examples of future circumstances when they might participate online, including: when the weather is not conducive to outdoor exercise, and if they can overcome technical issues. Lessons learned from this study can help those delivering online exercise in the future.

PREDICTORS OF HOSPITALIZATION IN VETERANS WITH COVID 19 INFECTION
Jorge Ruiz, Sergio Ruiz, Marlena Fernandez, Victor Cevallos, Yaseen Jumani, Manasa Morisetti, Sahar Hasanain, and Michael Mintzer, Miami VA Healthcare System, Miami, Florida, United States

Frailty, a clinical syndrome characterized by vulnerability to stressors resulting from a loss of physiological reserve across multiple systems, is a common condition that affects older adults. In patients with COVID 19 infection, frailty may place older adults at higher risk for poor clinical outcomes including hospitalizations. The aim of this study was to determine independent variables associated with all-cause hospitalization in Veterans with COVID 19 infection. This was a cross-sectional study nested within a retrospective cohort study of Veterans who contracted COVID 19 as detected by PCR. A VA Frailty Index (VA-FI) was generated at baseline as a proportion of morbidity, function, sensory loss, cognition and mood and other variables from electronic health records. The VA-FI categorized Veterans into non-frail (FI<.21) and frail (FI≥.21). At the time or after the COVID 19 testing, hospitalization data was aggregated, and proposed variables were subjected to stepwise backward logistic regression. Likelihood ratios were obtained, and those with p<0.05 were identified as independent risk factors for hospitalization. A total of 2621 Veterans with COVID 19 infection were identified during the study period with a total of 650 hospitalizations. Mean age was 54.99 (SD=16.71) years, 59.80% White, 87.60% male, 25.10% frail. The independent factors associated with hospitalization upon backward logistic regression were age (OR=1.049, 95%CI:1.041-1.057), frailty (OR=2.350, 95%CI: 1.797-3.074), African American race (OR=1.467, 95%CI:1.188-1.812), schizophrenia (OR=0.401, 95%CI:0.235-0.686), and substance abuse (OR=0.602, 95%CI:0.476-0.762). In veterans with COVID 19 infection, age, frailty, race (African American), schizophrenia, and substance abuse were predictors of all-cause hospitalization.

TECHNOLOGY ADOPTION AMONG SENIORS DURING COVID-19 PANDEMIC IMPACTS MENTAL HEALTH AND FEELINGS OF COMPANIONSHIP
Brittany Derynda,1 Mary Goodyear,2 Jade Kushner,3 and Nicole Cook,4 1. Nova Southeastern University Dr. Kiran C Patel College of Osteopathic Medicine, Clearwater, Florida, United States, 2. Nova Southeastern University Dr. Kiran C Patel College of Osteopathic Medicine, Fort Lauderdale, Florida, United States, 3. College of Psychology, Fort Lauderdale, Florida, United States, 4. Nova Southeastern University, Davie, Florida, United States

Social isolation and lack of companionship, exacerbated by COVID-19 “stay at home” orders, has been an ongoing concern among seniors in the US. Among other strategies, Lifelong Learning Institutes (LLIs) were created to support continuing education for older adults. These programs bring seniors together to encourage engagement through lectures, art and fitness classes in a common space. LLI in South Florida adapted to COVID-19 “stay at home” orders by moving all programming online in March 2020. In May 2020 LLI members, faculty and students designed a research study to understand the experience of LLI members with social isolation and companionship prior to, and during, “stay at home” orders. Responses included 127 members (mean age 75.5). Respondents reported significantly lower social isolation (p<.01) and lack of companionship (p<.01) as a result of “stay at home”. Interestingly, social isolation had no significant explanatory variables. However, significant results (p<.05) showed that seniors who isolated alone were 6.7 times more likely to lack companionship compared to those who isolated with a friend or spouse; seniors who reported they are not tech savvy were 8.3 times more likely to lack companionship compared to those who reported they are tech savvy; and that for every additional day of poor mental health respondents had a 1.15 higher odds of lacking companionship. These results underscore the importance of technology adoption among seniors during times of social isolation and the positive impact this can have on companionship and mental health.

SESSION 10570 (SYMPOSIUM)
COVID-19 PANDEMIC: SOCIAL RESEARCH, POLICY, AND PRACTICE SECTION

“WE ARE SCAPEGOATS”: FRONT-LINE NURSING HOME STAFF EXPERIENCES DURING THE COVID-19 PANDEMIC
Elizabeth White,1 Terrie Wettle,2 Ann Reddy,3 and Rosa Baier,4 1. Brown University School of Public Health, Providence, Rhode Island, United States, 2. Brown University, School of Public Health, Providence, Rhode Island, United States, 3. Brown University, Providence, Rhode Island, United States, 4. Center for Long-Term Care Quality & Innovation, Providence, Rhode Island, United States

The COVID-19 pandemic is an unprecedented challenge for nursing homes, where staff have faced rapidly evolving circumstances to care for a vulnerable resident population. To document these healthcare professionals’ experiences during the pandemic, we used social media and professional networks to disseminate an electronic survey with closed- and open-ended questions to a convenience sample of long-term care staff from May 11 through June 4, 2020. Four investigators identified themes from qualitative responses for 152 nursing home staff respondents from 32 states. Key themes included: constraints on personal protective equipment (PPE) and testing; burdensome regulations and guidance; concern for self, family, and residents; workforce burnout; organizational communication and teamwork; and public lack of recognition. Respondents described ongoing constraints on testing, and reliance on crisis standards for extended use and reuse of PPE. Administrators discussed implementing sometimes confusing or contradictory guidance from numerous agencies. Direct-care staff expressed fears of infecting...
themselves and their families, and expressed empathy and concern for their residents. They described burnout due to increased workloads and the emotional burden of caring for residents facing isolation, illness, and death. Respondents cited the presence or lack of organizational communication and teamwork as factors influencing their ability to work under challenging circumstances. They also described the demoralizing impact of negative media coverage of nursing homes, contrasting this with the heroic public recognition given to hospital staff. These challenges added significant burden to an already strained workforce and are likely to contribute to increased burnout, turnover, and staff shortages in the long-term.

EARLY LEARNING FROM THE HEALTHY END OF LIFE PROJECT (HELP) OTTAWA IN THE CONTEXT OF COVID-19
Pamela Grassau,1 Hayley Miloff,2 Emily Davison,3 Arne Stinchcombe,2 David Kenneth Wright,3 and Roanne Thomas,3 1. Carleton University, Ottawa, Ontario, Canada, 2. Brock University, St. Catharines, Ontario, Canada, 3. University of Ottawa, Ottawa, Ontario, Canada

Healthy End of Life Project (HELP) Ottawa is a community-participatory research initiative which is based in four community sites in Ottawa, Ontario (Canada) (2 community health centers, and 2 faith communities). Focused on the needs of people who are frail, living with advanced illness, and their caregivers, including the needs of people who are bereaved, HELP Ottawa strives to, 1) strengthen informal and community social networks, organizational cultures and linkages across local health and social care services; 2) create a community culture that supports people to build social care networks to be able to ask for and accept help, and, 3) mobilize and prepare community members to be confident and capable of offering and providing help to people in their communities. Unfolding within the context of COVID-19, each HELP Ottawa site has found ways to mobilize, adapt and respond to lockdowns, quarantines, increased isolation and altered needs and services. Drawing on 89 initial consultations, followed by 111 interviews and 16 focus group participants (n=164), qualitative findings speak to the heightened grief and fear experienced within each site during the COVID-19 pandemic, and the multiple costs of severed ‘essential’ links. Critically highlighted is the need to build and sustain social supports and connection through everyday and local means while also integrating technology and online communication. Further apparent are the critical questions that need to be asked about how compassionate communities, and communities at large, can prepare for and respond to current and future waves of COVID-19.

HEALTH EQUITY IMPACTS OF COVID-19 POLICIES ON DEMENTIA-RELEVANT COMMUNITY SERVICES: A SGBA+ POLICY SCAN
Katie Aubrecht,1 Rosanne Burke,2 Jacqueline Gaahagan,3 Laura Dowling,1 Christine Kelly Mary Jean Hande,2 Susan Hardie,4 and Janice Keeffe,2 1. St. Francis Xavier University, Antigonish, Nova Scotia, Canada, 2. Mount Saint Vincent University, Halifax, Nova Scotia, Canada

This presentation shares the methodology and early findings from a policy scan conducted to understand and assess the impact of COVID-19 policies on dementia care in the community for diverse populations in the province of Nova Scotia, Canada. The scan provided baseline information on: 1) Provincial legislative and regulatory policies related to dementia care in the community; 2) Orders and legislation enacted in response to COVID-19 that potentially impact those policies. Information was obtained from publicly accessible databases and government websites. Searches were also conducted using Google. 135 Acts were collected and reviewed. A specific aim of the scan was to generate knowledge about the impact of these layered policies in the context of a public health crisis from the perspective of local socially and geographically marginalized communities. A Sex and Gender Based Analysis Plus analytical approach was used to assess potential health equity impacts of COVID-19 policies on dementia care in the community. Information was organized using an adapted Health Equity Impact Assessment tool and Systems Health Equity Lens. Strengths and limitations of the approach and tools are discussed.

VIRTUAL FUNERALS DURING COVID-19 AND BEYOND
Ivy Muturi, Shannon Freeman, and Davina Banner-Lukaris, University of Northern British Columbia, Prince George, British Columbia, Canada

Physical distancing measures and the restrictions on large group gatherings following the COVID-19 pandemic have left many to consider alternative approaches to commemorating the death of a loved one. Advancements in information technologies and the availability of affordable electronic devices have brought forth the ability to use virtual platforms to host funeral services for those unable to be with their loved ones. The aim of this study was to identify existing and potential online platforms for hosting a virtual funeral, explore the safety considerations of hosting a service during the pandemic and share the experiences of individuals who have previously hosted a virtual service. To conduct the research, an environmental scan was undertaken searching academic, grey literature and online websites. The results showed that there are currently several online platforms made specifically for virtual services and many free public platforms that can be used. Death services must ensure staff who are in direct contact with the deceased have proper Personal Protective Equipment and companies must adhere to regulations regarding group gatherings, screening for symptoms and physical distancing. Some individuals expressed having a positive experience, stating that the virtual service felt more intimate, while others expressed difficulty in navigating the technology, particularly the older adult attendees. Virtual funeral services may prove to be a practical and safer alternative during COVID-19 and may provide some comfort for those facing such challenging times. By examining existing platforms and their use, an opportunity exists to generate recommendations for additional supports, particularly for older adults.