allowing participants to opt out of receiving valid COVID-19 information. As predicted, age was associated with decreased media consumption (p<.001) and higher information avoidance about COVID-19 on the behavioral measure (p<.01). Self-reported information avoidance, in contrast, was highest among younger adults (p<.05). Further, with the exception of concerns about trustworthiness, older adults were less likely than younger adults to endorse various information avoidance motives (ps<.05). Thus, although information seeking is lower and behavioral information avoidance about COVID-19 is higher in later life, this cannot be traced to explicit intentions or select motives.

AGE DOES NOT PREDICT MORTALITY IN HOSPITALIZED COVID-19+ OLDER ADULTS: RETHINKING RESOURCE ALLOCATION BASED ON AGE

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Older adults are disproportionately affected by the coronavirus (COVID-19) pandemic. While age has been used to guide resource allocation based on studies implicating age as the main risk factor for COVID-19-related mortality, most did not account for critical factors such as baseline functional and cognitive status, or life-sustaining treatment preferences. The objective of this study was to determine whether age is independently associated with mortality in older adults hospitalized with COVID-19. We conducted a retrospective cohort study of adults age 65+ with confirmed COVID-19 hospitalized in the greater NY metropolitan area between 3/1/20-4/20/20. Primary outcome was in-hospital mortality, with age as the primary predictor. Multivariate logistic regression was used to evaluate association between age and in-hospital mortality after controlling for demographics, severity of acute illness, comorbidities, and baseline function, cognition, and life-sustaining treatment preferences. 4,969 patients were included, average age 77.3, 56.0% male, 46.8% White, 20.8% African American, 15.1% Hispanic. Common comorbidities included hypertension (61.1%), and diabetes (36.8%); average number of comorbidities was 3.4 (SD 2.8) and 13.0% had dementia. 20.8% arrived from a facility and 5.7% had early do-not-resuscitate orders. On arrival, the Modified Early Warning System score was 4.2 (SD 1.7) and 79.6% required oxygen therapy. 35.3% of patients expired. In multivariate analysis, age was not independently associated with mortality (p = .173). Functional status, multi-morbidity, life-sustaining treatment preferences, and illness severity, not age, were associated with mortality among older adults hospitalized with COVID-19, suggesting age should not be used as the main indicator to guide resource allocation.

AGE VARIATIONS IN PERCEIVED COVID-19 THREATS, NEGATIVE IMPACTS, AND ASSOCIATIONS WITH WELL-BEING

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The COVID-19 pandemic represents an unprecedented threat to individual and public health, psychosocial, and economic well-being, although COVID-19 threats and impacts may vary by age and other demographic characteristics. Although greater age is a risk factor for greater COVID-19 disease severity, we know little about the association between age and perceived and experienced COVID-19 threats and their association to well-being. These associations were examined in an ongoing 3-wave investigation of over 1,700 U.S. adults (age 18-89; 53.1% female). Wave 1 analyses indicate no significant age variation in perceived threat of COVID-19 infection, with older and younger individuals reporting similar levels of COVID-19 infection threat. However, greater age was associated with lower perceived negative impact on financial and needed resources (r=-.10**), lower perceptions of COVID-19 induced harm to mental well-being (r=-.17**), and more favorable well-being profiles. Greater perceived COVID-19 threat and negative impact on resources and well-being were linked to greater feelings of stress (β's=.45 to .68***), loneliness (β's=.24 to .49***), social well-being (β's=-.19 to -.36***), and poor sleep quality (β's=.34 to .51***). These associations did not vary with age with the exception that older individuals showed stronger links between COVID-19 threat and impacts and poorer sleep quality. Ongoing analyses are examining whether these associations persist over time. Despite older adults' greater risk of COVID-19 disease severity and mortality, older age did not appear to be linked to greater perceived COVID-19 threat or impacts, nor linkages to ill-being, with the possible exception of potential greater vulnerability to poor sleep quality.

AGEISM IN COVID-19-RELATED MEDIA COVERAGE: EXAMINING PUBLICATIONS DURING THE FIRST MONTH OF THE PANDEMIC

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The media has consistently described older adults as the population most vulnerable to COVID-19. Anti-ageism critics have taken issue with the oft-repeated statement that "only" older adults are at risk, a construction that dismisses and devalues the nuances within this population. The purpose of this study was to analyze instances of ageism in national media sources during the first month of the COVID-19 pandemic. A systematic search returned 287 articles concerning older adults and COVID-19 published in four major newspapers in the United States—USA Today, The New York Times, Los Angeles Times, and The Washington Post—between March 11 and April 10, 2020. Combining the strengths of content analysis and critical discourse analysis, we deductively and inductively reviewed the articles for patterns related to implicit