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 readmission 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 were analyzed using the Wilcoxon’s signed-rank test. Among participants, 3,767 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 everyday health behaviors (adherence to stay-at-home guidelines to reduce risk, and adaptive coping activities) on mental health and COVID-related distress. Examples of active coping strategies were stockpiling resources, spiritual practices, or outreach to others. Descriptive statistics, bivariate correlations, and multiple regressions characterized the impact of COVID-19 on perceived mental health. Descriptive data included changes in health service access, changes in mental and physical health, reduced social engagement, increased adherence to guidelines, and increased adaptive coping activities. Significant predictors of mental health impact of the pandemic were changes in health service access (β = .18, p < .05), health changes (β = .25, p < .01), and adaptive coping activities (β = .21, p < .05). Findings suggest COVID-19 distress may be alleviated with improved health care access and increased social contact. Mental health challenges may also benefit from increased engagement in adaptive coping activities.

IMPACT OF THE COVID-19 PANDEMIC ON PARTICIPATION IN COMMUNITY-DWELLING OLDER ADULTS: A CROSS-SECTIONAL ANALYSIS

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Public health guidelines to prevent spreading COVID-19 place older adults at risk of loneliness and social isolation. Evidence suggests that participation protects older adults from such detrimental outcomes, therefore we aimed to identify the factors associated with participation in life roles among older adults living in the community during the COVID-19 pandemic. We conducted a telesurvey on a random sample of community-dwelling older adults living in Hamilton, Ontario, Canada, between May and July 2020. Outcome measures included participation in life roles, physical function, physical activity, mobility, mental health, nutrition, and demographics. We conducted two multivariate regression analyses with the Late Life Disability Instrument’s (LLDI) frequency and limitations scales as the dependent variables. Candidate factors were organized by International Classification of Functioning, Disability, and Health (ICF) framework domains; personal factors, body functions and structures, activities, and environmental factors. A total of 272 older adults completed the telesurvey (mean age 78 ±7.3 yrs, 70% female). Age, using walking aids, driving status, household income, education, mental health, nutrition, physical function, and dwelling type explained 47.1% (p<0.001) of the variance observed in LLDI frequency scores. Using walking aids, driving status, receiving health assistance, mental health, and physical function explained 33.9% (p<0.001) of the variance observed in LLDI limitation scores. These findings highlight factors from multiple