

and explicit forms of ageism. While ageism was rarely discussed explicitly, ageist bias was evident in implicit reporting patterns, such as frequent use of the phrase the elderly, which was often paired with statements describing older adults as vulnerable. Infection and death rates among older adults, as well as institutionalized care practices, were among the most commonly reported topics, providing a limited portrait of aging during the pandemic. While some authors utilized a survivor narrative by portraying older adults as having survived hardships, this construction implicitly places blame on those unable to do so. Older adults, when quoted directly, produced more complex and nuanced narratives of aging during the COVID-19 pandemic. Such narratives can combat societal ageism and promote self-determination and -definition.

ALCOHOL USE AND MENTAL HEALTH AMONG OLDER AMERICAN ADULTS DURING THE EARLY MONTHS OF THE COVID-19 PANDEMIC

Marisa Eastman, Lindsay Kobayashi, and Jessica Finlay,
University of Michigan, Ann Arbor, Michigan, United States

We investigated the association of self-reported changes in alcohol consumption with the prevalence of anxiety, depression, and loneliness in the early months of the COVID-19 pandemic among middle-aged and older US adults. Between April and May 2020, 6,938 US adults aged 55+ completed online questionnaires in the COVID-19 Coping Study, a national cohort study of older adults' mental health and well-being. Multinomial logistic regression estimated self-reported changes in the frequency of alcohol consumption relative to before the pandemic, according to anxiety (5-item Beck Anxiety Inventory), depression (8-item Center for Epidemiologic Studies Depression Scale), and loneliness (3-item UCLA Loneliness Scale). All models were population-weighted and adjusted for confounders. Nearly half (46%) of adults reported drinking 1-7 drinks/week prior to the pandemic, 12% reported drinking 8+ drinks/week, and 42% reported not drinking. One in five adults (21%) reported a change in their alcohol consumption since the start of the pandemic, while 38% indicated they were drinking the same amount, and 42% reported not drinking alcohol. Older adults who screened positive for each of anxiety, depression, and loneliness reported drinking more than usual (OR=1.92; 95% CI: 1.92-1.93 for anxiety; OR=2.67; 95% CI: 2.67-2.68 for depression; OR=2.46; 95% CI: 2.45-2.46 for loneliness), compared to drinking the same as before the pandemic. These results demonstrate potentially negative changes in alcohol intake among middle-aged and older adults experiencing mental health symptomatology during the early months of the COVID-19 pandemic.

AN ACTION RESEARCH METHOD FOR GENERATING HUMAN-CENTERED COVID-19 CAREGIVING INTERVENTIONS

Natalie Leonard,¹ Alicia Carmichael,¹ Jeannette Jackson,¹ Linde Huang,¹ Aalap Doshi,¹ Amanda Leggett,² Sheria Robinson-Lane,¹ and Richard Gonzalez,¹
1. University of Michigan, Ann Arbor, Michigan, United States, 2. The University of Michigan, Ypsilanti, Michigan, United States

Caregiving for post-intensive care COVID-19 patients is an important determinant of successful recovery, including the reduced likelihood of ICU readmission. With possible

ICU readmissions coinciding with a second wave of the pandemic, researchers and clinicians at the University of Michigan sought to develop a patient and caregiver-informed intervention that was remote, accessible, and could be immediately delivered. The resulting study, Health Enhanced by Adjusting and Recovering Together, reinforces these imperatives common in action research frameworks. Action research, emerging itself from a tumultuous time (1930s-40s) paralleling the COVID-19 pandemic, is a pragmatic research approach with the explicit goal of resolving a community problem or enacting social change--and doing so quickly. Here, we demonstrate a unique method for rapid intervention development that intertwines elements of (a) Human-centered design, for the purpose of a people-focused outlook, (b) Action research, for the purpose of rapid intervention, and (c) Traditional qualitative analysis, for the purpose of knowledge creation. The result of this combined method is an efficiently developed intervention that, while imperfect, is a user-centered, contextually-relevant viable product that can be quickly disseminated, tested, and further refined. The method presented is timely and relevant to other clinical and research teams addressing caregiving during the COVID-19 pandemic.

BEREAVEMENT AND PHYSIOLOGICAL DYSREGULATIONS IN AFRICAN AMERICAN ADULTS

Jieun Song,¹ and Marsha Mailick,² *1. Waisman center, Madison, Wisconsin, United States, 2. University of Wisconsin - Madison, Madison, Wisconsin, United States*

This study uses data from National Survey of Midlife in the U.S. (MIDUS) to examine the effect of bereavement on physiological dysregulations in African American adults, with moderating effects of gender. Models were estimated using data from 210 Non-Hispanic African American respondents who participated in MIDUS 2 (M2: 2004-2005) and the biomarker data collection (2004-2009). We analyzed data from two groups, respondents who experienced the death of an individual(s) close to them, either family or friends (97 women, 40 men) and respondents who did not experience any deaths of close individuals during the same period (46 women, 27 men), controlling for age, education, marital status, prior family bereavement, number of negative life events since M2, and physical health prior to bereavement. Physiological dysregulations were assessed for 7 systems: HPA axis, glucose metabolism, lipids metabolism, sympathetic system, parasympathetic system, inflammation, and cardiovascular functioning. The results show that African American men and women who experienced bereavement were at higher risk of dysregulation of glucose metabolism (assessed by HbA1c, HOMA-IR, and fasting glucose) than the non-bereaved, even after adjusting prior diabetes diagnosis. In addition, African American women (but not men) who experienced recent bereavement were at higher risk of dysregulation of HPA axis functioning (assessed by urinary cortisol and blood DHEA-S) than their counterparts. The other physiological systems were not significantly associated with bereavement experience in African American adults. The findings suggest that bereavement has adverse impacts on health in African American adults via dysregulations in glucose metabolism and HPA axis functioning.