

Length of SNF stay, total charges, and discharge disposition were analyzed using SNF claims from 2016-2020 Centers for Medicare & Medicaid Services (CMS) Standard Analytical File databases. An average of 4.5% SNF patients had diagnosed PIs, and 4.9% had diagnosed malnutrition. Patients with diagnosed malnutrition were more likely to have PIs than patients without diagnosed malnutrition (11.9% vs 4.1%). Patients with PIs had higher charges (\$12,304 vs. \$10,937), were less likely to be discharged home (11.1% vs 18.9%), and more likely to be discharged to a hospital (15.8% vs 11.0%) or deceased (2.8% vs 1.6%). Patients with diagnosed malnutrition displayed a similar pattern for charges (\$11,587 vs \$10,969), and discharge to home (14.5% vs 18.8%), hospital (13.5 vs 11.1%) or deceased (2.8% vs 1.6%). Length of SNF stay did not differ between patients with and without PIs (18.5 vs 18.6) and was slightly shorter for patients with diagnosed malnutrition (17.3 vs 18.9). While higher probability of rehospitalization or death could impact these results, drivers behind these differences need further investigation. Because malnourished patients were more likely to have PIs and both PI and malnutrition are associated with poorer patient discharge outcomes and higher costs, efforts to identify malnutrition and implement proper nutrition interventions should be prioritized as part of SNF quality improvement initiatives.

PAVING THE WAY FOR AGEIST ATTITUDES THROUGH CHILDREN'S BOOKS

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Older adults are underrepresented and rarely appear in major roles in children's literature. According to developmental intergroup theory, numerically smaller groups are likely to become targets of stereotypes and prejudice. Because parental ageist attitudes are related to those of their children, and parents typically choose their children's literature, we investigated parental preferences for books featuring older and younger adults and what factors might predict this preference. In an online survey, 176 parents of children aged 12 or younger rated children's book covers featuring a child and a prominent younger or older adult. There were two identical versions of each book cover on which only the age of the adult varied. Each respondent viewed covers featuring older and younger adults, but only saw one version of each cover (i.e., counterbalanced design). Parents indicated their preference for the books by stating how much they and their children would like the book and how likely they would be to buy it. Stereotypical expectations regarding the books' storylines were rated on a semantic differential scale (e.g., modern vs. old-fashioned). Results revealed that there were no significant differences in preferences for books featuring younger, compared to older adults. However, a stronger difference in preference for books featuring younger, over older adults was predicted by the extent of stereotypical expectations regarding the storylines. In particular, this preference was stronger in parents who expected stories with older adults to conform to prevailing ageist stereotypes, suggesting that ageist expectations may deter some parents from books featuring older adults.

PHYSICAL INDICATORS OF AGING ARE RELATED TO CELLULAR SENEESCENCE SIGNAL P16INK4A IN MIDLIFE ADULTS

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Cellular senescence signal p16INK4a has been identified as a biomarker of aging that accumulates with chronological age across several tissues in mice and humans and may be potentially modifiable by interventions. This study examined whether physical indicators of aging were associated with p16INK4a and other markers of the aging process in midlife adults. Participants were 543 adults aged 26-78 years (Mage=54.0; 50.5% female) in the Midlife in the United States Refresher cohort. Interviews, questionnaires, and performance tests measured physical indicators of aging, including the Fried frailty index, limitations in daily activities, and age-related comorbidities. RNA sequencing of whole blood assessed biomarkers of aging: p16INK4a (CDKN2A), the DNA damage response (DDR), and the senescence-associated secretory phenotype (SASP). Older age was associated with enhanced p16INK4a ($r=.11$, $p=.01$), DDR ($r=.34$, $p<.001$), and SASP ($r=.38$, $p<.001$) expression. Multiple regression models that adjusted for age, sex, race/ethnicity, BMI, comorbidities, and time between assessments revealed that frailty (pre-frail/frail vs. non-frail) was associated with greater p16INK4a ($B=0.13$, $p=.048$) and marginally greater DDR ($B=0.06$, $p=.06$) expression. Limitations in daily activities were also associated with p16INK4a ($B=0.12$, $p=.045$). History of heart disease, stroke, arthritis, and cancer were associated with DDR and SASP expression in unadjusted models only ($ps<.05$). In summary, senescence indicator p16INK4a was elevated in whole blood samples from middle-aged adults who showed signs of frailty and limitations in daily activities. Findings suggest that whole blood p16INK4a expression might potentially be used to detect early signs of aging and target interventions to reduce biological aging and frailty.

POOR PERFORMANCE IN SNF-VBP PROGRAM IS ASSOCIATED WITH WORSE COVID-19 OUTCOMES IN NURSING HOMES

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Skilled Nursing Facility Value-Based Purchasing (SNF-VBP) was a new Medicare payment program when COVID-19 began. SNF-VBP aims to improve care through payment bonuses and penalties. However, studies have shown that minority-serving nursing homes (NHs) tend to fare worse under SNF-VBP (more likely to receive penalties, less likely to receive bonuses). This study sought to examine whether SNF-VBP performance prior to the pandemic was associated with COVID-19 outcomes and whether associations varied in NHs where the majority of residents are Black/African American (majority-Black/AA). Using publicly available data on COVID-19 outcomes and vaccinations, SNF-VBP performance, and NH characteristics, we found that majority-Black/AA NHs were less likely to have zero infections; had higher case fatality rates; and had lower resident and staff