

vaccinations rates compared to NHs where the majority of residents are White. Across all NHs, worse SNF-VBP performance was associated with worse COVID-19 outcomes (the bottom quintile of SNF-VBP performers were more likely to experience COVID-19 infections and had lower vaccination rates; the highest performers had higher vaccination rates). However, in stratified analyses, SNF-VBP performance was not significantly associated with COVID-19 outcomes in majority-Black/AA NHs compared with majority-White NHs. The association between poor SNF-VBP performance and poor COVID-19 outcomes is concerning. Overall findings suggest that SNF-VBP performance prior to the pandemic is an important indicator of subsequent COVID-19 outcomes. However, it is unclear whether poor SNF-VBP performance is signaling overall poor quality or whether it is signaling a financial disadvantage caused by the program itself that in turn impacted COVID-19 outcomes.

PRECARIOUS AGING: A WORKING DEFINITION

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Until recently, studies of precarity have overlooked aging and late life. This poster presents a snapshot of conceptual work in progress on a Canadian Social Sciences and Humanities Research Council (SSHRC) Insight Grant on precarity and aging. The poster outlines existing definitions and theoretical perspectives, key results, a current evolving conceptual model, and a working definition of Precarious Aging. It situates existing knowledge and definitions of precarity, highlights crucial intersectional locations of gender, im/migration and (dis)ability, and clarifies the concept of precarity in later life. Results at this point in the study are based on conceptual reviews, reviews of literature on precarity and aging, and the consideration of allied concepts. In conclusion, the concept of precarity offers a promising lens to guide research in the field of social and critical gerontology, providing a foundation for an enhanced understanding of the lives and realities of older people with regards to aging, disadvantage, and inequality.

PREDICTING CAREGIVER REACTIONS TO CHALLENGING BEHAVIORS IN THE CONTEXT OF DEMENTIA

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Challenging behaviors exhibited by people living with dementia have been associated with a variety of negative outcomes including greater caregiver burden, nursing home placement, and lower quality of life. Although there has been considerable research on psychological and behavioral changes in dementia, little research has explored family caregiver reactions to these changes and what caregiver characteristics are associated with stronger emotional reactions. This research examined the relationship between

established indicators of caregiver mental health (depression, burden, grief, well-being) and caregiver reaction scores on the Revised Memory and Behavior Problems Checklist (RMBPC). The sample consisted of 76 family caregivers for people living with dementia, aged 25 to 93, who participated in a study on caregiver burden and grief. Multiple regression was used to predict RMBPC caregiver reaction scores from the Zarit Burden Inventory, Geriatric Depression Scale, Ryff Psychological Well-Being Scale, and Anticipatory Grief Scale while controlling for RMBPC total behavior frequency scores. RMBPC total behavior frequency scores and Zarit Burden Inventory were significant predictors of caregiver reaction scores ($F(2,74) = 87.559, p < .001, R^2 = .703$). More frequent, challenging behaviors were associated with more distressing reactions and higher caregiver burden also predicted more distress on the RMBPC reaction scores. Psychological well-being was associated with lower reactions at the bivariate level but was not significant in the full regression model. Future research is needed to better understand these relationships and implement this knowledge to benefit family caregivers.

PREDICTORS OF NURSING HOME COVID-19 CASES: A COMMUNITY VULNERABILITY APPROACH

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It is well known that the Covid-19 pandemic has placed considerable burden on nursing homes, including from resident, facility, and community perspectives, among others. This study examined facility and community factors that were related to incident Covid-19 cases in nursing home facilities. N=12,473 US nursing homes were included in this study. Data from June 2020 - January 2021 from several publicly available sources were combined to create a dataset that included facility name, size, ownership, mortality rate, Covid case rate, personal protective equipment (PPE) and staff shortages, % white residents, and % Medicaid residents. Community factors included core-based statistical area (CBSA) Covid case rates, urban/rural, CBSA death rates, and the CDC's Social Vulnerability Index (SVI). Zero-inflated Poisson regression models were used to determine predictors of 8-month Covid case counts, normalized by facility size. Results indicated that higher staff shortages, poorer facility rating, for-profit ownership, proportionally more Medicaid and non-white residents were all significantly associated with higher Covid case rates over 8 months (all $P < 0.0001$). Significant community level predictors of higher cases included urban setting and higher SVI. PPE shortages was not associated with higher case counts. Of all the factors included, SVI was the strongest predictor of Covid case counts. This large US study assists in determining critical facility and community factors that predict increasing Covid burden in nursing homes. Particularly, SVI is an important factor in determining facility and public health policy, and targeting resources in large scale health crises such as the Covid-19 pandemic.

PROJECT ECHO-AGE FRIENDLY COMMUNITY CARE: APPLYING THE ECHO® MODEL WITH AREA AGENCY ON AGING STAFF

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