EXERCISE AND PHYSICAL ACTIVITY

"ALL THEY DO IS WALK": SUCCESSFUL AGING AND SYMBOLIC BOUNDARIES AMONG A SELF-ORGANIZED MALL WALKERS CLUB

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Objectives: This study examines how successful aging discourse manifests through physical and social participation among members of a self-organized mall walkers club. There is a paucity of research investigating successful aging in situ and theorizing the relationship between successful aging discourse and community participation. I draw on symbolic boundaries—a concept from cultural sociology—as a way to make sense of what mall walkers say and do.

Methods: I draw on data from 15 months of participant observations and interviews of mall walkers, all of whom are over 65 and predominantly Caribbean-Canadian women.

Results: I identify three common boundaries: personal, interpersonal, and community, that mall walkers draw on to challenge narratives of decline and internalize dimensions of successful aging.

Discussion: These findings uncover the ways members in a self-organized community reinforce boundaries that highlight how certain dimensions of successful aging as something to be proud of and desirable. This article contributes to research on intersubjective experiences of aging by revealing how successful aging is rooted in community participation, rather than individual achievement.

ACTIGRAPHY-BASED ASSOCIATIONS BETWEEN CHRONOTYPE AND PHYSICAL ACTIVITY IN OLDER ADULTS

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Chronotype is a measure of the time of day people prefer to be most active or to sleep. There is a known relationship between chronotype and engagement in physical activity in young and middle-aged adults, such that individuals with a morning chronotype engage in more physical activity compared to those with an evening chronotype. Our study aimed to replicate this finding in an older adult sample. Actigraphy can be used to measure both physical activity and sleep. Because of its ability to capture information about bedtime and rise time, actigraphy can serve as an objective measurement of chronotype. Participants were 159 older adults (ages 60-89, M = 74.73) who wore an ActiGraph GT9X on their non-dominant wrist for 7 days in a free-living environment. Chronotype was measured continuously using the midpoint of the ActiGraph-calculated sleep interval. We used multiple regression to determine the relationship between physical activity and chronotype adjusting for sex, age, and body mass index. Results suggest that while these variables explain a significant amount of variance in physical activity, R² = 19.0%, F (4, 152) = 8.921, p < .001, there is no significant relationship between chronotype and total physical activity in our sample, β = -.117, p = .114. These findings are inconsistent with what has been shown in younger samples and suggest that the relationship between chronotype and physical activity may change as one ages. Future research should consider whether particular physical activity intensities (vs. total activity) may have a relationship with chronotype in older adults.

ADAPTING AN EVIDENCE-BASED PHYSICAL ACTIVITY PROGRAM FOR THE REJOIN TRIAL FOR OLDER BREAST CANCER SURVIVORS

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Purpose: Physical activity (PA) is a recommended part of breast cancer survivorship. PA promotes survival and mitigates symptoms in older breast cancer survivors (BCS), especially in reducing joint pain associated with adjuvant hormonal treatment. The purpose of this report is to describe adaptations to Fit & Strong!, an evidence-based curriculum, to meet the needs of older BCS.

Methods: First, we reviewed all educational materials with scientific experts, including specialists in breast and exercise oncology. Next, we conducted semi-structured phone interviews with 3 BCS for an in-depth review of educational materials for the trial. All interviews were recorded and transcribed. Constant comparative analysis was used to identify themes and specify required technical changes. Subsequently, we recruited 3 new BCS to pre-test adapted materials and exercise sessions, complete a follow-up interview to refine our final product and rate acceptability with older BCS.

Results: Overall, BCS found the materials and experience very acceptable (mean score of 9.5/10). Content changes included simplifying exercise instructions, prioritizing trial-specific content and updating photographs to be more age-appropriate. Due to COVID, the pre-test activity was conducted by Zoom and participants were given additional time and coaching to participate using this technology. BCS said they would prefer to exercise in person but reported the remote experience as very satisfactory.

Conclusion: Our multi-step adaptation process provided an acceptable intervention to meet the needs of older BCS. Lessons learned will be applied to the forthcoming clinical trial, which will also be conducted remotely to maximize safety and access.

ARE MACHINE LEARNING MODELS USED TO REPRESENT ACCELEROMETRY DATA ROBUST TO AGE DIFFERENCES?

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