

$p < .05$), worry ($r = .40$, $p < .01$), and negatively related to self-reported physical health ($r = -.31$, $p < .05$) and emotional well-being ($r = -.26$, $p < .05$). Hostile ageism did not relate to pity, but positively correlated with loneliness ($r = .25$, $p < .05$) and worry ($r = .37$, $p < .01$), and negatively related to physical health ($r = -.27$, $p < .05$) and emotional well-being ($r = -.38$, $p < .01$). This work provides preliminary evidence of how the lives of older adults have been influenced by COVID-19 and the resulting ageism outbreak. Future research should continue this avenue of study with more expansive and inclusive samples and approaches as the pandemic is not over.

"IT ISN'T GOING TO LAST FOREVER!" THE EFFECTS OF COVID-19 PANDEMIC ON OLDER ADULTS

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The media puts a spotlight on older adults' vulnerability to COVID-19 with limited consideration on how they view and cope with this crisis. This study is to give older adults voices to share their experiences of this pandemic. Data were collected using semi-structured interviews with 46 adults between the ages of 66 and 97 from the midwestern United States. Participants were asked to share how the pandemic affects them, their vision for the future, and how they cope during the pandemic. Although they worried about their health, felt isolated and missed seeing family and friends, most participants shared an optimistic view for the future. Some said that they are looking forward to receiving the vaccine, some believed that the effects of the pandemic are just temporary, and others compared that of the pandemic to the wars and other types of hardships which were much worse. Strategies for coping during the pandemic vary from spiritual practices to positive thinking, from exercises to new hobbies, and from calling family members to cutting down on the news. The results also show that the oldest-old and old-old participants seem to be better at regulating their negative effects compared to the young-old. One female participant in her 90s shared that she does not worry about the pandemic because there is nothing that she can do about it. Older adults' adaptability during the COVID-19 pandemic should be better understood to reverse the image of their vulnerabilities and promote late-life coping during crises.

AGE AND AGEISM IN THE COVID-19 PANDEMIC: WHAT DOES THE DATA SHOW?

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Gerontologists were quick to call out the resurgence of ageism that was reflected in the paternalistic, overgeneralized, and deficit views of aging that dominated discussions about age-associated risks of the disease and its consequences. One manifestation of the blunt and potentially ageism-promoting use of age in data about the virus is the failure to routinely distinguish the independent role of age alone, separate from its association with comorbidities. A related problem is the use of broad age categories, which can also mask the role of specific comorbidities. To address that gap, this study uses data from Centers for Disease Control and Prevention, as of Feb 21, 2021 to calculate age-specific COVID-19 death rates (ASDR) and compare the extent to which comorbid conditions potentially associated with COVID-19 deaths

were listed on death certificates. Findings showed that the ASDR was significantly higher for those 85 years and over (2249.96 per 100,000); the rate was 802.66 for 75-84 and 312.78 per 100,000 for 65-74. Death certificate information revealed that influenza and pneumonia was the major contributing comorbidity to COVID-19 deaths across all three age groups; (listed on 49% of the death certificates for those 65-74 who died with COVID-19, 46% of those 75-84, and 38% of those 85 and over). Future studies should be more precise about the use of age/age groups, about the rationale for those designations, and about the impact of age separate from comorbidities. Broad use of an arbitrary age as a proxy for frailty and illness contributes to ageism.

AGEISM AND UNDERGRADUATE ATTITUDES TOWARDS OLDER ADULTS DURING COVID-19

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The COVID-19 pandemic has shed light on the far reaches of ageism in our society. The current study sought to better understand ageist beliefs in Canadian undergraduate students during the pandemic. As part of a larger survey on ageism, we conducted a thematic analysis on open-ended responses to the following questions: 1) "Has your relationship with older adults in your life changed as a result of the COVID-19 pandemic?" and 2) "Have you noticed that attitudes or opinions towards older adults in your community have changed as a result of the COVID-19 pandemic?" Students felt that older adults should be treated differently during the pandemic because they are seen as "high risk" or "vulnerable." Furthermore, students felt that they needed to be more cautious around older adults because older adults need to be taken care of. Students expressed fear about transmitting the virus to older adults in their lives so chose to isolate from grandparents or avoid older adults in the community in an effort to keep them safe. Finally, examples of negative and positive ageism were present in responses. Negative ageism was seen in comments about how older adults were going to die anyway, the assumption that older adults need more help, and the belief that older adults should be staying home during the pandemic. Positive ageism was present where students realized the importance of their relationships with the older adults in their lives. Results are discussed using the framework of implicit and explicit ageism.

AGEISM PREDICTS PRIORITIZING COVID-19 VACCINES FOR OLDER ADULTS AND LTC RESIDENTS

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Ageism and ageistic stereotypes regarding older adults have become widespread and influence many policies and practices. Benevolent ageism includes attitudes or behaviors that appear overtly positive but are actually patronizing (Cary et al., 2017). Hostile ageism, usually expressed through negative stereotypes, highlights older adults' poor physical