

chronic health conditions, while younger adults, especially males, reported more positive events. Positive and stress intensity scores were not correlated. Multilevel models found that for both positive, $B_{\text{linear}} = -2.54$, $SE = 0.52$, $p < .001$; $B_{\text{quadratic}} = 0.21$, $p < .05$, and stress, $B_{\text{linear}} = -0.79$, $p < .001$; $B_{\text{quadratic}} = 0.07$, $p < .01$, intensity showed decelerated decreases across time; residuals for both models were significant. Older adults had lower stress levels, while women and those with chronic health conditions had higher stress levels. Women also reported lower levels of positive events. In both models, neither age, gender, nor chronic health conditions predicted change. These results highlight the evolving experiences during COVID-19, as perceptions of stress and positive events decreased. Future studies should examine how the changing circumstances during COVID-19 affect adaptation, including perceived stress and positive events.

CORRELATES OF RESILIENCE OF OLDER PEOPLE IN TIMES OF CRISIS

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Since the beginning of the Covid-19 pandemic, efforts have been made to shield older adults from exposure to the virus due to an age-related higher risk for severe health outcomes. While a reduction of in-person contacts was necessary in particular during the first months of the pandemic, concerns about the immediate and longer-term secondary effects of these measures on subjective well-being were raised. In the present study, we focused on self-reported resilience of older people in a longitudinal design to examine risk and protective factors in dealing with the restrictions. Data from independently living people aged 60+ in Luxembourg were collected via a telephone/online survey after the first lockdown in June (N = 611) and September/October 2020 (N = 523), just before the second pandemic wave made restrictions necessary again. Overall, results showed an increase in life-satisfaction from T1 to T2, although life-satisfaction was still rated slightly lower than before the crisis. Also, about a fifth of participants indicated at T2 difficulties to recover from the crisis. Participants who reported higher resilience to deal with the Covid-19 crisis at T2 showed higher self-efficacy, agreed more strongly with measures taken by the country and felt better informed about the virus. In contrast, participants who reported more difficulties in dealing with the pandemic, indicated reduced social contacts to family and friends at T2, and also felt lonelier. Results will be discussed applying a life-span developmental and systemic perspective on risk and protective factors in dealing with the secondary impacts of the pandemic.

COVID-19 AND ITS IMPACT ON OLDER ADULTS' ROUTINE AND URGENT HEALTH CARE VISITS

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Older adults have not only been disproportionately affected by the COVID-19 pandemic, but relatedly, are also more vulnerable to other health problems. Moreover, previous research on epidemics shows that health care services are often disrupted during health crises—leading to less access to and lower utilization of health services unrelated to the health crisis. The primary aim of this research is to examine the impact of the COVID-19 pandemic on both routine and urgent health care visits. Using data collected in December 2020 on adults ages 54 to 100 living in one of nine senior living communities (SLCs) in the state of Nebraska (n = 723), logistic regression models were used to investigate correlates of missed health care visits, adjusting for sociodemographic and health characteristics. The results show that 58% of older adults in SLCs skipped or postponed a routine health care visit due to the pandemic, whereas 8% of older adults missed an urgent health care visit. The results further reveal that older adults with better perceived health ($p < 0.05$), higher life satisfaction ($p < 0.01$), and higher resilience ($p < 0.05$) all had lower odds of missing a routine health care visit due to the pandemic. In contrast, those who missed an urgent health care visit were more likely to have higher perceived financial strain ($p < 0.05$). The findings from this study demonstrate the consequences of the COVID-19 pandemic on older adults' health care utilization, which may have serious implications for their long-term health.

EMERGENCY PREPAREDNESS IN 2010 AND CONCERNS ABOUT COVID-19: EVIDENCE FROM THE HEALTH AND RETIREMENT STUDY

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Emergency preparations are particularly important for older persons as age-related vulnerabilities increase risk of morbidity and mortality associated with disasters. The novel COVID-19 virus combined with the ongoing efforts of the Health and Retirement Study (HRS) has provided researchers with the opportunity to examine how emergency preparedness was related to responses to the COVID-19 disaster approximately 10 years later. The data for this study were generated from participants in the HRS. This study only examined data from participants in both the disaster preparedness sub-sample of 2010 and COVID-19 sub-sample in 2020 resulting in data from 249 participants. In 2020, participants were asked how concerned they were about COVID-19 and whether or not they had been tested for the virus. This study found that disaster preparations in 2010 predicted lower levels of concern about COVID-19 in 2020. The differences in the means for all items, however, was not large enough to reach statistical significance with one exception, participating in an educational program about disaster preparedness (Wilcoxon-Z = -1.88, $p < .05$). Disaster preparations were associated with an increased likelihood of getting tested for COVID-19 for four of the six items. Statistical significance, however, was only achieved for a single item. Participants who had supplies for a three-day emergency in 2010 had higher rates of getting tested in 2020 (24.84%) as