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Social distancing related to the COVID-19 pandemic may heighten loneliness among older adults, especially those with chronic conditions that increase risk for severe illness from the coronavirus. Little is known, however, about potential risk and protective factors linked to loneliness during the pandemic. In the present study, we examined factors associated with loneliness in a U.S. sample of adults aged 50 and older with at least one chronic condition. Participants included 701 adults aged 50 to 94 ( $M = 64.57$  years,  $SD = 8.84$ ) who were recruited over 8 consecutive weeks between May 14 and July 9, 2020 to complete an anonymous online survey. We estimated a series of multiple linear regressions to determine how sociodemographic characteristics, health characteristics, stress related to COVID-19, and social resources were independently associated with loneliness during the pandemic. Two-thirds of participants reported moderate to severe loneliness. The fully adjusted regression model showed that being a person of color, having a spouse or cohabiting partner, and reporting more emotional support were linked to lower levels of loneliness. Higher anxiety symptoms, more worry about being infected with COVID-19, and greater perceived financial strain because of COVID-19 were associated with higher levels of loneliness. These findings pinpoint potential targets for interventions to improve and maintain the well-being of a particularly vulnerable subgroup of older adults during the COVID-19 pandemic and in future public health crises.

#### **FAMILY CAREGIVERS ON THE FRONTLINE: CHALLENGES OF PROVIDING CARE TO POST-ICU COVID-19 PATIENTS**

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Family caregivers are essential care providers helping to ensure the sometimes complicated recovery of recently hospitalized COVID-19 patients. COVID-19 caregivers face pandemic-specific challenges such as not being at patient bedside throughout the hospital stay and managing social distancing post-discharge. The current study aims to explore the unique experiences of family caregivers of Intensive Care Unit (ICU) COVID-19 patients. In-depth qualitative interviews were conducted by web conference with 13 dyads of adults who were in an ICU for COVID-19 between March and August 2020 and their primary caregiver ( $n=26$ ). Participants were interviewed about the care recipient's hospitalization and recovery journey, supports received, challenges experienced, and gaps in the system of care. Thematic qualitative analysis was conducted utilizing Watkins' (2017) rigorous and accelerated data reduction (RADaR) technique. Caregivers played a critical role in patient admission, discharge, and recovery. Themes of caregiving challenges included self-management of COVID-19 infection, knowledge deficits of available resources and post-discharge care needs, post-infection stigma, separation guilt, deprioritized self-care, financial challenges, and lengthy recoveries with some

ongoing health needs. While receipt of emotional support was considered an advantage, some caregivers expressed contact fatigue. Understanding how COVID caregivers experience illness management across the recovery journey can aid our understanding of the COVID caregiving process and identify intervention targets to improve overall health and well-being of the care dyad.

#### **FIRESIDE CHATS DURING COVID-19: CAREGIVER COMMUNITY-BASED EDUCATION**

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The Utah Geriatric Education Consortium (UGEC) provides education about Age-Friendly Health Care and Dementia-Friendly Communities to both informal and professional caregivers. As such, we have collaborated with our community partners to hold 12 "Fireside Chats" (2 in person, and 10 virtually due to COVID-19) between December 2019 and September 2020. Our expert speakers and panelists have given presentations on a variety of topics, specifically focused on coping with COVID-19, such as physical, music, and arts-based activities to do in the home, advance care planning, local services and supports, resiliency, and mindfulness. A total of 463 participants attended the Fireside Chats. A total of 169 attendees completed evaluations regarding the programs (a completion rate of 37%). Attendees were primarily White (86%), non-Hispanic (95%), well educated (86% had a college degree or higher), about half of the group were community caregivers (55%), while the other attendees were primarily from health professional backgrounds (e.g., nursing, social work, physical therapy). We obtained evaluation data in seven domains based on a 5-point Likert scale (1=strongly disagree to 5=strongly agree). The mean level of agreement in the seven following domains were: satisfaction ( $M=4.68/SD=.53$ ), effectiveness ( $M=4.72/SD=.52$ ), met stated goals ( $M=4.70/SD=.53$ ), met educational needs ( $M=4.64/SD=.6$ ), will improve the care they provide ( $M=4.57/SD=.70$ ), included useful examples ( $M=4.59/SD=.66$ ), and was better than similar trainings ( $M=4.23/SD=.86$ ). These results along with steady attendance of our "Fireside Chats" demonstrate the need and satisfaction with our community-based education based on improving geriatric care practices within the community and in long-term services and support programs.

#### **FORWARD-FOCUSED COPING PREDICTS BETTER MENTAL HEALTH OUTCOMES IN OLDER ADULTS DURING COVID-19 PANDEMIC**

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Psychosocial stressors associated with the COVID-19 pandemic may increase risk of depression and anxiety in the general population. Older adults may be especially vulnerable to these psychosocial stressors and their impact on mental health outcomes. Consequently, there is an urgent need to identify protective factors for older adults. The purpose of the present study is to determine the relative contribution of coping flexibility and two distinct coping strategies,