social isolation and loneliness. CGs reported that COVID-19 had made caregiving more physically (18.7%), emotionally (48.5%) and financially (14.5%) difficult, interfered with their own healthcare (19%), and led to family conflict over caring for CR (13.2%). Younger CGs (age <65) and those with annual income <\$50,000 were more likely to report negative COVID-19 impacts. This study suggests CGs of older adults may be experiencing increased stress, alcohol use, social isolation and negative impacts on their own health and financial situation. Healthcare and social service providers should assess for these EM risk-factors in caregivers and connect them and their care recipients with resources and services to address these stressors to reduce risk of EM during the COVID-19 pandemic.

COVID-19-RELATED FREE TELEPHONE CONSULTATIONS BY PUBLIC HEALTH NURSES

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Public health centers are located in each municipality in Japan and are responsible for infectious disease control including COVID-19. Public health nurses (PHNs) are stationed at the centers and work at the forefront, covering a variety of services from individual consultations to hospital escort for those tested positive. Starting January, PHNs at A city (population approx. 210,000) established a free telephone consultation hotline for COVID-19. This study aims to review the PHNs' telephone consultations during the first wave of COVID-19. The number of calls were aggregated weekly and their time-trend was examined. The study was approved by the University of Tokyo Ethics Review Board. During the first wave between January and May, there were 3,242 calls, with the highest number of calls (n=491/week) in the second week of April. At this point the regular PHNs were not enough to meet the heightened needs of consultations and PHNs from other departments were temporarily transferred for support. The number of consultation calls fluctuated weekly. The increase of calls seemed to precede the increase of positive cases by one week. We consider that the call may be an initial action of those who suspected possible infection, and the consultation

by the PHN might have led them to proper clinic visits and PCR testing. Telephone consultation is an easy tool to use for general public, especially older persons. Having health professionals respond directly to calls may have had the advantage of providing appropriate guidance for infection control and PCR testing and mental support.

DAILY AFFECTIVE EXPERIENCES ACROSS THE LIFESPAN DURING THE COVID-19 OUTBREAK

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Objectives Older adults are considered one of the most vulnerable groups to COVID-19. However, previous studies on emotion and aging have found that older adults report better well-being than younger adults in global survey and daily report. To better understand older adults' well-being during the COVID-19 outbreak, we examined age differences in daily affective experiences in this study. **Method** A total of participants from mainland China aged 18 to 85 were recruited to participate in the 14-day daily diary study, after a pretest. Their trait affect and demographic information were measured in the pretest. Their daily affect and stress levels were measured in the daily assessments. **Results** We found that older adults reported a higher level of low arousal positive affect (e.g., calm) and lower levels of high arousal negative affect (HAN; e.g., anxiety), low arousal negative affect (LAN; e.g., dullness), and perceived stress related to COVID-19 in daily life, compared to younger adults. **Discussion** These results provide initial evidence of daily affective well-being across different age groups in adulthood during the COVID-19 outbreak. Such information is important for developing interventions to promote better well-being during the COVID-19 outbreak.

DAILY STRESS PROCESSES IN A PANDEMIC: THE EFFECTS OF AFFECT, WORRY, AND AGE

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On March 13th, 2020, the World Health Organization declared a novel coronavirus, COVID-19, a pandemic. Given the day-to-day behavioral changes necessitated by this global threat, the current study examined daily stress reactivity and its potential moderators during the COVID-19 pandemic. Two-level, multilevel modeling was used to examine the daily relationship between perceived stress and negative affect, as well as the moderating effects of daily positive affect, average pandemic worry, and age, on this process. Participants included 349 individuals from the young adult, midlife, and later-life cohorts of the Notre Dame Study of Health & Well-being who completed a 28-day, daily diary study amidst the COVID-19 pandemic (NDHWB; Age Range = 26-89). Individuals were affectively reactive to perceived stress during the COVID-19 pandemic, experiencing higher negative affect on days of higher perceived stress. Regarding moderators, older individuals were less stress reactive than younger individuals, and the extent of individuals' pandemic worry exacerbated their stress reactivity. Furthermore, daily positive affect buffered daily stress reactivity, regardless of pandemic worry and age. In sum, individuals who were younger or more worried about the pandemic tended to be more stress reactive than older or less worried individuals. Furthermore, daily positive affect buffered stress reactivity, and this buffering effect did not depend on age or the extent to which

individuals were worried about the pandemic. Thus, mobilizing positive affect during the COVID-19 pandemic may be a promising avenue for intervention in daily stress processes.

DEMENTIA CARE PROVIDERS' DELIVERY OF FAMILY CAREGIVER SUPPORT DURING COVID-19

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Family caregiver support is a cornerstone of dementia care. Yet the transition to virtual care during COVID raised questions about the ability of dementia care teams to maintain caregiver support services. We surveyed Veterans Affairs clinicians about dementia caregiver support delivery following the COVID surge in the six New England states. 38 out of 68 (55%) clinicians from 6 states responded in June and July 2020. We found: 1) Clinicians continued providing the same types of support services for family caregivers before and after COVID, with over 50% of providers interacting with caregivers daily or multiple times per week. The most prevalent services were caregiver needs assessments, information and referrals, and assistance with accessing services. Two-thirds reported continuing to offer caregiver skills training and counseling, including peer support groups. 2) Caregiver support modality changed, most frequently through the combined use of phone and video, followed by only phone, and rarely, by only video. 3) Providers indicated that phone, more than video, increased to replace in-person interactions, because of multiple factors: caregivers (who continued to call for support on an as-needed basis but declined video encounters), providers (who began to provide group support via phone), and service factors (ad hoc versus scheduled encounters). Results suggest clinicians continued providing caregiver support despite suspension of in-person interactions, but future research is needed to assess the impacts of caregiver support delivery mostly by phone and factors underlying the limited use of video in delivering caregiver support.

DEMENTIA CARE UNDER COVID-19 AND INFECTIOUS DISEASE PANDEMIC RESTRICTIONS

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Emergency measures including social distancing and program restrictions during COVID-19 has reduced supports for people living with dementia and family/friend caregivers in the community. Consequently, these reductions in dementia services and resources have added to existing challenges and (in)equities for this stigmatized population. The objectives of this study were to identify how community-based resources and services for people with dementia and their caregivers are impacted by public health emergency measures enacted during COVID-19 and other infectious pandemics and secondly, use an intersectional health equity perspective to explore how supports for people and families living with dementia are affected