

infectious airborne and surface pathogens and VOC levels. As a result, residents on the AAPT floor demonstrated significant improvements in FAI rates. The findings support the hypothesis that environmental factors impact resident wellness.

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Challenges of COVID-19

CHALLENGES FOR CHILDREN 65+ CARING FOR PARENTS 90+ WITH DEMENTIA DURING COVID-19

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With the rise of the novel coronavirus, family caregivers of persons with dementia have been tasked with adapting to an entirely new caregiving landscape. Adult children caring for parents in the 'oldest old' age group bear an additional burden. Namely, children that are older adults themselves are navigating the joint vulnerability of both their own and their parents' aging-related issues (e.g., health problems). The aim of this study was to explore the experiences of dementia caregivers during COVID-19 from the unique perspective of children aged 65 and older caring for parents aged 90 and older. Participants were 30 caregivers from the Boston Aging Together Study with whom we conducted in-depth interviews between March 2020 and February 2021. Thematic analysis revealed key challenges related to COVID-19. Children were worried about the prospect of their parent contracting the virus and took steps to minimize their parent's exposure, such as discontinuing use of formal supports (e.g., home health aides) or assistance from other family and friends. Forgoing these supports often created greater responsibilities for caregivers as well as contributed to greater social isolation for both child and parent. In situations where parents resided in institutional settings, children were often unable to provide necessary help and support to parents due to restrictions. Caregivers also faced difficulties due to their parent not understanding or practicing COVID-19 regulations and in utilizing alternative means of communication with their parent (e.g., video conferencing). Supports and services should be designed in light of the unique challenges of this group.

COVID-19 AND EMANCIPATORY GERONTOLOGY: PERSPECTIVES OF POLITICAL ECONOMY AND THE AMERICAN RESCUE PLAN

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The present historic moment – a pandemic worsened by far-right extremism – reveals how mounting individual

and collective precarity across the lifecourse and in old age resides within societal institutions of colonialism, white supremacy, patriarchy, and capitalism. Contradictions between systems of democracy and capitalism construct an ageist society aligned with neoliberal ideologies attempting to dismantle and privatize Social Security, Medicare, and Medicaid. These issues confront the call for a critical inquiry that matters in the lives of those who daily experience social injustices (Denzin, 2017). This paper presents emancipatory gerontology (Estes & DiCarlo, 2019) as a critical praxis to challenge assumptions, frameworks, and delirium writ large in American society as it relates to how we conceive of age, aging, and generations. We elucidate how the \$1.9 trillion 2021 American Rescue Plan represents a paradigm shift that aims to supplant austerity economics with human, public, and community benefit. This knock on the hegemonic commitment to austerity and its mantra is an opportunity to interrogate the effects of, and advance, emancipatory policies and practices. Gerontology is inadequate without a lens for examining how critical analysis and social action might inform one another. To shift from disruption to transformation in the "new normal," scholars must bring the past and future into the present to engage realistic utopian pedagogies of hope. Emancipatory gerontology offers a theoretical framework and vocabulary for interrogating individual and social consequences of major policy and institutional forces in relation to aging and generations across the lifecourse.

HOW STATES SUPPORTED OLDER ADULTS AND PERSONS WITH DISABILITIES DURING COVID-19 THROUGH THE MEDICAID PROGRAM

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COVID-19 has presented challenges for older adults who receive Medicaid home and community-based services. The federal government has allowed states to seek approval for certain flexibilities to better serve this population, including increasing provider payment rates, allowing family members to be caregivers, and permitting case management entities to provide direct services. This study uses cross-sectional data to identify factors associated with states' adopting these Medicaid flexibilities using multivariate methods. The results indicate that the factors associated with state adoption varied depending on the flexibility. The findings suggest that states increased provider payment rates in response to prevalence of COVID-19 within their state. As cases increase, states may come under pressure to increase provider rates further which may not be feasible because of budget constraints. The results also suggest that demand for and supply of services may be a factor in whether states allowed family members to be paid caregivers. States with a higher proportion of individuals aged 85 years and older were more likely