

lower job satisfaction is associated with experiencing financial hardship, lack of PPE and employer protocols/guidance, understaffing, lower quality of employer communication related to COVID-19, and HCAs' lower perceived preparedness to care for clients with COVID-19. In a regression analysis, experiencing financial hardship and lower quality of employer communication remained significant predictors. Findings underscore the importance of employer supports in HCAs' job satisfaction and provide important lessons for how employers can support HCAs during the pandemic and beyond.

BARRIERS AND FACILITATORS OF DISASTER PREPAREDNESS FOR CAREGIVERS OF PERSONS WITH DEMENTIA

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Emergency preparedness for disasters such as hurricanes is critical. A common feature of disasters is their disruption of daily life, which is magnified for persons living with Alzheimer's disease and related dementias (ADRD). It is critically important to understand more about disaster preparedness for those with ADRD and the informal caregivers responsible for their safety. We conducted individual interviews between April and September, 2021. The sample included 50 family caregivers of persons with dementia (11 Hispanic, 12 Black, 27 White), who were asked about their disaster experiences, concerns about future disasters and level of preparedness. Interviews were transcribed and coded using a team coding approach. Initial analysis identified three main themes, 1) caregivers attitudes about the importance of disaster preparedness, 2) what makes it difficult to prepare, and 3) facilitators of preparedness. Results have the potential to guide program development to improve preparedness among diverse caregivers of persons with ADRD.

THE ROLE OF WORKPLACE POLICY ON EMPLOYED FEMALE CAREGIVERS DURING THE CORONAVIRUS PANDEMIC

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The coronavirus pandemic has indelibly impacted society over the past two years. This qualitative study explores how working female caregivers, in particular, experienced the pandemic and how the workplace supported them during this time. Findings from interviews with 29 working female caregivers revealed that many caregivers were unable to set boundaries around caregiving during the pandemic. Caregivers frequently found themselves on their own in providing care. This meant that caregivers had little time to themselves to rest and recharge. Whereas prior to the pandemic, caregivers may have had help with caregiving through services like respite and adult daycare, these services were no longer options. This reduced level of external support and care influenced caregivers' socioemotional wellbeing. Workplace policies, such as the ability to work remotely and working flexible hours, helped to ease caregiver burden. These findings have implications for both caregivers and workplaces during future crises and disasters.

CARING FOR HOMEBOUND VETERANS DURING COVID-19 IN THE US DEPARTMENT OF VETERANS AFFAIRS MEDICAL FOSTER HOME PROGRAM

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The COVID-19 pandemic made older, homebound adults with multiple chronic conditions increasingly vulnerable to contracting the virus. The United States (US) Department of Veterans Affairs (VA) Medical Foster Home (MFH) program cares for such Veterans residing in private homes of non-VA caregivers. In this qualitative study, we assessed adaptations to delivering safe and effective healthcare during the early stages of the pandemic for Veterans living in rural MFHs, interviewing (n=37) VA MFH care providers at 19 MFH programs across the US. We identified themes reflecting adaptations to care provision, including care providers increasing communication and education to caregivers who prioritized Veteran safety. Caregivers coordinated increasing telehealth visits, applied creative strategies to mitigate social isolation of Veterans and themselves, and Veterans were prioritized for in-home COVID-19 vaccinations. Study findings illustrate the importance of clear, regular communication and intentional care coordination to ensure high quality care for vulnerable, homebound populations during crises.

SELF-DIRECTED CARE IN HOME-BASED LONG-TERM CARE DURING THE PANDEMIC: POLICY AND PRACTICE IMPLICATIONS

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The COVID-19 pandemic highlighted strengths and challenges of the self-directed care model for home-based long-term care. We discuss policy and practice implications drawing on interviews with over 50 home-and-community-based-services consumers, caregivers, workers, and providers in Kansas. Low-pay, lack of benefits, rising wages in competing sectors, enhanced unemployment and COVID-19 concerns exacerbated workforce shortages that compromised consumer safety and well-being. The lack of budget authority for self-directed consumers in Kansas limited their ability to address these issues. Furthermore, the self-directed model was excluded from emergency funding sources that would have enhanced pay and benefits for workers, including sick pay for quarantine, pointing to the need for targeted funding. Emergency flexibility allowing paid family caregivers addressed care needs for some but is temporary and should be expanded. In the managed care model, MCOs still kept their capitated payment despite significant unfilled care hours, and thus pay-for-performance incentives need to be revisited.