

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