

The COVID-19 pandemic has caused one of the worst economic crises since the Great Depression and the current recession has been more detrimental to older workers compared to other age groups. Not only has it forced more older workers out of their jobs, but it has also made it much harder for jobless older workers to find a new job. Furthermore, due to increased automation and digitalization in the workplace, older workers will likely need upskilling or reskilling to improve their employment prospects in the changed labor market. This situation brings the importance of offering training and continuous education programs that target older workers to the forefront of adult education policy and practice. This qualitative study examines measures taken in response to COVID-19 in adult education and training (AET) in seven countries including Sweden, Norway, the Netherlands, Australia, Singapore, Canada, and the United States. The findings are based on key informant interviews with international policy experts and scholars in the field of AET in addition to information gathered from written materials (e.g., government and organizational reports). To expedite their economic recovery and improve labor market outcomes for their workers, some countries have increased government funding for vocational and continuing education or offered financial support for post-secondary students while others have provided funds to employers to offer training and retraining for their employees. Some of these measures have the potential to expand adult educational opportunities in the post-pandemic world. Implications for policy and practice are discussed.

COVID-19 VACCINATION IN HOME HEALTH AND HOSPICE: BARRIERS TO VACCINATION AND RESULTS FROM A HOME VACCINATION PROGRAM

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Little is known about vaccination rates in home health and hospice populations. Results draw upon two separate data sources from The Visiting Nurse Association Health Group (VNAHG). Among VNAHG patients surveyed between February 2 and March 1, 2022, 24% had received at least one COVID-19 vaccine. Among vaccinated patients, roughly one quarter did not travel to get the vaccine (received inpatient vaccination). They mostly traveled by car (88%), and 70% received help from a family member. Of patients who had not received a vaccine (76%), 81% were pursuing or planning to pursue obtaining a vaccine. Additionally, of those not pursuing a vaccine, 30% indicated it was because they could not get to a vaccine site. 44% of patients in the VNAHG "in home" vaccination pilot were bedbound, and 100% of patients had ambulation difficulties that make it impossible for them to leave home. All (100%) had a health care provider(s) recommended they get the vaccine. Only 38% have internet access. A quarter tried to call to schedule a vaccine, but only one was able to speak to someone. 40% of the patients attempted to get a COVID-19 vaccine prior to enrollment in the program. Most patients (81%) did not have someone available to assist with their transportation to get vaccinated, and most indicated difficulty securing an appointment. Many indicated severe traveling difficulties (requiring oxygen, needing ambulance transport). These findings highlight the high barriers for homebound patients, and

the need and value of clinicians traveling to provide in-home vaccines.

COVID-19 VACCINE HESITANCY AMONG OLDER ADULTS: EVIDENCE FROM THE MEDICARE CURRENT BENEFICIARY SURVEY

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Objective: Older adults have been the most enthusiastic cohort about the COVID-19 vaccine since its rollout. However, there is limited evidence on vaccine hesitancy, particularly among community-dwelling older adults. In this study, we examine the prevalence and predictors (especially information sources) of vaccine hesitancy in this group. **Methods:** We use the Medicare Current Beneficiary Survey (MCBS)- Fall 2020 supplement data and employ multivariable logistic regression models to explore this association. We study heterogeneous effects by gender, metro/non-metro residence status, race, and age. **Results:** Depending on healthcare providers (HCP), social media, the internet, and family/friends as the main COVID-19 information source was associated with higher odds of negative vaccine intent when compared to those who rely on regular news. We did not find any association of 'unsure' vaccine intent and different information sources. **Discussion:** Recommendation from an HCP is a strong predictor of any vaccine acceptance and higher negative intent for COVID-19 vaccine among those who depend on HCP for information is concerning. This could be due to vaccine hesitancy among HCPs themselves or due to other mechanisms like infrequent interactions with the health system.

COVID-19 VACCINE INTENTIONS WITHIN THE MEDICARE POPULATION

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COVID-19 vaccine intentions by older adults reflect individual care seeking behavior and medical system trust and broader systemic cultural shifts related to vaccine hesitancy. The purpose of this paper is to examine the October wave of the rapid response panel survey fielded by the Centers for Medicare and Medicaid Services (CMS) to track and monitor the effects of the pandemic within the Medicare population. With a sample size of 9686 Medicare beneficiaries, the calculated statistics use replicate weights to adjust for the complex survey sample design and balanced repeated replication using Fay's adjustment of 0.3 for variance estimation. When asked about the likelihood of getting the COVID-19 vaccine if one were available, 58 percent of the Medicare population definitely or probably intended to get the vaccine, 16 percent expressed they would probably or definitely not, and 26 percent were not sure. Black or Hispanic Medicare beneficiaries were significantly more likely to express they would probably not or definitely not get the vaccine than White, non-Hispanic Medicare beneficiaries. Distrust of what government says about the vaccine and concern about the safety or side effects were the most common reasons for not intending to get the vaccine. Those expressing intentions to not get the COVID-19 vaccine in the October 2020 survey wave were more likely to lack access to the internet, which is