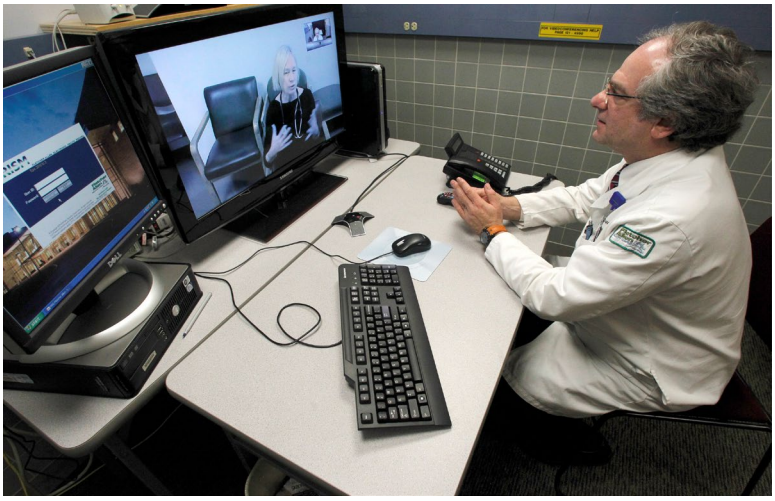
The Associated Press-NORC Center for Public Affairs Research

TELEHEALTH AND EQUITY

Use of telehealth has been common during the pandemic among adults age 50 and older, according to a survey of adults in America age 50 and older by The Associated Press-NORC Center for Public Affairs Research. Perceptions about its advantages and disadvantages highlight some ways that telehealth may exacerbate equity issues in the health care system and other ways it may reduce disparities.



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With the outbreak of COVID-19 in March 2020, many health care providers began providing medical care remotely—often called telehealth—using a variety of methods, including live video, talking over the telephone, and by email and text message. Sixty-two percent of adults age 50 and older have used some form of telehealth since the beginning of the pandemic, with use for non-urgent health concerns and prescription consultations especially common. Those who have received care through telehealth are generally comfortable receiving care that way, and nearly two-thirds are at least somewhat likely to seek care through telehealth after the pandemic ends.

The convenience of finding an appointment, meeting with a specific provider, and getting an immediate response are the top reasons for choosing telehealth over in-person care. On the other hand, about two-thirds of respondents worry that the care they receive through telehealth wouldn't be as effective as care they receive in person.

Three Things You Should Know

About The Long-Term Care Poll on Telehealth Among Adults Age 50 and Older:

1) Ease of scheduling an appointment (69%), meeting with a specific doctor (68%), and getting an immediate response (68%) are top reasons for using telehealth over in-person care.
2) Having a prior relationship with the doctor (69%), the option for emails or direct messages (55%), and information about insurance coverage (50%) would improve telehealth uptake.
3) 65% of nonwhite respondents cite avoiding COVID-19 as a reason to use telehealth, but 63% worry about lower-quality care.

Having a personal relationship with the doctor is a top concern among older adults when it comes to both telehealth and in-person care, but more worry about it when it comes to telehealth. Sixty-nine percent think it would be very helpful to have a prior relationship with their provider when using telehealth. Older adults also cite the option to exchange emails or direct messages and more information on insurance coverage as being helpful in accessing telehealth.

But while access to telehealth is similar based on age, education, income, and race and ethnicity, differences emerge in the reasons for using—and not using—telehealth.

Those ages 50-64 are more likely than those 65 and older to cite the ease of scheduling an appointment at a convenient time and the lower cost of telehealth versus in-person care as reasons to use telehealth. Those age 65 and older express greater concerns about comfort using technology, being on video, and having the necessary devices or programs to access telehealth.

Technological barriers are particularly salient for those without a college degree, as they are more likely than those with a college degree to seek in-person care because they don't have the necessary device or programs, their internet is too slow, or they don't feel comfortable using technology. They are also more concerned about a lack of privacy in their home and their provider not understanding their cultural preferences.

Those in households earning incomes below $50,000 are more likely than those earning more to choose telehealth over in-person visits because they lack transportation, they believe it is cheaper, and they think it would be easier in terms of having a support person with them. On the other hand, they are more likely to report concerns about technology and to think help using technology and accessing the necessary devices would be beneficial.

Turning to race and ethnicity, 64% of nonwhite adults age 50 and older have used telehealth since the start of the pandemic, and they are particularly likely compared to their white counterparts to cite the benefit of avoiding COVID-19 exposure. But at the same time, 63% are at least somewhat concerned about receiving lower-quality care when using telehealth, compared to in-person visits.

More differences between nonwhite and white respondents emerge when it comes to concerns about in-person care than telehealth. Nonwhite respondents report greater concern than white respondents about receiving low-quality care, the security of their health information, lacking privacy, health care coverage or reimbursement, and not having a personal relationship with their doctor for in-person care.

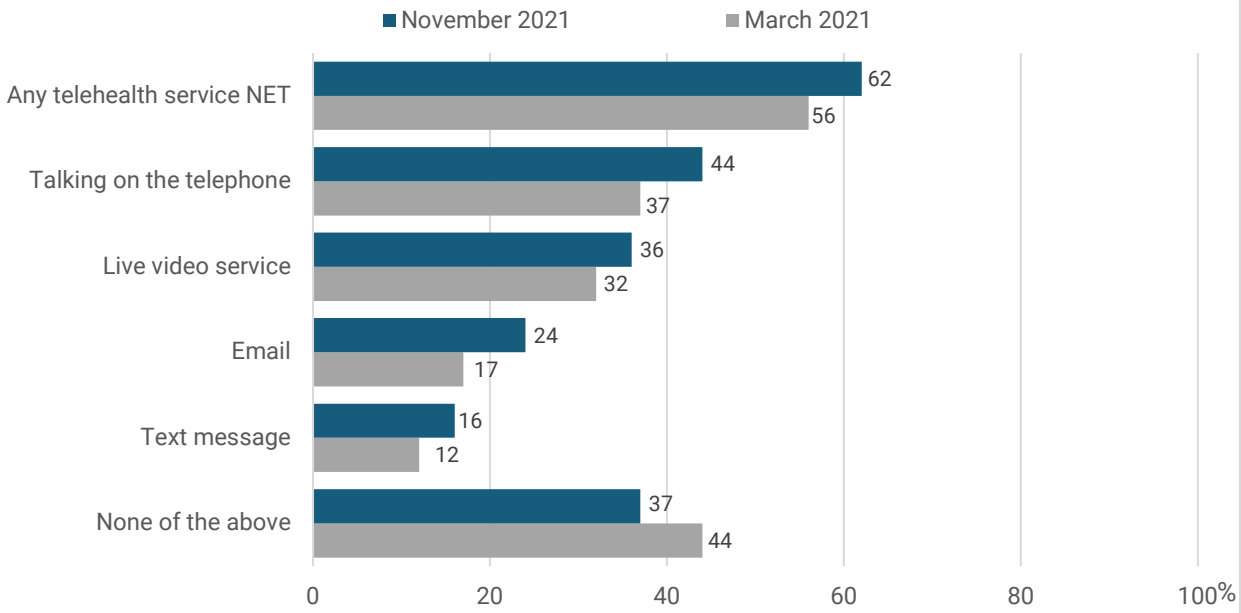
Nonwhite respondents are more likely than white respondents to cite concerns about doctors not understanding their cultural preferences, and this is true for both telehealth and in-person care.

The AP-NORC Center conducted this study with funding from The SCAN Foundation. The survey includes 1,000 interviews with a nationally representative sample of adults age 50 and older living in America using the Foresight 50+ Panel, the probability-based panel of adults age 50 and older of NORC at the University of Chicago. Interviews were conducted between November 12 and 15, 2021, online and by phone in English. The margin of sampling error is +/- 4.3 percentage points.

A MAJORITY OF OLDER ADULTS HAVE USED TELEHEALTH DURING THE PANDEMIC.

Among adults age 50 and older, 62% have used some form of telehealth like live video, talking on the phone, email, or text messaging with a health care provider since the beginning of the pandemic. Telephone calls and live video services remain the most popular, with fewer using email or text messaging. Just 37% have not used telehealth at all. Use of telehealth has increased since March 2021.[1] Those with a college degree are more likely to have used some form of telehealth than those without a college degree (70% vs. 58%).

More than half have used some form of telehealth over the course of the pandemic.
Percent yes among adults age 50 and older



Question: Have you received any care using any of the following since the COVID-19 pandemic started in March 2020?
Source: The AP-NORC Long-Term Care Polls conducted March 25-29, 2021, with 542 adults age 50 and older nationwide and November 12-15, 2021, with 1,000 adults age 50 and older nationwide.

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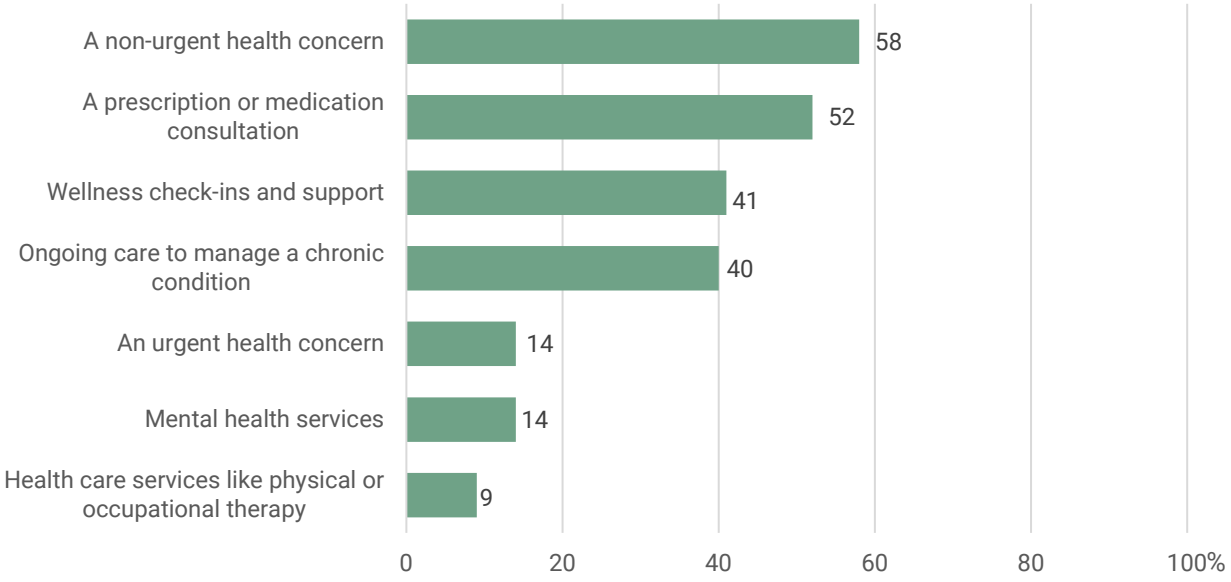
[1] https://www.longtermcarepoll.org/project/long-term-care-in-america-americans-want-to-age-at-home/

Of those who have received care via telehealth, the most common uses are for prescription or medication consultations or for non-urgent health concerns. And while more than a third of users have received wellness check-ins or ongoing care for chronic conditions through telehealth, very few have used it for urgent health concerns, mental health services, or physical or occupational therapy.

During the pandemic, telehealth has most commonly been used for non-urgent health concerns and consultations.

Percent yes among telehealth users age 50 and older



Question: Have you received any of the following types of care through telehealth, or not?
Source: The AP-NORC Long Term Care Poll conducted November 12-15, 2021, with 1,000 adults age 50 and older nationwide.

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Adults ages 50-64 are more likely than those age 65 and older to have used telehealth for mental health services (20% vs. 8%) and care for both urgent (19% vs. 8%) and non-urgent (63% vs. 52%) health concerns. However, adults age 65 and older are more likely to have used telehealth for wellness check-ins (48% vs. 34%).

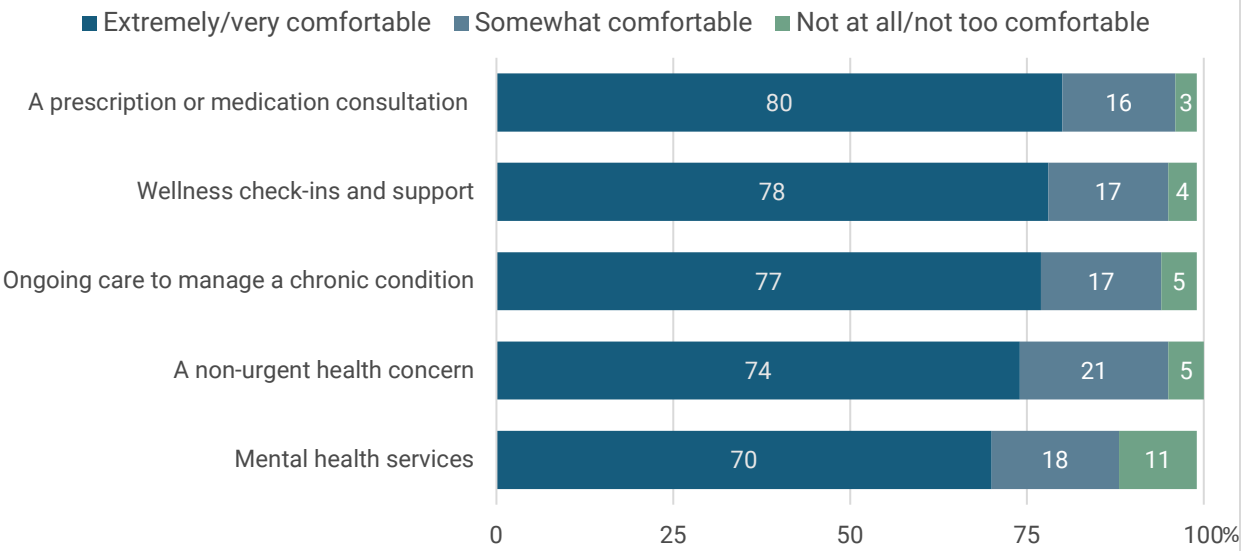
MOST USERS ARE COMFORTABLE RECEIVING TELEHEALTH, BUT NON-USERS WOULD BE UNCOMFORTABLE WITH IT FOR MANY TYPES OF CARE.

Those age 50 and older who used telehealth were generally comfortable with the care they received. This is especially true for those who used it for prescription or medication consultations, wellness check-ins, non-urgent medical care, and care for chronic conditions.

Overall, 62% of those who have used telehealth are at least somewhat likely to continue to use it at least some of the time once the pandemic is over.

The vast majority of adults are more comfortable receiving care in person than through telehealth.

Percent of adults age 50 and older



Questions: If you needed each of the following types of care, how comfortable would you be receiving that care in person?
Source: The AP-NORC Long-Term Care Poll conducted November 12-15, 2021, with 1,000 adults age 50 and older nationwide.

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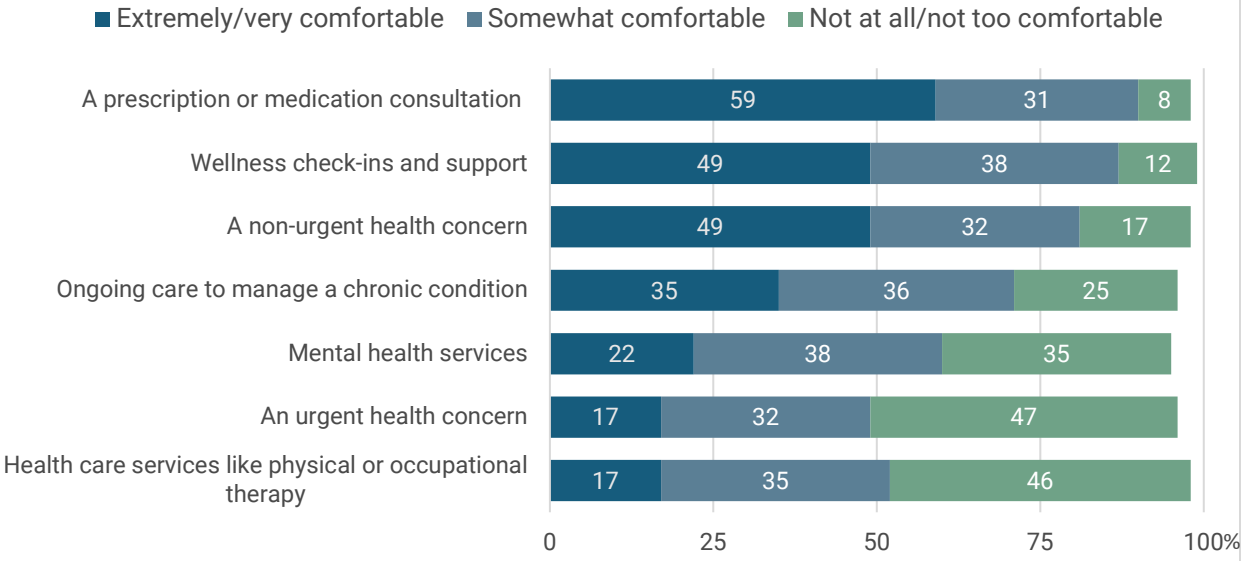
Many of those age 50 and older who have not used telehealth express reservations about using it for care like an urgent health concern or physical or occupational therapy. But, more than half would be comfortable using it for prescription or medication consultations, and about half feel the same for non-urgent health concerns or wellness check-ins. Comfort with using telehealth for ongoing care for a chronic condition and mental health services falls in between.

Those who have not used telehealth would be most comfortable trying it for prescription or medication consultations.

Percent of adults age 50 and older who not have used any type of telehealth service since March 2020



Questions: If you needed each of the following types of care, how comfortable would you be receiving that care through telehealth?

Source: The AP-NORC Long-Term Care Poll conducted November 12-15, 2021, with 1,000 adults age 50 and older nationwide.

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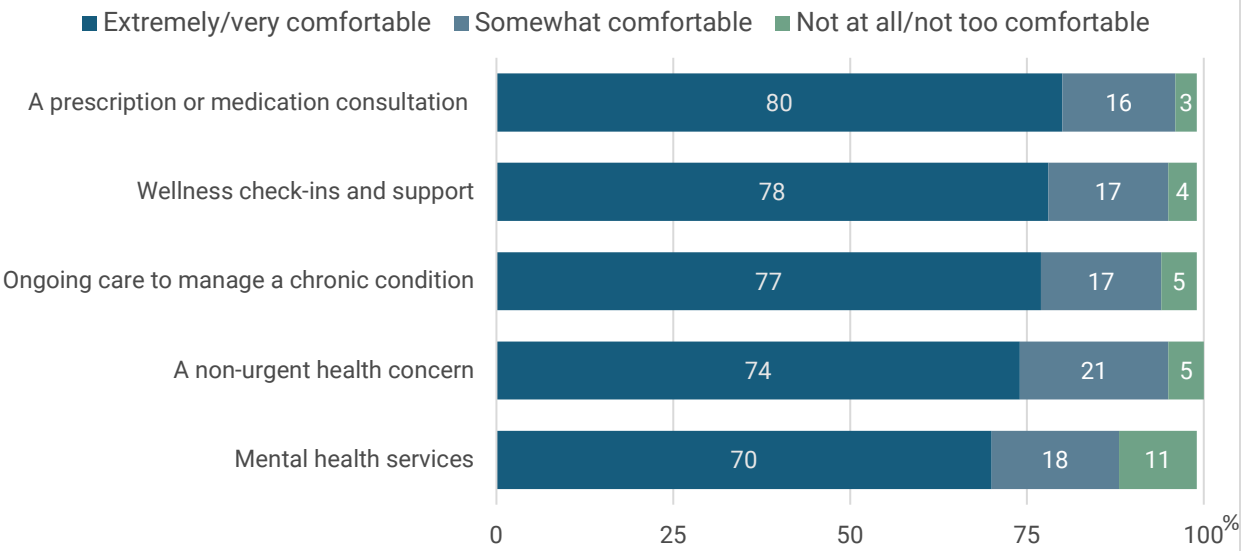
This is all in contrast to feelings about in-person care, where most of those age 50 and older would be comfortable receiving various types of health care services if they needed it. About one in 10 are uncomfortable with in-person care for mental health services.

The vast majority of adults are more comfortable receiving care in person than through telehealth.
Percent of adults age 50 and older



Questions: If you needed each of the following types of care, how comfortable would you be receiving that care in person?
Source: The AP-NORC Long-Term Care Poll conducted November 12-15, 2021, with 1,000 adults age 50 and older nationwide.

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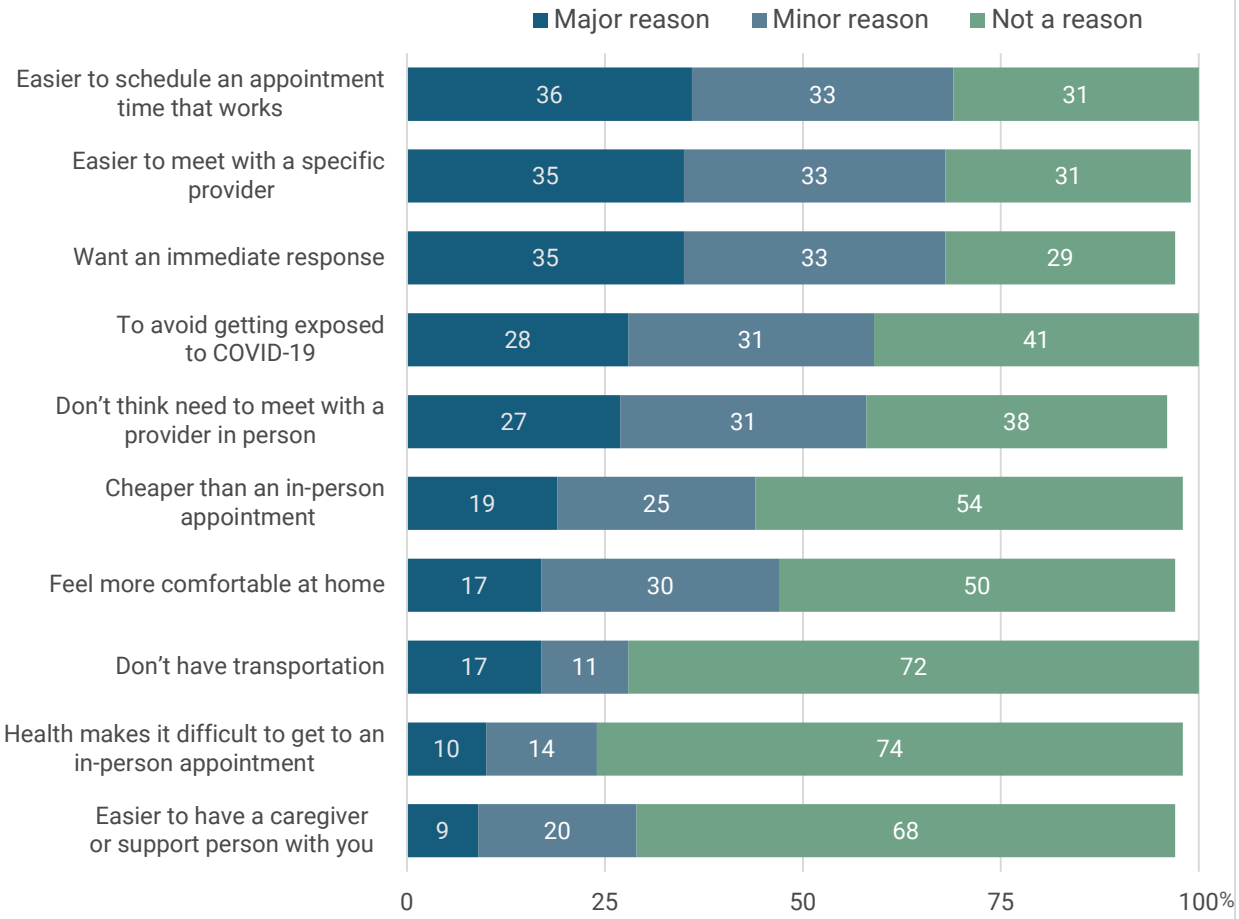
PERFERENCES FOR TELEHEALTH VERSUS IN-PERSON CARE DIFFER BASED ON AGE, RACE AND ETHNICITY, EDUCATION, AND INCOME.

Convenience and faster access to care top the list of reasons why adults age 50 and older might look to telehealth over in-person care. More than a third cite the ease of scheduling an appointment, the ease of meeting with a specific provider, and getting an immediate response as major reasons they'd prefer telehealth.

Quick responses and ease of scheduling at specific times or with specific providers are key reasons older Americans would seek care through telehealth.
Percent of adults age 50 and older



Question: Would you say each of the following is a major reason, a minor reason, or not a reason you would seek out care through telehealth instead of in person?
Source: The AP-NORC Long-Term Care Poll conducted November 12-15, 2021, with 1,000 adults age 50 and older nationwide.

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Differences by age, race and ethnicity, income, and education emerge when it comes to reasons to choose telehealth over an in-person visit, with many differences highlighting disparities in the health care system.

Nonwhite respondents are more likely than white respondents to cite avoiding exposure to COVID-19 (36% vs. 24%) and getting an immediate response (42% vs. 33%) as major reasons for choosing telehealth.

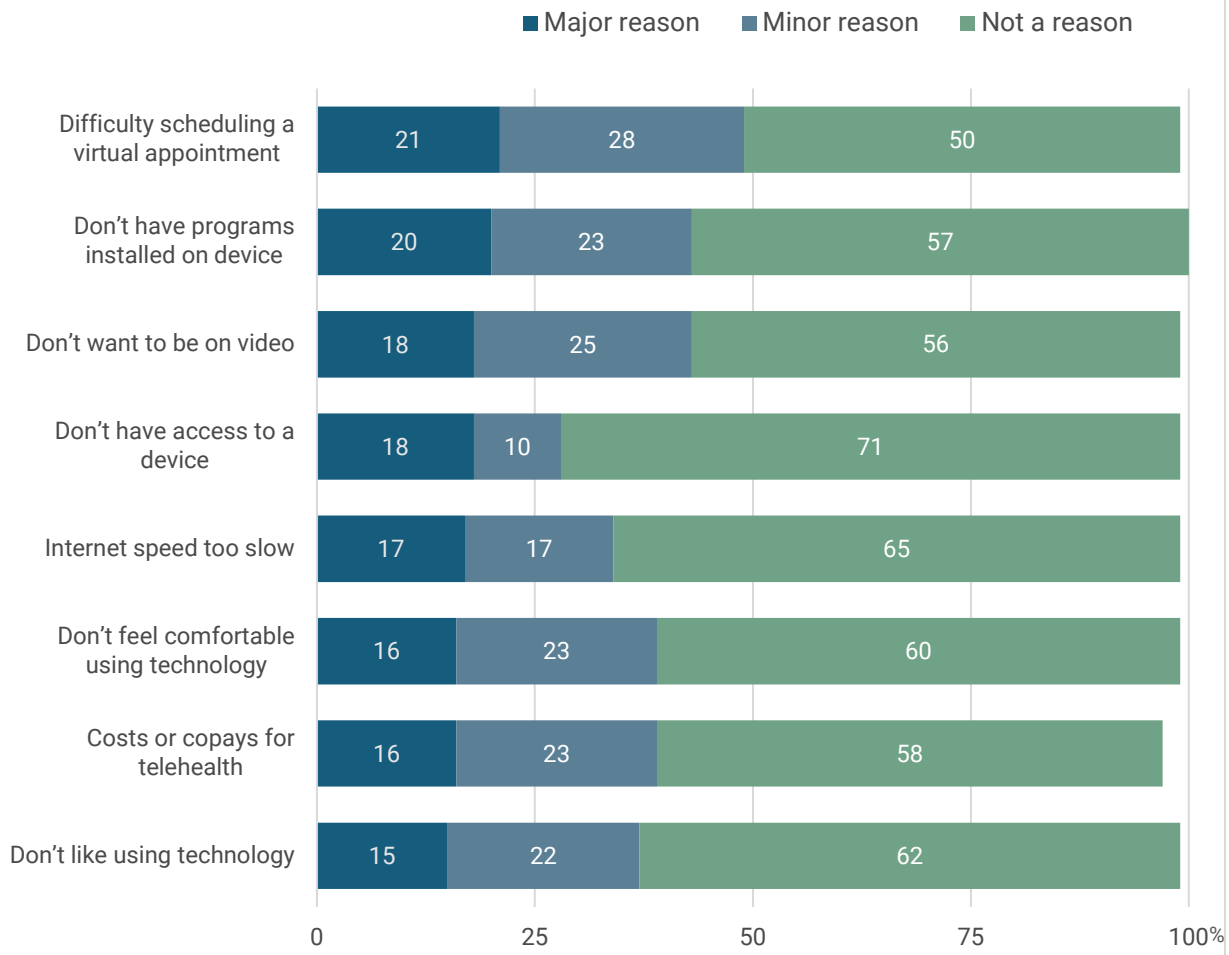
Those making less than $50,000 a year are more likely than those with higher incomes to cite a lack transportation to get to an in-person appointment (23% vs. 12%), the lower cost of in-person appointments (23% vs. 15%), and the ease of having a caregiver or support person with them (13% vs. 7%) as major reasons to choose telehealth.

Those with a college degree are more likely to offer not needing to see a provider in person (36% vs. 23%) and wanting an immediate response (42% vs. 32%) as major reasons to opt for telehealth over in-person care.

And finally, those ages 50-64 are more likely than those age 65 and older to cite as a major reason they would seek care through telehealth the ease of scheduling an appointment at a time that works for them (41% vs. 31%) and the lower cost compared to in-person care (25% vs. 12%).

No single reason stands out for why adults age 50 and older would seek care in person instead of through telehealth. Scheduling issues are a top concern, though only 21% cite this as a major reason. Fewer are concerned about technological issues like lacking access to a needed device or slow internet.

Difficulty scheduling a virtual appointment is the top reason for seeking in-person care.
Percent of adults age 50 and older



Question: Would you say each of the following is a major reason, a minor reason, or not a reason you would seek out care in-person instead of through telehealth?
Source: The AP-NORC Long-Term Care Poll conducted November 12-15, 2021, with 1,000 adults age 50 and older nationwide.

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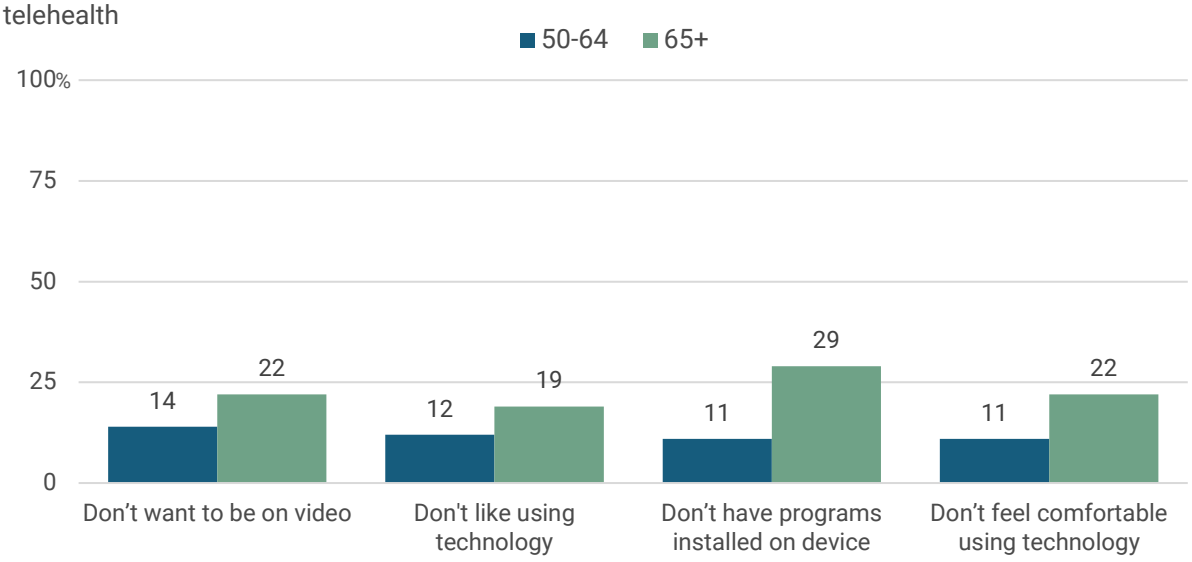
Technology issues are a key reason for seeking in-person care for older, less educated, and less wealthy older adults.

Adults age 65 and older have different reasons for using in-person care than those ages 50-64, with many of them related to difficulties with technology.

Adults age 65 and older have different reasons for seeking in-person care.
Percent older adults who cite each as a major reason for seeking in-person care instead of through telehealth



Question: Would you say each of the following is a major reason, a minor reason, or not a reason you would seek out care in-person instead of through telehealth?
Source: The AP-NORC Long-Term Care Poll conducted November 12-15, 2021, with 1,000 adults age 50 and older nationwide.

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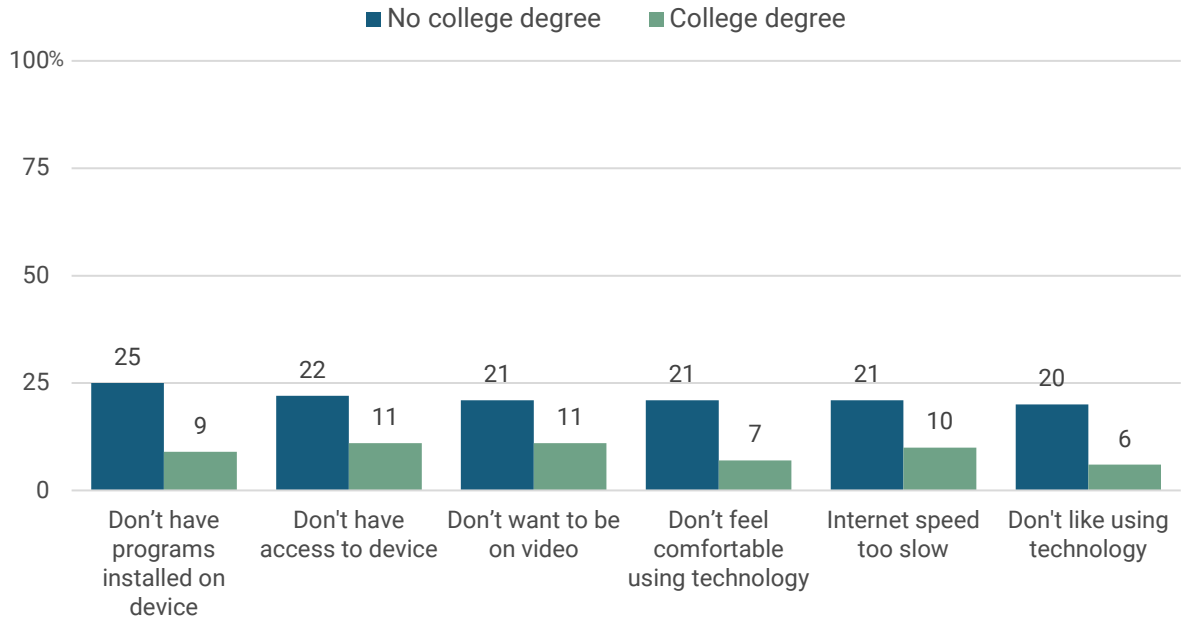
Those without a college degree are also more likely to cite a host of technological reasons as major factors for seeking out in-person care, compared to those with a college degree.

Older adults with a college education have different reasons for seeking in-person care than those with less education.

Percent of adults age 50 and older who cite each as a major reason to seek care in person instead of through telehealth



Question: Would you say each of the following is a major reason, a minor reason, or not a reason you would seek out care in-person instead of through telehealth?
Source: The AP-NORC Long -Term Care Poll conducted November 12-15, 2021, with 1,000 adults age 50 and older nationwide.

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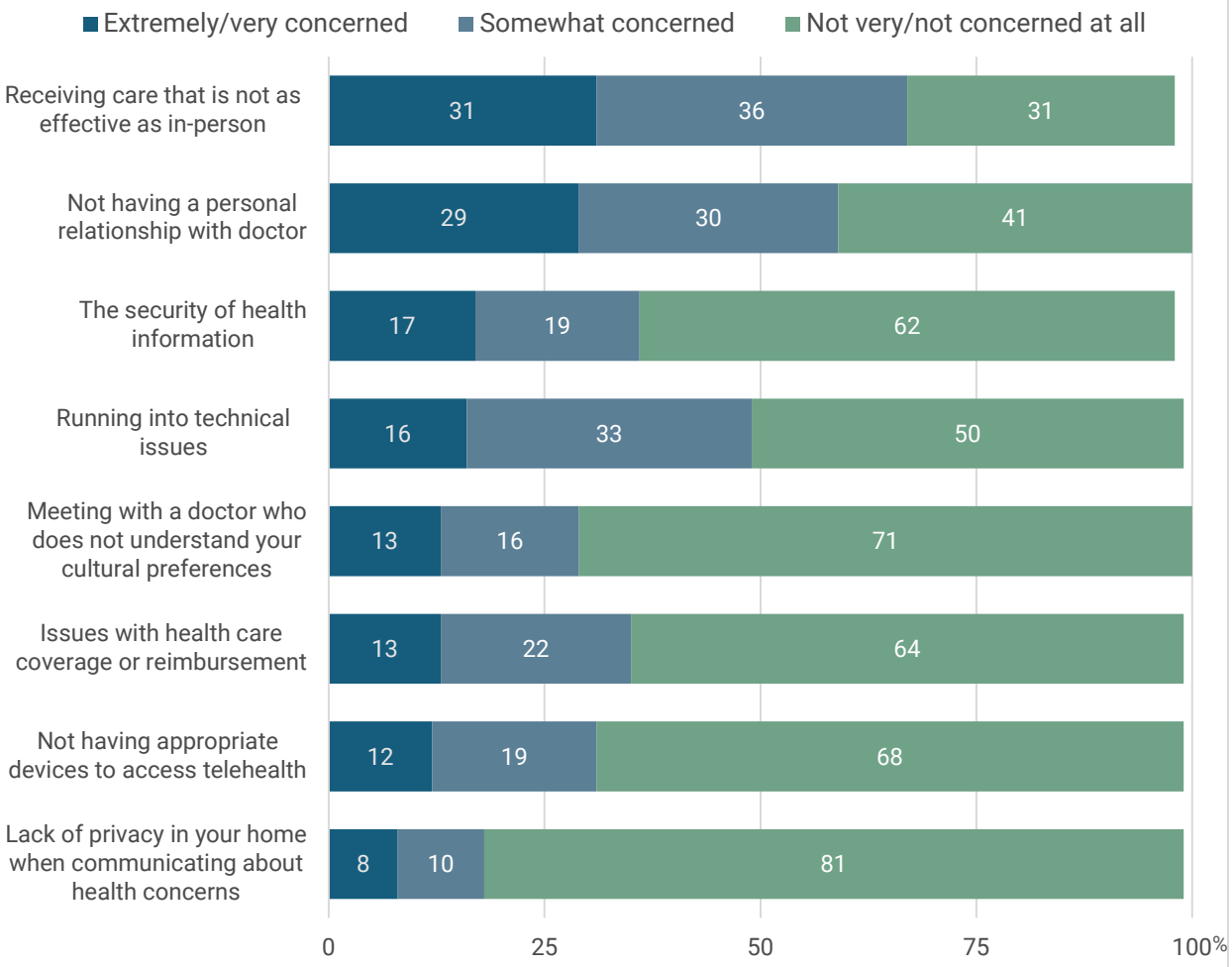
Similarly, those making less than $50,000 are more likely than those with higher incomes to report that major reasons for choosing in-person care include not having specific programs installed on their device (29% vs. 13%), not wanting to be on camera (24% vs. 14%), and not having access to a device (23% vs. 15%).

THE MOST COMMON CONCERNS ABOUT TELEHEALTH ARE LESS EFFECTIVE CARE AND LACK OF A PERSONAL RELATIONSHIP WITH THE PROVIDER.

When it comes to concerns about telehealth, those age 50 and older most often cite worries that the care they receive through telehealth would not be as effective as in-person care and that they would not have a personal relationship with the provider. Nearly half are at least somewhat concerned about running into technical issues. Fewer worry about the security of their health information or privacy in their own home during their appointments.

Receiving less effective care and not having a personal relationship with the provider are top concerns when it comes to telehealth.
Percent of adults age 50 and older



Question: When it comes to receiving health care through telehealth, how concerned are you about each of the following?
Source: The AP-NORC Long-Term Care Poll conducted November 12-15, 2021, with 1,000 adults age 50 and older nationwide.

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Issues of equity emerge in concerns about telehealth based on age, race and ethnicity, education, and income.

Adults age 65 and older are more concerned about not having a personal relationship with a doctor (33% vs. 24%), meeting with a doctor who does not understand their cultural preferences (19% vs. 8%), and not having the appropriate devices (16% vs. 8%), compared to those ages 50-64.

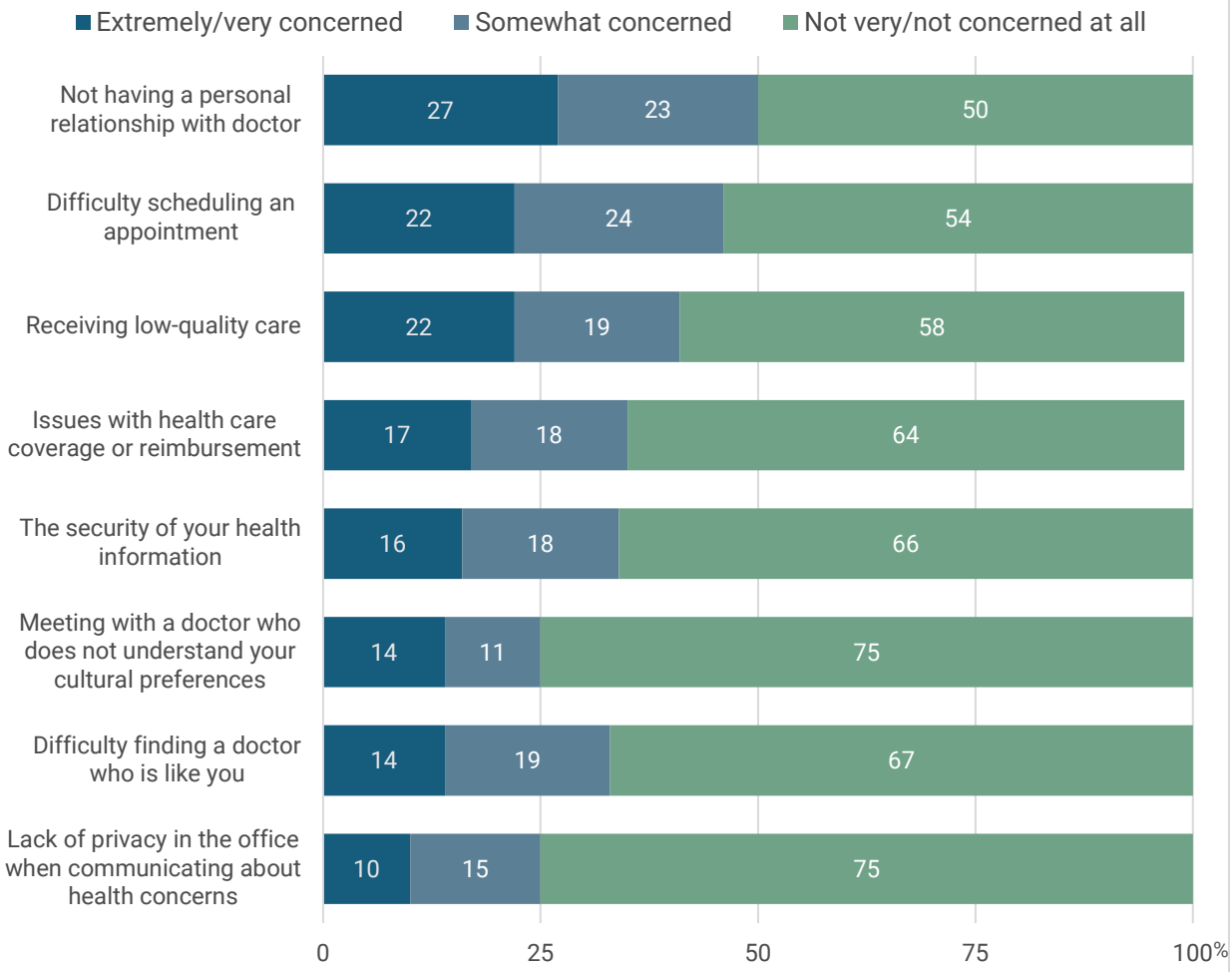
Nonwhite respondents are more concerned than white respondents about the security of their health information (26% vs. 13%) and meeting with a provider who does not understand their cultural preferences (20% vs. 11%).

Those without a college degree are particularly concerned about meeting with a provider who does not understand their cultural preferences (17% vs. 6%), not having the appropriate devices (14% vs. 8%), and a lack of privacy in their home (12% vs. 2%), compared to those with a college degree.

Those making less than $50,000 a year are more concerned than those with higher incomes about running into technical issues (24% vs. 11%).

Concerns about in-person care mirror concerns with virtual care. Regarding in-person care, adults age 50 and older are most concerned about meeting with a provider that they do not have a personal relationship with. Concerns about the quality of care are lower compared to telehealth (22% vs. 31%).

Older Americans have similar concerns when it comes to receiving care in person.
Percent of adults age 50 and older



Question: When it comes to receiving health care in-person, how concerned are you about each of the following?
Source: The AP-NORC Long-Term Care Poll conducted November 12-15, 2021, with 1,000 adults age 50 and older nationwide.

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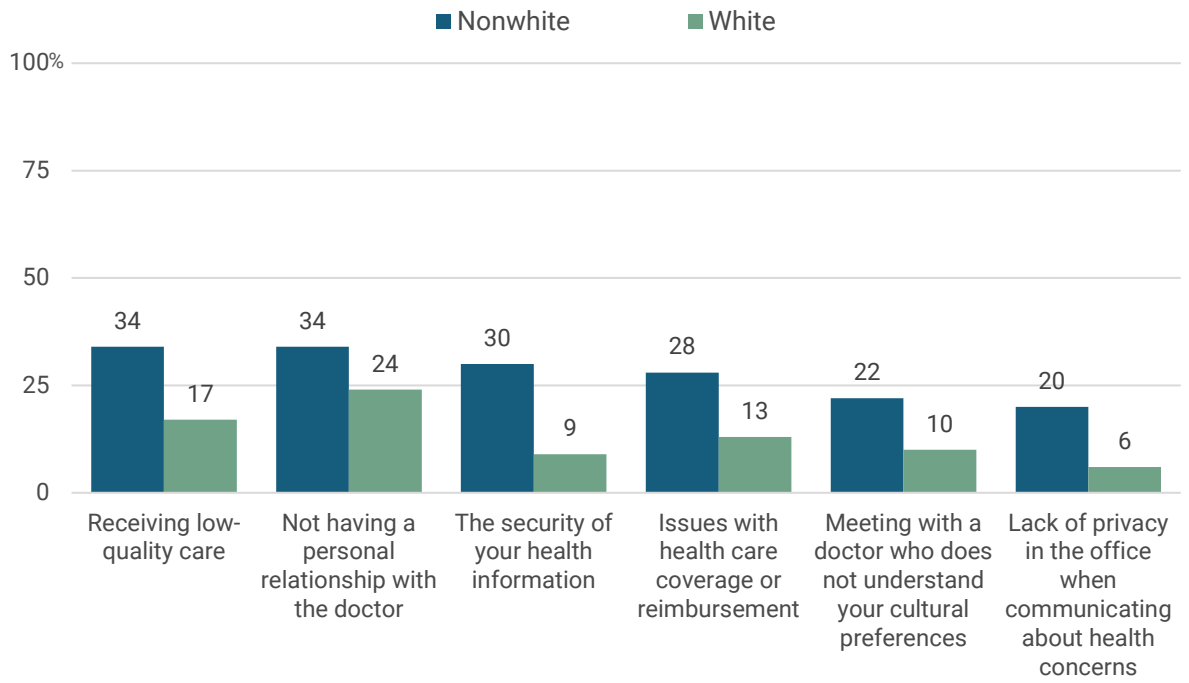
When it comes to in-person care, adults age 65 and older are more likely than those ages 50-64 to be concerned about not having a personal relationship with the doctor (34% vs. 20%) and meeting with a provider who does not understand their cultural preferences (20% vs. 8%).

Nonwhite respondents more often cite a variety of concerns with in-person care compared to white respondents, including receiving low-quality care, not having a relationship with the doctor, having issues with coverage or reimbursement, having a doctor that does not understand their cultural preferences, and concerns about security and privacy.

Nonwhite adults have different and larger concerns than white adults about in-person care.
Percent of adults age 50 and older who say extremely or very concerned



Question: When it comes to receiving health care in-person, how concerned are you about each of the following?
Source: The AP-NORC Long-Term Care Poll conducted November 12-15, 2021, with 1,000 adults age 50 and older nationwide.

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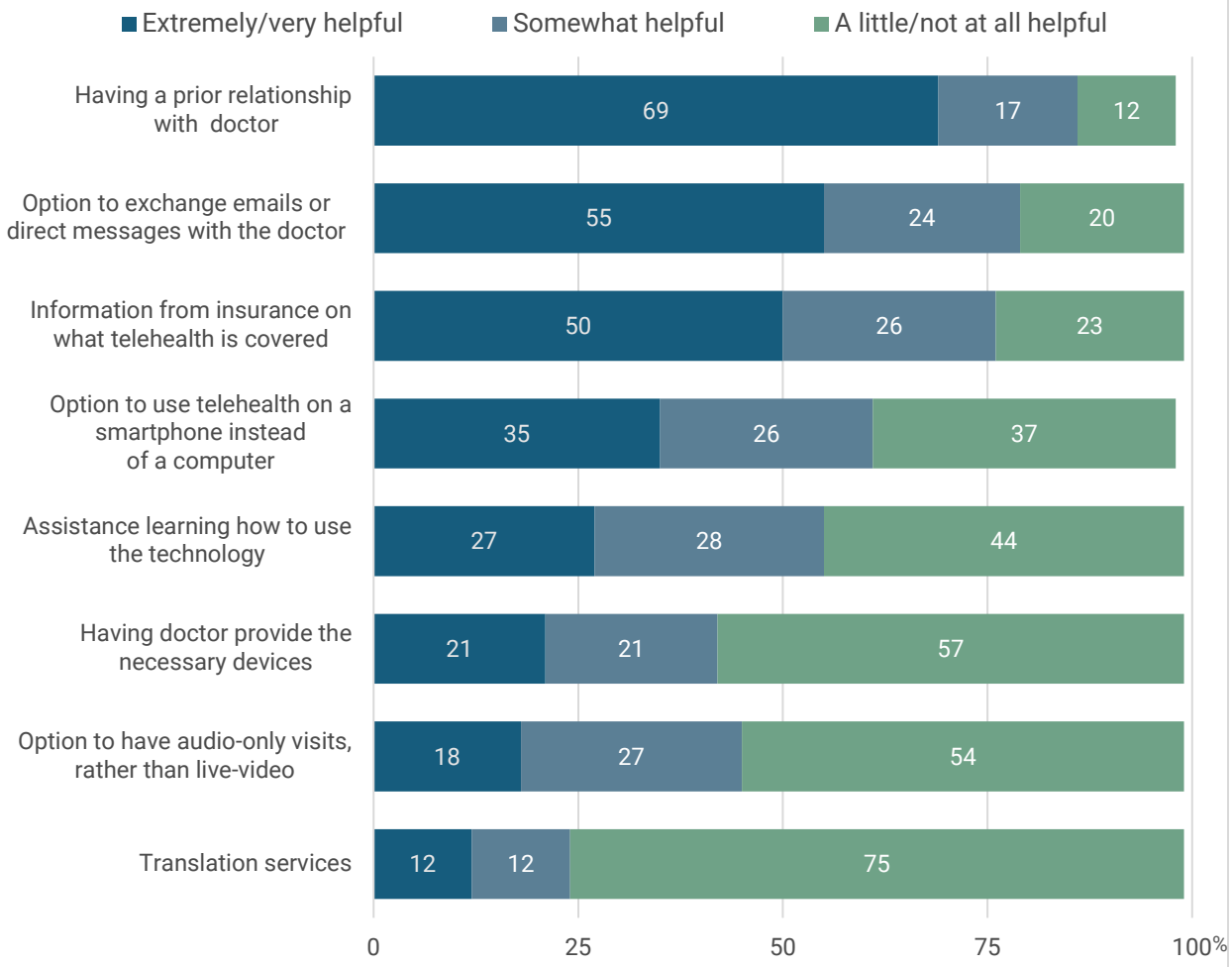
When asked what would help them access and use telehealth, ensuring a prior relationship with the provider is key. Sixty-nine percent think this would be extremely or very helpful. About half feel the same about the option to email or direct message their doctor and about having information from their insurance about what type of telehealth is covered.

A prior relationship with the doctor providing care, the option to email or message a doctor, and information from insurance would be most helpful to using telehealth.
Percent of adults age 50 and older



Question: When it comes to telehealth, how helpful would each of the following be?
Source: The AP-NORC Long-Term Care Poll conducted November 12-15, 2021, with 1,000 adults age 50 and older nationwide.

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Adults ages 50-64 are more likely than older adults to feel that information from their health insurance on coverage (56% vs. 44%) and being able to use a smartphone instead of a computer (43% vs. 26%) would be extremely or very helpful when it comes to using telehealth.

Eighteen percent of nonwhite respondents feel that translation services would be helpful, compared to 9% of white respondents. Nonwhite respondents are also more likely to feel that having a doctor provide the necessary devices would be helpful (32% vs. 16%).

Those making less than $50,000 are more likely than those with higher incomes to feel that having a doctor provide the necessary devices (34% vs. 12%), getting assistance with learning how to use technology (33% vs. 23%), and having translation services (19% vs. 7%) would be helpful.

And 15% of older adults without a college degree feel that translation services would be very helpful, compared to 6% of those with a college degree.

STUDY METHODOLOGY

This study, funded by The SCAN Foundation, was conducted by The Associated Press-NORC Center for Public Affairs Research. Staff from NORC at the University of Chicago, The Associated Press, and The SCAN Foundation collaborated on all aspects of the study.

Data were collected using the Foresight 50+ Consumer Omnibus, a monthly multi-client survey using NORC's probability-based panel designed to be representative of the U.S. household population of adults age 50 and older. The survey was part of a larger study that included questions about other topics not included in this report. During the initial recruitment phase of the panel, randomly selected U.S. households were sampled with a known, non-zero probability of selection from the NORC National Sample Frame or a secondary national address frame, both with over 97% coverage of all U.S. addresses, and then contacted by U.S. mail, email, telephone, or field interviewers (face to face). Households were screened for having at least one adult age 50 and older. The panel provides sample coverage of approximately 97% of the U.S. household population. Those excluded from the sample include people with P.O. Box only addresses, some addresses not listed in the USPS Delivery Sequence File, and some newly constructed dwellings population. Of note for this study, the panel would also exclude adults age 50 and older who live in some institutional types of settings, such as skilled nursing facilities or nursing homes, depending on how addresses are listed for the facility.

Interviews for this survey were conducted between November 12 and November 15, 2021, with adults age 50 and older representing the 50 states and the District of Columbia. Panel members were randomly drawn from the Foresight 50+ Panel, and 1,000 completed the survey—933 via the web and 67 via telephone. Panel members were invited by email or by phone from an NORC telephone interviewer. Interviews were conducted in English. Respondents were offered a small monetary incentive ($3) for completing the survey.

The final stage completion rate is 27.0%, the weighted household panel recruitment rate is 17.1%, and the weighted household panel retention rate is 75.6%, for a cumulative response rate of 3.5%. The overall margin of sampling error is +/- 4.3 percentage points at the 95% confidence level including the design effect. The margin of sampling error may be higher for subgroups.

Sampling error is only one of many potential sources of error and there may be other unmeasured error in this or any other survey.

Quality assurance checks were conducted to ensure data quality. In total, 25 interviews were removed for nonresponse to at least 50% of the questions asked of them, for completing the survey in less than one-third the median interview time for the full sample, or for straight-lining all grid questions asked of them. These interviews were excluded from the data file prior to weighting.

Once the sample has been selected and fielded, and all the study data have been collected and made final, a poststratification process is used to adjust for any survey nonresponse as well as any non-coverage or under and oversampling resulting from the study-specific sample design. Poststratification variables included age, gender, census division, race/ethnicity, education, and AARP Membership. Weighting variables were obtained from the 2021 Current Population Survey and AARP. The weighted data reflect the U.S. population of adults age 50 and over.

Complete questions and results are available at https://www.longtermcarepoll.org/project/telehealth-and-equity/. For more information, email info@apnorc.org.

Additional information on the Foresight 50+ Panel methodology is available at: https://www.norc.org/Research/Capabilities/Pages/Foresight50.aspx.

For more information, email info@norc.org or info@apnorc.org.

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ABOUT THE SCAN FOUNDATION

The SCAN Foundation is an independent public charity dedicated to creating a society where older adults can access health and supportive services of their choosing to meet their needs. Our mission is to advance a coordinated and easily navigated system of high-quality services for older adults that preserve dignity and independence. For more information, visit www.TheSCANFoundation.org.

ABOUT THE ASSOCIATED PRESS-NORC CENTER FOR PUBLIC AFFAIRS RESEARCH

Celebrating its 10th anniversary this year, The AP-NORC Center for Public Affairs Research taps into the power of social science research and the highest-quality journalism to bring key information to people across the nation and throughout the world.

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- NORC at the University of Chicago is one of the oldest objective and non-partisan research institutions in the world. www.norc.org
- The two organizations have established The AP-NORC Center for Public Affairs Research to conduct, analyze, and distribute social science research in the public interest on newsworthy topics, and to use the power of journalism to tell the stories that research reveals. In its 10 years, The AP-NORC Center has conducted more than 250 studies exploring the critical issues facing the public, covering topics like health care, the economy, COVID-19, trust in media, and more.

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