

a potential systematic barrier if they changed their intentions following the FDA approvals of the COVID-19 vaccines and more information became available in the winter and spring of 2021.

PERCEPTIONS OF THE GOVERNMENT'S RESPONSE TO THE PANDEMIC: VOICES FROM THE COVID-19 COPING STUDY

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The COVID-19 pandemic was met with conflicting government strategies in the handling of the virus. Older adults were disproportionately impacted by the pandemic, yet little is known about their perspectives of the government response. Using data collected in September and October, 2020 from the online, nation-wide COVID-19 Coping Study, we conducted qualitative thematic analysis on a subsample of respondents (N=500) proportionate to the age, gender, race/ethnicity, and education of the U.S. population age 55+. Two researchers individually coded a random subsample of 50 open-ended responses to the question "How do you feel about federal government responses to and handling of the COVID-19 pandemic?" Using NVivo qualitative software, the researchers compared codes and reconciled differences to achieve a Kappa score of >0.8. The first author coded the remaining responses using the established coding strategy. Analyses identified themes related to President Trump's leadership, Congress, the broader federal government, and science. Some participants indicated that the federal government's response to the pandemic was "inadequate," "too political," and "lacking coordination." Others expressed that the president "did the best he could" or that "it's not the federal government's responsibility." While some praised vaccine development efforts and expressed their appreciation for Dr. Fauci, others expressed scientific distrust. Participants' perspectives were divergent, reflective of the country's polarization surrounding COVID-19 policies and practices. Differences in perspectives exist by race/ethnicity, gender, geographic region, and age. Study results can help identify groups of older adults who may need targeted programs and policy support.

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Disparities and Health

HEALTH DISPARITIES IN DELIRIUM

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Racial and ethnic minority populations in the US experience greater cumulative disease burden, as well as social and

economic barriers, stressors, and limited advocacy/access to culturally informed healthcare. This increased risk burden is expected to be associated with an increased risk for delirium during acute care encounters. Previous studies on health disparity and delirium are limited and report equivocal findings regarding delirium incidence, possibly related to sample bias or non-validated measures. Risk for delirium during acute care in health disparity populations (HDP) that include Black African Americans (BAA) and Hispanic-Latinx (HL) has not been systematically studied using validated measures. We conducted a retrospective analysis utilizing our delirium program (ADAPT) registry that systematically assessed all hospitalized patients through their entire hospital stay for the years 2018-2019 (36K patients, 80% NHW, 11% HL, 9% BAA). The Confusion Assessment Method (CAM and CAM-ICU) and Richmond Agitation Sedation Scale (RASS) were used as screening assessments to identify delirium. We know from previous studies that negative CAM results in our environment have high specificity. The incidence of delirium between populations was compared using a chi-square test. Delirium incidence was higher in HDP (BAA combined with HL) compared to NHW in 71-80yo (16.0% vs 12.6%, $p=0.003$). Delirium incidence was not different in all other age groups compared; <65yo ($p=0.191$), 61-70yo ($p=0.223$), 81-90yo ($p=0.644$). Understanding the association, or lack thereof, between health disparities, ethnic and race-based risks for delirium is expected to provide important insights into more focused delirium assessment, prevention and mitigation strategies in these populations.

HEALTH RISKS, PERCEPTIONS, AND SELF-CARE PATTERNS: A COMPARATIVE STUDY BETWEEN OLDER AND YOUNGER FILIPINOS

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Worldwide trends in health risks, lifestyle behaviors, health perceptions, and health-seeking patterns suggest alarming disparities among individuals from low- and middle-income countries; particularly for older individuals (≥ 60 years). This study aims to compare health risks, perceptions, lifestyle behaviors, and health-seeking patterns between younger (< 60 years) and older (≥ 60 years) Filipinos from rural communities in the Philippines; and assess relationships between demographic, health risks and perceptions, and lifestyle behaviors to bolster health promotion efforts. A comparative cross-sectional study was employed with 863 younger and 427 older Filipinos. Results show that older participants were more likely to be single/widowed and had \leq high school education. Older participants had higher rates of hypertension, dyslipidemia, diabetes, and depression but were more likely to report higher quality of life, ≥ 150 minutes of physical activity per week, ≥ 5 servings of fruits