TELEHEALTH AS AN ELEMENT OF HOME AND COMMUNITY-BASED SERVICES IN A PANDEMIC: AN INTRINSIC CASE STUDY IN TWO RURAL AREAS

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COVID-19 has changed the face of health care delivery. Using technology as a way to ensure Home and Community-Based Services (HCBS) as an option for older adults in rural areas is of increasing interest as a result of the pandemic. Literature suggests older adults do not adopt telehealth and/or medicine practices due to barriers (e.g., Internet and computer availability) and do not use telemedicine as a form of communication with medical staff. However, the combination of needing health care during the pandemic and having federal coverage via Medicare for telehealth virtual visit. Still studies suggest older adults may lack the necessary information about how to adopt telehealth and telemedicine and that they do not see their benefits. Additionally, the cost of technology, limited Internet access and rural connectivity issues persist. This study evaluates the potential for telehealth/medicine use in rural communities through two case studies of rural older persons in the Eastern Plains of Colorado and rural Western Nebraska. Results indicate, for older persons responding to the telehealth/medicine questions, there is support for its potential use with some using teleconferencing, health portals, along with the expectation that telehealth/medicine would be part of new health care systems. Resistance was met by some older adults in the Colorado sample who preferred face-to-face contact alongside other concerns about potential usage barriers such as the lack of Internet services or consistent connectivity. These participants indicated a lack of awareness in finding out how to access this form of medical support.

THE IMPACT OF COVID-19 ON OLDER ADULTS

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Background: The onset of the COVID-19 pandemic has dramatically influenced the health and well-being of older adults. Changes in lifestyle patterns has required reframing communication habits and learning new skills to maintain social connections and access healthcare. Objectives: To assess 1) well-being measured prior to and during the COVID-19 era; and 2) use and comfort level of technology for social interactions and telehealth visits during this time.

Methods: A mailed survey to a randomly selected national sample (>65) during the summers of 2018, 2019, and 2020. Measures included mental and physical well-being and various psychosocial measures. For 2020, questions related to COVID-19 and the use of technology were included.

Results: A total of 4,696 (2018), 3,976 (2019) and 2,726 (2020) responded to these surveys (response rate ~27%). Overall, most constructs remained stable despite the ongoing pandemic. Most respondents reported average or high resilience (90%), high purpose (48%), stable social networks (76%), and low stress (55%). However, loneliness increased during 2020 (57%). Respondents who used technology were more likely to connect with family and friends. Only 43% reported high comfort with using technology, with older age (>75) less comfortable. At the time of the survey 37% had not seen a healthcare provider through telehealth services, and 15% felt their healthcare needs were not met by a telehealth experience.

Conclusion: Results demonstrate that respondents were doing well during COVID-19. Yet increases in loneliness and greater technology needs to stay socially connected and to access healthcare may result in negative long-term health outcomes.

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COVID-19, SOCIAL SUPPORT, SOCIAL CONNECTEDNESS, AND LONELINESS

AGING, EMPATHY, AND PROSOCIAL BEHAVIORS DURING THE COVID-19 PANDEMIC

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