allowing participants to opt out of receiving valid COVID-19 information. As predicted, age was associated with decreased media consumption (p<.001) and higher information avoidance about COVID-19 on the behavioral measure (p<.01). Self-reported information avoidance, in contrast, was highest among younger adults (p<.05). Further, with the exception of concerns about trustworthiness, older adults were less likely than younger adults to endorse various information avoidance motives (ps<.05). Thus, although information seeking is lower and behavioral information avoidance about COVID-19 is higher in later life, this cannot be traced to explicit intentions or select motives.

AGE DOES NOT PREDICT MORTALITY IN HOSPITALIZED COVID-19+ OLDER ADULTS: RETHINKING RESOURCE ALLOCATION BASED ON AGE

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Older adults are disproportionately affected by the coronavirus (COVID-19) pandemic. While age has been used to guide resource allocation based on studies implicating age as the main risk factor for COVID-19-related mortality, most did not account for critical factors such as baseline functional and cognitive status, or life-sustaining treatment preferences. The objective of this study was to determine whether age is independently associated with mortality in older adults hospitalized with COVID-19. We conducted a retrospective cohort study of adults age 65+ with confirmed COVID-19 hospitalized in the greater NY metropolitan area between 3/1/20-4/20/20. Primary outcome was in-hospital mortality, with age as the primary predictor. Multivariate logistic regression was used to evaluate association between age and in-hospital mortality after controlling for demographics, severity of acute illness, comorbidities, and baseline function, cognition, and life-sustaining treatment preferences. 4,969 patients were included, average age 77.3, 56.0% male, 46.8% White, 20.8% African American, 15.1% Hispanic. Common comorbidities included hypertension (61.1%), and diabetes (36.8%); average number of comorbidities was 3.4 (SD 2.8) and 13.0% had dementia. 20.8% arrived from a facility and 5.7% had early do-not-resuscitate orders. On arrival, the Modified Early Warning System score was 4.2 (SD 1.7) and 79.6% required oxygen therapy. 35.3% of patients expired. In multivariate analysis, age was not independently associated with mortality (p = .173). Functional status, multi-morbidity, life-sustaining treatment preferences, and illness severity, not age, were associated with mortality among older adults hospitalized with COVID-19, suggesting age should not be used as the main indicator to guide resource allocation.

AGE VARIATIONS IN PERCEIVED COVID-19 THREATS, NEGATIVE IMPACTS, AND ASSOCIATIONS WITH WELL-BEING

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The COVID-19 pandemic represents an unprecedented threat to individual and public health, psychosocial, and economic well-being, although COVID-19 threats and impacts may vary by age and other demographic characteristics. Although greater age is a risk factor for greater COVID-19 disease severity, we know little about the association between age and perceived and experienced COVID-19 threats and their association to well-being. These associations were examined in an ongoing 3-wave investigation of over 1,700 U.S. adults (age 18-89; 53.1% female). Wave 1 analyses indicate no significant age variation in perceived threat of COVID-19 infection, with older and younger individuals reporting similar levels of COVID-19 infection threat. However, greater age was associated with lower perceived negative impact on financial and needed resources (r=-.10**), lower perceptions of COVID-19 induced harm to mental well-being (r=-.17**), and more favorable well-being profiles. Greater perceived COVID-19 threat and negative impact on resources and well-being were linked to greater feelings of stress (β's=.45 to .68***), loneliness (β's=.24 to .49***), social well-being (β's=-.19 to -.36***), and poor sleep quality (β's=.34 to .51***). These associations did not vary with age with the exception that older individuals showed stronger links between COVID-19 threat and impacts and poorer sleep quality. Ongoing analyses are examining whether these associations persist over time. Despite older adults' greater risk of COVID-19 disease severity and mortality, older age did not appear to be linked to greater perceived COVID-19 threat or impacts, nor linkages to ill-being, with the possible exception of potential greater vulnerability to poor sleep quality.

AGEISM IN COVID-19-RELATED MEDIA COVERAGE: EXAMINING PUBLICATIONS DURING THE FIRST MONTH OF THE PANDEMIC

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The media has consistently described older adults as the population most vulnerable to COVID-19. Anti-ageism critics have taken issue with the oft-repeated statement that "only" older adults are at risk, a construction that dismisses and devalues the nuances within this population. The purpose of this study was to analyze instances of ageism in national media sources during the first month of the COVID-19 pandemic. A systematic search returned 287 articles concerning older adults and COVID-19 published in four major newspapers in the United States—USA Today, The New York Times, Los Angeles Times, and The Washington Post—between March 11 and April 10, 2020. Combining the strengths of content analysis and critical discourse analysis, we deductively and inductively reviewed the articles for patterns related to implicit

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

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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 symptomology during the early months of the COVID-19 pandemic.

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

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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

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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.