

everyday health behaviors (adherence to stay-at-home guidelines to reduce risk, and adaptive coping activities) on mental health and COVID-related distress. Examples of active coping strategies were stockpiling resources, spiritual practices, or outreach to others. Descriptive statistics, bivariate correlations, and multiple regressions characterized the impact of COVID-19 on perceived mental health. Descriptive data included changes in health service access, changes in mental and physical health, reduced social engagement, increased adherence to guidelines, and increased adaptive coping activities. Significant predictors of mental health impact of the pandemic were changes in health service access ($\beta = .18, p < .05$), health changes ($\beta = .25, p < .01$), and adaptive coping activities ($\beta = .21, p < .05$). Findings suggest COVID-19 distress may be alleviated with improved health care access and increased social contact. Mental health challenges may also benefit from increased engagement in adaptive coping activities.

IMPACT OF THE COVID-19 PANDEMIC ON PARTICIPATION IN COMMUNITY-DWELLING OLDER ADULTS: A CROSS-SECTIONAL ANALYSIS

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Public health guidelines to prevent spreading COVID-19 place older adults at risk of loneliness and social isolation. Evidence suggests that participation protects older adults from such detrimental outcomes, therefore we aimed to identify the factors associated with participation in life roles among older adults living in the community during the COVID-19 pandemic. We conducted a telesurvey on a random sample of community-dwelling older adults living in Hamilton, Ontario, Canada, between May and July 2020. Outcome measures included participation in life roles, physical function, physical activity, mobility, mental health, nutrition, and demographics. We conducted two multivariate regression analyses with the Late Life Disability Instrument's (LLDI) frequency and limitations scales as the dependent variables. Candidate factors were organized by International Classification of Functioning, Disability, and Health (ICF) framework domains; personal factors, body functions and structures, activities, and environmental factors. A total of 272 older adults completed the telesurvey (mean age 78 ± 7.3 yrs, 70% female). Age, using walking aids, driving status, household income, education, mental health, nutrition, physical function, and dwelling type explained 47.1% ($p < 0.001$) of the variance observed in LLDI frequency scores. Using walking aids, driving status, receiving health assistance, mental health, and physical function explained 33.9% ($p < 0.001$) of the variance observed in LLDI limitation scores. These findings highlight factors from multiple ICF domains that are associated with participation limitation and frequency among older adults during the pandemic. Our findings have implications for developing public health initiatives to mitigate the effects of the pandemic on the participation of older adults.

LONELINESS AMONG US ADULTS DURING THE EARLY PHASE OF THE COVID-19 PANDEMIC: FINDINGS FROM THE COVID-19 COPING STUDY

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We aimed to estimate the prevalence of loneliness and identify the key sociodemographic, employment, living, and health-related risk factors for loneliness among middle-aged and older adults during the early COVID-19 pandemic in the US, when shelter-in-place and social distancing restrictions were in place for much of the country. Data were collected from online questionnaires in the COVID-19 Coping Study, a national study of 6,938 US adults aged 55-110 years, from April 2nd through May 31st, 2020. We estimated the population-weighted prevalence of loneliness (scores of $\geq 6/9$ on the 3-item UCLA Loneliness Scale), overall and according to sociodemographic, employment, living, and health-related factors. We used population-weighted modified Poisson regression models to estimate prevalence ratios (PRs) and 95% confidence intervals (CIs) for the associations between these factors and loneliness, adjusted for age, sex, race, ethnicity, and education. Overall, 29.5% (95% CI: 27.9%, 31.3%) of US adults aged 55-110 were considered high in loneliness in April and May, 2020. In population-weighted, adjusted models, loneliness was most frequent among those with depression, those who were divorced or separated, those who lived alone, those diagnosed with multiple comorbid conditions, and individuals who were unemployed prior to the pandemic. In conclusion, we identified subpopulations of middle-aged and older US adults that were highly affected by loneliness during a period when COVID-19 shelter-in-place orders were in place across most of the country. These insights may inform the allocation of resources to mitigate loneliness during times of restricted activity.

THE EFFECT OF TESTING TURNAROUND TIME ON COVID-19 OUTBREAK SEVERITY WITHIN U.S. NURSING HOMES

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COVID-19 has brought renewed attention to infectious diseases in U.S. nursing homes (NHs). The Testing turnaround time (TAT) of SARS-CoV-2 is vital information, supporting staff ability to make decisions regarding resource allocation. Methods: Using data obtained from the National Healthcare Safety Network's COVID-19 nursing home data set, we analyzed the TAT of laboratory polymerase chain reaction (PCR) testing on outbreak severity (number of people infected) for residents and staff. A MANOVA was performed on NHs submitting data over 26 weeks (May-November 2020). The independent variable was the average TAT for the two weeks prior (<24 hours, 1-2 days, 3-7 days, or 7+ days). Results: $N = 15,363$ NHs. The TAT for the combined dependent variables of staff and resident COVID-19 cases. $F(10,781,354) = 3161.265$, Pillai's trace = .078, $p < .0005$, partial $\eta^2 = .4$. The average outbreak severity for staff was 13.93 cases when TAT was < 24 hours, compared to 15.29 cases at 1-2 days. For residents, the difference was less pronounced but still significant. The average outbreak severity for residents was 17.07 cases when TAT was <24 hours, compared to 18.61 cases when the TAT was 1-2 days. Tukey post-hoc tests found significance for all levels of testing for residents and staff at $p < .0005$. Discussion: Time differences to receive

PCR test results from a laboratory are significant in outbreak severity for staff and residents. The most meaningful result positively impacting the ultimate spread and severity of gross cases is when the TAT for PCR results is < 1 day.

THE IMPACT OF COVID-19: PERSPECTIVES OF RECREATIONAL THERAPISTS WORKING WITH OLDER ADULTS

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This study explored the perspectives of recreational therapists (RT) from Pennsylvania and Michigan and how COVID-19 has impacted older adults and their roles in various settings. COVID-19 safety restrictions limiting social interaction with both peers and families had the potential for negatively impacting the social and emotional well-being of older adults (Van Orden et al., 2020) and the roles of therapists who work with them. Because peer socialization and physical activity programs prevent falls (Cameron et al., 2018) and improve depressive symptoms (Harvey et al., 2015), a better understanding of COVID-19 impact is significant. From a qualitative viewpoint, 14 RTs from various levels of care were interviewed to better understand their perspective on the impacts of COVID on older adults and their own practice. Hour long interviews conducted via zoom focused on organizational changes, role changes, and impact on older adults. After recordings were transcribed, multiple researchers classified, summarized, and tabulated the data. A consensus method determined common themes. From the RT's perspective, older adults have not only been negatively impacted in the social domain. While many older adults showed resilience, others were impacted physically, emotionally, and cognitively. Moreover, an increased importance on meaningful engagement, recreation, and leisure emerged. Technology became an essential tool in interpersonal connection. Teamwork, personal self-care, and coping were integral to providing effective care. Post pandemic, RTs are concerned about the challenge of reengaging older adults in groups but are certain that technology will continue to be used in a more expansive way in programs.

THE LIVED EXPERIENCE OF ASSISTED LIVING ADMINISTRATORS DURING THE COVID-19 PANDEMIC

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Since March, 2020, administrators in assisted living (AL) residences have been challenged to provide the best care for their populations while undergoing a pandemic. Because nothing like this has happened in the recent past, AL administrators had to make many new decisions. The purpose of this phenomenological study is to reflect on the lived experiences of AL administrators during the COVID pandemic. Using a semi structured interview, individual interviews of four AL administrators from different AL communities were conducted via Zoom. The interviews contained questions related to the participants' experiences with the COVID-19 pandemic. The recorded interviews were transcribed verbatim into MAXQDA. Data analysis followed a modified Giorgi approach, by reviewing the recorded interviews,

categorizing the data into meaning units, then situated units, generalized units, and then themes. Results indicated that AL administrators have been adapting to constantly changing and conflicting regulations. The pandemic incited fear, depression, moral distress, but also hope for the future. The data shows a multitude of feelings and actions related to the well-being of the staff, residents, and residents' families. The limitations of this study include a small sample size and the evolving nature of the pandemic in Michigan. Opportunities for future research would be to compare our findings to the experience of other ALs in the United States. The results show the complexity of AL administrators' lived experiences during the pandemic and highlight important considerations if an event like the pandemic were to occur again.

TIMELINE OF COVID-19 INCIDENCE AND MORTALITY AMONG RESIDENTS AND STAFF OF SOUTH CAROLINA LONG-TERM CARE FACILITIES

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The COVID-19 pandemic has disproportionately impacted older adults living in long-term care facilities (LTCFs), but little research has described parallel infection rates and mortality among LTCF residents and staff in relation to state-level mitigation measures. This study used comprehensive COVID-19 tracking data from the South Carolina Department of Health and Environmental Control (SCDHEC), including case report information on demographics, symptoms, comorbidities, and employment. We included all confirmed or probable COVID-19 cases and deaths among adult SC residents reported between 3/15/2020 and 1/2/2021. Residence or employment in LTCF, including nursing homes, assisted living, or skilled nursing facilities, were confirmed by SCDHEC. Cox proportional hazards models were used to compare mortality between residents/staff and counterparts in the community. Overall, 54,514 cases of COVID-19 were identified among older adults in SC. Of these, 13.5% (n = 7,366) resided in a LTCF. LTCF residents with COVID-19 were more likely to be hospitalized compared to older adults in the community and 74% more likely to die (HR= 1.74, 95% CI: 1.59-1.90), after controlling for age, gender, race, and chronic health conditions. LTCF staff had greater infection rates but lower risk of mortality (HR=0.58; 95% CI: 0.39-0.88) compared to the general population. Differences in COVID-19 incidence and mortality between residents/staff and the community decreased after statewide mitigation policies. This study indicates that LTCF residents are at increased risk of COVID infection and mortality, even accounting for pre-existing health conditions. LTCF settings are key sites for prioritizing prevention, vaccination, and training plans to prepare for future pandemics.

TRANSFERS AMONG LONG-TERM NURSING HOME RESIDENTS DURING THE COVID-19 PANDEMIC

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