

directly associated with daily desire for solitude, but higher relationship well-being was related to low preference for solitude when measured as an individual trait. In addition, relationship quality significantly moderated everyday solitude-affect links: higher relationship quality was related to reduced negative affect during solitude, and conflict was related to increased positive and decreased negative affect on solitude as compared to non-solitude days. The results imply that it is the subjective experience of relationships rather than objective living conditions that shape daily affective quality during solitude.

UNDERSTANDING BARRIERS TO HEALTHCARE ACCESS FOR HEART FAILURE PATIENTS DURING THE COVID-19 PANDEMIC

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Early outpatient follow-up within two weeks after hospital discharge is an effective strategy for improving transitions of care in older patients with heart failure (HF). However, implementing timely follow-up care for HF patients has been challenging, especially during the COVID-19 pandemic. This convergent mixed-methods study identified patients' barriers to accessing care and ascertained their recommendations for addressing these barriers. We enrolled 264 HF patients admitted to the Duke Heart Center between May 2020 and August 2021. A standardized survey and electronic health records (EHR) were used to collect patients' sociodemographic, psychosocial, behavioral, and clinical data. For patients who reported some difficulty accessing their healthcare (n=30), semi-structured interviews were conducted to understand these barriers. Data were analyzed using rapid analysis techniques. Barriers to accessing care varied across participants, with scheduling an appointment being the most common barrier (12 of the 30 responses). Participants indicated that job-related conflicts, providers' availability, or COVID-19 contributed most to the difficulty in scheduling an appointment. Some participants experienced more difficulties during the pandemic due to fewer appointments available for non-acute and non-COVID-19 related needs. Transportation was another critical barrier, which was often associated with the participants' physical functional status. Participants identified the benefits of using telemedicine to address access to care barriers; however, they shared their concerns that telemedicine visits may not be sufficient to assess their HF conditions. Study findings highlight the need for more continual, tailored, and patient-centered interventions to improve access to care in older HF patients.

USING TAIWANESE UNIVERSAL HEALTH INSURANCE DATA TO ESTIMATE LTC NEEDS WITH MACHINE LEARNING

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One of the core issues in long-term care (LTC) policy is the growing imbalance between demand and supply of LTC services due to aging population. To estimate the imbalance and allocate LTC resources, the government regularly conducts surveys. These surveys are expensive given the sample size requirements and imprecise given their subjective nature. This study links the administrative records of the universal health insurance database with LTC program usage records in Taiwan to explore this issue. Machine learning algorithms are used in projecting LTC needs from administrative records. LTC program usage records provide detailed LTC needs information and the amount of service each individual used. In addition, health insurance claim data provides rich health information. Specific LTC needs are predicted for each individual. By further extrapolating to future demographics, long-term LTC needs could be projected. There are several findings in this study. Prediction of difficulties in activities of daily livings (ADL), measured by Barthel index, works best using the Gradient Boosting algorithm. The mean absolute error is 17.67 out of a 0 to 100 scale. In addition to dementia and stroke, diagnosis of pressure ulcer (ICD 10 code: L89) and pneumonia (ICD 10 code: J18) have high predictive power for LTC needs. Prediction of Instrumental ADL (IADL) also performs well with a mean absolute error 1.31. The prediction model suggests high LTC needs and excess demand as the demographics changing. Our study provides a reliable way of using rich information to estimate future LTC needs without conducting additional costly surveys.

VACCINE ACCESS SHRINKS DISPARITIES BETWEEN LONG-TERM CARE AND COMMUNITY RATES OF COVID-19 MORTALITY.

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This longitudinal secondary data analysis examines differences in COVID-19 incidence and mortality among long-term care facility (LTCF) residents with those living in the community in South Carolina (SC) throughout the pandemic, including the time of vaccine availability. Data came from the SC Department of Health and Environmental Control (SCDHEC). Descriptive statistics and trends for cases of infections and deaths were calculated. Cox proportional hazards were used to compare COVID-19 mortality in LTC residents to community dwelling older adults, controlling for age, gender, race, and pre-existing chronic health conditions. Until early January of 2021, significantly greater incidence rates of infection (116.2 per 10,000 per month) and hazard of death after infection (HR=1.83, 95% CI: 1.70-1.98) were experienced among LTC residents as compared to older adults in the community even after statewide mask mandates and visitation guidance. Since vaccine availability, COVID incidence rates among LTC residents fell by half (59.5