Hospice has been shown to improve end-of-life outcomes, yet with eligibility limited to a six-month prognosis, the hospice system is not structured to meet longer-term needs. Though hospice is strongly associated with death, some enrolled patients do not decline as predicted leading to what is referred to as ‘live discharge.’ In 2018, 6.3% of all hospice discharges were patients discharged alive due to decertification, or no longer meeting eligibility requirements. The aim of this presentation is to review current literature surrounding live discharge, discuss policy and practice challenges within current discharge practices, and present new research directions from two current NIH-funded studies. Studies of live discharge often do not differentiate between revocation and decertification, yet these are very different phenomena, particularly regarding decision making. Patients discharged from hospice are often referred to as “not dying fast enough,” or “failure to die on time,” yet, they are still dying from chronic illness, just outside the prescribed six-month framework. Affected patients lose access to important supportive services and resources, still require substantial care, and can struggle to process feelings of abandonment and uncertainty. Further, an increased burden is placed on primary caregivers who may be unprepared for this transition. Clinicians across agencies report great variability in managing live discharges with no standardized protocols. These findings demonstrate the complexities of live discharge, the need for more research to support a standardized and reimbursable discharge process and to define unmet needs for both patients and caregivers affected by live discharge.

**WORKING AND CARING DURING THE CORONAVIRUS PANDEMIC: THE IMPACT OF WORKPLACE POLICY ON WORKING FEMALE CAREGIVERS**

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The unprecedented nature of the coronavirus pandemic created significant socioenvironmental changes for working caregivers who found themselves juggling a new landscape of working and caring. Changes in workplace policy were often intended to accommodate those with caring responsibilities; however, there is little information available on how working female informal caregivers of older adults (defined as individuals age 50 or older) received, interpreted, and experienced those policy changes. Given this, it is necessary to gather a complete picture of workplace policy in the daily lives of working female caregivers during the pandemic. This qualitative study involved interviews held between February and April 2021 via video conferencing technology with 29 working female caregivers, ranging in age from 27 to 75 years old. Using a Role Conflict framework and descriptive, structural, and emotion coding strategies, analysis of written transcripts revealed that, while many caregivers were grateful that their workplaces had become more accommodating during the pandemic, apprehension and uncertainty about the future, both with caregiving and with work, also weighed heavily on many of them. The most positively endorsed workplace policy changes were flexibility in work schedules and the ability to work remotely during the pandemic. This research elucidates policy implications for working female caregivers outside of the pandemic context, as many of these policies enabled caregivers to provide care while working with greater ease.

**Session 9510 (Late Breaking Poster)**

**LATE BREAKING POSTER SESSION III**

**A QUALITATIVE ANALYSIS OF DIETARY PRACTICES AND MOTIVATORS AMONG OLDER ADULTS LIVING WITH PARKINSON DISEASE**

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Research supports the role of diet in the onset and progression of Parkinson disease (PD); however, there is no specific dietary pattern recommended for PD. This is partially due to a paucity of in-depth data on the dietary practices of this population. Therefore, the purpose of this study was to qualitatively explore the dietary practices and motivators of older adults with PD. Eleven dyadic semi-structured interviews with older adults and their care-partners were conducted via Zoom about their dietary practices and motivators. Interviews were audio-recorded and transcribed verbatim, and data were thematically analyzed using NVivo 12 software. The following themes were identified: 1) Intentionally making healthier choices on a regular basis; 2) Following a specific dietary pattern; for example, the Mediterranean diet, ketogenic diet, vegetarian diet, and/or intermittent fasting; 3) Limiting or avoiding certain foods, food components, and/or food groups, such as dairy, gluten, sugar, animal meat, and/or alcohol; 4) Purchasing or growing organic produce; and 5) Adjusting the timing of their protein intake to their medications. Their PD diagnosis and symptoms were reported as the primary motivators for following their respective diets. Overall, older adults with PD may be motivated by their diagnosis to modify their dietary intake; however, there are a variety of patterns or restrictions they may be adhering to. These results support the need for a consensus on the dietary recommendations for this patient population.

**A REMOTE TAI CHI PROGRAM FOR DIVERSE OLDER ADULTS WITH MULTISITE PAIN DURING THE COVID-19 PANDEMIC**

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The goal of this study was to evaluate feasibility and acceptability of a remote Tai Chi program in diverse older adults with multisite pain and risk for falls during the COVID-19 pandemic. Adults aged ≥65y living in diverse Boston neighborhoods were invited through mailed letters to participate in a recruitment and screening survey. Eligible adults were re-contacted to join a 4-week Tai Chi or light exercise program offered online twice weekly. We conducted pre- and post-interviews to assess pain characteristics, fall risk, computer use, and satisfaction with the program. Primary outcomes were class attendance, experience, and program safety. Among 335 survey respondents, 105 (31%) were eligible based on multisite pain and fall history or cane/walker use. Of the eligible respondents, average age was 74y, 75% were women, 62% were Black, and 31% had high school education or less. We assigned 32 participants to 4 Tai Chi (Yang-style Tai Chi tailored to older adults with pain) or 2 light exercise (stretching and strength exercise) groups conducted via zoom; of these, 24 (75%) completed the program. Overall, 79% attended ≥6 of 8 classes. There were no adverse events reported. Regarding experiences with remote exercise, 67% reported it was very easy to join, 88%, very easy to see the instructor and 83%, very easy to participate. For future planning, 29% prefer remote classes, 33% prefer in-person classes, and 38% could do either. In conclusion, remote exercise programming is safe and feasible for diverse older adults who have multisite pain and risk of falls.

A WALK IN THE COUNTRY: STORYING RURAL JOEY OF DEMENTIA CARE
Jami Horne, and Katie Aubrecht, St. Francis Xavier University, St. Francis Xavier University, Nova Scotia, Canada

Dementia and dementia caregiving are increasingly recognized as significant public health issues. Dementia may be more prevalent in rural communities; in part due to higher rates of population aging. In Canada the Nova Scotia provincial dementia strategy Towards Understanding (2015) emphasizes the need to address the unique realities of rural dementia care as a priority issue; however, research remains limited on this demographic in the province, and Atlantic Canada more broadly. This presentation shares findings from the Royal Bank of Canada Foundation funded study, Rural Dementia Caregiving: A Community Life Story, conducted in 2021 to address this critical knowledge gap. The qualitative research design involved a narrative review, archival research and narrative analysis of interviews that yielded rich stories of family/friend dementia caregiving in rural Nova Scotia. Stories illustrate how history, culture and identity inform dementia caregiver realities, experiences and perceptions. Study results also suggest that rural dementia caregiving is characterized by factors that include strong community networks and deep-rooted connections to land, culture, and heritage, which can be experienced as supportive as well as constraining. The conditions of life in rural communities, including restricted access to internet, transportation, essential services and paid care providers, pose challenges to dementia caregiving. They also provide opportunities in which networks and connections become more visible and may even be strengthened. Findings demonstrate the lived realities of rural dementia caregivers and the people they care for are unique. Addressing their needs require a distinct approach that acknowledges and can appropriately respond to these differences.

“FOR ME, IT’S CONNECTION”: OLDER ADULTS EXPERIENCE WITH TECHNOLOGY DURING COVID-19
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As a result of COVID-19, older adults have experienced isolation, lost social contacts, and a decrease in connections. A recent study found that “approximately one-quarter of community-dwelling older adults are considered to be socially isolated, and 43% of them report feeling lonely.” Various innovative interventions have emerged, including technology-based interventions as a means to reduce social isolation in older adults, particularly as information communication technology (ICT) use is on the rise among this population. However, it remains to be known how these connections are faring for older adults in the pandemic and whether these ICT connections lead to greater or lesser feelings of social connectedness. Thirty-nine (N=39) in-depth semi-structured interviews were conducted to explore the lived experiences of technology use among older adults during COVID-19. Participants experiences with ICT ranged from illiterate to savvy. Most participants indicated Zoom was the primary means to stay socially connected to family and friends. Participants emphasized that ICT may be a possible solution to deal with loneliness for those older adults who are especially isolated due to COVID-19 restrictions. Barriers and challenges to ICT use included taking too much time to use and needing help to fix any problems that arose. Finally, participants shared essential aspects of ICT use, revealing that it was ‘technology or nothing.’ Findings from this study indicate a need for a simple ICT for the older adult population. Moreover, findings suggest opportunities for peer-support ICT training programs for older adults.

ADAPTING PSYCHOTHERAPY FOR COMORBID SUBSTANCE USE AND BIPOLAR DISORDER IN OLDER SEXUAL MINORITIES: A CASE STUDY
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Approximately 65 to 95% of individuals with bipolar disorder (BD) are diagnosed with an additional psychiatric condition (Kessler, 1999). Alcohol, the most commonly abused substance amongst individuals with BD (Xiao et al., 2016), has been linked to significant increases in suicide attempts, disability, hospitalizations, and mortality (Baldessarini et al., 2008; Goldberg et al., 1999; Mitchell et al., 2007; Nery & Soares, 2011). Despite these ill effects, little is known about how to effectively treat, or adapt existing treatment appropriately, for the growing numbers of individuals who are dually diagnosed with BD and alcohol use disorder (AUD) and hold the identity of lesbian, gay, bisexual, transgender,