

already complex population – 80% of residents had a MH diagnosis (24% with serious mental illness). Changing resident composition and increased isolation may intensify challenges in providing MH care. Using VHA administrative data, we assess the impact of the changing CLC environment during the pandemic by comparing monthly average rates of MH diagnoses and provision of MH care and as-needed psychotropics to CLC residents pre-COVID (Oct 2019 – Feb 2020) to the COVID period (Mar 2020 – Feb 2021). CLCs experienced a 26% decline in the monthly resident census. However, the monthly percentage of residents with a serious mental illness increased 13%. Pre-COVID, virtual MH encounters were received by 2% of residents; 35% received an in-person MH encounter. During COVID, 8% received a virtual MH encounter and 33% received in-person. As-needed antipsychotics remained unchanged, while as-needed benzodiazepine prescriptions decreased 15%. Despite increased MH concerns, CLC teams did not appear to respond with increased pharmacological interventions. Rather, teams seem to have maintained clinical service connection for those with MH concerns. Documenting successful approaches for addressing MH needs during this challenging time will be instructive for future care during times of crisis.

DISCRIMINANT COVID-19 OUTCOMES BASED ON SAFETY ADHERENCE IN AN ACTIVE LIFESTYLE RETIREMENT COMMUNITY

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Compliance with preventive behaviors recommended by public health officials plays a critical role in the control and prevention of COVID-19. Data were collected from those living in The Villages, FL, and surrounding communities via The Villages Health COVID-19 Rapid Testing Program in partnership with The UFHealth Precision Health Research Center. A descriptive ecological study was conducted to model COVID-19 positivity result variations by age, sex and adherence to CDC safety recommendations using chi-square tests. 9,993 tests were performed using Abbott's BinaxNOW™ COVID-19 Ag Card, and 931 (9.30%) positive cases were confirmed between 10/19/2020-2/26/2021. Median age was 69 years (range:12-103), and 5,578 (55.8%) individuals were female. No significant differences were found in positive test status ($\geq 65=9.8\%$, $<65=8.8\%$) amongst those over 65 ($n=6567$) and under 65 ($n=3180$) years old [$X^2(1, N=9847)=2.49, p=.114$]; however, positive test result differed by sex with males (10.6%) testing positive at higher rates than females [8.3%, $X^2(1, N=9993)=14.888, p<.001$]. A significant relationship between preventative behaviors and positive test status was also found. Not engaging in regular handwashing ($p<.001$) and failing to stay 6 feet or more away from others outdoors ($p<.001$) was significantly associated with positive test status. Further, not wearing a face mask in businesses/shops ($p<.001$) or indoors around 6+ people, ($p<.001$) was significantly associated with

positive test status. In light of debate around the efficacy of mask wearing, these findings signal the importance of following CDC recommended public health behaviors for all ages across the lifespan to reduce the spread of COVID-19 infection.

EARLY DOCUMENTATION OF LIFE-SUSTAINING TREATMENT ORDERS PRIOR TO DIAGNOSIS OF COVID-19 IN NURSING HOME RESIDENTS

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Coronavirus disease 2019 (COVID-19) has had a devastating impact on older adult nursing home residents (NHR). NHRs comprise greater than one-third of COVID-19 U.S. deaths, emphasizing the importance of engaging in end-of-life discussions. At South Texas Veterans Health Care System (STVHCS), we implemented early documentation of patient's Life-Sustaining Treatment (LST) or end-of-life goals-of-care preferences prior COVID-19 infection. We now aim to examine the association between early LST documentation (prior to COVID-19 diagnosis) and hospital admissions for COVID-19 by conducting a retrospective cohort study of Veteran NHRs at STVHCS from March 2020-January 2021. Inclusion criteria were NHRs with COVID-19 diagnosis, LST documentation, and clear timing of whether the LST documentation occurred before or after COVID-19 diagnosis. Logistic regression was used to determine the likelihood of hospitalization by whether LST was documented before or after COVID-19 diagnosis. 208 NHRs were diagnosed with COVID-19 and 160 (76.9%) had LST documentation. Of these, 148 were included in the analysis: 84 (56.8%) had a completed LST note prior to diagnosis and 64 (43.2%) after diagnosis. The hospitalization rate was 46% for those with LST prior to diagnosis compared to 78% in those with LST after diagnosis (OR = 0.24, 95% CI: 0.12-0.50, $P<0.001$), showing that early LST documentation was associated with 76% lower likelihood of hospitalization. Early interventions for LST documentation can reduce hospitalization in high-risk populations. These findings may have implications for reducing unnecessary hospitalizations, diminishing healthcare costs, and resolving ethical dilemmas related to potential resource allocation during a pandemic.

EFFECT OF RACE AND DEMENTIA PREVALENCE ON A COVID-19 INFECTION CONTROL INTERVENTION IN MASSACHUSETTS NURSING HOMES

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Nursing home (NH) residents, especially those who were Black or had dementia, had the highest infection rates during the COVID-19 pandemic. A 9-week COVID-19 infection

control intervention in 360 Massachusetts NHs showed that adherence to an infection control checklist with proper PPE use and cohorting, was associated with declines in weekly infection rates. NHs were offered weekly webinars, answers to infection control questions, resources to acquire personal protective equipment, backup staff, and SARS-CoV-2 testing. We asked whether the effect of this intervention differed by racial and dementia composition of the NHs. Data were obtained from 4 state audits using infection control checklists, weekly infection rates, and Minimum Data Set variables on race and dementia to determine whether adherence to the checklist competencies was associated with decline in average weekly rates of new COVID-19 infections. Using a mixed effects hurdle model, adjusted for county COVID-19 prevalence, we found that the overall effect of the intervention did not differ by race, but proper cohorting of residents was associated with a greater reduction in infection rates among facilities with $\geq 20\%$ non-whites ($n=83$). Facilities in the middle (50-61%; $n=116$) and upper ($>61\%$; $n=118$) tertiles of dementia prevalence had the largest reduction in infection rates as checklist scores improved. Cohorting was associated with greater reductions in infection rates among facilities in the middle and upper tertiles of dementia prevalence. Thus, adherence to proper infection control procedures, particularly cohorting, can reduce COVID-19 infections, even in facilities with high percentages of high-risk residents (non-white and dementia).

HOSPITAL IN HOME COVID-19 MONITORING: A NOVEL APPROACH TO KEEPING A WATCHFUL EYE ON OLDER ADULTS

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Older adults suffering from severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) are at increased risk of death and hospitalization-related complications. The coronavirus disease 2019 (COVID-19) pandemic has forced adaptations in Telehealth, allowing COVID-19 patients to be managed at home. Traditionally, Hospital in Home (HIH) patients have better clinical outcomes and lower mortality compared to similar hospitalized patients. However, effectiveness of HIH for COVID-19 older adults remains unknown. This study examines the effect of age on rates of hospital readmission and overall mortality for patients enrolled in HIH after initial COVID-19 hospital discharge. A HIH COVID-19 monitoring program was developed to facilitate earlier hospital discharge and monitoring. Retrospective data between March 2020 and January 2021 were analyzed. Of the 402 subjects (age:26-99; mean:61.8), 13 (6.1%) subjects <65 years old vs 19 (10%) subjects ≥ 65 years old were readmitted to the hospital at least once. Two (0.94%) subjects <65 years old and 12 (6.3%) subjects ≥ 65 years old died. Older adults were 1.719 times more likely to be re-hospitalized ($p=0.005$) and 7.153 times more likely to die ($p=0.017$) compared to younger adults. Age remains a significant predictor of hospital readmission and mortality in

subjects previously hospitalized for COVID-19 even when followed by monitoring programs like HIH. Further studies are needed to determine the best way to reduce hospital re-admission and mortality rates for older adults after initial COVID-19 hospital discharge.

HOW COVID-19 PANDEMIC CHANGED CONSUMPTION OF FRUITS AND VEGETABLES BY OLDER ADULTS

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This study aims to determine the changes in consumption of fruits and vegetables of older adults before and since the COVID-19 pandemic. The data collection was administered by Qualtrics through an online survey conducted in August and September 2020. The total participants were 10,050. Differences between consumption of fruits (fresh, canned, frozen) and vegetables (carrots, sweet potatoes, broccoli, spinach) before and since COVID-19. Data were analyzed using the Wilcoxon's signed-rank test. Among participants, 5,767 females (57.4%) and 4,283 males (42.6%) and the average age of 62.09 (SD=11.22). 7.1% were Asian ($N=701$), 4.3% were Hispanic ($N=429$), 14.1% were African Americans ($N=1393$), and 74.5% were White ($N=7,390$). For total participants, consumption of fruits decreased significantly ($p<0.001$) since COVID-19. The decrease in consumption of fruits was larger in females ($p<0.001$) than males ($p=0.026$). It is likely because consumption of fruits by males was already low before the pandemic at 27% of the amount consumed by females. The decrease in consumption of fruits was not statistically significant in Asian ($p=0.096$) and African American ($p=0.07$), but significant in Hispanic ($p=0.008$) and White ($p<0.001$) participants. African American and Hispanic participants consumed a lower number of fruits before the pandemic compared to Asian and White participants. Consumption of vegetables had no significant change since COVID-19 for total participants regardless of gender and race. This study reported a significant decrease in the consumption of fruits, but not vegetables by older adults since COVID-19 pandemic.

IMPACT OF COVID-19 ON OLDER ADULTS: CHANGES IN HEALTH ACCESS, HEALTH, SOCIALIZATION AND ADAPTIVE COPING ACTIVITIES

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Indirect effects of stay-at-home guidelines may negatively affect mental health by reducing health self-care behaviors and engagement in social participation. This study reports on the impact of the COVID-19 pandemic on community-dwelling older adults' perceived physical and mental health and everyday health behaviors. 126 older adults participated in a county-wide telephone survey during June-July of 2020, asking about changes in mental and physical health, and adaptations in health behaviors. We investigated the effects of three negative everyday health behavior changes during the pandemic (changes in health services access, perceived changes in health, and increased social isolation) as well as two positive