

search for specific topics using the ICPSR generated search tools. Finally, we offer information on how to obtain these data for research purposes. Our hope is this information will be valuable in identifying key baseline measures of social behavior, health, and employment before the COVID-19 epidemic, and this information can allow us to evaluate challenges and recovery once the crisis has passed. Both NACDA and ICPSR remain available 24 hours a day, 365 days a year, to assist researchers in locating and obtaining data related to their research.

DO PERCEPTIONS OF OWN AND SPOUSE SURVIVAL AFFECT ADVANCE CARE PLANNING?

Deborah Carr,¹ and Yifan Lou,² 1. *Boston University, Boston, Massachusetts, United States*, 2. *Columbia University, New York, New York, United States*

COVID-19 has intensified the need for advance care planning (ACP), or formal preparations for end-of-life care, prior to the time such decisions are required. We propose that older adults' perceived chances of survival, and one's perceptions of whether they will outlive their spouse may be powerful motivators of ACP. Using data from the Wisconsin Longitudinal Study (WLS, $n=4908$, M age = 65), we examine the extent to which: (a) one's perceived 10- and 20-year survival and (b) projections of dying before, after, or at the same time as one's spouse affect three aspects of ACP (living will, durable power of attorney for health care designations (DPAHC), and discussions). Multivariate analyses are adjusted for health, demographics, socioeconomic characteristics, and death anxiety. In the full sample, women who perceived a high likelihood of 20-year survival were less likely ($OR=.604$, $p < .05$) whereas their male counterparts were more likely ($OR = 1.4$, $p < .01$) to name a DPAHC (relative to those who perceived a medium likelihood of survival). Among married persons only ($n=3860$), people who perceive that they will pre-decease their spouse are 1.5 times as likely to name their spouse as DPAHC (vs. no DPAHC), but are no more likely to name a different person to the role (relative to those who perceive that they and spouse will die at the same time). Practitioner and family conversations about older patients' projected survival and how it shapes decision making are especially important as COVID-19 may require rapid decisions about end-of-life treatments.

INCREASED BLUE MOOD AND LONELINESS DURING COVID-19 PANDEMIC IN A VETERAN COHORT

Nora Mattek,¹ Rachel Wall,² Zachary Beattie,¹ Chao-Yi Wu,¹ Jeffrey Kaye,³ Hiroko Dodge,¹ and Lisa Silbert,¹ 1. *Oregon Health & Science University, Portland, Oregon, United States*, 2. *Portland Veterans Affairs Medical Center, Portland, Oregon, United States*, 3. *Layton Alzheimer's Disease Center, Portland, Oregon, United States*

Older Veterans are at especially high risk of depression and social isolation due to COVID-19 stay-at-home orders and necessary safety precautions. We aimed to objectively measure differences in mood reports before and after COVID-19 stay-at-home orders in rural older Veterans. Participants age > 62 were enrolled in the Collaborative Aging Research

using Technology (CART) initiative, a NIH and VA HSRD funded multi-site study examining the feasibility of unobtrusive remote sensing and monitoring of physical, cognitive, and health-related activities. The VA CART site consists of Pacific Northwest Veteran volunteers and their cohabitants. Weekly online health forms including questions about blue mood and loneliness were collected January – July 2020. A COVID stay-at-home order was instituted March 13 2020. Generalized estimating equations (GEE) with logit link was used to investigate differences in mood reports pre- and post- stay-at-home orders. 100 older volunteers completed 2441 health reports (mean age 71.2 years, 41% female, 19% single). Thirty-five percent were urban, 34% large rural, and 31% small rural using rural-urban commuting area (RUCA) scores urban: 1-3; large rural 4-6; small rural 7-10. After adjusting for covariates, incidence of blue mood and loneliness reports were significantly higher after stay-at-home orders ($OR=4.4$, $p<0.0001$ and $OR=7.2$, $p<0.0001$ respectively). Results varied by rurality with large rural volunteers showing the largest increases. Real-world monitoring of weekly health reports may identify those at greatest risk for depression and social isolation in older Veterans and their cohabitants and is of particular relevance in rural settings, where access to specialty care is limited.

SESSION 10560 (SYMPOSIUM)

COVID-19 PANDEMIC: HEALTH SCIENCES SECTION

AN EXPLORATION OF ONLINE EXERCISE PARTICIPATION OF OLDER MANITOBANS DURING THE COVID-19 PANDEMIC

Michelle Porter, Mikyung Lee, Ruth Barclay, Stephen Cornish, Nicole Dunn, Jacquie Ripat, Kathryn Sibley, and Sandra Webber, *University of Manitoba, Winnipeg, Manitoba, Canada*

During the COVID-19 pandemic, in-person exercise programs for older people were temporarily closed, and some were replaced with online exercise. We explored the online exercise experiences of older people in Manitoba, Canada, using an online survey. We recruited a convenience sample (≥ 65 years), primarily through community organizations, and 745 people (57.5% female) consented. About 38.2% reported participating in online exercise during the pandemic. Most used pre-recorded classes (80.4%), from their local community (79.7%), and YouTube was the most used platform (57.4%). Almost all (82.7%) found the classes had the right variety and intensity. Of those who had participated in online exercise, 67.0% said they would participate in an online exercise class outside of a pandemic time. Participants like the following aspects better about online exercise: no transportation arrangements, it doesn't matter what they wear, no travel time, and they like to exercise without others seeing them. However, they also miss being with and socializing with others, and they reported feeling unsafe when the instructor cannot see them. Of those who did not participate online, several reasons were given: they prefer to exercise with others in the same room, they prefer to exercise with an instructor directly present, no appropriate device, and their internet is not reliable. Many also provided