

difficulty. Compared to people with no challenging experience, those who needed to move their jobs but could make debt off during the Recession reported physically healthier, but not mentally healthier in later life. Interestingly, among this group, women reported more long-term physical health problems than men. The findings suggest the close connection between physical and mental health and the importance of long-term care for mental health among older adults in recovering from socio-economic challenges.

#### THE MORTALITY OF OLDER ADULT INPATIENTS WITH KIDNEY CANCER DURING THE PANDEMIC: A RETROSPECTIVE COHORT STUDY

Kendall Brune,<sup>1</sup> Cheng Yin,<sup>2</sup> Rongfang Zhan,<sup>2</sup> and Liam O'Neill,<sup>3</sup> 1. *Meharry Medical College, Nashville, Tennessee, United States*, 2. *University of North Texas, Corinth, Texas, United States*, 3. *University of North Texas, University of North Texas, Texas, United States*

**Background:** Elderly patients are a vulnerable group during the Covid-19 pandemic, especially those with cancer. Our study aims to identify how Covid-19 impacts elderly inpatients with kidney cancer and determine risk factors associated with increased mortality.

**Methods:** Our retrospective cohort study utilized the PUDF dataset and included inpatients over 60-year-old, diagnosed with kidney cancer, and hospitalized within 30-day. Person's Chi-Square was used to measure the differences between survivors and non-survivors, and the Mann-Whitney test was for non-normality distribution for continuous variables. Then, a binary logistic regression was employed to identify the association between independent variables and mortality.

**Results:** Five hundred and twenty-two patients were included in the study, of which 7 (1.4%) died during hospitalization. According to the univariate analysis and Mann-Whitney test, expired patients were more likely to experience older age ( $p = 0.005$ ), longer length of stay ( $p = 0.009$ ), ICU ( $p = 0.012$ ), HMO Medicare Risk ( $p = 0.005$ ), Covid-19 ( $p < 0.001$ ), paralysis ( $p < 0.001$ ), and higher illness severity ( $p < 0.001$ ). The binary logistic regression revealed that older age (OR = 1.120, 95% CI: 1.004-1.249,  $p = 0.042$ ) and the SOI (OR = 4.635, 95% CI: 1.339-16.052,  $p = 0.016$ ) had significantly high odds of mortality.

**Conclusion:** The retrospective cohort study reveals that although Covid-19 was not a predictive factor associated with increased mortality, there was a statistically significant difference between the survivor and non-survivor groups. Further studies need to assess its association with kidney cancer or other various types of cancer.

#### THE MYTH OF CARE COORDINATION: WHETHER PROFESSIONAL CARE COORDINATION IMPROVED OLDER ADULTS' HEALTH OUTCOMES?

Kedong Ding, *Case Western Reserve University, Cleveland, Ohio, United States*

**Background:** Current evidence on the effects of Care Coordination (CC) on older adults' well-being and health service utilization is inconsistent. Previous studies are mostly limited to regional data and focus mostly on nurse-led CC instead of layperson Care Coordinators like family caregivers. This study explores the effects of having CC in a national

sample of U.S. older adults and whether the coordinators' professionalism impacts the effect of having CC on multidimensional health outcomes (Health outcomes were conceptualized as physical health, healthcare utilization, and care encounters).

**Methods:** Data were from the 2016 and 2018 waves of the Health and Retirement Study (HRS) ( $n=1,372$ ). Multivariate regression models were used to examine the effects of CC on multidimensional health outcomes in 2016 and the longitudinal effects of having CC. We also tested the effect of Care Coordinators' professionalism on the multidimensional health outcomes. All models controlled for sociodemographic characteristics and health status.

**Results:** Findings suggest that having CC doesn't have a positive effect on older adults' health outcomes. Having CC was associated with an increased number of acute diseases ( $\beta = 0.16$ ,  $p < .001$ ) and nonacute diseases ( $\beta = 0.21$ ,  $p < .01$ ) in longterm. The results regarding cross-sectional effects show that receiving care from a Coordinator was related to increased health service utilization. Participants with professional Care Coordinators were more likely to report receiving person-centered care (OR=1.60,  $p<.05$ ).

**Conclusion:** This study demonstrates the limited effects of CCs on older adults' physical health outcomes, and emphasized the importance of care coordinators' qualifications.

#### THE RELATIONSHIP BETWEEN COVID 19 ANXIETY AND DEMENTIA CAREGIVERS BURDEN AND SUFFERING

Kaitlyn Lucas,<sup>1</sup> Eleanor Batista-Malat,<sup>2</sup> Seho Park,<sup>3</sup> Shelly Johns,<sup>4</sup> Nicole Fowler,<sup>5</sup> and Katherine Judge,<sup>6</sup> 1. *Cleveland State University, Westlake, Ohio, United States*, 2. *Indiana University School of Medicine, Regenstrief Institute, Indiana, United States*, 3. *Indiana University School of Medicine, Department of Biostatistics, School of Medicine, Indiana, United States*, 4. *Indiana University School of Medicine, Center for Health Services Research, Indianapolis, Indiana, United States*, 5. *Indiana University School of Medicine, IU Center for Aging Research, Indianapolis, Indiana, United States*, 6. *College of Sciences and Health Professions, Cleveland State University, College of Sciences and Health Professions, Ohio, United States*

The impact of COVID-19 on dementia caregivers is gaining new interest. It is unknown how the pandemic has impacted caregivers' burden and existential suffering. Analyses were performed on data for dementia caregivers ( $n=89$ ) enrolled in the Indiana University Telephone Acceptance and Commitment Therapy for Caregivers (TACTICs) pilot trials. Individuals were primary caregivers of a family member with dementia and had clinically significant anxiety measured by a GAD-7 score  $>10$  or between 5-9 with reported interference in life. COVID-19 anxiety was measured using the NIH CoRonavIruS Health Impact Survey (CRISIS) questions. Caregivers were on average 55.2 years of age with 56.2% being child or child-in-law, 71.9% were white and 24.7% were Black. Mean burden scores, measured by the Zarit Burden Index, were higher (44.29) compared to means reported across the literature (26.7) indicating the sample experienced higher than normal levels of burden. Mean existential suffering scores measured by the subscale of Experience of Suffering Scale were lower (9.37) compared to means