DEVICE-MEASURED SEDENTARY PATTERNS AND PHYSICAL ACTIVITY BEFORE AND DURING THE COVID-19 PANDEMIC

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Little is known about objective levels of sitting time (ST), patterns of ST, and physical activity (PA) among older adults before compared to during the COVID-19 pandemic. We used data from the Healthy Aging Resources to Thrive Trial to examine differences in activPAL-assessed ST, standing time, breaks from sitting, and steps in study enrollees prior to March 2020 (N = 97, % female = 60.8, % white = 81.4; Mean BMI = 35.2) compared to post-March 2020 (N = 47, % female = 70.2, % white = 72.3; Mean BMI = 36.1). During the pandemic, participants had higher sitting time (Mean = 11.5 vs. 10.7 hours/day), fewer breaks from sitting (Mean = 40 vs. 44 breaks/day), and fewer steps (Mean = 4441 vs. 5931 steps/day) than prior to the pandemic. Interventions may be needed to support older adults with obesity in recovering losses in time spent physically active.

AEROBIC, STRENGTHENING, AND BALANCE ACTIVITIES PERFORMED BY COMMUNITY-DWELLING OLDER ADULTS

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Little is known about whether older adults meet the recommended physical activity (PA) guidelines, including aerobic, strength, and balance components. Given this gap, we examined self-report PA data from 1,352 older adult participants of the Adult Changes in Thought (ACT) study. We classified participants as meeting some components, meeting the full guidelines, or being insufficiently active. Multinomial regression was used to identify factors associated with meeting PA guidelines. Despite performing 9.5 hours of weekly PA, only 11% met the full guidelines, 13% met the aerobic, and 26% met the balance or strength recommendations. Increasing age and body mass index, needing assistance with instrumental daily activities, heart disease, and low income were associated with decreased odds of meeting PA guidelines. Older adults primarily perform aerobic PA and lower intensity PA with fewer participating in strength and balance activities. Interventions targeting strength, balance, and higher intensity PA should be developed.

CHARACTERIZING COMPONENT ACTIVITIES OF OLDER ADULT SEDENTARY TIME BY AGE, GENDER, AND DEVICE-BASED SITTING PATTERNS

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The activities that compose older adults’ considerable sedentary time are not well characterized. We described daily time spent in self-reported sedentary activities and explored differences by age, gender, and activPAL sitting patterns. Participants self-reported a total of 10.7 hours of sitting time and spent the most time watching TV (2.6 hrs/day), using the computer (1.7 hrs/day), and reading (1.6 hrs/day). Women spent more time watching TV, engaged in hobbies, and socializing and less time on the computer compared to men. Older participants spent more time watching TV, reading, and participating in group activities and less time on the computer than younger participants. Those with low activPAL sitting time and frequent activPAL sitting breaks (low mean bout duration) ~1 hr/day less watching TV than those with high activPAL sitting time. These findings help illuminate future intervention targets and lay the path to explore associations between different sedentary activities and health.

ACCELEROMETER-MEASURED PATTERNS OF SEDENTARY BEHAVIOR IN OLDER WOMEN: THE OPACH STUDY
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Excessive sedentary behavior (SB) is related to deleterious health outcomes. Understanding the patterns and contexts in which SB accumulates can promote healthy aging. Daily sitting time and mean sitting bout duration (MBD) were measured by triaxial accelerometers. Participants self-reported how much time they spent sitting while: watching TV, reading, using the computer, driving, working, or taking phone calls. Data were compared across aging-related characteristics. Age-adjusted sitting time (minutes/day) for 5,838 diverse (33.2% Black, 16.9% Hispanic), older women (mean age 78.7±6.7) were 577.2 for Hispanic women, 630.3 for Black women, and 632.0 for White women. Those in the lowest vs. highest physical function category had the longest MBD (16.1 vs. 11.7 minutes/bout). Watching television was the most common self-reported sedentary activity. The highest vs. lowest quartile of MBD spent, on average, 30.6 and 22.3 minutes/day watching television, respectively. This presentation will illuminate critical factors associated with sitting patterns in older adults.

Session 3305 (Symposium)

PRESIDENTIAL SYMPOSIUM: FROM GLOBAL TO LOCAL: AN AGE-INCLUSIVE AND RIGHTS-BASED APPROACH TO GERONTOLOGICAL EDUCATION
Chair: Dana Bradley Co-Chair: Judith Howe

In June 2020, the Gerontological Society of America (GSA) joined in solidarity in the movement to condemn the entrenched racism undermining American society and build upon a gero-rich international historical base of supporting human rights. However, as gerontological educators, we need to expand on the conversation of racism to the broader global discussion of inclusivity and elimination of discrimination. A global focus on human rights of older persons, which began in 1982 at the World Assembly on Aging and has led to the current discussion of the proposed UN Convention on the Rights of Older Persons. The Academy of Gerontology in Higher Education (AGHE) is GSA’s education group of colleges and universities that offers education, training, curricular innovations, and research programs in the field of aging. The work of this group is grounded in an age-inclusive and rights-based perspective, and members are committed to an international view demonstrated through AGHE’s tagline Global Leaders in Advancing Education on Aging; This symposium explores the role of age-inclusivity and a rights-based perspective in gerontology and geriatrics education and offers both challenges and best practices for moving forward. The first presentation explores the meaning of age-inclusivity in aging education in a global context and asks how do we build upon our international roots? Our second presenter shares a proposed framework for a rights-based approach to gerontology education. The third presentation explores an example of a rights-based training program. We conclude with a lively discussion focusing on how to take action through education.

A PROPOSED FRAMEWORK FOR IMPLEMENTING A RIGHTS-BASED APPROACH TO GERONTOLOGICAL EDUCATION AND TRAINING
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This paper uses the nine general principles that underpin human rights (Non-discrimination, Respect, Dignity, Autonomy, Equality, Self-fulfillment and Personal development, Full and effective participation, Intergenerational solidarity, and Recognition of intrinsic value and worth as a human being) to frame a right’s based approach. This framework looks beyond the older person and the issues they are facing to the structure and culture of the society itself and the ways in which it is contributing to challenges. Using this lens, we will discuss how to develop definitions and standards of right’s based education that are culturally and contextually appropriate, define right’s based competencies and recognize, that despite the universal rights of older persons, the implementation may need to be adjusted for unique sociocultural environments. Lastly we will outline a strategy to identify and train multidisciplinary teaching and research teams using this proposed framework.

PAST, PRESENT, AND FUTURE OF HUMAN RIGHTS IN GERONTOLOGICAL EDUCATION
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The rights of older persons, essential to our work as gerontologists, were discussed in the World Assembly on Aging (1982) and adopted through the United Nations Principles of Older Persons and followed by the Madrid International Plan.