

documented use of agency staff is an important finding of this work; 62% of SNFs and 34% of RCFs spent money on agency staff. Despite increases in starting wages, the labor crisis remains severe. As of July 2021, SNFs had an average of 19.51 open positions, of which 9.82 were for state-tested nurse aides and 5.65 were for nurses. RCFs had an average of 8.83 open positions, of which 4.24 were for resident care assistants and 1.89 were for nurses. The challenges faced by the long-term care industry have rightly focused on the deleterious impacts of COVID on residents and staff. But these data also suggest that the financial impacts on the industry are serious and will likely shape access and provision of care in the future.

THE GROWING BURDEN OF INFORMAL CAREGIVERS DURING COVID-19

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Caregiver burden has negative effects on health outcomes and quality of life. Meanwhile, safety protocols during the COVID-19 pandemic created immediate impacts on informal caregiving with increasing burden on family caregivers. Our primary purpose was to describe the impacts of the pandemic on caregiver burden among informal caregivers, and their sudden shift in roles as a result. This review describes emerging effects on various aspects of health and explores future directions to support informal caregivers. A streamlined search was conducted to fit the scope of this review, with key terms determined to identify relevant publications. Common research databases and mainstream resources were utilized. We focused on research published since March 2020 to align with the timing of the pandemic in the US. Early research suggests that the pandemic has worsened caregiver burden among informal family caregivers. Reported health impacts include greater stress, pain, depression, sleep problems, and irritability, decreased social connectedness and quality of life. Informal family caregivers face negative health outcomes and distress as a result of greater caregiver burden and intensity during the COVID-19 pandemic. Immediate solutions are needed to alleviate this growing burden and provide ongoing support. Future work should explore the potential of boosting positive resources such as resilience and purpose to ease caregiver burden.

THE LIVE LONG WALK STRONG REHABILITATION PROGRAM: WHAT FEATURES IMPROVE MOBILITY SKILLS? VIRTUAL PILOT

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To evaluate the feasibility of delivering the Live Long Walk Strong (LLWS) rehabilitation program among community dwelling, mobility limited older Veterans in the VA Boston Healthcare System. Community dwelling Veterans 50 years and older identified as being at high risk for mobility decline based on self-report task modification and AM-PAC mobility questions. All Veterans received 10 sessions over 8 weeks of LLWS Physical Therapy care focusing on novel impairments related to mobility decline and behavioral change strategies. Sessions were delivered 1:1 with a Physical Therapist over

45 minutes. To assess feasibility, we tracked recruitment and retention metrics. We assessed length of each session, number of sessions attended, and any reason for withdrawal. To examine technological feasibility, we recorded number and type of issue along with resolution of the issue. A total of 178 Veterans were contacted to participate. Twenty Veterans were enrolled into the LLWS virtual pilot between October 2020 – May 2021. Among our 20 enrolled, 5 did not complete the program. Reasons for not completing included: being enrolled in another exercise study simultaneously and non-related medical complications. Among those completing, an average of 9.7 out of 10 intervention sessions were completed. An average of 1.8 technology difficulties per Veteran was experienced within the intervention. The most frequent technology issues experienced were related to camera positioning and Wi-Fi bandwidth resulting in delayed video and audio. LLWS is feasible to deliver as a virtual mode of care in middle and older aged Veterans at high risk for mobility decline.

THE MEDIATION EFFECTS OF PERCEIVED HEALTHCARE DISCRIMINATION ON RACIAL AND ETHNIC DISPARITIES IN END OF LIFE CARE

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Numerous studies demonstrate racial and ethnic differences in end-of-life (EOL) care, including place of death and hospice use. Experiencing discrimination in healthcare is often cited in the literature as a potent source explaining the pathways of the racial and ethnic disparities in EOL care. However, none of the studies have tested its mediating effects on racial and ethnic disparities in EOL care. The study examines if the effects of race and ethnicity on place of death and hospice use are mediated by perceived healthcare discrimination. This is a secondary analysis of 2008-2014 data from the nationally representative Health and Retirement Study, including oversampling of Blacks and Hispanics. Samples included 1,446 decedents aged 65 or older who completed an exit interview by proxy. Perceived healthcare discrimination was measured by a self-report of receiving poorer service or treatment than other people from doctors or hospitals. In multivariate analyses, Blacks were more likely to die at hospitals (OR=1.57, $p < .05$) than Whites. Those who experienced discriminatory healthcare were more likely to die at hospitals than those who never experienced discriminatory healthcare (OR=1.44, $p < .05$). However, the Karlson-Home-Breen (KHB) method showed no significant mediating effects of perceived healthcare discrimination on racial and ethnic disparities in place of death. Race and ethnicity did not affect hospice use. Although there is no mediating effect of healthcare discrimination on racial and ethnic disparities in EOL care, its direct impact is observed. The research contributes to evidence on the significant role of discrimination in healthcare choices.

THE RELATIONSHIP BETWEEN FAMILY CAREGIVERS' ANTICIPATORY GRIEF AND SEVERITY OF DEMENTIA.

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Anticipatory grief is the process of experiencing normal bereavement before the physical death of a significant person. To date, anticipatory grief has been related to higher levels of caregiver depression, anxiety, subjective burden, and poorer problem solving. Additionally, higher levels anticipatory grief are observed in caregivers of those with Alzheimer's Disease and Related Dementias (ADRD) compared to caregivers of those with mild cognitive impairment, implying a relationship between disease severity and caregiver anticipatory grief. Analyses were performed on data for ADRD caregivers (n=56) enrolled in the IU Telephone Acceptance and Commitment Therapy for Caregiver (TACTICs) trial; an RCT evaluating an ACT intervention for ADRD caregivers with anxiety. Inclusion criteria included identifying as the primary caregiver of an ADRD patient, and clinically significant anxiety (GAD7 score >10). The average age of caregivers was 61.9 years, 41.1% were spouses, 83.9% were white and 14.3% were black. Mean anticipatory grief scores were notably higher (84.6) compared to the previously reported means across the literature (74.9). Using multiple regression models, we determined a caregivers' anticipatory grief, as measured by the anticipatory grief scale, is not significantly associated with the patients' dementia severity, as measured by the Dementia Severity Rating Scale (DSRS) (p=0.66). Results revealed that higher levels of caregiver burden, as measured by the Zarit Burden Index, are significantly associated with more anticipatory grief (p< 0.01). Understanding these relationships contributes to a better understanding of ADRD caregivers, identifying "high-risk" caregivers, and informing future interventions and care.

UNDERSTANDING FUNCTIONAL MOBILITY AND QUALITY OF LIFE AMONG ISOLATED AGING POPULATION IN THE US

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Background: Social isolation among older adults linked to serious health conditions. However, little is known if functional mobility among isolated aging adults impacts quality of life. Objectives: This study will examine the association between levels of functional mobilities and risks for developing depression, poor health status, and physical inactivity by controlling socioeconomic factors. Methods: This is a cross-sectional study, using Behavioral Risk Factor Surveillance System (BRFSS) data 2017. Target population are over age 65 who are living alone (N=50,784). Outcome variables are depression, self-reported health status, and physical inactivity whereas main predictors are activities of daily living (ADL) and instrumental activities of daily living (IADL) controlling for gender, race, marital status, employment status, annual income, and educational level. Weight adjustment analysis and logistic regression were conducted.

Results: Depression, self-reported poor health status, and physical inactivity are higher among isolated aging adults who have limitations with ADL/IADL. Specifically, those with difficulties concentrating/decision making (OR=3.62; CI=3.35-3.91) have higher chance of developing depression than those who do not have this limitation. Female are at risk for developing depression (OR=1.41-1.61; CI=1.51), yet they are likely to report for better health status (OR=1.54; CI=1.45-1.64) than males. Asian (OR=0.56; CI=0.39-0.381), Black or African American (OR=0.54; CI=0.48-0.60) are less likely to be diagnosed with depressive disorder than White. Discussion/Recommendation: Physical and cognitive changes that come with aging can pose challenge, as functional capacity diminishes in home environment. Further research should be explored in longitudinal studies on mobility and improving quality of living among isolated aging population.

VIRTUAL TESTING OF SENIORS: THE FEASIBILITY OF RESEARCH WITH ONLINE NEUROPSYCHOLOGICAL TESTS (FRONT)

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Synergic@Home is a feasibility study evaluating the effects of exercise and cognitive interventions for the prevention of dementia in at-risk individuals over age 60. The COVID-19 pandemic changed the study's methods, with standardized neuropsychological tests needing to be administered virtually. Experience and research into the viability of neuropsychological assessments administered virtually is limited. After receiving permission to adapt the tests for virtual administration, a neuropsychologist, project managers, and research coordinators developed their approach. A PowerPoint presentation using text and visual stimuli from the tests was developed with on-screen instructions for the raters. An iterative development process involved feedback from the team in order to maximize the fidelity of these methods compared to in-person administration. Mock assessments supervised by a neuropsychologist further refined the methods and confirmed rater adherence to standardized procedures. A secure videoconferencing platform meeting privacy requirements was used. Dual monitors for the raters provided instructions on one monitor while stimuli for the participant was on the second monitor. The participant could only see the stimuli. This method of administering neuropsychological assessment, the Feasibility of Research with Online Neuropsychological Testing (FRONT), is being used to evaluate older adult participants in Synergic@Home. Results from this feasibility study may set the stage for new research methodologies and/or clinical evaluations