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Background: The COVID-19 pandemic has changed the health security of older adults. Few have examined how older US veterans have reacted and coped with the COVID-19 pandemic. We aimed to identify changes in physical health and their differential impact by rurality of older veterans. Method: Participants were veterans (aged ≥ 62 years) and their cohabitants, living in the Pacific Northwest, enrolled in the Collaborative Aging Research using Technology (CART) initiative. Daily step counts via actigraphy were collected from January 1st to July 8th, 2020. COVID-19 time periods were determined by stay-at-home orders issued on March 13th, 2020. Generalized estimating equation models were used to examine changes in physical activities associated with COVID-19 time periods and rurality indicated by the rural-urban commuting area score. Results: A total of 102 participants were included in the analysis (mean age = 71.0 years, 56% male, 32 living in urban areas). Daily average step counts were 2318 and 3012 before and after COVID-19 stay-at-home orders ($t=4.85$, $p<.001$). After controlling for covariates, participants living in large rural ($\beta=.26$, $p=.03$) and small/isolated areas ($\beta=.23$, $p=.02$) walked more than those living in urban areas after COVID-19 stay-at-home orders. Conclusion: Older adults cope differently during the COVID-19 pandemic based on rurality, with those living in large rural and small/isolated rural areas have an increased physical activity. Reasons for increased step counts (e.g., mood, visitors, size of the house) require further investigation. This result demonstrates the potential utility of real-world monitoring to objectively inform interventions for COVID-related secondary health changes.

COMMUNITY ENVIRONMENT AND COVID-19 RELATED STRESS AMONG OLDER ADULTS WITH DISABILITIES IN TAIWAN

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The outbreak of the COVID-19 pandemic at the beginning of 2020 forced many countries to implement social distancing policies such as the suspension of activities and gathering. Taiwan is the leading country which took active epidemic prevention measures in local communities, including closing the community centers and programs for older adults. Older adults with chronic health conditions are particularly vulnerable to the COVID-19 pandemic because they have disproportionately been affected by it. This study examined the associations between community environment and COVID-19 related stress of community-dwelling older adults with disabilities. Data were collected from a sample of 547 community-dwelling older adults aged 65 and over with disabilities in Taiwan between April and July, 2020. Multiple Regression Analysis was applied to test the hypothesized relationships. The analytic results suggested that: First, participants who were younger and with better cognitive functioning had higher levels of COVID-19 related stress. Second, as the confirmed case number dropped by month, participants interviewed in the later months expressed lower levels of COVID-19 related stress. Third, older adults who perceived more obstacles in their environment reported

higher levels of COVID-19 related stress. In conclusion, although restrictions during the pandemic is inevitable to secure the safety of the public, programs should be designed for older adults with disabilities to remove the obstacles and to make information, policies and services more accessible in the communities to mitigate their COVID-19 related stress.

COMPARING THE PROTECTIVE VALUE OF HUMAN AND PET SOCIAL SUPPORT ON WELL-BEING OF OLDER ADULTS DURING COVID-19

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Older adults are vulnerable to particular risk factors that contribute to lower well-being and poorer functioning. With the COVID-19 pandemic, the importance of social support has been highlighted in media reports because of its well-known beneficial effects on overall well-being. However, as adults age, social networks, contacts, and activities naturally decrease. These age-related losses are often difficult, if not impossible, to replace. Pets have recently been recognized as a valuable source of social support for many older adults, providing both physical and psychological benefits through mutual connection and behavioral activation. Previous studies have examined how human social support or pet social support enhance older adults' well-being (i.e., positive emotions, engagement, relationships, accomplishment, and meaning). However, there is a gap in our scientific knowledge as previous research has not evaluated if pet social support can serve as a protective factor in the absence of adequate human social support. Current analyses, with 141 older adult participants, suggests that pet owners with a positive attachment to their pet experience higher well-being as pets serve as a coping resource that protects against common life stressors. Similar to human social support, pet social support appears to be a protective factor that also promotes and fosters a sense of well-being in older adults. Support in late life is especially important for families and agencies to be attuned to, especially during a global pandemic.

CONVERTING PHYSICAL FUNCTION TESTING TO THE REMOTE SETTING: ADAPTING OUR RESEARCH PROTOCOL DURING COVID-19

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Objective measurement of physical function can be a more sensitive predictor of future disability and changes over time than self-report measures. However, objective measures require in-person assessments which can limit their use in hard-to-reach populations. During the COVID-19 pandemic, laboratory assessment of physical functioning in our two large randomized controlled exercise trials in older adults with cancer was temporarily suspended. We adapted testing protocols for administering the short physical performance battery (PPB), including chair stand (CS; sec) and 4m usual walk (4MW; m/s) tests, and timed-up-and go (TUG; sec) tests of physical functioning for remote assessment by video conferencing technology. We report on interim assessments of