to shield them from exposure to the virus. While measures of physical distancing and reduction of in-person contacts were necessary to prevent contraction, they hit residents of care settings particularly hard since visits from family and friends were banned and the risk for loneliness and social isolation increased. In the present study, we therefore gave the voice to nursing home residents and focused on their perceived loneliness and subjective well-being during the crisis. We were both interested in difficulties but also in personal resources and resilience factors that might protect older adults from negative mental health outcomes and help to maintain subjective well-being. A sample of N = 76 residents in care homes in the Grand Duchy of Luxembourg were interviewed by use of a standardized questionnaire during July and August 2020. Participants reported on their loneliness and life satisfaction during the crisis, on their self-regulatory strategies as well as on personal and social resources (e.g. self-efficacy, generativity, social support). Data will be analyzed by use of regression analysis to predict loneliness and well-being by risk and protective factors. Results will be discussed applying a lifespan developmental and systemic perspective to understand the mutual interplay of individual, social and institutional resources to mitigate negative side effects of protective measures on care home residents.

SUCCESSFUL TRANSITIONS TO REMOTE ASSESSMENTS AND TECHNOLOGY INSTALLATIONS DUE TO COVID-19: THE I-CONECT PROJECT

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I-CONECT is a randomized controlled clinical trial to examine the impact of social interaction delivered via video-chat on cognitive function (clinicaltrials.gov number: NCT02871921, project website: www.I-CONECT.org). We aimed to enroll 320 community-dwelling socially isolated older adults (age >=75 years). The recruitment of participants has started in 2018 and was ongoing when COVID-19 pandemic began. Video chat and telephone-based social interaction interventions did not change during COVID-19. However, new recruitment and cognitive assessments, which require in-person contact and deployment and retrieval of video chat devices in participant homes, were suspended due to the nature of our study population (i.e., older age, higher likelihood of comorbidities). Recently we were able to successfully switch to complete remote assessments including 1) telephone-based cognitive assessments using T-COG (Telephone Cognitive Assessment battery), and 2) contactless delivery of our study devices (Chrome books and electronic pill boxes) for subject self-installation. Our creative approach to self-installations includes color coded pictures and an easy-to-follow installation manual, accompanied by remote instruction and support via telephone. This poster introduces our remote assessment and installation protocol and participant and technical support team feedback regarding this new contactless protocol. This presentation provides useful guidance for future studies considering completely remote assessment and telemedicine approaches.

SUPPORTING OLDER ADULTS AND CAREGIVERS THROUGH INTEGRATIVE SERVICE LEARNING DURING COVID

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There is a growing population of older adults who are living longer and acquiring chronic illness and disabilities, making it difficult for them to complete everyday activities and age in place. More than 2 million of these older adults are homebound and 5 million need help leaving their homes. They experience social isolation, food insecurity, and lack of connection to community resources which has intensified since the pandemic. Integrative service learning models can provide home-based support to older adults while offering valuable, hands-on learning experiences for students. This study examined findings for a community-based program which trained university students to provide practical home-based support for older adults and their caregivers. Data was collected for 109 older adults who were connected with student trainees. Students provided services with groceries, companionship, and help accessing needed services. Findings from t-test results using the UCLA Loneliness Scale indicated that older adults reported less loneliness after engagement with students (mean difference = 6.15, $t = 3.14$, $df = 82$, $p < 0.01$). Qualitative process data suggested that older adults benefited from services and a connection to their assigned students prior to and during the pandemic. Student trainees reported that the experience enriched their learning and reaffirmed their commitment to working with older adults. Community-based service learning can address home-based needs of older adults and their caregivers and enhance learning opportunities for students. Policies and practice can support a pipeline of geriatric health professionals through innovative service learning models to benefit older adults, caregivers and students.

THE FIRST COVID-19 STAY-AT-HOME RESTRICTIONS: AN INTERGENERATIONAL COMPARISON OF THE IMPACTS

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"Social distancing" and stay-at-home orders were enacted in many states in response to the spread of COVID-19. We sought to understand intergenerational differences in the impact of the initial COVID-19 restrictions on interactions, loneliness, and stress. Data was collected via online survey from individuals ages 18 and above during the period April 7-May 8, 2020. The predominantly female, White, and well-educated sample (n = 962) included 245 younger adults (YAs) ages 18-34, 374 middle-aged adults (MAs) ages 35-64, and 343 older adults (OAs) ages 65+, with overall mean age 51.67 (SD=20.257; range 18-96). Before the restrictions, 41% of these OAs infrequently/never interacted