

Middle-aged participants reported higher number of headache, tightness of chest, heart pounding, and nausea/upset stomach than older participants. Women experienced more constipation/diarrhea, trembling/shaking, and sore throat than men. Those who were not married responded with higher number of shortness of breath, backache and poor appetite compared to married participants. Higher depressive symptoms were significantly related to each physical symptom. The results suggest that healthcare providers should evaluate physical symptoms focusing on the patients who are at greater risk of poor health during the pandemic.

LIKELIHOOD OF ADOPTION OF CAREMOBI: ADDRESSING COMMUNICATION GAPS BETWEEN ADULT DAY HEALTH CENTERS AND PRIMARY CARE
Zuha Ali,¹ and Tina Sadarangani², 1. *Indiana University School of Medicine, Indianapolis, Indiana, United States*, 2. *New York University, New York, New York, United States*

Adult Day Health Centers (ADHC) are non-residential congregate facilities that serve 250,000 cognitively and functionally impaired adults daily. These centers are effective platforms for chronic disease management and interdisciplinary care coordination, with serial observations on participants over multiple hours and days per week. However, previous research indicates that ADHCs experience challenges in communication with primary care providers (PCPs). This is because 92% of ADHCs lack interoperable EHRs (electronic health record systems) and do not have the financial and technical infrastructure to implement them. CareMOBI (Mhealth for Organizations to Bolster Interconnectedness) is a mobile application in development meant to streamline the information communication between ADHC, PCP, and family caregiver populations. The purpose of this study was to understand the likelihood of adoption of CareMOBI by primary care providers. Demographics of the study included 87.50% female and 12.5% male primary care providers with a median age of 38 years. Participants were recruited through parallel convergent design, and data was merged into a matrix defined by 4 major themes: perceived value in geriatric care, ease of use, fit within workflow, and likelihood of adoption. The results revealed that a majority percentage of providers were likely to adopt the app, saw the app as valuable, and easy to use. In response to fit within a provider's workflow, apprehensions surrounding interoperability arose. These apprehensions regarding interoperability are the most important to address through a user-centered approach and as the app is pilot tested into adult day health centers.

INVESTIGATING OLDER ADULTS' PERSPECTIVES ON TELEHEALTH ROBOTICS

Samuel Olatunji,¹ Husna Hussaini,² Kenneth Blocker,¹ Naveen Uppalapati,³ Girish Krishnan,³ and Wendy Rogers⁴, 1. *University of Illinois Urbana-Champaign, Champaign, Illinois, United States*, 2. *University of Illinois Urbana-Champaign, Urbana Champaign, Illinois, United States*, 3. *University of Illinois at Urbana Champaign, Urbana Champaign, Illinois, United States*, 4. *University of Illinois Urbana Champaign, Champaign, Illinois, United States*

The current social distancing directives have heightened the need for older adults to seek remote healthcare solutions. Telehealth robots could support home health by carrying out on-demand tasks for diagnosis and treatment at the user's home through remote teleoperation by the healthcare provider. Acceptability of such telehealth robots by older adults is critical to their successful deployment. The overall goal of this research was to investigate older adults' perceptions and attitudes towards a telehealth robot supporting health checkups at home. Specific objectives were to explore potential healthcare use cases for the robot; identify facilitators and barriers to its use; and elicit design requirements for use in healthcare contexts. We interviewed 5 men and 5 women (ages 66–73) after they viewed a series of videos demonstrating the potential uses of the telehealth robot. The older adults had positive first impressions towards the telehealth robot and were generally open to the idea of using it for telehealth tasks. They conveyed a high level of trust with the robot, especially if it were controlled by a healthcare provider, yet expressed concerns with privacy and security of health information that would need to be addressed in the design of security protocols. They described added value of the robot's healthcare support while suggesting potential improvements to the robot. This research provided insights into older adults' perceptions and attitudes towards a telehealth robot as well as identified potential healthcare use cases that would inform the design requirements for telehealth robots in different home healthcare contexts.

COMMUNITY-RECRUITED OLDER ADULTS DIFFER FROM PATIENT POPULATIONS

Catherine Striley, Piyush Chaudhari, Roger Fillingim, and Linda Cottler, *University of Florida, Gainesville, Florida, United States*

Researchers often conduct randomized controlled trials among patient populations that may not reflect the community in which findings will be translated. The University of Florida's community engagement program HealthStreet provides a diverse sample in which to consider differences between people 65 years of age and older who have seen a physician in the past 12 months and those who have not. This provides a conservative test of potential biases in patient-only samples. Based on a sample of 1,663 people, 65 years of age and older, who were recruited by Community Health Workers in the North Florida region from November 2011 through July 2022, 88% had seen a physician in the past 12 months. Those who had not (12%) were significantly more likely to be non-white than white, to be in good/excellent than fair/poor health, and significantly less likely to have a range of health conditions including high blood pressure, depression, heart conditions, diabetes, a digestive health condition, a dental health condition, or cancer. Yet residents who hadn't seen a doctor were just as likely to be willing to participate in a future health study (both 94%) that only asked about health, accessed medical records (both 87%) or didn't provide reimbursement (both 81%), and were not significantly different in attitudes toward participating in research in general. Recruiting of older adults should be conducted in the community, not just in patient populations, which are likely to be less diverse and sicker than those recruited through a community engagement program.