

consistent staffing due to high turnover of staff. Chi-Squared tests and Fisher's Exact tests indicated that there were no significant associations between any of the recommendation themes and the gender of the caregiver, employment status of the caregiver, or whether the care recipient has Alzheimer's or dementia. Many of the themes align with results from a recent RAISE Family Caregiving Advisory Council Report. Recommendations from both sets of findings indicate ways that programs, services, and policies can be enhanced to support the needs of care recipients and caregivers.

#### NEPALI OLDER ADULTS WITH PRE-EXISTING CONDITIONS AND THEIR HEALTHCARE ACCESS AMID COVID-19 PANDEMIC

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COVID-19 has greatly impacted older adults with pre-existing non-communicable conditions (hereafter called pre-existing conditions) in terms of their access to essential healthcare services. Based on the theory of vertical health equity, this study investigated access to healthcare by Nepali older adults with pre-existing conditions during the COVID-19 pandemic. A cross-sectional study surveyed 847 randomly selected older adults ( $\geq 60$  years) in three districts of eastern Nepal. Survey questionnaire, administered by trained community health workers, collected information on participants reported difficulty obtaining routine care and medications during the pandemic, in addition to questions on demographics, socioeconomic factors, and pre-existing conditions. Cumulative scores for pre-existing conditions were recoded as no pre-existing condition, single condition, and multimorbidity for the analyses. Chi-square tests and binary logistic regressions determined inferences. Nearly two-thirds of the participants had a pre-existing condition (43.8% single condition and 22.8% multimorbid) and reported experiencing difficulty obtaining routine care (52.8%) and medications (13.5%). Participants with single (OR: 3.06, 95%CI: 2.17-4.32) and multimorbid (OR: 5.62, 95%CI: 3.63-8.71) conditions had three and five-fold increased odds of experiencing difficulty accessing routine care. Findings were similar for difficulty obtaining medication (OR single: 3.12, 95%CI: 1.71-5.69; OR multimorbid: 3.98, 95%CI: 2.01-7.87) where odds were greater than three-folds. Older adults with pre-existing conditions in Nepal, who require routine medical care and medication, faced significant difficulties obtaining them during the pandemic, which may lead to deterioration in their pre-existing conditions. Public health emergency preparedness should incorporate plans for both managing the emergency and providing continuing care.

#### NUTRITIONAL RISK AND HEALTH-RELATED QUALITY OF LIFE IN OLDER ADULTS AGING WITH HIV

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Due to antiretroviral treatment success, individuals with HIV are living longer. People aging with HIV (PAWH, 50+) may be more likely to experience nutritional risk compared to their HIV-negative counterparts due to biopsychosocial factors. The DETERMINE checklist measure accounts for social and economic factors as well as aspects of the aging process that are not typically considered when examining nutritional risk and are important for PAWH. The current study examined nutritional risk and health-related quality of life (HRQoL) in PAWH using the DETERMINE checklist and PROMIS t-scores (mental and physical HRQoL) through secondary analyses of 158 participants in the Strengthening Therapeutic Resources in Older patients aging with HIV (STRONG) study. DETERMINE nutritional risk scores (0-21) were separated into 4 groups (low-risk [0-2, n=13], moderate-risk [3-5, n=28], high-risk [6-12, n=78], very high-risk [13-21, n=39]). The sample was 55% male, 94% Black/African American and had a mean age=59 (SD=5.5). Most of the sample (74%) were at high or very high nutritional risk and low HRQoL t-score: physical M=43.7 (SD=9.5), and mental M=45.7 (SD=10.1). Mental and physical HRQoL were significantly ( $p < .001$ ) associated with nutritional risk group as tested through linear regressions. Means were as follows: physical HRQoL low-risk M=53.4 (SD=10.6), moderate-risk M=47.4 (SD=8.9), high-risk M=43.5 (SD=8.1), very high-risk M=38.4 (SD=8.9); mental HRQoL low-risk M=54.0 (SD=8.9), moderate-risk M=49.1 (SD=7.9), high-risk M=46.1 (SD=9.5), and very high-risk M=39.5 (SD=9.7). These associations remained significant after controlling for age and sex. Higher nutritional risk as measured by the DETERMINE checklist in PAWH was associated with poorer physical and mental HRQoL.

#### OLDER ADULTS PLACE GREATER IMPORTANCE ON A PURPOSEFUL RETIREMENT

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Sense of purpose is associated with desirable health and well-being measures in older adults. Unfortunately, existing research points to complexity in the connection between purpose and retirement: some but not all people decline in sense of purpose following retirement, and some view it as nonessential to maintain a purpose specifically during retirement. These findings suggest there may be individual differences both in the importance placed on being purposeful specifically during retirement, and that there may be a discrepancy in purpose importance before retirement and during retirement. In this study, we examined whether perceived purpose importance correlates with age and personality, as well as working status. Data were collected from a U.S sample (N = 2,009), aged 18-93 (M = 48.51). Participants completed a survey assessing the Big Five personality traits and were asked to rate the importance of purpose before