in-depth interviews conducted among lesbian (n=9), gay (n=6), and heterosexual spousal and partner (23 women and 14 men) caregivers of those with AD, reveal that, although all the caregivers spoke about "having to do everything," with a particular focus on decision-making, they interpret this experience differently based on the intersections of gender and sexuality. The heterosexual women reported they were used to managing daily household life, yet they described having to make decisions as quite stressful: "I don't like to be the boss." Heterosexual husbands also lamented that they "had to do everything," but commenting that they hadn't realized what it took to "manage a household." The concerns reported by lesbian and gay spouses and partners were similarly situated but more varied, as each group tended to report their previous divisions of labor as "less well-defined." Our findings reflect both the influence of gender inequalities on how respondents experience "doing everything," and their potential modification in same-sex relationships.

## FACTORS ASSOCIATED WITH ENGAGING IN REGULAR PHYSICAL ACTIVITY AMONG WOMEN FAMILY CAREGIVERS

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Regular physical activity is important for promoting the health of family caregivers. In this study, we used data from the 2015 and 2017 Behavioral Risk Factor Surveillance System Questionnaire-Caregiver module to examine factors associated with meeting physical activity guidelines among women caregivers. Meeting physical activity guidelines was defined as participating in 150 minutes (or vigorous equivalent minutes) of physical activity weekly. We used survey-weighted multivariate regression analyses to examine relationships between sociodemographic, caregiving, and health characteristics and meeting physical activity guidelines. All variables were entered into the model simultaneously. The Wald test was used to test the significance of interactions between race and ethnicity and other covariates. 50.7% of 10,542 women caregivers met physical activity guidelines. The amount of time spent caregiving each week was not associated with the odds of meeting guidelines. Caregivers in the paid workforce had decreased odds (OR=0.73, 95%CI [0.62-0.87]) of meeting guidelines. Compared to women caregiving for <6months, women caregiving for 6 months to 2 years had increased odds of meeting guidelines (OR =1.33, 95%CI [1.08-1.64]). Increasing education was associated with an increased odds of meeting guidelines, but being college educated had a more positive effect for Hispanic than white caregivers (pinteraction=0.03). Having children did not affect the odds of meeting guidelines for white caregivers, but for black caregivers having two or more children decreased the odds (pinteraction=0.03). Understanding how sociodemographic, caregiving, and health characteristics impact engagement in regular physical activity is critical to designing effective interventions and ultimately improving the health of caregivers.

## PERCEIVED CONTROL AND ICD CONCERNS IN OLDER ICD RECIPIENTS: SEX AS A MODERATOR

Abigail Latimer,[1] Jennifer Miller,[2] Misook Lee Chung,[2] Muna Hammash,[3] and Debra Moser,[2] *1. University of Kentucky College of Nursing RICH Heart Program, Lexington, Kentucky, United States, 2. University of Kentucky College of Nursing, Lexington, Kentucky, United States, 3. University of Louisville, Louisville, Kentucky, United States*

Implantable cardioverter defibrillators (ICDs) reduce the risk of sudden cardiac death for those with a history of or high risk for lethal arrhythmias. In 2016, 105,000 ICDs were implanted in older adults (age ≥ 60) in the US. Approximately 25% of ICD recipients report significant ICD concerns with women reporting higher levels than men. Little is known about the experience of older adults living with life-saving/extending medical technologies, particularly related to sex differences in ICD concerns. Perceived control may decrease ICD concerns, but sex differences have not been explored. The aim of this cross-sectional study was to determine the moderation effect of sex on the association between perceived control and ICD concerns in older adults (age≥ 60). Participants completed a questionnaire on ICD Concerns (ICDC-8) and the Control Attitudes Scale-Revised, a measure of perceived control. We conducted a moderation analysis using Hayes' PROCESS for SPSS with 5,000 bootstrap samples. Of the 99 participants (73.7% male; age 70 + 7 years; education 13 + 3 years), most participants were white (79.8%) and married (69.7%). There were no differences in participant characteristics, perceived control, or ICD concerns, by sex. We found an interaction between sex and perceived control (b= -.5715, p= 02), indicating that for women (-.5801, p =.007), as perceived control increased, ICD concerns decreased. For men (-.0089, p =.9439), ICD concerns remained the same despite level of perceived control. Future clinical and research interventions to decrease ICD concerns should include ways to increase perceived control particularly for older women living with ICDs.

## THE ROLE OF SECONDARY CARE NETWORKS, GENDER, AND RACE ON PRIMARY CAREGIVER BURDEN

Jiaming Liang, and Maria Aranda, *University of Southern California, Los Angeles, California, United States*

In addition to primary caregivers, many older adults receive care from secondary care networks (SCN), which include family members and friends. Literature rarely considers support that SCN provided to primary caregivers. This study examines: (a) the association between SCN support and primary caregiver burden, and (b) the intersectional effects of gender (male/female)-race (White/Black) identities of primary caregivers on the association. A cross-sectional study using data from 2015 National Health and Aging Trend Study (NHATS) and National Study of Caregiving (NSOC) was conducted. A total of 967 older adults, 967 primary caregivers, and 2253 secondary caregivers were selected. SCN support was measured by (a) care domain overlap, and (b) proportion of caregiving by SCN. Negative binomial regressions on overall and split samples estimated main effects of SCN support and the intersectional effects of gender and race. Both SCN-related variables were associated with primary caregiver burden, but significant three-way interaction was only found between gender, race, and proportion of caregiving by SCN. Black female caregivers reported heaviest burden and having SCN support was associated with lower risk of being burdened. Whereas Black

male caregivers reported lightest burden and SCN support was not associated with their perceived burden. Our findings support the positive role of SCN in reducing stress of primary caregivers, and demonstrate that positive impacts of SCN support vary across gender-race groups. The results indicate a strong need for support programs aimed at promoting cooperation among family caregivers for burden reduction, especially families with female and Black primary caregivers.

## Session 4240 (Symposium)

### GERIATRIC WORKFORCE ENHANCEMENT PROGRAMS' PARTICIPATION IN THE NURSING HOME COVID ACTION NETWORK

Chair: Leland Waters
Discussant: Nina Tumosa

In late September, 2020, the Geriatric Workforce Enhancement Program's (GWEP) Program Officer, at the Health Resources Services Administration (HRSA), alerted the 48 GWEPs about a nationwide initiative focusing specifically on the pandemic's effect in nursing facilities. The ECHO Institute at the University of New Mexico negotiated a national contract with the Agency for Healthcare Research and Quality (AHRQ) to provide a nationwide educational intervention via the CARES Act Provider Relief Fund. The ECHO Institute recruited over 100 Training Centers as educational coordinators for the Project ECHO Nursing Home National COVID Action Network. Our Project Officer suggested that individual GWEPs participate in this effort and take the lead or provide geriatric educators for these Training Centers. Project ECHO (Extension for Community Healthcare Outcomes) is an innovative telementoring program that creates virtual learning communities, bringing together healthcare providers and subject matter experts using videoconference technology for brief presentations, and case-based learning, fostering an "all learn, all teach" approach. This symposium will describe the journeys that five GWEPs experienced becoming Training Centers, rapidly deploying a nursing home ECHO project, to support nursing home staff on best practices for protecting patients, staff, and visitors from coronavirus infection and spread. GWEPs from The University of Louisville, the University of North Carolina, the University of North Texas, the University of Rochester and The Virginia Geriatric Education Center's two ECHO Hubs, joined the National COVID Action Network. This presentation will provide an overview of why GWEPs are well positioned to address emergent needs with short notice.

### LESSONS LEARNED IN EXECUTING THE NURSING HOME COVID ACTION NETWORK

Anna Faul,[1] Samantha Cotton,[2] Pamela Yankeelov,[1] and Barbara Gordon,[2] *1. University of Louisville, University of Louisville, Kentucky, United States, 2. University of Louisville, Louisville, Kentucky, United States*

The University of Louisville ECHO Hub for the Nursing Home COVID Action Network put together a hub of experts that could effectively address the diverse needs of the 240 nursing homes in the 7 cohorts launched. We included an infectious disease expert, a geriatrician, and a behavioral health specialist who adjusted the curriculum to be more in line with the needs of the nursing homes. Our nursing homes were diverse in terms of geography, size and location. We created space for our cohorts to feel comfortable with each other, despite their differences. To foster this sense of togetherness, our facilitators used anonymous opinion polls and incorporated the use of virtual breakout rooms to encourage small group discussions. These strategies assisted in developing a sense of community within the Project ECHO sessions, that will continue to evolve in the post COVID world.

### NC CAN COVID-19 ACTION NETWORK: PROJECT ECHO IN NORTH CAROLINA

Ben Blomberg,[1] Cristine Henage,[2] Jennifer Hubbard,[1] and J. Marvin McBride,[1] *1. UNC Chapel Hill School of Medicine, Chapel Hill, North Carolina, United States, 2. The University of North Carolina at Chapel Hill, UNC, North Carolina, United States*

Experts in geriatrics, infection control and nursing home administration joined the ECHO Hub team led by The Carolina Geriatrics Workforce Enhancement Program (CGWEP) at the University of North Carolina at Chapel Hill (UNC). Ninety-two of North Carolina's 423 nursing homes enrolled in a 16-week videoconference series designed to address clinical, logistical, and leadership issues related to COVID-19. The CGWEP coordinated recruitment with two other Training Centers at UNC Family Medicine and the Mountain Area Health Education Center, reaching 58% of all NC nursing homes (N=245). Faculty used curriculum and pre-recorded videos provided by the Institute for Healthcare Improvement (IHI). Discussions demonstrated real-world problem solving as participants applied what they learned to local conditions. Quality Improvement (QI) experts from IHI mentored participants in gathering data and completing Plan, Do, Study, Act cycles to better respond to the challenges of COVID-19 among a critically vulnerable population.

### LEVERAGING PARTNERSHIPS FOR A NURSING HOME COVID LEARNING COMMUNITY

Sarah Ross, Jennifer Severance, Janice Knebl, and Susanna Luk-Jones, *University of North Texas Health Science Center - Ft. Worth, TX, Fort Worth, Texas, United States*

The rapid and uncertain trajectory of community spread in nursing homes statewide spurred action by the University of North Texas Health Science Center to create a nursing home (NH) COVID learning community. As an existing ECHO hub, we assembled an interdisciplinary team leveraging local NH partnerships, a regional Quality Improvement Organization (QIO), and a regional emergency response task force to rapidly scale up delivery. Specialist teams include a geriatrician and NH medical director, administrator, nursing administration, infection control expert, and a QIO specialist. With the IHI curriculum as a road map for essential training elements, we adapt each week's agenda based on the interests and concerns of the participating nursing facilities and the incidence rate in our community. At this time, we have two more sessions before completion of phase 1. The three cohorts are engaging 151 participants from 68 nursing facilities with a total attendance of 747.