

41% more likely to provide help greater than three activities of daily living than other ethnicities. How they perceive socio-cultural factors to influence their care giver roles is less documented. This study aims to synthesize the evidence on the role of culture and social factors in African American caregiver perceptions delivering care to older adults with dementia and COVID-19. Searches of the Ageline, Medline, PsycInfo, Academic search complete Psychology and Behavioral science collection and Google scholar for empirical study publications on socio-cultural factors for dementia care and COVID-19 among African American caregivers yielded six studies. To be included, studies met the following criteria (a) focus on African American caregivers of older adults with dementia and focus on Covid-19 (b) socio-cultural factors (c) perceptions and practices. (d) published between 2019–2022. Studies indicate compassionate care practices by African American caregivers of persons with dementia and Covid-19. African American care givers of persons with dementia and COVID19 perceive caregiving as a responsibility they owe and not a job. They also perceived to be guided by their racial identity and faith beliefs, integrating family values and culture into caregiving. African American carers of persons living with dementia and COVID-19 have compassion and resilient care self-perceptions in caregiving to people with Dementia and COVID-19. Supporting compassionate care delivery by African American carers requires understanding social and cultural factors driving their commitment to quality care.

#### COVID-19 WIDOWHOOD OR PANDEMIC WIDOWHOOD: EXAMINING THE DIFFERENTIAL IMPLICATIONS FOR MENTAL HEALTH

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Millions of COVID-19 widows worldwide face elevated mental health risks that foreshadow worsening physical health and elevated mortality. It remains unknown whether the excess mental health problems for COVID-19 widows are a result of the “bad death” experiences from COVID-19 (e.g., unexpected death and high levels of medical intervention) or pandemic-induced social changes (e.g., social isolation and limited funerals). This study examines whether older adults whose spouses died of COVID-19 disease have worse mental health (self-reported depression, loneliness, and trouble sleeping) than those whose spouses died from causes other than COVID-19 before and during the pandemic. We used Survey of Health, Ageing and Retirement in Europe data collected before (Wave 8, fielded October 2019 to March 2020) and during the pandemic (COVID-19 Supplement-2, fielded June to August 2021) to compare three groups whose spouses died (a) before the pandemic, (b) from COVID-19 during the pandemic, and (c) from non-COVID-19 causes during the pandemic. We find those spouses died from COVID-19 have higher risks of self-reported depression, loneliness, and trouble sleeping than

those losing a spouse before the pandemic. However, losing a spouse due to non-COVID-19 causes during the pandemic is not significantly associated with worse mental health compared to pre-pandemic scenarios. During the pandemic, older adults whose spouses died from COVID-19 report higher risks of loneliness than those spouses died from non-COVID-19 causes. This study suggests losing a spouse due to COVID-19 presents unique mental health risks for older adults, clarifying prior theories about mental health impacts of pandemic bereavement.

#### COVID-19 VACCINATIONS AMONG COMMUNITY-DWELLING PERSONS LIVING WITH DEMENTIA AND THEIR CAREGIVERS

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There is a paucity of information regarding the uptake of the COVID-19 vaccine among community-dwelling persons living with dementia and their family caregivers. We examined factors influencing COVID-19 vaccine acceptance and hesitancy among community-dwelling persons living with dementia and their family caregivers during the early months of the vaccine rollout (February-March, 2021). Data came from three waves of telephone interviews (Mtime = 38.33 minutes) with 26 family caregivers living in rural Appalachian Virginia (96% White, 81% Female, Mage = 63±12 years, 42% Spouse Caregivers). We conducted a four-stage trajectory-based thematic content analysis and used the health belief model to interpret the data. Whereas all family caregivers and their relative living with dementia were eligible for the vaccine at Wave 3, only 10 dyads received it, while 10 dyads did not. In two families, the caregivers received the vaccine but not the person living with dementia; in four families, the caregiver had not received the vaccine, but their relative did. COVID vaccination acceptance was influenced by perceived direct and indirect health risks, cues from trusted allies, and ability to overcome vaccination barriers. Homebound people living with dementia faced unique barriers including transportation to vaccine sites and providers' inability to deliver the vaccine to the home. Caregivers who refused or delayed vaccinations for themselves or their relatives discussed confusion about eligibility, low perceived risk of COVID, vaccine fear, and personal choice beliefs. Findings inform direct care delivery for interdependent family members who live in remote locations facing a public health crisis.

#### COVID-19 RELATED MEDICAL CARE DELAYS IN UNDERSERVED AFRICAN AMERICAN OLDER ADULTS WITH COMORBIDITIES

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Health seeking behaviors have been negatively impacted during the COVID-19 pandemic particularly among minority older adults. There is a paucity of data concerning African American older adults who delayed, reduced, or stopped visits to primary and specialty providers. To outline