

describe the experience of the VA's strike teams sent into 82 Florida nursing homes most impacted by COVID. Presenter four will describe findings from a qualitative study on emotional distress experienced by hospital-based medical directors, nurse practitioners, and other health care workers. Finally, presenter five will describe findings from a scope of practice among health care social workers study, with an emphasis on how policies in their respective settings impacted their work. Taken together, the presenters' findings in this symposium have implications for practice and policy recommendations to improve the experience of health care workers during pandemics.

POLICY CONSIDERATIONS FOR GERIATRIC SOCIAL WORKERS IN HEALTHCARE SETTINGS DURING COVID-19

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Social workers are essential to the delivery of health care with older adults during the COVID-19 pandemic. This paper focuses on the impact of policies in health care systems that affect geriatric social work practice. Semi-structured interviews were conducted with 55 social workers from a variety of health care settings. Data were analyzed to identify the scope of social work practice in health care settings during the COVID-19 pandemic, and how policies in their respective settings impacted their work. Conditions that impeded participants' ability to provide quality care and work within their scope of practice included inconsistent expectations of interdisciplinary team members, disparate access to resources, restriction of opportunities to address emotional distress experienced by workers. Recommendations for policy enhancements in health care settings include interprofessional education on effective team communication, protocol development for the equitable distribution of resources among essential workers, and trauma-informed in-service trainings for health care administrators.

WORK DOES NOT END WHEN YOU LEAVE: CONCERNS AND COPING STRATEGIES AMONG NURSING HOME SOCIAL WORKERS DURING COVID-19

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Nursing home social workers (NH SW) at the frontline during COVID-19 are faced with many challenges in meeting the psychosocial needs of residents while balancing their own well-being needs. In order to explore the experiences of NH SW during COVID-19, the study utilized a cross-sectional survey distributed to social media sites (e.g., Reddit, Facebook) and professional networks. The survey asked participants (N = 63) open-ended questions which were analyzed using the rigorous and accelerated data reduction (RADaR) method. Themes suggested that fear for self, lack of administrative support, and overall stress were notable concerns

among NH SW. Findings also suggested that support from family/friends and self-care were most personally helpful to NH SW. Lastly, themes related to coping strategies included talking with co-workers, mindfulness, and boundary setting. Findings suggest the need for increased supports for NH SW. Implications related to stress and coping during COVID-19 are offered.

GET IN AND GET OUT: THE IMPACT OF COVID-19 ON THE EMOTIONAL HEALTH OF HOME CARE WORKERS

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This research explores the emotional health of home care workers (HCWs) during the coronavirus pandemic. In-depth, qualitative interviews were conducted with 17 home care workers in the fall of 2020. Thematic analysis revealed important connections between emotional health and success on the job. Perception of time and appreciation emerged as key elements that impacted emotional health. HCWs expressed the pressure to perform as usual while simultaneously taking on extra tasks as distracting from direct client care and reinforcing a task-oriented care approach. As a result of these tensions, HCWs experienced a loss of appreciation by the client, who prioritized personal safety and a "get in and get out" attitude, leaving the HCW feeling less fulfilled in their work. Implications of this research highlight the importance of HCW emotional health needs when retaining HCWs as valuable members of the long-term care workforce is paramount.

THE VA'S LONG-TERM CARE STRIKE TEAM SUPPORTING FLORIDA'S NURSING HOMES WORKFORCE

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In coordination with the Florida Department of Health, the VA Sunshine Healthcare Network (VISN 8) established Long-Term Care Strike Teams to provide services to the LTC facilities most affected by the COVID-19 pandemic across the state of Florida. Between April 2020 through September 2020, the Strike Teams provided direct patient care to community residents, infection control/ prevention education, and patient/staff COVID-19 swabbing. We encountered facilities with large numbers of staff infected with COVID-19 and agency staff that were refusing to come to "COVID-infected" facilities. Remaining staff, including the administrators, were under much psychological distress. However, our experience supporting the long-term care facilities also had a major impact on our own perceptions of nursing home care. The bravery, dedication, and caring that we witnessed reinforced that the health care workers in long-term care facilities are true heroes.

THE PSYCHOLOGICAL IMPACT OF COVID-19 ON HOME BASED PRIMARY CARE PROVIDERS IN NEW YORK: A QUALITATIVE STUDY

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Research on professional burnout during the pandemic has focused on hospital-based health care workers. This study examined the psychological impact of the pandemic on home-based primary care (HBPC) providers. We interviewed 13 participants from six HBPC practices in the New York including medical/clinical directors, program managers, nurse practitioners, and social workers and analyzed the transcripts using inductive qualitative analysis approach. HBPC providers experienced emotional exhaustion and a sense of reduced personal accomplishment. They reported experiencing grief of losing many patients at once and pressure to adapt to changing circumstances quickly. They also reported feeling guilty for failing to protect their patients and reduced confidence in their professional expertise. Strategies to combat burnout included shorter on-call, regular condolence meetings to acknowledge patient deaths, and peer support calls. Our study identifies potential resources to improve the well-being and reduce the risk of burnout among HBPC providers.

Session 3485 (Symposium)

UNDERSTANDING AND MEASURING FRAILTY: INSIGHTS FROM THE CANADIAN NUAGE AND CLSA COHORTS

Chair: Pierrette Gaudreau

Co-Chair: Alan Cohen

Frailty is one of the most central concepts in geriatrics; nonetheless, multiple definitions and operationalizations abound, and the underlying biology remains a topic of much discussion. Here, we bring together four talks that join questions of understanding with questions of measurement, in order to explore how answering each is necessary to make progress on the other. We cannot measure frailty if we have not understood and defined it, but we cannot understand if we cannot measure it and study it. Turcot et al. present work on operationalizing frailty in the NuAge cohort. Mayo et al. establish a scale to test the extent to which frailty can be operationalized as a ladder rather than a condition, again using the NuAge cohort. Mendo et al. use mediation analyses to understand how grip strength and other aspects of frailty may play a role in the relationship between diabetes and atherosclerosis. Ghachem et al. test the relationship between physiological dysregulation of different systems and different criteria of the Fried model, in order to assess the evidence for frailty as an emergent physiological state. Together, these talks will push the boundaries of how we think about frailty at levels ranging from biological to clinical to operational.

COMPARISON OF DIFFERENT APPROACHES TO OPERATIONALIZE FRIED'S PHENOTYPIC FRAILTY IN THE NUAGE COHORT

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Many operationalization approaches were proposed to identify frailty in older adults. The common use of Fried's original criteria or other cut-offs based on cohort distribution may not apply in every cohort leading to potential bias in the identification of frail individuals. We thus aimed to apply different Fried's phenotypic frailty operationalization approaches in the Quebec NuAge cohort of generally healthy community-dwelling older adults (n=1,753; aged 67-84 years), and longitudinally compare prevalence, incidence and predictive strength on outcomes, such as functional autonomy, falls, hospitalization and mortality. Significant variability in prevalence, classification agreement and predictive strengths were observed between approaches, notably using different types of distribution cut-offs, variables, or ways to handle missing data. This strategy helped us to prioritize a specific Fried's phenotypic frailty operationalization in NuAge, which could then be used in secondary research projects aiming to study determinants of Fried's phenotypic frailty and its role in health outcomes.

VALIDATION OF A FRAILTY LADDER USING RASCH ANALYSIS: IF THE SHOE FITS

Nancy Mayo,¹ Mylène Aubertin-Leheudre,² Kedar Mate,¹ Sabrina Figueiredo,¹ Julio Fiore,¹ Mohammad Auais,³ Susan Scott,⁴ and José Morais,¹ 1. McGill University, Montreal, Quebec, Canada, 2. Université du Québec à Montreal, Montreal, Quebec, Canada, 3. Queen's University, Kingston, Ontario, Canada, 4. McGill University Health Centre Research Institute, Montreal, Quebec, Canada

The current measurement approach to frailty is to classify people on frailty status, rather than measure the degree to which they are frail. Here, we test the extent to which a set of items identified within the frailty concept fits a hierarchical linear model (Rasch model) and form a true measure reflective of the frailty construct and confirm the model using the NuAge dataset. The development sample included 234 individuals (aged 57 to 97) drawn from three sources: at-risk seniors (n=141); post-colorectal surgery (n=47); and post-rehabilitation hip fracture (n=46). We defined our frailty construct based on items commonly used in frailty indices, self-report measures, and performance tests. Of the 68 items, 29 fit the Rasch Model: 19 self-report items on physical function and 10 performance tests including one for cognition. Items typically identified as reflecting the frailty concept fit the Rasch model. The Frailty Ladder would facilitate personalized intervention.

CARDIOVASCULAR RISK FACTORS AND CAROTID INTIMA MEDIA THICKNESS: MEDIATION AND INTERACTION BY GRIP STRENGTH

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