

adults with AD dementia into an exercise trial. Referral was the most cost-effective strategy. Two individuals needed to be screened to enroll one participant.

Session 4120 (Paper)

Physical Health Impact of the COVID-19 Pandemic

CHANGES IN PHYSICAL FITNESS OF OLDER PEOPLE DURING THE COVID-19 PANDEMIC IN GERMANY: OBJECTIVE TRAINING DATA

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The purpose of this study was to analyze objective training data on changes in leg muscle training before and after the COVID-19 lockdown during spring 2020 in Germany. Overall, the training data of 4435 individuals in the age group (AG) 45-64 years (55 ± 5 years, 66% ♀) and of 2853 in the AG 65-95 years (72 ± 6 years, 54% ♀) were exported from chip-controlled exercise circuits. Training weight and number of repetitions performed on the leg extensor were used to calculate a leg score (LS), considering the last three training sessions before the lockdown (baseline) and the first ten individual sessions as well as the averaged sessions for August, September and October after individual training resumption. Based on the baseline LS, three training intensity groups (TG_low, medium, high) were defined, and analyzed for differences (ANOVA). The LS in TG_low remained stable after the lockdown, but increased compared to baseline in both AGs after the first ten sessions ($p < 0.05$). In TG_medium, LS was reduced at the first post training session ($p < 0.05$) and returned to baseline levels at training session eight in the younger and session two in the older adults. In both AGs, LS was reduced in the TG_high ($p < 0.001$), and did not reach baseline levels by October. Hence, the LS of TG_high was identified as being particularly affected by the training interruption, irrespective of age. More individually tailored training recommendations should be made for these individuals to be able to regain their initial training levels and avoid long-term adverse health effects.

FACTORS PREDICTING DELAY OF MEDICAL AND DENTAL CARE AMONG AMERICAN ADULTS OVER 50 DURING THE COVID-19 PANDEMIC

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Delaying or avoiding medical care is associated with a range of poor health-related outcomes. Due to concerns about the coronavirus (COVID) pandemic, many older adults delayed or avoided seeking medical and dental care in 2020. The purpose of this study was to examine factors predicting delay or avoidance of care among older adults. Participants were U.S. adults aged ≥ 50 who participated in the Health and Retirement Study, a population-based study of community-dwelling adults. Delays in seeking or obtaining medical and dental care were assessed via self-report in June

2020. Hierarchical logistic regression models were used to predict the influence of demographic variables (e.g. age, marital status, race and ethnicity, gender, education, work status), health insurance status, health status, and COVID-related experiences (self or household history of COVID diagnosis, knowing anyone who died from COVID, willingness to take risks, and pandemic concerns) on delay or avoidance of medical or dental care. Overall, 30% of our sample reported delaying or avoiding medical or dental care. Delayed care was lower among younger age (0.97; 0.96-0.99); non-Hispanic Blacks (0.59; 0.43-0.80), Hispanics (0.63; 0.45-0.87) and women (0.78; 0.63-0.97). Moreover, care avoidance was significantly higher among persons with disability or on sick leave (1.56; 1.04-2.33), those with chronic diseases (1.41; 1.00-2.01), those with fair/poor self-rated health (1.33; 1.03-1.73), and those with high COVID-related concerns (1.34; 1.07-1.68). Understanding factors associated with medical care will inform targeted care delivery and health promotion encouraging persons in need to safely seek timely healthcare services.

HOW COVID-19 IMPACTED OLDER ADULT WALKING GROUP MEMBERS IN SCOTLAND: A MIXED-METHODS STUDY

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Scotland has enacted strict social distancing and stay-at-home policies during the COVID-19 pandemic, at times prohibiting outdoor group-based physical activity. This mixed-method study examined the changing role of older adult walking groups in North East Scotland around the first lockdown and how restrictions impacted members' well-being. Three consecutive surveys were posted or emailed to members of the Grampian 50+ Network over summer 2020, with questions about social contact, loneliness, well-being, physical activity, public health messages, help-seeking behavior, and socio-demographics. 346 members completed the June survey, with 268 (83%) returning the follow-up survey in July, and 258 (80%) in August. Twenty participants (selection criteria - gender and geographic location) participated in repeated semi-structured interviews. Participants were, on average, 72 ± 7 years old (range: 58-90), retired (94%), and women (80%). Participants reported missing in-person interaction from not regularly meeting with their walking group. Groups adapted to stay-at-home measures by using technology (i.e. videoconferencing/text/email/telephone) to maintain relationships. Easing restrictions required groups to modify format, location and size. Concerns about safe transport, mask-wearing, maintaining social distance (2m/6ft), and potential lack of socialisation emerged as barriers for future engagement. While, participants generally expressed confidence in the Scottish Government's pandemic response and public health messaging, they expressed dissatisfaction that 'over-70s' were grouped together. Findings suggest that these walking group members fared well and were adaptive in response to the pandemic. Promoting group-based opportunities for physical activity and social interaction remain

vital for the health and well-being of older adults in the near and long term.

IMPACT OF THE COVID-19 STAY-AT-HOME ORDER ON DIET AND HEALTH IN COMMUNITY-DWELLING OLDER ADULTS WITH OBESITY

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Profound restrictions were placed on previously free-living older adults due to mandatory stay-at-home orders for Covid-19. Recognizing the potential for worsening health and heightened risk of Covid-19 complications with older age and obesity, we conducted a survey to assess the impact of stay-at-home requirements on diet, health/social behaviors, and food security in 58 older adults (age=70.8±6.2, 55% Black, 93% female) who had participated in past obesity-reduction trials. A 71-item questionnaire was administered by phone and included demographics, health, lifestyle and dietary habits, food attitudes, and food security questions. Results showed indicators of heightened health risk, including health care appointments either delayed/cancelled (69%) and self-reported weight gain (62%). Of those with weight gain, 22% reported a gain of >10 pounds (33% gained 5-10 pounds and 7% < 5 pounds). Increased food intake was reported by 67% and 45% felt their eating patterns were less healthy due to increased snacking (71%) and consumption of sweets (41%). Food access and isolation were also an issue, as 51% were concerned about leaving the house for food and 81% reported eating alone. While some positive behaviors were reported (new ways to access food and health information, more reported cooking at home), the majority of findings indicated increased risk of obesity and its complications. The findings emphasize the need for effective lifestyle interventions that can be delivered remotely to high-risk older adults; this would benefit those presently self-restricted for Covid-19 concerns as well as other isolated older adults who need better access to individualized interventions.

PRIOR PHYSICAL PERFORMANCE IMPACTS SOCIAL CONTACT AND SOCIAL PARTICIPATION OF U.S. OLDER PEOPLE DURING COVID-19

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Objective: To assess what roles the prior physical and cognitive performances of US older people played in changes of social contact and social participation due to the COVID-19 pandemic. Methods: We used the 2020 National Health and Aging Trends Study (NHATS) COVID-19 questionnaire (n=3,188, response rate=80.5%), linked to demographic information from the 2019 NHATS wave. We excluded participants who reported COVID-19 diagnosis and/or symptoms (n=288), and those represented by a proxy (n=414). We

compared older people's social contact with family and friends, social contact with health care providers, and social participation, prior to and during the COVID-19. We used paired t-test for the summed scores, Wilcoxon signed-rank for paired categorical variables, and McNamara test for paired binary variables. We further used weighted linear and logistic regressions adjusted for multiple covariates to investigate the effects of prior physical and cognitive performances on social contact and social participation, prior to, during, and changes in the COVID-19. Results: The sample included 2,486 participants that were predominantly females (56.20%) and non-Hispanic whites (88.43%), with participants averaging 78.24 years old. The COVID-19 pandemic resulted in significantly increased social contact with family and friends but decreased social participation of the US older people. Better prior physical performance was associated with significantly increased video calls and volunteering work during the COVID-19, while prior cognitive ability was not a significant risk factor. Conclusion: Prior physical performance, rather than prior cognitive ability, significantly affected the social way old people responded to a pandemic crisis.

Session 4125 (Paper)

Social Isolation and Loneliness (BSS Paper)

DO SOCIAL CONNECTIONS BUFFER LONELINESS ASSOCIATED WITH LIVING ALONE?

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The growth of solo living has important implications for the rising "loneliness epidemic" among older adults. This study considers whether two forms of social connectedness—extra-household core discussion networks and formal social participation—buffer the loneliness associated with living alone. Our study uses data from two surveys (National Social Life, Health, and Aging Project; Survey of Health, Ageing and Retirement in Europe) encompassing 20 developed Western countries in 2009/2010 and 2015/2016 (n = 110,817). Harmonizing measures across data sets, we estimate survey-specific and pooled linear regression models with interaction terms. Results indicated that high levels of social connectedness only moderately buffer the loneliness associated with living alone in later life. Findings were largely consistent across regions of Europe and the United States, though the buffering patterns were most robustly identified for widowed solo dwellers. Taken together, the results suggest that extra-household connections are partial compensators, but do not seem to fully replace the ready companionship afforded by residential co-presence in later life. Future research is needed to understand whether the efficacy of compensatory connections differs by gender, race/ethnicity, and across more diverse global regions.

HOW IS DAILY SOCIAL INTERACTION RELATED TO LONELINESS IN OLDER ADULTS? THE ROLES OF TRAIT LONELINESS AND PERSONALITY.

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