A SURVEY OF OLDER ADULTS’ PERSPECTIVES OF IN-PERSON AND VIRTUAL PARKINSON’S-SPECIFIC EXERCISE CLASSES

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Due to COVID-19, many health/wellness programs transitioned from in-person to virtual. This mixed methods study aims to explore older adults with Parkinson’s disease (PD) perceptions of in-person versus virtual Parkinson’s-specific exercise classes. Attitudes, perceptions, and experiences were determined through focus groups (n=9; Male=4; aged 75 years) among older adults with PD and an online survey (n=23; Male=14; aged 74 years). Eighteen respondents attended both in-person and virtually (n=18; Male=9). Four respondents only attended in-person, citing reasons such as difficulty with computer access to virtual classes, limited internet, easier accessibility to in-person classes, and physical injury preventing attendance to any classes. Respondents who participated in both delivery methods preferred virtual classes. Time, convenience, comfort at home, and not having to navigate transportation barriers supported participants’ preference for virtual classes. The majority of respondents indicated their fatigue and mental health were either unchanged or improved. Eighty-nine percent reported improved mobility since attending either class; specifically, in balance (n=8), flexibility (n=7), and coordination (n=3). Older adults with PD who attended both classes had minimal difficulty with computer usage and accessing the virtual program with only one participant reporting difficulty transitioning from in-person to virtual classes. Seventy percent stated they would enjoy a combination of on-site and virtual programming. Eighty-nine percent and seventy-seven percent felt the virtual-based program was safe and beneficial, respectively. Participants who transitioned from an in-person to a virtual exercise program for people with Parkinson’s disease felt the program was safe, effective, and improved or prevented declines in their mobility.

AGE DIFFERENCES IN PREFERENCES FOR FEAR-ENHANCING VERSUS FEAR-REDUCING NEWS IN A GLOBAL PANDEMIC

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Older adults (OA) prefer positive over negative information in a lab setting, compared to young adults (i.e., positivity effects; YA). The extent to which OA avoid negative events or information relevant for their health and safety is not clear. We first investigated age differences in preferences for fear-enhancing versus fear-reducing news articles during the Ebola Outbreak of 2014. We built upon this pilot study to further investigate this research question during the COVID-19 pandemic. In this study, 164 YA (18-30 years) and 171 OA (60-80 years) responded to an online survey about their preferences, feelngs, and behaviors related to the COVID-19 pandemic across 13-days during the initial peak of the pandemic in the United States. Both YA and OA preferred to read positive over negative news about the coronavirus, but OA were even more likely than YA to prefer the positive news article. No age differences in the fear of contraction were found, but OA engaged in more health-protective behaviors compared to YA. Additionally, media engagement was related to fear for both age groups, with social media engagement, specifically, emerging as a key moderating factor for protective behavior change. Although OA may not fear or seek out negative information related to a health concern; they still engage in more protective health behaviors compared to YA. In this study, positivity effects are shown to exist within a health-related event, but OA appeared to still attend to enough negative information about COVID-19 to avoid impairing their health protective behaviors.

AGE DIFFERENCES IN THE CONSUMPTION AND AVOIDANCE OF COVID-19 INFORMATION

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Staying informed about COVID-19 is crucial to maintaining public health. Although older adults are at increased risk of complications, recent data (Global Web Index, 2020) suggest that they are less likely to seek out information about COVID-19. This is consistent with prior evidence indicating that information seeking is negatively associated with age (Mata & Nunes, 2010). However, it remains unclear whether older adults merely fail to seek information or intentionally avoid information. In response, we examined whether age is associated with general information seeking and deliberate information avoidance in the wake of the COVID-19 pandemic. Based on previous work indicating age-related shifts in motivational priorities (Carstensen, 2006) we also examined whether avoidance motives differ by age. In a pre-registered online study, an adult lifespan sample (N=500, Mage=49.90, 51% female, 67% non-Hispanic White) completed self-report measures of media consumption, information avoidance, and avoidance motives with respect to the COVID-19 pandemic. In addition, we measured behavioral information avoidance by...
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=.45 to .68***), loneliness (β=.24 to .49***), social well-being (β=.19 to -.36***), and poor sleep quality (β=.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...