in facility-based programs and invited to attend GTH classes. Comparisons between those enrolling and those declining enrollment were performed by t-tests. Results. Three hundred and eight of 1149 (27%) Veterans made the transition to telehealth delivered classes, with several sites having enrolled participants aged in their mid-nineties. Age was not associated with GTH adoption rates (74.0 vs. 74.7, p=not significant for E vs. NE). Body mass index (31.3 vs. 30.5 kg/m2, p<0.05), gait speed (1.19 vs. 1.12 m/s, p<0.001), arm curls (20.8 vs. 19.5, p<0.001), and chair stands (14.7 vs. 13.2, p<0.05) were higher in individuals actively participating in GTH compared to those that never enrolled. Conclusions. Some older adults can adopt a virtual approach to group-based exercise, demonstrating its feasibility. Further research is needed to improve GTH implementation for lower functioning individuals. Virtual group-based exercise could reduce negative health effects associated with isolation due to lack of in-person exercise.

COVID-19 AND ASSOCIATIONS WITH FRAILTY AND MULTIMORBIDITY: A PROSPECTIVE ANALYSIS OF UK BIOBANK PARTICIPANTS

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Frailty and multimorbidity, which are more prevalent in older people, have been suggested as risk factors for severe COVID-19 disease. We investigated whether frailty and multimorbidity were associated with risk of hospitalisation with COVID-19 in the UK Biobank. 502,640 participants aged 40-69 years at baseline (54-79 years at COVID-19 testing) were recruited across UK 2006-10. A modified assessment of frailty using Fried's classification was generated from baseline data. COVID-19 test results (England) were available 16/03/2020-01/06/2020, mostly taken in hospital settings. Logistic regression was used to discern associations between frailty, multimorbidity and COVID-19 diagnoses, adjusting for sex, age, BMI, ethnicity, education, smoking and number of comorbidity groupings, comparing COVID-19 positive, COVID-19 negative and non-tested groups. 4,510 participants were tested for COVID-19 (positive=1,326, negative=3,184). 497,996 participants were not tested. Compared to the non-tested group, after adjustment, COVID-19 positive participants were more likely to be frail (OR=1.4 [95%CI=1.1, 1.8]), report slow walking speed (OR=1.3 [1.1, 1.6]), report two or more falls in the past year (OR=1.3 [1.0, 1.5]) and be multimorbid (≥4 comorbidity groupings vs 0-1: OR=1.9 [1.5, 2.3]). However, similar strength of associations were apparent when comparing COVID-19 negative and non-tested groups. Furthermore, frailty and multimorbidity were not associated with COVID-19 diagnoses, when comparing COVID-19 positive and COVID-19 negative participants. In conclusion, frailty and multimorbidity do not appear to aid risk stratification, in terms of a positive versus negative results of COVID-19 testing. Investigation of the prognostic value of these markers for adverse clinical sequelae following COVID-19 disease is urgently needed.

COVID-19 BEREAVEMENT: CONSIDERATIONS FOR FAMILIES, PSYCHOLOGISTS, AND STUDENT TRAINEES

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During the peak of COVID-19, inflicted individuals died unexpectedly and in isolation. These circumstances deprived families of opportunities to say goodbye or memorialize the death of their loved one in alignment with their values and cultural heritage (e.g., wakes/vigils, funerals, shiva, washing, shrouding, military honors). Unable to hold hands, have final conversations, or develop treatment plans with providers, bereaved families experienced compounded losses. Concurrent quarantine hindered their engagement in coping strategies. COVID-19 bereavement increases the risk for complicated grief, which escalates the risk of physical and mental health problems, suicide, drug abuse, and family discord (Shear, 2015, 2020). While death, grief, and mourning are normal life experiences, traumatic and sudden death during a global pandemic is a new domain and the voices of those left behind are under-represented in social discourse. Simultaneously, psychologists and trainees quickly became last responders. COVID-19 presented a constellation of clinical challenges. Practitioners provided care during a time of political and racial tension, civil unrest, school closures, health and financial insecurity, and a collective loss of normalcy. Additionally, COVID-19 cast a spotlight on ageist attitudes and critical need for increased representation of older adults in training curricula. These issues echo the call to embrace aging as a valued aspect of diversity, and to strengthen psychology's workforce in the areas of training, practice, research and advocacy for aging adults (Hoge, et al., 2015). This poster will explore the impact of COVID-19 bereavement on families and practitioners, promote advocacy efforts, and offer tangible training recommendations for psychology programs.

COVID-19 PANDEMIC LOCKDOWN RESPONSES FROM AN EMOTIONAL PERSPECTIVE: FAMILY FUNCTION AS A DIFFERENTIAL PATTERN

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Family can be an essential resource at times of loss or vital crisis. Loneliness and isolation in older adults might have serious negative consequences for their mental health. For this reason, this research aims to analyze the role of family function in the anxiety and depression experienced by older adults during the COVID-19 crisis. Participants were 882 Spanish community-dwelling adults over 60 years of age. Sociodemographic characteristics, characteristics related to the coronavirus, self-perceived health, family function, avoidance, depression and anxiety were analyzed. Data suggest a buffering effect of family function on anxiety and depression during the pandemic. Furthermore, being unmarried or a female, greater fear of COVID-19, worse self-perceived health, greater avoidance, and worse family function were associated with higher levels of anxiety. Likewise, greater fear of COVID-19, poorer self-perceived health, greater

avoidance, and poorer family function, were associated with greater depression. These results point out that family dysfunction is a predisposing factor for the development of the emotional problems of anxiety and depression in older people in potentially stressful and loss situations.

COVID-19 SOCIAL DISTANCING MEASURES AND LONELINESS AMONG OLDER ADULTS

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In response to the COVID-19 pandemic, older adults are advised to follow social distancing measures to prevent infection. However, such measures may increase the risk of loneliness. The current study aimed to investigate (1) whether social distancing measures, particularly limiting close social interactions, are associated with loneliness among older adults, and (2) whether the association between social distancing measures and loneliness is moderated by sociodemographic characteristics. Data were from the fourth wave (April 29 to May 26, 2020) of the nationally representative Understanding America Study (UAS) COVID-19 Survey. We used data on adults 50 years or older (N = 3,283). Multivariate logistic regression models of loneliness were examined to test the independent effects of social distancing measures and their interaction with sociodemographic characteristics on loneliness. Four indicators of social distancing measures were considered: (a) avoiding public spaces, gatherings, or crowds, (b) canceling or postponing social activities, (c) social visits, (d) close contact (within 6 feet) with others. Cancelling or postponing social activities and avoiding close contact with other people were associated with 36% and 41% greater odds of loneliness, respectively. Furthermore, males and non-Hispanic Whites who had no close contact with others had a significantly greater probability of reporting loneliness than those who had contact. Our findings emphasize the heterogeneous nature of COVID-19 related experiences across subpopulations of older adults and call special attention to vulnerable groups that may be more impacted by the challenge of COVID-19 social distancing.

COVID-19 SWEPT NURSING HOMES IN THE UNITED STATES

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Nursing Homes experienced a colossal loss impacted by the Covid-19 pandemic in the United States. This study applied Covid-19 Nursing Home Dataset (updated on 08/16/2020) released by Data.CMS.gov to explore possible factors behind the death s at nursing homes. The results indicated 2.55 residents died per week at a nursing home averagely. Besides, the absence of nursing staff, aides, clinical physicians, PPE supplies contributes to more deaths at nursing homes. Lastly, the number of positive COVID-19 cases of nursing home staff positively associate with the number of total deaths of residents (R=0.65). These findings provide more pieces of evidence for nursing home administrators and policymakers to make adjustments to help nursing home residents better cope with challenges caused by the pandemic; however, this dataset is not the final data for the pandmic is not over. Also, the dataset covers few demographic information (gender, race, ethinicty and so on) ; therefore, researchers could explore the relationship between the demographic features and COVID-19 deaths at nursing homes.

COVID-19 TRANSITION: DOES VIRTUAL EXERCISE MAINTAIN PHYSICAL FUNCTION?

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Background: In March 2020, COVID-19 mandates to restrict face to face exercise and group based gatherings were enacted. These mandates were enforced within most states in the US. Gerofit, a facility-based exercise program for older Veterans in Durham, NC, transitioned to remote virtual exercise instruction to accommodate continuity of care. Objectives: To explore whether remote virtual exercise (RVE) can sustain physical function within individuals previously participating in onsite face to face exercise (OFF). Methods: Physical function assessments performed during OFF were compared with assessments conducted remotely over virtual platform. Assessments included the 30-second arm curl, the 30-second chair stand, time to complete five chair stands, and either 6-minute walk or 2-minute step test. All assessments for RVE were completed via a remote virtual platform. Only participants enrolled in both OFF and home based RVE with functional assessments within 6-months of pre and post COVID-19 transition were compared. Descriptive comparisons, opposed to statistical, were reported due to the limited sample size. Results: Fourteen OFF Gerofit participants were reassessed remotely within the first 6-months of transitioning to RVE (12 male, 2 female, mean age 73.1, mean body mass index 31.5). Functional assessments between OFF versus RVE were arm curls (21.0 vs 20.4 repetitions), chair stands (15.0 vs 17.5 repetitions), and time to 5 chair stands (9.0 vs 8.4 seconds). Cardiovascular function, reported in normalized percentiles (46.4%tile vs 58.9%tile) Conclusion: Among older Veterans engaged in regular structured exercise, physical function was preserved with transition to virtual exercise.

COVID-19 WORRIES AND BEHAVIOR CHANGES IN OLDER AND YOUNGER MEN AND WOMEN

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The case fatality rate of COVID-19 is higher among older than younger adults, and is also higher among men than women. However, worry, which is a key motivator of behavioral health changes, occurs less frequently for older than younger adults, and less frequently for men than women. Building on this, we tested whether older adults – and particularly older men -- would report the least amount of COVID-19 worry and also fewer COVID-19 behavior changes. To do so, from March 23-31, 2020, we administered an online