STEREOTYPES OF OLDER ADULTS, OLDER MEN, AND MALE LEADERS PREDICT EXPECTATIONS, STANCE, AND VOTING INTENTIONS

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The 2020 U.S. Presidential Election offered a unique opportunity to examine how stereotypes of older adults, older men, and male leaders impact expectations of candidate job performance and intentions to vote for Biden or Trump. This online study involved 500 college students from two universities from September 30th until November 3 (Election Day). A Biden and Trump model were tested for the relationships among (a) stereotypes from public discourse with (b) expectations of candidates/ presidential performance with (c) voting stance (pro- and anti-Biden vs pro- and anti-Trump) and (d) intentions to vote for Biden/Trump. As expected, for the Biden model, endorsement of older adult (lesser endorsement of senile, unhealthy), male leadership (greater endorsement of assertive and collaborative, lesser endorsement of uncaring), and older male stereotypes (greater endorsement of elder statesman and family-focused) predicted greater expectations of Biden's performance, which predicted pro-Biden and anti-Trump stances and ultimately voting intentions for Biden. As expected, for the Trump model, endorsement of older adult (lesser endorsement of senile), male leadership (greater endorsement of assertive, collaborative, lesser endorsement of immoral and uncaring), and older male stereotypes (greater endorsement of elder statesman) predicted greater expectations of Trump's performance, which predicted pro-Trump and anti-Biden stances and ultimately voting intentions for Trump. Taken together, these results suggest examining relevant categories of stereotypes associated with candidates and voting stances provides a fuller picture of voting behavior toward multiple candidates vying for office in addition to political ideology and voting intentions.

SYSTEMATIC REVIEW OF PSYCHOLOGICAL AGING RESEARCH IN NEPAL

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Nepal faces unprecedented levels of aging similar to trends in many less well-resourced countries. It has limited capacity to address the medical, social and psychological needs of older persons. Difficult choices regarding allocation of resources will be needed. In this review, we hope to clarify what is already known in aging research in Nepal. The databases APA PsychINFO and PubMed were searched. The inclusion criteria were peer-reviewed articles on i) psychological constructs and mental illnesses, ii) use of original data, iii) inclusion of senior participants and iv) studies conducted in Nepal. Studies that included mixed age group and cross-country comparisons were excluded from this review.

The initial search resulted in 76 articles from APA PsychINFO and 590 articles from PubMed. Articles were reviewed independently for inclusion and exclusion criteria. A total of 49 articles were included in the final list. Preliminary results showed that the largest share of articles focused on depression (32.1%), followed by quality of life/life satisfaction or loneliness(18.9%). A large number of studies also examined prevalence rates of psychiatric and neurocognitive disorders (22.6%). Common conditions, like dementia and delirium were studied only in 1.9% and 3.8% of published studies respectively. All of the studies were cohort-based and none focused on evaluations of psychosocial/medical interventions. Robust intervention studies are needed to help improve the lives of seniors in Nepal. To our knowledge this is the first comprehensive review of published articles on psychological construct in aging populations in Nepal.

TELE-HEALTHCARE IN RESEARCH AND EDUCATION: AGE DIFFERENCES IN ACCESS AND UTILIZATION OF HEALTHCARE RESOURCES

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Societal needs highlighted during the pandemic have led to significant changes in healthcare, including the rapid development and implementation of tele-care consumer options. This study examined video-based, virtual healthcare access and utilization before and during the pandemic. Participants included traditional college-aged students, middle-aged adults, and retirement-aged persons (n = 685); measures included access to physical and mental health services, consumer satisfaction with type of services accessed, and anticipated use of virtual healthcare following the pandemic. Results showed that approximately half of participants (49.2%) had experience with virtual healthcare, with most of these cases during the pandemic. Virtual healthcare was more often used for physical compared to mental healthcare services, with college-aged participants more likely to use mental healthcare services than adult and retirement-aged participants. Laptop computers were most widely used to access services, with smartphone use proportionally lower in retirement-aged participants (31.4%). Overall satisfaction with virtual services was high (Mdn = 5 on a 6-point Likert scale), but college-aged participants trended toward a lower satisfaction (Mdn = 4.25) than other age categories. These results support that virtual healthcare service development and access experienced significant growth during the pandemic. Age differences in the types of services, types of devices, and satisfaction with virtual services all suggest a similar theme for age-related considerations of life stage, life responsibilities, and comfort and familiarity with technology that must be addressed for virtual healthcare to reach its full potential and reach equitably across the lifespan.

THE EFFECT OF A VIRTUAL REALITY DELIVERED PHYSICAL ACTIVITY INTERVENTION ON THE PHYSICAL FUNCTION OF OLDER ADULTS

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