

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