PCR-positive nasopharyngeal swabs were obtained from each patient for viral load quantification and viral culture. The mean age of patients was 72.5 years (55 – 92), with a mean peak SOFA score of 5.6 (1 – 11). Patients were hospitalized for a mean of 37.0 days (25 – 60). RNA was detected by PCR for a mean of 32.9 days (19 – 47). Mean viral load for the first PCR-positive nasopharyngeal swab collected at our hospital was 5.81 genomic copies/mL (2.12 – 9.72). Viral load decreased significantly with days from clinical symptom onset (R = -0.69, 95% CI, -0.80 – -0.55). Four out of 28 samples grew active virus via culture, with no active virus isolates after 2 days of symptom onset. Our viral culture data suggests that persistent PCR positivity may not correlate with infectivity, which has important implications for COVID-19 infection control precautions among older congregate care patients.

Session 9165 (Poster)

COVID-19 PANDEMIC

“HUNGER WOULD KILL US INSTEAD OF THE PANDEMIC:” ELDERS’ RESPONSES TO COVID-19 IN ETHIOPIA

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The COVID-19 pandemic has posed unpredictable challenges globally. Urban elders in Global South nations are among the major population groups vulnerable to COVID-19. A qualitative case study design was used to uncover the challenges and sources of support for poor urban elders during COVID-19 lockdown in Ethiopia. Data were collected from 27 elders age 60 and above in Debre Markos Town via in-depth interviews and document review. Narrative data were analyzed using thematic data analysis. Four prominent themes were identified: 1. Food insecurity (“Hunger would kill us instead of COVID-19”), 2. Hopelessness (“Feeling hopeless and begging to die”), 3. Social isolation (“We prefer social support rather than food donations”) and 4. Gratitude (“Feeling thankful”). The physical distancing program introduced to contain the pandemic isolated many elders and diminished their capacity to access support from others needed to perform their daily activities. An institutional welfare system is needed to ensure older adults in the Global South can live a joyful and dignified life, even through a global pandemic. Moreover, a special emergency fund to meet older adults’ basic needs during a pandemic like COVID-19 should be introduced to minimize the effect of crises on vulnerable groups like destitute older adults in Ethiopia.

ADAPTABILITY OF OLDER ADULTS AT THE ONSET OF THE COVID-19 PANDEMIC

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It is important to understand the unique experiences and perspectives of older adults who were required to incorporate critical adjustments to behavior during the onset of the COVID-19 pandemic. An anonymous, cross sectional survey was administered online through Qualtrics Survey Software in June 2020. The results of this study found that older adults utilized different sources of information than younger adults; they were more likely to read the newspaper or listen to the radio, and less likely to rely on social media for information. Older respondents in this study reported coping with the COVID-19 outbreak better than younger respondents, were less likely to report that they were personally affected by the virus, and less likely to feel overwhelmed by the amount of information about COVID-19. The findings of this study highlight resilience in older adults not found in younger adults, and provide an important step in identifying policy and practice suggestions to reduce negative repercussions for older adults experiencing the current crisis, as well as future generations of older adults who might experience similar events.

EXPLORING CAREGIVER CHALLENGES AND COPING MECHANISMS IN THE MIDST OF COVID 19

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This paper reports on the challenges faced and coping strategies employed community-based care providers in a mid sized city in the Pacific Northwest in the midst of the Covid 19 pandemic. Researchers from a Palliative Care Institute conducted six online focus groups using the zoom platform. The project aimed at gathering important information on the experiences of caregivers as well as providing a virtual space where caregivers could support each other. A purposive sampling technique was used to gather data where participants were not chosen randomly but because they could best answer the research question. Membership of the focus groups included representatives from skilled nursing facilities, home-care agencies, elder law services, memory-care facilities, adult family homes, medical supply facilities, chaplains and nutritionists. Data gathered from the focus group were transcribed. A constant comparison method of analysis were employed and categories and themes were created from open coded data. Six key themes were identified which included: dealing with the impact of social isolation on caregiver-client relationships, assessing personal risk when dealing with clients living with dementia, facing challenges seeking continuing employment, struggling with social support and self care, using technology for professional and personal support and grappling with the challenges reentering a face to face environment once the pandemic is controlled. Findings point to the importance developing and sustaining technological innovations that support workforce retention, fostering communication between the larger community, care providers and clients in various care settings and planning for safe reentry into a post Covid world.

HIGHER STAR, BETTER PERFORMANCE IN US NURSING HOMES DURING THE COVID-19 PANDEMIC

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The Covid-19 pandemic has brought terrible difficulties to nursing homes, as they were locations with the highest number of confirmed Covid-19 cases and deaths in the US. The Centers for Medicare & Medicaid Services (CMS) applies the Five-Star Quality Ratings to indicate the quality of care in nursing homes based on health inspection survey, staffing, and resident outcome. Studies to date have contradictory findings regarding the relationship between nursing home reported Quality Ratings and Covid-19 cases and deaths based on US regional data. The purpose of this study is to examine whether nursing homes’ Quality Ratings were related to the total number of resident Covid-19 cases and deaths at the US National level. The study utilized both an online survey (81 respondents) and Covid-19 Nursing Home data. Using multiple linear regression analyses, results showed nursing home Quality Ratings were significantly associated with Covid-19 residents’ cases and deaths controlling for ownership type, size, occupation rate, and years of operation (p<.001; p=.001). Five-star nursing homes were less likely to have Covid-19 cases and deaths. Further, comparing lower Star Ratings nursing homes, 1-Star nursing homes showed no significant difference to 2-Star and 3-Star nursing homes when examining Covid-19 cases and deaths. Overall, the Five-Star Quality Ratings is a useful measure when investigating nursing homes’ performance during the Covid-19 pandemic. Future policymakers and administrators should also focus on nursing homes with lower star ratings when improving the quality of nursing homes, particularly with regard to resident health.

NO VISITORS ALLOWED! THE IMPACT OF COVID-19 RESTRICTIONS ON THE PSYCHOSOCIAL WELL-BEING OF NURSING HOME RESIDENTS
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The COVID-19 coronavirus pandemic changed life for everyone, but especially for nursing home residents. In March 2020, the Centers for Medicare and Medicaid Services enacted nursing home restrictions in response to the pandemic regarding visitation from outside family/friends and changes to facility activity programs. Despite the public health concern prompting these restrictions to prevent virus spread, these sudden changes affected nursing home residents’ relationships with their spouses/partners. As part of a larger study to identify the nursing home policies and practices that preserve relationships among nursing home residents with spouses/partners, participants shared facilities’ restrictions, social connection practices, and effect of coronavirus restrictions on residents’ relationships with spouses/partners. The study utilized both an online survey (81 respondents) and ten telephone interviews with nursing home social workers in four Southern states. Twenty-eight percent of participants reported that no visitors were allowed; while 25% allowed couples to visit with one another as usual was reported by 25%. The most noted practices to maintain social connections were phone calls, video calls, and ‘window’ visits between residents and families/friends; however, “it’s just not the same. It’s affected them greatly”. The interviews revealed further details about the detrimental effect of the COVID-19 restrictions on nursing home residents’ overall mental health and attachment relationships with spouses/partners. These results highlight the importance of maintaining social connections between residents and spouses/partners. Nursing home social workers can develop policies and practices that enhance relationships and connections under all circumstances and work with other health care team members to ensure implementation.

RELATIONSHIP BETWEEN SOCIAL DETERMINANTS OF HEALTH AND LONELINESS DURING COVID-19 PANDEMIC
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Background: Older adults are most vulnerable to social isolation and loneliness during the COVID-19 pandemic compared to other populations. Risk factors for loneliness include old age, rural living, number of medical comorbidities, and poor social networks. The objectives of this study were to examine the prevalence of loneliness in older adults during COVID-19 and determine the correlation between social determinants of health and loneliness.

Methods: A cross-sectional study was conducted in community dwelling older Veterans (N=132). Demographic data were collected along with variables related to social determinants of health. Loneliness data were collected with the 3-item loneliness questionnaire, and social network was assessed using the 6-item Lubben social network scale.

Results: Demographic data included: mean age 73.3 (±7.5) years, 93.2% male, 35.5% rural, 84.1% Caucasian, and 13.6% African American. The majority of the participants reported loneliness (65.6%). Mean Lubben social network score was 14.6 (±6.6). There was a strong negative correlation between loneliness and social network (p=0.0001, r=-0.57; 95% CI: -0.67, -0.44). The prevalence of loneliness was significantly greater in those living alone compared to those not living alone (p=0.017; 83.9% vs. 60.6%) and those lacking internet access compared to those with internet access (p=0.025; 86.4% vs. 61.5%).

Conclusion: Loneliness was found to be highly prevalent in an older cohort during the COVID pandemic. Routine inquiry about loneliness is important. Social determinants of health are likely correlated with the presence of loneliness in older adults and could be greatly impacted by policy decisions made to control community disease transmission.

SPATIAL DISTRIBUTION OF COVID-19 AND COMORBIDITIES IN NEW ENGLAND
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