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Peripheral arterial disease (PAD) is a vascular condition disproportionately affecting adults > 60 and the leading cause of disability for adults > 50. Because PAD is marked by severe leg pain and sometimes lower extremity amputation, quality of life (QOL) and wellbeing may be compromised however, we understand little about these constructs in this population. Furthermore, surgical care providers lack a comprehensive understanding of how individuals think about wellbeing and what is important to individuals during surgical care. We conducted a qualitative photographic elicitation study (n = 60) in one academic multidisciplinary PAD clinic to understand specific aspects of QOL of older individuals with PAD. Guided by interpretive description, a methodology pioneered in nursing, we analyzed data within and across five clinical symptom severity categories to examine for QOL constructs, impact on everyday life, understanding of disease, and desired treatment. Results demonstrate that individuals do not fully understand PAD diagnosis or its implications (e.g., "[I] have never heard of it. Do I have that?"). Disease-specific knowledge was prevalent among patients experiencing lower extremity amputation but those suffering from wounds or gangrene had limited understanding. Furthermore, patients' descriptions of QOL conflicted with the conceptualization of QOL in clinical practice and research. That is, many participants describe QOL based on activities they are capable of performing despite limitations. Results demonstrate the need for integrating gerontological knowledge into clinical care to improve quality of care for older adults.

REALITY OR A DREAM: BARRIERS AND FACILITATORS FOR NURSING ASSISTANTS PURSUING A NURSING CAREER

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Certified nursing assistants (CNAs) serve a critical role in the care of older adults. However, CNAs often experience significant professional and personal burdens related to caregiving work. Professionally, CNAs experience exorbitant workplace stress (e.g., physical injury, burnout, emotional exhaustion, staffing shortages, turnover). Personally, CNAs may have only a high school education, are subjected to low-paying jobs, and little opportunity for career advancement. Further, CNAs are disproportionately of minority race. Clearly, CNAs are negatively impacted by many social determinants of health. Ultimately, these burdens negatively impact older adults' care provision and quality of life. Transitioning to a nursing career may alleviate some of these complex problems, but this has scantly been explored. A qualitative descriptive study was designed to 1) identify interest in a nursing career, and 2) explore perceived barriers and facilitators of transitioning into a nursing profession. CNAs from nursing facilities participated in private, semi-structured interviews. Recorded interviews (n = 6) were transcribed verbatim. Preliminary thematic analyses yielded two overarching themes: The Dream and The Reality. Rich subthemes began emerging from both overarching themes.

Example subthemes from The Dream were: family legacy in healthcare, and finding purpose. Example subthemes from The Reality were: versus (CNAs vs. nurses; nurses vs. nursing care), and work-life balance. These preliminary findings suggest that CNAs express desire in becoming a nurse, although a range of personal and professional barriers and facilitators exist. Making the nursing dream become reality may improve CNAs' social determinants, workplace outcomes, and resident outcomes, but further exploration is warranted.

RELATIONSHIP BETWEEN SEVERITY OF COMORBIDITIES AND SELF-PERCEPTIONS OF AGING

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An older adult with negative self-perceptions of aging (SPA) can lead to lower self-rated health and a higher risk of mortality. To stay a positive SPA, keep a healthier status is very important. However, evidence also proved that health conditions, like a physical limitation, could predict the level of SPA. Older adults usually have a higher prevalence rate of chronic diseases than the younger population, which can adversely impact them. The purpose of this study is to determine the relationship between the severity of comorbidities and the change of SPA during a time. I examined data in 7,034 people from the 2012 wave Health and Retirement Study (HRS) and followed the respondents who have answer the SPA scale in the leave-behind questionnaire in 2016. The generalized estimating equation was used to analyze the relationship between the severity of comorbidities and SPA in different waves. To measure the severity of comorbidities, a reduced index of the comorbidities severity scale (CmSS) was created to collect the health condition from HRS. Results statistical model shows that an individual with more severity of comorbidities may have a more negative SPA. However, the relationship does not follow through with the times. These findings enhance the previous study that there are relationships between severity of comorbidities and SPA. The benefit of this study is to use a different measurement to identify the severity of comorbidities and extend to more in-depth research.

REPRESENTATION OF OLDER ADULTS IN COVID-RELATED NEWSPAPER COVERAGE

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Based on clinical and epidemiological evidence, COVID-19 infection can occur in people of all ages; however, the media typically focuses its attention on the vulnerability of older adults and individuals with chronic illnesses. This study aims to explore the representation of older adults during the first month of the pandemic in the U.S. by comparing the narratives of older adults and younger adults in national media sources. A systematic search identified 115 articles published in four major newspapers in the U.S. included USA Today, The New York Times, Los Angeles Times, and The Washington Post between March 11 and April 10, 2020 in which older adults and younger adults were quoted on topics related to the intersection of COVID-19 and aging. Quotes

were inductively reviewed using thematic content analysis. In 115 articles, there were 265 quotes from older adults (n=104, 39%) and younger adults (n=161, 61%). When comparing patterns that were common or distinctive between older and younger individuals quoted, three key themes emerged: 1) impacts of COVID-19 on older adults and resulting vulnerability, 2) debated perspectives over the value of older adults' lives, and 3) a counternarrative of resiliency among older adults. This study provides the opportunity to understand how the pandemic may impact representations of older adults and findings emphasize the importance of voice among older adults to combat ageist messaging and promote counternarratives to assumptions of vulnerability. Also, it suggests for policymakers and practitioners to insight into how the representation of older adults is disseminated by media.

RESIDENTIAL CARE IN CALIFORNIA: SPATIAL AND TEMPORAL TRENDS IN FACILITY DEVELOPMENT AND CARE CAPACITY

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The U.S. is aging, and the older adult population and number of long-term care services are growing but not at corresponding rates and concentrations depending on location. Insufficient research has analyzed residential care at the neighborhood or city level of analysis, where geographical trends in growth often reveal notable patterns of long-term care unobserved at county and state levels of analyses. We merged the California Department of Social Services Residential Care for the Elderly Dataset with census place and tract data to chart the growth of facilities and beds per older adults in all of California and its three largest cities, including 805 facilities licensed from 1996 to 2015. During the study timeframe, residential care steadily increased in California by the number of facilities and beds relative to older adults. However, due to a consistently increasing older adult population, the Cities of San Diego and San Jose experienced gradual and intermittent decline in capacity per older adults, respectively, even as they added many beds to their inventories from the sporadic development of large assisted living and continuing care retirement communities. Additionally, San Jose and Los Angeles exhibited the most overlap in mapping densities of facility development and oldest old adults, with San Diego showing less intersection in cartographic analysis. Understanding facility development and care capacity trends can help local agencies and jurisdictions in the U.S. and other countries discern whether planning policies and other geographical and development factors appropriately encourage the development of residential care and other long-term care facilities.

SAFETY AND TOLERABILITY OF AN AD26.RSV.PREF-BASED VACCINE IN A PHASE 2B STUDY IN OLDER ADULTS

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Respiratory syncytial virus (RSV) may cause severe lower respiratory tract disease in older adults and there is currently no approved vaccine. We assessed the safety and reactogenicity of an Ad26.RSV.preF-based vaccine in a randomized, double-blind, placebo-controlled Phase 2b proof-of-concept trial in adults aged ≥65 years (CYPRESS; NCT03982199). Prior to the RSV season, participants were randomized 1:1 to receive an Ad26.RSV.preF-based vaccine or placebo. Solicited adverse events (AEs; fatigue, headache, nausea, myalgia, fever, injection site reactions) and unsolicited AEs were assessed from time of vaccination to Day 8 and Day 29, respectively, in a safety subset of 695 participants (vaccine, n=348; placebo, n=347). All participants were followed for serious AEs (SAEs) until the end of the RSV season or 6 months after vaccination, whichever occurred later. A total of 5728 participants were randomized and received vaccine or placebo (n=2891 in each group). In the safety subset, the frequency of solicited AEs and Grade ≥3 solicited AEs was 51.4% and 3.2% in the vaccine group and 20.2% and 0.6% in the placebo group, respectively. The most frequent solicited AEs in the vaccine group were fatigue, myalgia, headache, and injection site pain/tenderness. The rates of unsolicited AEs and Grade ≥3 unsolicited AEs were similar between the vaccine (16.7% and 1.7%) and placebo (14.4% and 1.4%) groups. In the overall study population, the rate of SAEs was similar between groups (vaccine, 4.6%; placebo, 4.7%); none were considered related to the vaccine. The Ad26.RSV.preF-based vaccine was safe and well tolerated in adults aged ≥65 years.