reviewed. Lessons learned through program replication and scaling of Lighthouse telehealth services will be discussed.

**TELEHEALTH AND 30-DAY READMISSIONS AMONG HEART FAILURE PATIENTS DURING THE COVID-19 PANDEMIC**

Bradi Granger,¹ Eric Peterson,² Matthew Dupre,³ and HANZHAND XU,⁴ 1. Duke university School of Nursing, Durham, North Carolina, United States, 2. University of Texas Southwestern Medical Center, Dallas, Texas, United States, 3. Duke University School of Medicine, Durham, North Carolina, United States, 4. Duke University School of Medicine, Duke University, North Carolina, United States

This study examined whether outpatient follow-up within 14 days of discharge via telehealth visits are as effective as in-person visits for reducing 30-day readmission in heart failure (HF) patients. Using electronic health records from a large health system, we included HF patients (n=1,722) who were hospitalized during the period of March 15-July 15, 2020. Overall, 28.1% of patients received an early outpatient follow-up visit. Patients who received telehealth visits (n=119) were more likely to be older and live in areas with higher median household incomes than those with in-person visits (n=365). Thirty-day readmission rates were 20.5% during the COVID-19 period. Multivariate models showed that patients who received a telehealth (OR=0.36, 95%CI [0.23-0.56]) or an in-person (OR=0.42, 95%CI [0.31-0.57]) visit were less likely to be readmitted within 30 days compared with patients without an early outpatient follow-up. Telehealth visits were just as effective as in-person visits at reducing 30-day readmissions.

**Session 4150 (Paper)**

**TELEHEALTH INTERVENTIONS FOR OLDER ADULTS: COVID-19**

**RURAL-URBAN DIFFERENCES IN AVAILABILITY OF TELEMEDICINE SERVICES AMONG MEDICARE BENEFICIARIES DURING COVID-19**

Yvonne Jonk,¹ Erika Ziller,² and Heidi O’Connor,³ 1. University of Southern Maine, Muskie School, Portland, Maine, United States, 2. University of Southern Maine, Portland, Maine, United States

The COVID-19 pandemic has created substantial disruptions to all aspects of rural and urban U.S. life. At the same time, it has provided opportunities for shifts in health service delivery, including policy innovations to increase telehealth availability and use for diagnosis and treatment of health concerns. However, it is unclear whether rural residents, particularly older adults, have the same access to telehealth services as their urban counterparts. Rural providers may face unique barriers to delivering telehealth services, and rural patients may have more difficulty accessing those services from their homes. This study used the Fall and Summer 2020 Medicare Current Beneficiary Survey COVID-19 Supplement Public Use Files to examine rural-urban differences in the telemedicine services available to Medicare beneficiaries from their primary care providers, as well as their ability to access those services. Preliminary findings suggest that rural beneficiaries are less likely to have access to telehealth services during the pandemic, they were more likely to exhibit hesitancy towards receiving the COVID-19 vaccine, they were less likely to engage in preventive behaviors such as hand washing and sterilizing surfaces, and more likely to have missed diagnostic or medical screening tests (37%) compared to urban (27%) beneficiaries. Finally, rural beneficiaries were less likely to have a smartphone, computer, or tablet at home and less likely to have access to the internet (78% rural; 84% urban). Policy implications include the need for outreach efforts to better inform the provider community, and efforts to improve rural health system infrastructure available to support telehealth.

**TECHNOLOGY IS OUT THERE FOR THE BETTERTMENT OF US: AFRICAN AMERICAN FAMILY CAREGIVERS AND COVID-19**

Afeez Hazzan,¹ Carol D’Agostino,² and Phyllis Jackson,³ 1. State University of New York at Brockport, Hilton, New York, United States, 2. Geriatric Mental Health Specialist, Geriatric Mental Health Specialist, New York, United States, 3. Common Ground Health, Common Ground Health, New York, United States

Unpaid family caregivers are mostly responsible for bearing the costs associated with caring for older adults with dementia. Importantly, the ongoing COVID-19 pandemic has created unforeseen challenges for many family caregivers. Specifically, the restrictions put in place to limit the spread of the coronavirus may be exacerbating the challenges faced by these caregivers as they try to navigate the system. Further, studies have shown that family caregivers who are members of a racial or ethnic minority group such as African-Americans or Hispanics face unique challenges when caring for their loved ones. Additional challenges may include socioeconomic disadvantages, health disparities, and language barriers that make it more difficult to access healthcare and social services. In this study, we examined the perspectives of African-American family caregivers of older adults on the feasibility of utilizing technology as a coping strategy (including for research participation) during the ongoing COVID-19 pandemic. The research question was: What are the perspectives of African-American family caregivers of people with dementia on the feasibility, opportunities, and challenges of technology as a means to engage family caregivers during a pandemic? In-depth one-on-one interviews were conducted with 12 African-American/black family caregivers. Thematic analysis of the qualitative data yielded the following three themes: (1) Acceptance that technology will play a greater role in the world going forward, and family caregivers need to adapt; (2) Opportunities to avoid social isolation while maintaining links with critical community resources; and (3) Challenges due to possible loss of privacy and lack of physical interactions

**TELEHEALTH: A RESOURCE FOR VULNERABLE POPULATIONS TO ACCESS ORAL HEALTHCARE DURING THE COVID-19 PANDEMIC**

Victoria Raveis,¹ David Glotzer,² and Andre Ritter,³ 1. New York University, New York University, New York, United States, 2. New York University, New York University,
TELEMEDICINE USE AMONG OLDER ADULTS DURING THE COVID-19 PANDEMIC
Anita Szerszen,1 Yulia Kogan,2 and Edith Burns2
1. Northwell Health, Staten Island, New York, United States,
2. Northwell Health, New Hyde Park, New York, United States

Objective: Although technology adoption among older adults is improving, ethnic minorities and those with socioeconomic disadvantages may have lower utilization of telemedicine. Here, we evaluate telemedicine uptake among community-based older adults.

Materials and Methods: Using a retrospective cohort design, we examined electronic medical records (EMR) for documentation of telemedicine use among patients > 65 years old at Geriatric practices in the New York metropolitan area from January-November 2020. Demographic details and insurance payer were captured for telemedicine visits and compared to in-person encounters. Multivariable logistic regression was used to evaluate the association of demographic, socioeconomic factors and visit type.

Results: A total of 712 patients (32.3%) engaged in 1,085 telemedicine visits. Telemedicine represented 80% and 66% of all encounters during April and May, respectively and averaged 11.8% between June and November. Use was similar across age groups, gender, race and insurance payer status between telemedicine versus in-person encounters. Patients with greater number of comorbidities were more likely to use telemedicine. Medicaid recipients had preference for video visits. 47.5% of patients who engaged in video visits had another person/family member present during an encounter.

Conclusions: Telemedicine augmented access to health care for older individuals during the peak of the COVID pandemic and continues to be utilized to improve access to care for older Americans. Given the distinct preference for video visits among patients with multiple medical conditions and those who have Medicaid, telemedicine has potential to serve as a tool to reduce enduring health care disparities beyond the pandemic.

Session 4155 (Symposium)

THE PATHWAYS TO HEALTHY AGEING: EVIDENCE FROM LONGITUDINAL STUDIES AND REAL-TIME DATA
Chair: Terry YS Lum

The WHO has replaced its active ageing policy framework developed in 2002 with the new Healthy Ageing framework developed in 2015 and declared the decade between 2020 and 2030 as the Decade of Healthy Ageing. Healthy Ageing framework emphasizes the pivotal role of functional ability (FA) among older adults and conceptualizes that FA can be determined by intrinsic capacity (IC), environments (EN), and their interaction. WHO calls for global research to advance theoretical understanding of Healthy Ageing framework and translate the evidence into policy actions. This symposium provides the latest findings on Healthy Ageing from multi-country studies using real-time data and longitudinal study design. Dr. Röcke explored daily time-out-of-home and place visit diversity with daily emotional and stress processes in Zurich, using sensor-based and self-reported mobility and activity indicators to capture FA. Dr. Lu investigated the EN and 4-year trajectories of IC and their impact on FA trajectories among older adults in Hong Kong. Dr. Liu explored the longitudinal associations between neighborhood physical EN and depressive symptoms of older adults in Hong Kong and the moderating effects of terrain slope and declining daily activity of living. Dr. Guo investigated the relationship between perceived EN (environmental cognition) and mental health and the mediating roles of physical activity and place attachment. Dr. Chan explored neighborhood physical EN and cognition among older people and identified whether this association varies among different older age groups. Based on these findings, this symposium will discuss the future research direction on Healthy Ageing and its policy implication.

DAY-TO-DAY MOBILITY, AFFECT, AND STRESS COUPLINGS IN SWISS OLDER ADULTS
Eun-Kyeong Kim1, Pascal Grifflle2, Robert Moulder2, Cheng Fu1, Minxia Luo1, Mike Martin1, Robert Weibel1, and Christina Roeckel2, 1. University of zurich, Zurich, Zurich, Switzerland, 2. University of Zurich, Zurich, Zurich, Switzerland.

The Mobility, Activity, and Social Interactions Study (MOASIS) is part of a global effort to more closely examine indicators of functional ability in relation to person characteristics and life contexts as proposed by the WHO’s healthy aging definition. In MOASIS, sensor-based and self-reported mobility and activity indicators were used to capture functional ability in 153 community-dwelling older adults aged...