

United States, 2. Rutgers University, Piscataway, New Jersey, United States

When considering problem drinking from a lifespan-developmental perspective, an often-stated premise is that problem drinking escalates during adolescence, peaks around early young adulthood, and then declines throughout the remainder of the lifespan. However, while there is a strong empirical basis for such changes throughout adolescence and young adulthood, the notion of continued declines throughout midlife and older adulthood is less firmly established and based primarily on cross-sectional data. Thus, this study contrasted cross-sectional versus longitudinal age effects on problem-drinking changes across the lifespan, with particular focus on midlife and older adulthood. Analyses used data from a large, two-wave, U.S.-representative sample. We generated descriptive “porcupine figures” graphically depicting both cross-sectional and longitudinal age effects simultaneously, and we estimated mixed-ANOVAs to partition, test, and contrast cross-sectional versus longitudinal age effects. As expected, analyses confirmed the well-known rise and fall of problem drinking across young adulthood in both cross-sectional and longitudinal age effects. In contrast, in midlife and older adulthood, only cross-sectional age effects were consistent with the notion of continued age-related declines throughout these ages, whereas the longitudinal data showed a mixture of stability and escalation at these ages. Age-confounded cohort effects are one plausible explanation for how cross-sectional data can lead to spurious conclusions about developmental change. By potentially yielding a more accurate understanding of lifespan-developmental change in midlife and older adulthood, findings like ours could help guide lifespan-developmentally-informed interventions for midlife and older-adult problem drinkers; an objective of increasing importance in light of the ongoing aging of the U.S. population.

PSYCHOLOGICAL IMPACT OF COVID-19 PANDEMIC ON FRONTLINE RESPONDERS AND STUDENTS IN TRAINING

Andrew Revell,¹ and Mitchell Gauvin,² *1. University of Massachusetts Dartmouth, University of Massachusetts Dartmouth, Massachusetts, United States, 2. University of Massachusetts Dartmouth, North Dartmouth, Massachusetts, United States*

Medical personnel have been in the frontlines of the pandemic leading to increased levels of stress and an impact on mental health. Risks may include, but are not limited to, pronounced burnout (Shechter et al., 2020), vicarious trauma, and post-traumatic stress disorder. The goal of this investigation was to gain insight on the psychological effects that the pandemic had on both frontline responders (EMTs and emergency room staff) and students in clinical training. Emerging adults and adult participants (N=150; ages 18-46; 70.4% ages 18-24) were recruited through the introductory psychology subject pool, community healthcare, and social media. Linear regression and means testing were employed to assess differences between current frontline workers and future workers on the Depression, Anxiety, and Stress Scale (DASS-21; Lovibond, 1995) on irritability, sleep, covid-19 positive presence, concentration, and other mental health factors. Hierarchical linear regression, controlling for age, indicated

higher anxiety subscale scores ($b=2.49$, $p=.008$) and higher stress subscale scores ($b=2.25$, $p=.035$) were present on the DASS-21 for women. Dichotomous means testing indicated higher anxiety, stress, and depression levels for those who also reported a significant change in sleep habits ($p < .001$) and for those who reported being more irritable on their days off ($p < .001$) during the pandemic. Students in training (37.7%) indicated interest in considering a different career path ($r = .302$, $p = .02$). Future studies should examine these dynamic relationships among mental health factors among healthcare professionals and the implications for training the next generation.

PSYCHOSOCIAL PREDICTORS OF PSYCHOLOGICAL WELL-BEING DURING THE COVID-19 PANDEMIC

Yeon Ji Ryou,¹ Gina Lee,¹ Rotem Arieli,¹ Peter Martin,¹ Shinae Choi,² Jinmyoung Cho,³ and Melinda Heinz,⁴ *1. Iowa State University, Ames, Iowa, United States, 2. The University of Alabama, Tuscaloosa, Alabama, United States, 3. Baylor Scott & White Health Research Institute, Temple, Texas, United States, 4. Upper Iowa University, Fayette, Iowa, United States*

People worldwide have been largely affected by the COVID-19 outbreak. In addition to worries about physical health, it also causes concerns about psychological and mental health. This research aims to explore predictors affecting psychological well-being during the pandemic using the 2018 Health and Retirement Study (HRS) RAND longitudinal data (N = 42,233) and the 2020 HRS COVID-19 module (N = 3,266). Demographics (i.e., gender, age, and education), psychosocial (i.e., personality traits), and health (i.e., comorbidity) variables were included in multivariate logistic and ordinary least square regression analyses predicting feeling “overwhelmed,” “stressed,” and “lonely” during the pandemic. Our results indicated that neuroticism was positively associated with all outcomes. Women were more likely to feel overwhelmed, stressed, and lonely compared to men. Age negatively predicted the overwhelmed and stressed feelings. Furthermore, the effect of depressive symptoms in 2012, 2014, 2016, and 2018 on psychological well-being was assessed by conducting a latent growth curve model. Findings indicate that initial level and increasing change of depressive symptoms over four-time points (waves 11-14) were positively related to psychological feelings. A higher level of depressive symptoms at the initial level of 2012 and increasing reports of depression symptoms predicted higher rates of being stressed, feeling overwhelmed, and lonely during the COVID-19 pandemic. The results have implications for future research and interventions that should target the emotional antecedents and consequences of pandemics.

QUALITY OF LIFE AND WELLBEING IN PERIPHERAL ARTERIAL DISEASE: A QUALITATIVE STUDY

Mary Byrnes,¹ Heather Dillaway,² Bryan Aaron,³ Alisha Heximer,⁴ Valeria Valbuena,⁵ Matthew Corriere,⁶ and Nicholas Osborne,⁶ *1. University of Michigan, Ann Arbor, Michigan, United States, 2. Wayne State University, Wayne State University, Michigan, United States, 3. University of Michigan Medical School, University of Michigan Medical School, Michigan, United States, 4. University of Michigan, University of Michigan Medical School, Michigan, United States, 5. University of Michigan, University of Michigan Medical School, Michigan, United States, 6. University of Michigan, University of Michigan Medical School, Michigan, United States*

States, 5. University of Michigan, University of Michigan, Michigan, United States, 6. University of Michigan, University of Michigan, Michigan, United States

Peripheral arterial disease (PAD) is a vascular condition disproportionately affecting adults > 60 and the leading cause of disability for adults > 50. Because PAD is marked by severe leg pain and sometimes lower extremity amputation, quality of life (QOL) and wellbeing may be compromised however, we understand little about these constructs in this population. Furthermore, surgical care providers lack a comprehensive understanding of how individuals think about wellbeing and what is important to individuals during surgical care. We conducted a qualitative photographic elicitation study (n = 60) in one academic multidisciplinary PAD clinic to understand specific aspects of QOL of older individuals with PAD. Guided by interpretive description, a methodology pioneered in nursing, we analyzed data within and across five clinical symptom severity categories to examine for QOL constructs, impact on everyday life, understanding of disease, and desired treatment. Results demonstrate that individuals do not fully understand PAD diagnosis or its implications (e.g., “[I] have never heard of it. Do I have that?”). Disease-specific knowledge was prevalent among patients experiencing lower extremity amputation but those suffering from wounds or gangrene had limited understanding. Furthermore, patients’ descriptions of QOL conflicted with the conceptualization of QOL in clinical practice and research. That is, many participants describe QOL based on activities they are capable of performing despite limitations. Results demonstrate the need for integrating gerontological knowledge into clinical care to improve quality of care for older adults.

REALITY OR A DREAM: BARRIERS AND FACILITATORS FOR NURSING ASSISTANTS PURSUING A NURSING CAREER

Stephanie Trotter, and Leah Richardson, *University of Arkansas for Medical Sciences, Little Rock, Arkansas, United States*

Certified nursing assistants (CNAs) serve a critical role in the care of older adults. However, CNAs often experience significant professional and personal burdens related to caregiving work. Professionally, CNAs experience exorbitant workplace stress (e.g., physical injury, burnout, emotional exhaustion, staffing shortages, turnover). Personally, CNAs may have only a high school education, are subjected to low-paying jobs, and little opportunity for career advancement. Further, CNAs are disproportionately of minority race. Clearly, CNAs are negatively impacted by many social determinants of health. Ultimately, these burdens negatively impact older adults’ care provision and quality of life. Transitioning to a nursing career may alleviate some of these complex problems, but this has scantily been explored. A qualitative descriptive study was designed to 1) identify interest in a nursing career, and 2) explore perceived barriers and facilitators of transitioning into a nursing profession. CNAs from nursing facilities participated in private, semi-structured interviews. Recorded interviews (n = 6) were transcribed verbatim. Preliminary thematic analyses yielded two overarching themes: The Dream and The Reality. Rich subthemes began emerging from both overarching themes.

Example subthemes from The Dream were: family legacy in healthcare, and finding purpose. Example subthemes from The Reality were: versus (CNAs vs. nurses; nurses vs. nursing care), and work-life balance. These preliminary findings suggest that CNAs express desire in becoming a nurse, although a range of personal and professional barriers and facilitators exist. Making the nursing dream become reality may improve CNAs’ social determinants, workplace outcomes, and resident outcomes, but further exploration is warranted.

RELATIONSHIP BETWEEN SEVERITY OF COMORBIDITIES AND SELF-PERCEPTIONS OF AGING

DaJung Chang, *Miami University, Oxford, Ohio, United States*

An older adult with negative self-perceptions of aging (SPA) can lead to lower self-rated health and a higher risk of mortality. To stay a positive SPA, keep a healthier status is very important. However, evidence also proved that health conditions, like a physical limitation, could predict the level of SPA. Older adults usually have a higher prevalence rate of chronic diseases than the younger population, which can adversely impact them. The purpose of this study is to determine the relationship between the severity of comorbidities and the change of SPA during a time. I examined data in 7,034 people from the 2012 wave Health and Retirement Study (HRS) and followed the respondents who have answer the SPA scale in the leave-behind questionnaire in 2016. The generalized estimating equation was used to analyze the relationship between the severity of comorbidities and SPA in different waves. To measure the severity of comorbidities, a reduced index of the comorbidities severity scale (CmSS) was created to collect the health condition from HRS. Results statistical model shows that an individual with more severity of comorbidities may have a more negative SPA. However, the relationship does not follow through with the times. These findings enhance the previous study that there are relationships between severity of comorbidities and SPA. The benefit of this study is to use a different measurement to identify the severity of comorbidities and extend to more in-depth research.

REPRESENTATION OF OLDER ADULTS IN COVID-RELATED NEWSPAPER COVERAGE

Mijin Jeong,¹ Sarah Jen,² Hyun Kang,¹ Michael Riquino,¹ and Jaime Goldberg,³ 1. *University of Kansas, LAWRENCE, Kansas, United States, 2. University of Kansas, Lawrence, Kansas, United States, 3. University of Wisconsin-Madison, Madison, Wisconsin, United States*

Based on clinical and epidemiological evidence, COVID-19 infection can occur in people of all ages; however, the media typically focuses its attention on the vulnerability of older adults and individuals with chronic illnesses. This study aims to explore the representation of older adults during the first month of the pandemic in the U.S. by comparing the narratives of older adults and younger adults in national media sources. A systematic search identified 115 articles published in four major newspapers in the U.S. included USA Today, The New York Times, Los Angeles Times, and The Washington Post between March 11 and April 10, 2020 in which older adults and younger adults were quoted on topics related to the intersection of COVID-19 and aging. Quotes