

interviews. The acceptability was measured by the Senior Technology Acceptance (STA) and semi-structured interviews with 15 participants. The STA consists of four domains with 14 items, and the semi-structured interview includes three main questions related to experiences about balance performance tests, body composition, and activity monitoring. One hundred twenty-four community-dwelling older adults completed the online survey, and 15 older adults participated in the interviews. The majority of participants were female, and 72% had no history of falls. Race and ethnicity were 17% Hispanic, 7% African Americans, and 3% Asian Americans. About 7% had COVID-19 positive, 31% reported fear of COVID, and 14.5% were afraid of losing their life to COVID. The word-of-mouth strategy and key person approach were used and had an incredible impact on the recruitment process. None of the participants had ever had their fall risk and fear of falling assessed before agreeing to participate in this study. The technology-based fall risk assessments were feasible and acceptable. About 78% of participants liked the idea of using technology to assess falls risk, and 79% agreed that using technology would enhance their effectiveness in daily activities.

FEASIBILITY AND ACCEPTABILITY OF VIDEOCHAT DURING MEALS IN ADULTS AGING IN PLACE OF AVERAGE AGE 88

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Older adults in the United States prefer to age-in-place. However, living and eating alone are risk factors for malnutrition. Using videochat during mealtimes, i.e., VideoDining, can provide commensality and social facilitation to improve nutritional intake. The objective of this study was to determine if older adults aging-in-place can independently VideoDine with family or friends. We recruited eleven older adults from Full Circle America Steuben, a virtual assisted living program for adults aging-in-place in rural New York. All participants had Amazon EchoShow devices for videochat. Participants were instructed on VideoDining and asked to independently schedule four VideoDine sessions with a family/friend in four weeks. Surveys were collected at baseline, after VideoDine sessions, and end-of-study. Participants were 91% female and 100% white. The average age was 88 years. All participants were widowed and living alone except for one married couple. Overall, 45% of participants VideoDined four times, 36% of participants VideoDined two to three times, and 27% not at all, for an average of 2.7 sessions in a month. Participants VideoDined during all meals, although dinner was most common (66% of meals), and breakfast least common (12% of meals). Average comfort was rated 7.6/10 (1=not comfortable, 10=comfortable), median enjoyment was 9.3/10 (1=not enjoyable, 10=enjoyable), and median ease of VideoDining was 4.1/5 (1=very difficult, 5=very easy). On average, participants rated their VideoDining meal experience a 7.6/10 (1=poor, 10=excellent). With access to videochat technology, older adults can connect with a dining partner and have a favorable experience sharing a meal over videochat.

FEASIBILITY OF IN-HOME SALIVA COLLECTION OF CORTISOL AND DHEA-S AS A BIOMARKER OF STRESS IN DEMENTIA CARE DYADS

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Dementia afflicts affected individuals and their family caregivers worldwide. Although a non-pharmacological intervention has been recommended as a first-line approach to minimize adverse outcomes (e.g., stress) in dementia care dyads (persons with dementia [PWD] and their family caregivers), most evaluations of such interventions have relied on subjective (e.g., self- or proxy-report) rather than objective (e.g., biomarkers) measures. We aimed to explore the feasibility of saliva collection of cortisol and dehydroepiandrosterone sulfate (DHEA-S) as a non-intrusive method in dementia care dyads. Dementia care dyads living at home were recruited from the memory center in Sweden. Prior to the saliva collection, participants received a one-hour education session with a hands-on demonstration led by a trained study coordinator. Participants were instructed to collect saliva three times (two for morning, one for evening)/day, five days/week for eight consecutive weeks. Out of 32 care dyads (32 PWD and 32 family caregivers), 24 (75.0%) completed the saliva collection. On average, 105.5 (87.92%) and 105.9 (88.25%) samples were collected from PWD and family caregivers during eight weeks. There were no statistically significant differences ($p>0.05$) in the average number of saliva samples (i.e., total samples, morning or evening samples) between PWD and family caregivers. The findings of this pilot study showed that saliva collection of cortisol and DHEA-S as a stress measurement was feasible in dementia care dyads living at home. Robust and person-centered procedures, tailored educational materials, and effective communication with dementia care dyads should be considered in future biomarker research on stress in dementia care dyads.

FINANCIAL IMPACTS OF THE COVID-19 PANDEMIC ON U.S. OLDER ADULTS: ASSESSING PANDEMIC-INDUCED JOB AND INCOME LOSS

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The COVID-19 pandemic has greatly impacted the economic security of millions of older adults. Job loss and reductions in personal income were significant in 2020 stemming from pandemic-induced shutdowns that temporarily closed large swaths of the U.S. economy. Yet, the specific financial impacts of the pandemic on older adults, including family care partners, are not well understood. To understand the COVID-19 pandemic's effects on the health and financial well-being of older adults, we gathered data from the Research via Internet of Technology and Experience (RITE) Study, a longitudinal survey panel providing data from thousands of participants of various ages and backgrounds in the U.S. on their use of healthcare and technology (N=1,365). We measured by population strata including age, sex, and education and other characteristics including caregiver status. Adults between 20-40 years of age experienced the highest rate of job loss and reduction in wages (33%) as a result of the pandemic, while adults aged >70 years experienced