management platform. Our application is built using stable, tested, and modular programming frameworks and design patterns targeted at accommodating intricately complex structures of polyglot mapping, large volume of data, encryption and granular user authorization. The statistical accuracy along with the multilingual mapping are the core highlights of this system. The multilingual function of this platform has the ability to eliminate selection biases while creating a well-balanced cross-section of society. Modern survey design workflows and validation checks ultimately prevent data loss and help reduce data collection errors. The platform design was initiated in April 1, 2020 and has been pilot tested for use in multilingual populations. The currently active application version of the system is capable of supporting in-person and telephone interviews, emailing survey links to every registered participant, building family tree architecture, and online consent management. This platform also has built-in report functionality. Additional features are being explored to improve study coordination and monitoring.

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

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Due to COVD-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 perfect 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, feelings, 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