guidelines resulting in confusion; and 5) AL operators struggled to balance public health priorities with promoting their residents' wellbeing. To develop evidence-informed policy and avoid unintended consequences, AL operators, direct care workers, residents, and clinicians practicing in these settings should have opportunities to provide feedback through the policy development process, both state and national.

SEVEN-STATE STUDY OF ASSISTED LIVING AND HEALTHCARE PROVIDERS' RESPONSES TO COVID-19

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COVID-19 has inordinately affected assisted living (AL), such that the proportion of fatalities to cases has been 21% in AL versus 2.5% for the general population. Understanding how AL administrators and medical and mental health providers have responded to COVID-19 can inform health care going forward. Using a seven-state stratified random sample of 250 communities, administrators were interviewed and providers completed questionnaires regarding COVID-19 practices. Preliminary data indicate that 79%, 44%, and 62% of administrators reported serving meals in rooms to segregate residents, using telemedicine, and providing extra pay for staff, respectively. Perceived use/effectiveness of practices differed based on dementia case-mix (e.g., face coverings, social distancing). Providers reported less access to patients (82%), more telehealth (63%), and less ability to provide care (43%). However, they uniformly reported high confidence in AL staff ability to prevent (94%) and respond to outbreaks (96%). Discussion will summarize points important for future care.

EXCESS MORTALITY ATTRIBUTABLE TO COVID-19 AMONG ASSISTED LIVING RESIDENTS

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This study examines the excess mortality attributable to COVID-19 among a national cohort of assisted living (AL) residents. To do this, we compare the weekly rate of all-cause mortality during 1/1/20-8/11/20 with the same weeks in 2019 and calculated adjusted incidence rate ratios (IRRs) and 95% confidence intervals (CIs). All-cause mortality rates, nationally, were 14% higher in 2020 compared with 2019 (mean, 2.309 vs. 2.020, respectively, per 1000 residents per week; adjusted IRR, 1.169; 95% CI 1.165-1.173). Among the 10 states with the highest community spread, the excess mortality attributable to COVID-19 was 24% higher, with 2.388 deaths per 1000 residents per week in 2020 during January-August vs 1.928 in 2019 (adjusted IRR, 1.241; 95% CI 1.233-1.250). These results suggest that AL residents suffered excess mortality due to COVID-19.

Session 1225 (Symposium)

COVID-19, POLICY, AND NURSING HOMES: A HEALTH AND AGING POLICY FELLOWS SYMPOSIUM

Chair: Nancy Kusmaul Co-Chair: Toni Miles Discussant: Lori Frank

COVID-19 significantly impacted older adults, particularly those in long term care. This symposium focuses on policy, and how policies drove many of the outcomes older adults in care experienced during 2020. We begin with a case study of one nursing home describing their operations, how those were impacted by policies at the local, state and federal levels, and operational factors that proved uncontrollable. From there we look more broadly at a national effort as implemented in one state which leveraged clinical and regulatory experts to partner with nursing homes and disseminate emerging and evidence based practice cohorts to address the realities of the COVID-19 pandemic over an extended period. Then we move from the federal to two state level projects. One looks at the experience of embedding advanced practice nurses (APRNs) into long term care facilities in one state over a five year period including during COVID-19. The final presentation describes hands on support provided by one state government to nursing homes and assisted livings during COVID-19, including the coordination of staff testing and the implementation of the use of the antigen testing machines issued through federal policy. We conclude with a discussion of the interplay of federal, state, and local policy on nursing home experiences in COVID-19 and recommendations for more effective policy interventions.

COLLABORATION WITH THE STATE DEPARTMENT OF HEALTH

Kathleen Unroe, *Geriatrics, Indiana University, Indiana, United States*

COVID-19 disproportionately affected older adults, creating opportunities for experts in geriatrics and gerontology to support public policy. In Indiana, the Probari team, composed of a geriatrician and a team of nurses with geriatrics and palliative care expertise, supported the state government response to long-term care facilities during the pandemic. The team was involved in helping coordinate all staff testing (534 nursing homes) by the State Department of Health in June and in August, prior to the Federal mandated testing and the distribution of antigen machines. The Probari team also fielded surveys on behalf of the State regarding staff attitudes towards testing and willingness to be vaccinated, to inform state policy and resource efforts. In addition, Probari collaborated with the State Department of Health and the Indiana National Guard by training over 1600 service members to provide non-clinical support in nursing facilities, and monitoring and evaluating that 3 month deployment.