Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID-19. The COVID-19 resource centre is hosted on Elsevier Connect, the company's public news and information website.

EMF 94 COVID-19 Infection Experiences and Social Determinants of Health in North Carolina: A Qualitative Analysis

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Study Objectives: Social determinants of health (SDOH) influence the health outcomes of COVID-19 patients; yet, little is known about how patients at risk of significant disease burden view this relationship. Our study sought to explore patient perceptions of the influence of SDOH on their COVID-19 infection experience and COVID-19 transmission within their communities.

Methods: We conducted a qualitative study of patients in a North Carolina health care system's registry who tested positive for COVID-19 from March 2020 through February 2021. All patients' addresses across six counties served were geo-referenced and analyzed by Kernel Density Estimation (KDE) to identify population-dense outbreaks of COVID-19 (hotspots). Spatial autocorrelation analysis was performed to identify census area clusters of white, Black and Hispanic populations, based on the 2019 American Community Survey dataset.

Patients were identified by a randomized computer-generated sampling method. After informed consent, patients participated in semi-structured phone interviews in English or Spanish based on patient preference by trained bilingual researchers. Each interview was evaluated using a combination of deductive and inductive content analysis to determine prevalent themes related to COVID-19 knowledge and diagnosis, disease experience, and the impact of SDOH.

Results: The 10 patients interviewed from our COVID-19 hotspots were of equal distribution by sex, and predominantly Black (70%), ages 22-70 years (IQR 45-62 years), and presented to the ED for evaluation (70%). The respondents were more frequently publicly insured (50% medicaid/medicare; vs 30% uninsured; vs 20% private). The interviews demonstrated themes surrounding the experience and impact of COVID-19. The perceived risk of contracting COVID-19 and knowledge of how to prevent infection varied greatly among our sample, and could be in part explained by SDOH such as their occupation, living conditions and mode of transportation. The experiences of COVID-19 testing, diagnosis, isolation and medical treatment were most influenced by the timing of infection in relation to the study period. For example, in the early months of the pandemic, the knowledge of isolation requirements and available support systems seemed to have negatively impacted the ability to isolate and follow public health guidance, as well as the support mechanisms provided by employers during this period. Communication of infection status once diagnosed varied greatly, with some voicing feelings of shame, and others advocating for sharing of infection experiences to change community behaviors. Suggestions for how to improve the COVID-19 response included improving communication and enforcing public health guidelines, including raising awareness for vulnerable populations on topics like expected symptoms, financial support, increasing testing, and vaccination delivery.

Conclusion: Further exploration of important themes and related SDOH that influenced how the participants experienced the COVID-19 pandemic will be necessary to decrease the negative impacts of SDOH in communities that are high-risk for COVID-19 spread.

95 Assessment of Social Determinants of Health and Linkage to Care Within the UMassMemorial Medical Center Emergency Department

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Study Objective: The contribution of social determinants of health (SDOH) to poor health outcomes is well established, and the emergency department (ED) is the most common site of contact between socially vulnerable patients and the healthcare system. The ED is thus uniquely well positioned to screen patients for social determinants of health and connect those identified as having social needs with appropriate community resources. Before such programs are developed, more information regarding the needs and characteristics of the target patient population is required. Our objective was to characterize the prevalence of common social determinants of health among adult patients presenting to a high volume, urban ED at an academic medical center in New England.

Methods: During April 2021, four research assistants (RAs) administered a SDOH survey based on Boston Medical Center's THRIVE Social Determinants of Health Screening and Referral Program. Patients were screened during 8-hr shifts over 16 days, corresponding to 24-hr coverage over 7 days. Exclusion criteria included patients with age under 18 yr, medical or cognitive inability to participate, or currently in state or federal custody. Patients were verbally consented in their preferred language and survey responses were entered into a dedicated REDCap database; interpreter services were used for all low-English proficiency patients. All patients were offered referrals to local community resources via text or email through the CommunityHELP.org platform at the conclusion of the survey. Patients were considered to have a positive screen for social risk factors if they responded "Sometimes true" or "Often true" to Likert scale questions regarding the frequency of risk, or "Yes" to binary risk questions.

Results: A total of 650 patients were approached by RAs, of whom 343 were eligible to participate in the survey; 122 eligible patients (35.6%) were identified as screen positive for SDOH risk factors. Patients screening positive were significantly more likely to be of Hispanic ethnicity (23.0% v. 9.1%, $p<0.001$), nonwhite race (30.3% v. 16.9%, $p=0.004$), and income < $40, 000/yr (51.0% v. 23.7%, $p<0.001$). Among patients with positive screens, the most common risks identified were concerns regarding food insecurity (n=59, 48.4%), access to transportation for medical appointments (n=36, 29.5%), cost of medications (n=34, 27.9%), and heat or electricity bills (n=34, 27.9%). A significantly greater proportion of patients with positive SDOH screens reported an increase in their needs during the COVID-19 pandemic (55.9% v. 21.0%, $p<0.001$).

Conclusion: This SDOH screening study indicates that our ED population has significant unmet social risks and needs. More research on ED-based solutions will be necessary address this growing need in our population, and thereby improve health outcomes.

96 Promoting Goal-Concordant Care in the Emergency Department: A Quality Improvement Initiative that Promotes Adherence With Prior Do Not Attempt Resuscitation Orders

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Study Objectives: Do Not Attempt Resuscitation (DNAR) orders from prior POLST (Physician Orders for Life Sustaining Treatment) or clinical encounters are not durable in the electronic health record (EHR) from one hospital encounter to