forward-focused and trauma-focused, on negative affect in older adults during the COVID-19 pandemic. Data were collected using an online survey, including questions about demographic information, coping, depression, and anxiety. Participants aged 50 and over were included in our analyses of depression (N = 800) and anxiety (N = 638). Results indicate that both higher coping flexibility and higher forward-focused coping predict lower depression and lower anxiety. In contrast, higher trauma-focused coping predicts slightly higher depressive symptoms but is not a significant predictor of anxiety. Our findings suggest that higher forward-focused coping may serve as a protective factor in older adults during the pandemic and, therefore, may be an effective treatment target for mental health interventions.

## FRAILTY AND COVID 19 INFECTION IN HOSPITALIZED VETERANS: A CASE SERIES

Marlena Fernandez,¹ Valerie Hart,² Alma Diaz,¹ Lorena Burton,¹ Victor Cevallos,¹ and Jorge Ruiz,¹ 1. Miami VA Healthcare System, Miami, Florida, United States, 2. University of Miami / Jackson Health System, Miami, Florida, United States

Frailty, a clinical syndrome characterized by vulnerability to stressors resulting from loss of physiological reserve across multiple systems. In patients with COVID 19 infection, the presence of frailty may place older adults at higher risk for poor clinical outcomes including hospitalizations and mortality. The aim of this case-series study was to describe the characteristics of patients with frailty and COVID-19 who were hospitalized at a VA Medical Center. A VA Frailty Index (VA-FI) was generated at baseline as a proportion of variables from electronic health records. The VA-FI categorized Veterans into non-frail (FI<.21) and frail (FI≥.21). We calculated the VA-FI for Veterans admitted at the time of COVID-19 admission date. We compared the characteristics of frail and non-frail Veterans. A total of 137 veterans were admitted, 96.3% (n=132) were male, mean age 66.81 (SD=13.87) years, and 65.7% (n=90) were frail. When comparing Veterans who were frail versus non-frail, there were no differences in age, race, ethnicity, BMI, rates of cardiopulmonary resuscitation, ICU admissions, use of vasopressors or length of stay. There were significant differences in rates of intubation (frail n=10, vs. non-frail n=0), p = 0.018 and non-invasive respiratory support (frail n=9 vs non-frail n=0), p=.025. There were 13 and 7 readmissions in the frail and non-frail groups respectively. Eleven Veterans died during hospitalization, all of whom were frail. Frailty is associated with poor clinical outcomes in hospitalized Veterans with COVID 19 infection. Recognition of frailty may help to optimize the management of COVID 19 related complications.

## FRONT-LINE EXPERIENCES AND PERSPECTIVES OF OLDER AND YOUNGER REGISTERED NURSES DURING THE COVID-19 PANDEMIC

Victoria Raveis, <sup>1</sup> Nancy VanDevanter, <sup>2</sup> Christine Kovner, <sup>3</sup> Gary Yu, <sup>3</sup> Laura Jean Ridge, <sup>4</sup> and Kimberly Glassman, <sup>5</sup> 1. New York University, Maplewood, New Jersey, United States, 2. NYU Rory Meyers College of Nursing, New York, New York, United States, 3. Rory Meyers College of Nursing, New York, New York, United States, 4. University

of Michigan, Ann Arbor, Michigan, United States, 5. New York University, NY, New York, United States

Having an experienced and trained healthcare workforce available during public health emergencies, such as the COVID-19 pandemic, is critical. While all healthcare workers are at risk of contracting COVID-19, older workers are at increased risk of serious or fatal illness. This investigation explores the front-line experiences and perspectives of registered nurses (RNs) at a major New York City medical center during the COVID-19 pandemic, focusing on two age cohorts: older (50+) and younger (20-49) RNs. An anonymous internet-based survey was sent to all RN's employed at the center. Data collection was initiated in May 2020, following the initial surge in NYC's COVID-19 related hospitalizations and deaths; 1,483 surveys were completed. This investigation found that in comparison to younger RNs (n=1,067), older RNs' (n=416) psychosocial well-being was significantly better -- fewer depression, anxiety, and PTSD symptoms (p<.001). They were less stressed caring for COVID-19 patients (p < .001) and less worried about work-related exposure risk (p<.001). They also reported higher job satisfaction (p<.001), less work-home stress (p<.001), a higher commitment to choosing the nursing profession (p<.001), were more confident in the profession (p<.001) and to meeting its' expectations (p<.001). Overall, although older RNs represent a smaller proportion of the nursing workforce, their collective expertise and clinical experience in healthcare delivery are significant. The older RN workforce is a seasoned resource to draw upon during public health emergencies and a valuable role model for younger RNs, particularly given their continued adherence to nursing, during this COVID-19 time of uncertainty and personal health risk.

## FRONT-LINE PERSPECTIVES FROM AGING SERVICES PROVIDERS ON THE COVID-19 PANDEMIC AND OLDER COMMUNITY RESIDENTS

Victoria Raveis, <sup>1</sup> Anderson Torres, <sup>2</sup> Jane Arce-Bello, <sup>3</sup> Donna Atmore-Dolly, <sup>4</sup> and Allison Nickerson, <sup>5</sup> 1. New York University, Maplewood, New Jersey, United States, 2. R.A.I.N. Total Care, Inc., Bronx, New York, United States, 3. Regional Aid for Interim Needs, Inc., Bronx, New York, United States, 4. Allen Community Non-profit Programs, Jamaica, New York, United States, 5. LiveOn NY, New York, New York, United States

Older urban residents' daily lives have been broadly impacted by the COVID-19 pandemic. Rapid acceleration of COVID-19 cases in mid-March 2020, forced the shuttering of senior centers in New York City's (NYC) five boroughs. Center programming was suspended, including congregate meals for older adults. As centers, a focal point for social interaction, closed, older community residents experienced social isolation, compounded further by social distancing. Key informant interviews with the leadership of communitybased multi-service agencies, provided frontline perspectives on essential programmatic services NYC's oldest residents needed, challenges encountered, and strategies implemented to adjust to issues emerging from the pandemic. Alternative meal delivery plans were devised by the City and aging services agencies initiated wellness outreach calls and also facilitated access to technological resources to maintain social connections. Various advocacy and policy-relevant insights