

an active, conscious daily living process of coping with age-related changes (ARCs) taken on by older adults. Study aims were to 1) describe the ARCs experienced by community-dwelling older adults; 2) identify the strategies and resources used by older adults to accommodate the daily living challenges caused by the associated ARCs; and 3) evaluate the framework of EWA based on findings from aims 1 and 2. We conducted semi-structured interviews with 29 participants aged 64 to 98 online due to COVID-19 restrictions. We used a virtual card sort to assist data gathering. Fifteen ARCs (e.g., changes in hearing, changes in stability, changes in sleep, etc.) were mentioned by participants and their corresponding adaptations were discussed. We found that older adults linked their adaptations to their ARCs based on their changing capacities and needs. Commonly used adaptations included conserving energy, utilizing tools or technology, and being more conscious before and while taking actions. The challenges caused by COVID-19 in implementing the adaptations were also discussed (e.g., increased difficulty in understanding others due to mask-wearing). Our study substantiates the EWA framework by showing the commonality among older adults in linking ARCs with adaptations. Implications for clinicians and researchers include using EWA to help older adults identify personalized solutions that fit their capacities. Our study is late-breaking as we recently finished data analysis and the information included was not yet available by the previous submission deadline.

EXPERIENCES OF AFRICAN AMERICAN DEMENTIA CAREGIVERS DURING THE COVID-19 PANDEMIC

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African American caregivers are often confronted with the complexities of caregiving through the lens of race and associated health disparities. The COVID-19 pandemic has both exacerbated the systemic disparities and deeply rooted inequities experienced by African Americans and laid bare their effects on the community of caregivers. The purpose of this project was to explore the experiences of African American dementia caregivers during the COVID-19 pandemic. Nineteen African American caregivers of persons living with dementia were recruited by primary investigators and community partners with purposeful sampling techniques to participate in semi-structured focus groups that were held April 2021. Four overarching themes were constructed during thematic analysis: social isolation, decreased well-being, the good and bad of telehealth, and challenges in fulfilling the caregiver role. Caregivers expressed that they became socially isolated from family and friends, which led to them becoming depressed and mentally strained. Several caregivers felt they could not carry out their caregiver duties due to the constraints surrounding the pandemic. The varying levels of interaction with and the comfort level of physicians utilizing telehealth led to caregivers having mixed reviews on the popularized service. The results of this study will be used to culturally adapt caregiving education courses and programs promoting mastery and competency during a pandemic. In preparations for future public health crises, healthcare professionals will be able to use the results of this

study to address the specific needs and improve the experiences of African American dementia caregivers.

FACTORS ASSOCIATED WITH OLDER PEOPLES' PERCEPTIONS OF DIGNITY AND WELL-BEING AT RESIDENTIAL CARE FACILITIES.

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Dignity and well-being should be promoted in care of older people living at residential care facilities (RCFs). In addition, care should be person-centred. Dignity and well-being can be interpreted as person-centred outcomes. Older people living at RCFs experience a lack of dignity and well-being. To promote this, it is important to understand the associated factors to target. The aim of this study was to examine the associations between perceived dignity and well-being and factors related to attitudes of staff, the care environment and individual issues (age, gender, self-rated health and dementia) among older people living at RCFs. A national cross-sectional study was conducted retrospectively. All older people 65 years and older (n=71,696) living at RCFs in 2018 were invited to respond to the survey. The survey included the areas: self-rated health, indoor-outdoor-mealtime environment, performance of care, treatment from staff, safety, social activities, availability of staff and care in its entirety. Age, gender and diagnosed dementia were collected from two national databases. Data was analysed using ordinal logistic regression models. The result indicated that respondents who had experienced disrespectful treatment, who did not thrive in the indoor-outdoor-mealtime environment, who rated their health as poor and respondents with dementia had higher odds of being dissatisfied with dignity and well-being. There is a need to improve the prerequisites of staff regarding respectful attitudes and to improve the care environment. The Person-centred Practice framework, targeting the prerequisites of staff and the care environment, can be used as a theoretical framework for designing future improvements.

FAKE NEWS DETECTION IN AGING DURING THE ERA OF INFODEMIC

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Increasing misinformation spread, including news about COVID-19, poses a threat to older adults but there is little empirical research on this population within the fake news literature. Embedded in the Changes in Integration for Social Decisions in Aging (CISDA) model, this study examined the role of (i) analytical reasoning; (ii) affect; and (iii) news consumption frequency, and their interplay with (iv) news content, in determining fake news detection in aging during the COVID-19 pandemic. Young (age range 18-35 years, M = 20.24, SD = 1.88) and older (age range 61-87 years,