ICF domains that are associated with participation limitation and frequency among older adults during the pandemic. Our findings have implications for developing public health initiatives to mitigate the effects of the pandemic on the participation of older adults.


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We aimed to estimate the prevalence of loneliness and identify the key sociodemographic, employment, living, and health-related risk factors for loneliness among middle-aged and older adults during the early COVID-19 pandemic in the US, when shelter-in-place and social distancing restrictions were in place for much of the country. Data were collected from online questionnaires in the COVID-19 Coping Study, a national study of 6,938 US adults aged 55-110 years, from April 2nd through May 31st, 2020. We estimated the population-weighted prevalence of loneliness (scores of ≥6/9 on the 3-item UCLA Loneliness Scale), overall and according to sociodemographic, employment, living, and health-related factors. We used population-weighted modified Poisson regression models to estimate prevalence ratios (PRs) and 95% confidence intervals (CIs) for the associations between these factors and loneliness, adjusted for age, sex, race, ethnicity, and education. Overall, 29.5% (95% CI: 27.9%, 31.3%) of US adults aged 55-110 were considered high in loneliness in April and May, 2020. In population-weighted, adjusted models, loneliness was most frequent among those with depression, those who were divorced or separated, those who lived alone, those diagnosed with multiple comorbid conditions, and individuals who were unemployed prior to the pandemic. In conclusion, we identified subpopulations of middle-aged and older US adults that were highly affected by loneliness during a period when COVID-19 shelter-in-place orders were in place across most of the country. These insights may inform the allocation of recourses to mitigate loneliness during times of restricted activity.

**THE EFFECT OF TESTING TURNAROUND TIME ON COVID-19 OUTBREAK SEVERITY WITHIN U.S. NURSING HOMES**

Annie Rhodes, Leland Waters, Faika Zanjani, Tracey Gendron, and Rick Moore, Virginia Commonwealth University, Richmond, Virginia, United States

COVID-19 has brought renewed attention to infectious diseases in U.S. nursing homes (NHs). The Testing turnaround time (TAT) of SARS-CoV-2 is vital information, supporting staff ability to make decisions regarding resource allocation.

**Methods:** Using data obtained from the National Healthcare Safety Network’s COVID-19 nursing home data set, we analyzed the TAT of laboratory polymerase chain reaction (PCR) testing on outbreak severity (number of people infected) for residents and staff. A MANOVA was performed on NHs submitting data over 26 weeks (May-November 2020). The independent variable was the average TAT for the two weeks prior (<24 hours, 1-2 days, 3-7 days, or 7+ days).

**Results:** N = 15,363 NHs. The TAT for the combined dependent variables of staff and resident COVID-19 cases, F(10,781,354) = 3161.265, Pillai’s trace = .078, p<.0005, partial η²=.4. The average outbreak severity for staff was 13.93 cases when TAT was < 24 hours, compared to 15.29 cases at 1-2 days. For residents, the difference was less pronounced but still significant. The average outbreak severity for residents was 17.07 cases when TAT was<24 hours, compared to 18.61 cases when the TAT was 1-2 days. Tukey post-hoc tests found significance for all levels of testing for residents and staff at p<.0005.

**Discussion:** Time differences to receive PCR test results from a laboratory are significant in outbreak severity for staff and residents. The most meaningful result positively impacting the ultimate spread and severity of gross cases is when the TAT for PCR results is < 1 day.

**THE IMPACT OF COVID-19: PERSPECTIVES OF RECREATIONAL THERAPISTS WORKING WITH OLDER ADULTS**

Betsy Kemeny,1 and Dawn DeVries,2, 1. Slippery Rock University, Grove City, Pennsylvania, United States; 2. Grand Valley State University, Grand Rapids, Michigan, United States

This study explored the perspectives of recreational therapists (RT) from Pennsylvania and Michigan and how COVID-19 has impacted older adults and their roles in various settings. COVID-19 safety restrictions limiting social interaction with both peers and families had the potential for negatively impacting the social and emotional well-being of older adults (Van Orden et al., 2020) and the roles of therapists who work with them. Because peer socialization and physical activity programs prevent falls (Cameron et al., 2018) and improve depressive symptoms (Harvey et al., 2015), a better understanding of COVID-19 impact is significant. From a qualitative viewpoint, 14 RTs from various levels of care were interviewed to better understand their perspective on the impacts of COVID on older adults and their own practice. Hour long interviews conducted via zoom focused on organizational changes, role changes, and impact on older adults. After recordings were transcribed, multiple researchers classified, summarized, and tabulated the data. A consensus method determined common themes. From the RT’s perspective, older adults have not only been negatively impacted in the social domain. While many older adults showed resilience, others were impacted physically, emotionally, and cognitively. Moreover, an increased importance on meaningful engagement, recreation, and leisure emerged. Technology became an essential tool in interpersonal connection. Teamwork, personal self-care, and coping were integral to providing effective care. Post pandemic, RTs are concerned about the challenge of reengaging older adults in groups but are certain that technology will continue to be used in a more expansive way in programs.

**THE LIVED EXPERIENCE OF ASSISTED LIVING ADMINISTRATORS DURING THE COVID-19 PANDEMIC**

Elizabeth Hill, Rebecca Davis, Paige Greer, and Susan Strouse, Grand Valley State University, Grand Rapids, Michigan, United States

This study explored the perspectives of administrators of assisted living facilities during the COVID-19 pandemic when the TAT for PCR results is < 1 day.

**Results:** N = 15,363 NHs. The TAT for the combined dependent variables of staff and resident COVID-19 cases, F(10,781,354) = 3161.265, Pillai’s trace = .078, p<.0005, partial η²=.4. The average outbreak severity for staff was 13.93 cases when TAT was < 24 hours, compared to 15.29 cases at 1-2 days. For residents, the difference was less pronounced but still significant. The average outbreak severity for residents was 17.07 cases when TAT was<24 hours, compared to 18.61 cases when the TAT was 1-2 days. Tukey post-hoc tests found significance for all levels of testing for residents and staff at p<.0005.

**Discussion:** Time differences to receive PCR test results from a laboratory are significant in outbreak severity for staff and residents. The most meaningful result positively impacting the ultimate spread and severity of gross cases is when the TAT for PCR results is < 1 day.