THE EFFECT OF NURSE AIDE RETENTION ON OHIO’S NURSING HOME RESIDENT CARE EXPERIENCE SCORES: A FACILITY-LEVEL ANALYSIS
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The objective of the study was to analyze whether higher nurse aide retention was related to better resident care experiences using an overall score and seven domain scores among a sample of Ohio nursing homes. The 2017 Ohio Biennial Survey of Long-Term Care Facilities was used in combination with the 2017 Ohio Nursing Home Resident Satisfaction Survey. These data were merged with the Ohio Medicaid Cost Report, Certification and Survey Provider Enhanced Reports, LTC Focus, Area Health Resource File, Rural Urban Commuting Area data, and Payroll-based Journal Public Use Files. The analytic sample (N=690) represents freestanding facilities with a full-year cost report. The analysis included means and frequencies, ANOVAs with Tukey adjustments, and linear regressions that controlled for heteroskedasticity. Quartiles of the CNA retention rate were used to define four groups: low, medium, high, and extremely high. After controlling for facility and county characteristics, facilities with high CNA retention (61-72%) had significantly higher overall resident care experience scores by 1.27 percentage points and better environment scores by 1.35 percentage points compared to those with low CNA retention (0-48%). Medium retention (49-60%) also had significantly better environment scores than low retention. Compared to the high retention group, facilities with extremely high retention (73%+) had significantly lower scores for the overall resident care experience, facility culture, caregivers, and spending time. Maintaining a high retention rate of CNAs is important, but there were surprising negative effects from having extremely high retention potentially due to high burnout or poor person-job fit.

Session 1355 (Paper)

COVID-19 AND WELL-BEING

GROWTH MINDSET AND OLDER ADULTS’ WELL-BEING DURING THE COVID-19 PANDEMIC
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Growth mindset, the belief that abilities and attributes are improvable, may help buffer against older adults’ feelings of social isolation during the COVID-19 pandemic, as it may foster effective self-regulation and resilience. This study examined the effects of growth mindset on older adults’ well-being and adjustment, compared to younger and middle-aged adults. Participants self-reported on their growth mindset, depression, well-being, and daily habits amid the pandemic. For older adults (N = 178, 82% female, M age = 70.42, SD age = 6.50, range 60-90), regression analyses (controlling for gender, education, income, and age) revealed that growth mindset was associated with decreased depression (β = -.29, p = .001) and increased well-being (β = .38, p < .001). In addition, a logistic regression showed that older adults with a higher growth mindset were more likely to adjust their daily tasks during the pandemic (e.g., using technology to remotely socialize; OR = 1.77, p = .012). The same set of analyses in samples of younger (N = 235, 72% female, M age = 29.84, SD age = 5.89, range 18-39) and middle-aged adults (N = 188, 74% female, M age = 50.02, SD age = 6.10, range 40-59) revealed that growth mindset was associated with decreased depression and increased well-being. However, in these groups, growth mindset did not predict the likelihood of adjusting daily tasks. Findings suggest that while growth mindset is linked to enhanced well-being during the pandemic, its effect on adjusting to new circumstances might be salient in older adulthood.

IT WAS HEARTBREAKING . . . IT WAS HORRIBLE: THE EXPERIENCES OF NURSING HOME RESIDENTS’ CHILDREN DURING COVID-19

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As a result of COVID-19, the Centers for Medicare and Medicaid Services (CMS) suspended all outside visitors from entering nursing homes on March 13, 2020. For more than six months, care partners were only permitted in compassionate care situations, so adult children of residents were only able to contact their parents via phone calls, video chats, window visits, and in some cases, limited outdoor visits. Experts have written on the adverse, detrimental impact of this lack of connection and isolation has had on residents. However, the lived experiences from the perspectives of residents’ adult children remain largely absent from the literature. To uncover the experiences of these care partners, semi-structured interviews were conducted (N=12) from December 2020 to February 2021. Adult children shared witnessing their parent’ physical and cognitive decline which they attributed to the lack of visitors. Care partners expressed feeling frustrated that they were unable to observe their parent’s health condition, and could not provide support. Also, many rightfully worried they would never see their loved one again. Findings from this study reveal implications for nursing home leaders and policymakers, such as building infrastructure and systems that both ensure safety and allow care partners to regularly see their residents in long-term care to avoid the unintended adverse consequences of these policies. Further, findings from this research indicate the need for future programs to mitigate and lessen the long-term consequences this isolation has had on both residents and their adult children.

MENTAL HEALTH EFFECTS OF COVID-19 IN OLDER ADULTS ARE MODERATED BY EXISTING MENTAL HEALTH NEEDS AND EMOTIONAL SUPPORT

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Mitigating mental health consequences is one of the priorities for the society to advance, and the aim of this study is to investigate the mental health effects of COVID-19 in older adults and to explore risk and protective factors. Social workers recruited 722 older adults living in the community (mean age 73.6±8.4) from January 2020 to February 2021 in Hong Kong, and interviewed them for basic demographics (age, gender, education, and living status), mental health service use in recent three months (proxy for existing needs), number of people to talk to when feeling down (proxy for emotional support network), and assessed their depression using Patient Health Questionnaire-9 (PHQ-9). Impacts of COVID-19 were indicated by local daily effective reproductive number (Rt) and Nth wave since the start of the pandemic. Generalized linear models (GLM) were applied. Basic demographics were not associated with depression, existing mental health needs (β=2.99, p<.001), Rt (β=1.08, p<.05) and Nth wave (β=0.49, p<.05) were positively associated with depression, while emotional support network was negatively associated with depression (β=-2.47, p<.001). There was also a significant interaction between Rt and Nth wave on depression (β=0.69, p<.05), suggesting ongoing COVID-19 took a toll on older adults’ mental health. Three-way interactions between COVID-19 Rt, Nth wave and existing mental health needs (β=0.25, p<.05) and emotional support network (β=-0.12, p=.07) on depression further indicated that older adults with existing mental health needs warrant more attention, and wider emotional support network may buffer the impact of the pandemic on mental health.

RACIAL DIFFERENCES IN THE EROSION OF PSYCHOLOGICAL RESILIENCE FOLLOWING COVID-19 RELATED FINANCIAL HARDSHIP
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Objective: Research on the impact of COVID-19 among older adults has primarily focused on virus outcomes, but it is also possible the pandemic’s hardships have eroded the adaptive capacity of older adults. It is also likely these impacts vary by race and ethnicity. We examine changes in psychological resilience (PR) among older adults pre and post-pandemic to determine whether financial and social hardships have altered this resource for White, Black, and Hispanic older adults.

Method: Using the COVID module recently released by the HRS (n=735), we examined changes in PR between 2016 and 2020 related to specific COVID experiences. We tested interactions to determine whether the effects of these experiences were conditioned by race and ethnicity.

Results: Consistent with previous literature, resilience was relatively stable during this time on average. Financial hardship due to COVID-19 diminished resilience, but this effect was concentrated primarily among White Americans. PR was unchanged related to financial hardship among Black Americans.

Discussion: The results suggest that PR is a relatively stable resource in later life, even during a pandemic. However, this resource may be impacted in the face of specific and especially new challenges in later life. Policies and interventions related to job loss and financial hardship during the pandemic should be seen as supporting the capacity for older adults to adapt to current as well as future challenges.

Session 1360 (Paper)

COVID-19 PANDEMIC 1

CHANGES IN HEALTH AND WELL-BEING IN COVID-19 CLINICALLY VULNERABLE OLDER ENGLISH PEOPLE DURING THE PANDEMIC

People with specific health profiles and diseases (such as diabetes, lung and heart conditions) have been classified as ‘clinically vulnerable’ (CV) to Covid-19, i.e. at higher risk of severe illness and mortality from Covid-19, and were targeted for shielding. However, there is as yet little evidence on how the pandemic and shielding impacted the health and social well-being of CV older people. Using data from Wave 9 (2018/19) and the first Covid-19 sub-study (June/July 2020) of the English Longitudinal Study of Ageing, we investigated changes in health and well-being during the pandemic by clinical vulnerability. We also explored the interactions between CV and age-group (50s, 60s, 70s, 80+), and between CV and shielding. Results suggest that CV older people (~39% of the sample) were more likely to report worse health and social well-being outcomes during the pandemic compared to non-CV participants, even considering pre-pandemic levels of health and well-being. However, changes in health were not uniform across age groups, with those in their 50s and 60s more likely to report greater deterioration in mental health than those in their 70s and over 80. Moreover, older adults who were shielding and were CV reported the most substantial rises in anxiety, depression, receipt of formal care as well as decreases in well-being and physical activity. While policies focusing on shielding CV older people reduce rates of hospitalisation and death from Covid-19, policymakers should address the wider needs of this group if their long-term health and social well-being are not to be compromised.

COMPARISON OF EMBEDDED SENSOR DATA FOR LONG-TERM CARE RESIDENTS BEFORE AND AFTER ONSET OF THE COVID-19 PANDEMIC
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Older adults have experienced greater isolation and mental health concerns during the COVID-19 pandemic. In long-term care (LTC) settings, residents have been particularly impacted due to strict lockdown policies. Little is known about how these policies have impacted older adults. This study leveraged existing research with embedded sensors installed in LTC settings, and analyzed sensor data of residents (N=30) two months pre/post the