

services occurred, including clinical operations at the NYU College of Dentistry. To ameliorate the impact of this widespread service suspension, NYU Dentistry implemented an interim Dental Telehealth Service, open to the community, with telehealth consultations delivered by NYU faculty. This consultative service served a diverse population, adhering to guidelines the American Dental Association (ADA) issued on “urgent” and “emergency” care, with the goal of treating with a minimally invasive approach, to relieve the burden on hospital emergency rooms. Older adults, experiencing dental issues and fearing they were particularly vulnerable to the virus, called into this service, as they desperately wanted to avoid the overwhelmed public hospital ERs. A range of significant dental issues, i.e. pain, swelling, tooth fractures, were addressed. Implementing this community resource was a creative strategy to address a serious health services gap during this public health crisis. It also yielded important insights regarding the feasibility, acceptability and utility of telehealth, as a routine component of dental practice, when treating older adults, who often have serious co-morbidities and limited mobility. Certainly, the conversational nature of telehealth is a less stressful and anxiety-provoking clinical encounter.

TELEMEDICINE USE AMONG OLDER ADULTS DURING THE COVID-19 PANDEMIC

Anita Szerszen,¹ Yulia Kogan,² and Edith Burns,² *1. Northwell Health, Staten Island University Hospital, 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 amongst 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 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

Christina Roecke,¹ Eun-Kyeong Kim,² Pascal Griffel,¹ Robert Moulder,¹ Cheng Fu,² Minxia Luo,² Mike Martin,² Robert Weibel,² *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 65-91 over 30 days. The present study examines daily time out-of-home and place diversity and its within-person associations with positive and negative affect and stress. Initial between-person analyses indicate that mobility is only weakly related to indicators of physical and mental health. We propose that the health- and well-being implications of mobility more strongly play out in daily life and at the within-person level, and will examine general health, cognitive ability, and marital status as intrinsic capacity moderators accounting for some of the expected interindividual heterogeneity.