

were aged 65 and older. Age ranged from 65 to 94 years ($M=73$, $SD = 5.0$). The sample was predominately Male (90%), White (83%), educated (65%) and married (69%). Moderate to high COVID-19 anxiety was reported in 38 percent of the sample. Older veterans who reported moderate to high COVID-19 anxiety were 5 times more likely to report loneliness, 11 times more likely to meet the diagnostic cut off for anxiety, 3 times for depression, 2 times for PTSD, and 3 times for moderate to severe insomnia. Results revealed a clear association between COVID-19 anxiety and the well-being of older veterans. Findings have implications for ensuring well-being outcomes are restored in older veterans as cause for pandemic anxiety is reduced. Results also demonstrate older veterans should be recognized as a vulnerable population in preparation for care future pandemics.

Session 9160 (Poster)

Covid-19 and Older Adults

CHALLENGES WITH CONDUCTING AN INVESTIGATIONAL DRUG STUDY IN OLDER ADULTS IN NURSING HOMES DURING A PANDEMIC

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In the early months of the pandemic, SARS-CoV-2 infected nursing home residents in explosive and deadly outbreaks. Nursing home residents disproportionately accounted for over 40% of COVID-19 mortality nationally. This national emergency drove scientific and public health experts to develop and implement administrative, clinical, and research programs to limit the pandemic's impact, especially for high-risk individuals, such as those hospitalized or living in nursing homes. Nursing home policies, prompted by the Centers for Medicare & Medicaid Services (CMS) and the Centers for Disease Control and Prevention (CDC) guidance, severely restricted access beginning in March 2020 in an effort to limit disease exposure. In July 2020 we began the process to conduct an investigational SARS-CoV-2 post exposure prophylaxis study of nursing home residents, incorporating FDA guidance developed for conducting investigational drug trials in the context of COVID-19. Our research teams adapted our nursing home engagement, resident consenting and research data collection strategies accordingly. We remotely screened residents living in any of 28 nursing homes for eligibility to participate, ultimately consenting and randomizing individuals in 11 facilities. Of the 2,683 nursing home residents 65 years or older we screened, 48 (1.8%) agreed to consent individually or through proxy, most often a legally authorized representative. We will describe our research methods, with emphasis on how we addressed challenges presented due to performing all research tasks remotely and identify strategies that can qualitatively improve the remote nursing home research experience.

CHARACTERIZING PATIENTS AND THEMES OF SARS-COV-2 VACCINE HESITANCY IN A NEW YORK CITY HIGH-RISK OLDER POPULATION

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Background: Vaccines to prevent SARS-CoV-2 infection are deemed one of the most promising measures in controlling the devastating pandemic, yet there is significant vaccine hesitancy in some communities. Historic systemic health, discrimination, and structural inequities in specific racial and ethnic communities contribute to vaccine hesitancy with disproportionately negative impact. It is therefore critical to better understand vaccine hesitancy in this high-risk older population. The ALIGN (Acute Life Interventions, Goals, and Needs) program co-manages a panel of older patients with complex medical and psychosocial needs in an urban academic medical center. Methods: ALIGN enrolled or graduated Patients or designated healthcare proxies were contacted by telephone to discuss SARS-CoV-2 vaccine willingness and hesitancy using a standardized web-based survey. Qualitative data was categorized into themes and subgroups. Demographic data was collected by chart review. Results: Complete results are forthcoming and will include patient reported race and ethnicity baseline, vaccine hesitancy perceptions, with common overarching themes, and clinical team member debriefing. Iterative quality improvement actions taken based on elicited patient themes will also be included and assessed in telephone follow-up for changes in vaccine hesitancy. Conclusions: We are conducting a qualitative and quality improvement study characterizing vaccine perceptions and hesitancy in a high-risk older group with focus on racial and ethnic disparities in this population. This preliminary data informs healthcare providers of potential health literacy, cultural and language, and other potential barriers in order to help further understand how to optimize SARS-CoV-2 vaccine acceptance and delivery in a patient population with elevated risk.

COVID-19 IMPACTS ON MENTAL HEALTH CARE IN VETERANS HEALTH ADMINISTRATION COMMUNITY LIVING CENTERS

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COVID-19 forced VHA Community Living Centers (CLC) to adjust how mental health (MH) care is provided. Beginning March 2020, admissions and staff entering CLC space were restricted in response to the pandemic. Some care shifted from in-person to virtual. Veterans were more isolated due to visitor restrictions and cancellation of communal activities. Pre-COVID, CLC teams cared for an