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CHALLENGES AND BENEFITS: VOLUNTEERISM AMONG OLDER ADULTS DURING COVID-19

Alicia Sellon,¹ Tina K. Newsham,² Renee DuMont,¹ Claire Hollifield,³ and Alicia Thomas,³ 1. *University of North Carolina Wilmington, Wilmington, North Carolina, United States*, 2. *University of North Carolina Wilmington, University of North Carolina Wilmington, North Carolina, United States*, 3. *University of North Carolina Wilmington, wilmingon, North Carolina, United States*

Social distancing restrictions and regulations, put in place to reduce the spread of COVID-19, disrupted the daily lives of active older adult volunteers. One year into the pandemic, we used a mixed-methods approach to explore how these regulations had impacted the quality of life, loneliness, and volunteer behavior of 26 older adults who were active volunteers (i.e., at least an hour a week) prior to the start of the pandemic. All the participants were white and non-Hispanic, and the majority were female (65.4%). The average age was 71, with a range from 53 to 87 years old. On average, participant scores on the UCLA loneliness scale (4.23 ± 1.39) indicated a low amount of loneliness and high scores on the Brunsviken Brief Quality of Life (BBQ) scale (83.54 ± 10.97) indicated a high quality of life. Thematic findings from the interviews conveyed that, despite the challenges and risks associated with volunteering during a pandemic, participants valued volunteer work enough to make adjustments or seek out new volunteer activities. The research team identified two overarching themes related to participants' discussions of volunteering during the pandemic: Challenges and changes and Benefits of volunteering during a pandemic. Participants' discussions of how volunteer work changed and why they continued to or sought out new volunteer activities during a pandemic can guide organizations seeking to support or recruit older volunteers, particularly as the pandemic continues. These findings also provide further evidence of the important role that volunteerism can play in the well-being of older adults.

CLINICAL AND UTILIZATION OUTCOMES OF MATCHED PEOPLE WITH AND WITHOUT HIV AGED 65+

Brianne Olivieri-Mui,¹ Sandra Shi,² Gahee Oh,³ Ellen McCarthy,⁴ Ira Wilson,⁵ Monty Montano,⁶ and Dae Hyun Kim,⁴ 1. *Hebrew SeniorLife, Boston, Massachusetts, United States*, 2. *Hebrew SeniorLife, Harvard Medical School, Roslindale, Massachusetts, United States*, 3. *Hinda and Arthur Marcus Institute for Aging Research, Roslindale, Massachusetts, United States*, 4. *Hebrew SeniorLife, Roslindale, Massachusetts, United States*, 5. *Brown University, Providence, Rhode Island, United States*, 6. *Brigham and Women's Hospital, Boston, Massachusetts, United States*

The prevalence of age-standardized comorbidities is significantly elevated for PLWH across an array of cohorts. However, healthcare needs of older people living with (PLWH) and without (PWOH) HIV may be similar if they have similar geriatric conditions. PLWH and PWOH aged 65+ and eligible for Medicare from 7/1/2014-1/1/2015 were

matched 1:1 on age, sex, race, and census region (n=7654). Cox regression assessed count of prevalent geriatric conditions (dementia, depression, falls, hip fracture, sensory deficits, osteoporosis, orthostatic hypotension, urinary incontinence, frailty, and polypharmacy), and risk for clinical or utilization outcomes (cancer, kidney disease, muscle wasting, hepatitis C, liver disease, myocardial infarction, stroke; hospitalization, nursing home and home health admission) during follow-up between 1/1/2015-12/31/2016. PLWH and PWOH are similar in count of geriatric conditions. Compared to those with none, those having 2+ geriatric conditions were similar across PLWH and PWOH in their risk of ≥ 1 clinical outcome (PLWH: HR 1.57 95% CI [1.29-1.90]; PWOH: HR 1.31 [1.02-1.67]), hospitalization (PLWH: HR 2.35 [1.96-2.83]; PWOH: HR 2.07 [1.65-2.60]), and home health admission (PLWH: HR 2.09 [1.58-2.76]; PWOH: HR 2.20 [1.55-3.12]). Having 2+ geriatric conditions, PWOH had 4.45 times the risk (95% CI 3.16-6.26) and PLWH had 2.88 times the risk (95% CI 2.18-3.81) of NH admission compared to no geriatric conditions. In this study, PLWH use nursing homes less than PWOH despite having a similar number of geriatric conditions and clinical outcomes. Further research to understand this apparent discrepancy will be critical to achieve equity in nursing home access.

CLOSING THE LOOP: AN ENVIRONMENTAL SCAN OF APS-REPORTER FEEDBACK POLICIES AND PRACTICES

Olanike Ojelabi,¹ Randi Campetti,¹ Kathy Greenlee,² and Kristin Lees Haggerty,³ 1. *Education Development Center, Waltham, Massachusetts, United States*, 2. *Greenlee Global LLC, Greenlee Global LLC, Kansas, United States*, 3. *Education Development Center, West Roxbury, Massachusetts, United States*

Abuse, neglect, and exploitation of older adults are prevalent and underreported in the United States. Pathways to identifying and resolving cases of abuse against older adults depend on mandated and non-mandated reporters bringing attention to these cases through reports to Adult Protective Services (APS). However, existing research points to several barriers to reporting. One significant barrier is a lack of communication from APS to reporters about reports they have made (e.g., whether the report is appropriate for APS, the investigation outcome, and services provided by APS). This lack of reciprocal communication likely serves as a disincentive for future reporting. This study aims to promote improved communication between APS and reporters by examining the legal, ethical, and practical barriers and facilitators to communication at key points in the reporting and response pathways. In this first phase of the project, we conducted an environmental scan of policies and practices related to reporting, investigation, and feedback. Early results from the environmental scan suggest most APS agencies (81%) do not currently provide feedback to reporters. Among those providing feedback, 20% provide feedback only to mandated reporters, and 50% provide only procedural feedback, which focuses on the process of receiving and screening reports for investigation and not on the outcome of the investigation. In the next phase of this study, we will supplement these findings through interviews with APS leaders across the U.S.