

dementia (63%) and interacting with family caregivers (63%). Findings from this work will inform the development of an organizational level intervention that targets training and support of direct care workers.

WHOSE DECISION IS IT? PERSPECTIVES ON AGENCY INVOLVEMENT IN DETERMINING PAID CAREGIVERS' ROLES IN DEMENTIA CARE

Jennifer Reckrey,¹ Deborah Watman,² and Emma Tsui,³

1. *Icahn School of Medicine at Mount Sinai, Icahn School of Medicine at Mount Sinai, New York, United States,*

2. *Icahn School of Medicine at Mount Sinai, New York, New York, United States,* 3. *CUNY Graduate School of Public Health & Health Policy, CUNY Graduate School of Public Health & Health Policy, New York, United States*

Individuals living at home with dementia often rely on a team of caregivers and health care providers. Yet little is known about how the role of paid caregivers within this team is determined. We identified patients with moderate to severe dementia (n=9) and conducted individual interviews with their care teams (family caregiver, paid caregiver, physician) (n=27) to explore perspectives on paid caregiver roles. Participants disagreed on who determined the paid caregiver's role. Agencies were perceived to set limitations on the scope of care (particularly by physicians) but agency care plans were often seen as inadequate and failing to capture important nuances of care. Most family caregivers believed they should guide what paid caregivers did in the home, while most paid caregivers reported relying on their own experience and knowledge. Understanding and addressing these differing perceptions is critical to improving the quality of paid care in the home.

NAVIGATING COVID-19: COMMUNICATION AND COORDINATION BETWEEN HOME CARE AGENCIES AND AIDES CARING FOR OLDER VETERANS

Emily Franzosa,¹ Kimberly Judon,² Eve Gottesman,³

Tessa Runels,⁴ and Nicholas Koufacos,² 1. *Icahn School of Medicine at Mount Sinai, Icahn School of Medicine at Mount Sinai, New York, United States,* 2. *James J. Peters VA Medical Center, Bronx, New York, United States,* 3. *US Department of Veterans Affairs, Bronx, New York, United States,* 4. *West Haven VAMC, West Haven, Connecticut, United States*

Home health aides are essential members of the home care team, but often report limited communication with agency supervisors. To explore the impact of COVID-19 on these dynamics, we conducted semi-structured interviews with providers (n=9), contracted home health agencies (n=6), and aides caring for veterans (n=8) at an urban Veterans Affairs medical center. Data were analyzed through thematic analysis. Agencies relied on aides to observe and report on patients' conditions, including COVID-19 symptoms, but aides were not always aware of follow-up and wanted more information about their patients' health and COVID-19 status. Agencies also reported providing personal protective equipment (PPE) and infection prevention guidance to aides; however, some aides reported purchasing their own PPE and seeking out private COVID-19 testing. Supporting aides by providing needed training and protective resources, and engaging them more collaboratively in medical care, may help improve job satisfaction and quality of care.

RETHINKING EMPLOYER COMMUNICATION AND SUPPORT FOR HOME CARE AIDES: A CASE STUDY OF PANDEMIC GROUP SUPPORT CALLS

Emma Tsui, *CUNY Graduate School of Public Health & Health Policy, New York, New York, United States*

This case study explores an employer-initiated biweekly group support call for home care aides implemented by a large New York City-based home care agency during the COVID-19 pandemic. Specifically, we investigate how agency staff used information gathered through these calls to intervene into existing agency communication and support systems for aides. Our single-site case study analyzes detailed notes from almost 100 support calls that took place between April 2020 and March 2021, as well as interviews with agency staff from communications, human resources, nursing, and other departments that support aides. We compare and contrast new communication and support mechanisms advanced in conjunction with these calls with agency systems pre-pandemic. Our findings suggest that while calls were initially targeted toward providing emotional and operational support, staff also advocated for more systemic supports. We discuss the sustainability of these new efforts, as well as ongoing barriers and gaps.

Session 2325 (Paper)

Technology and COVID-19

I WOULD BE MORE AT A LOSS WITHOUT IT: TECHNOLOGY AS A TOOL FOR RESILIENCE FOR OLDER ADULTS DURING THE COVID-19 PANDEMIC

Rebecca Newmark,¹ Theresa Allison,² Alexander Smith,³ Carla Perissinotto,² and Ashwin Kotwal,⁴ 1. *University of California, San Francisco, Oakland, California, United States,* 2. *University of California San Francisco, San Francisco, California, United States,* 3. *UCSF, UCSF, California, United States,* 4. *University of California San Francisco, University of California San Francisco, California, United States*

COVID-19 associated shelter-in-place orders led to concerns about worsening social isolation and inadequate access to technology among older adults, yet little is known about technology use in this population during the pandemic. We examined older adults' experiences with technology during shelter-in-place in order to identify lessons learned for a post-pandemic world. We conducted semi-structured in-depth interviews with a purposive sample of 20 community-dwelling older adults in San Francisco. Two independent coders conducted concurrent data analysis using inductive and deductive approaches to identify salient themes. Participants were 78 years on average (range 64-99), 55% female, 25% Black, 75% lived alone, and 60% reported at least one ADL impairment. Technology emerged as core aspect of resilience, indicating whether older adults could navigate pandemic restrictions, with two primary themes identified. First, many participants reported discovery of new technologies to maintain or develop new connections, including Zoom-based community groups and telehealth services ("there's all kinds of virtual programs where you can exercise"). Second, older adults were resourceful in identifying community resources and enlisting family members to learn ("I had to ask one