

RESEARCH BRIEF #118

June 25, 2024

How Did Cognitive Status Impact Health Care Use Among Older Adults During the COVID-19 Pandemic?

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KEY FINDINGS

- During the COVID-19 pandemic, most older adults (aged 50+) did not delay getting health care and did not experience poor health outcomes due to delayed health care.
- Older adults with dementia were less likely to delay getting health care overall and dental care, but they were more likely to delay filling prescriptions.
- Older adults with dementia were more likely than older adults without dementia to experience poor health outcomes due to delayed health care.
- Health care providers, senior centers, and other community organizations that serve older adults should consider offering courses that provide guidance on accessing telehealth, instant messaging with providers, and requesting prescription refills.

The ramifications of the COVID-19 pandemic among older adults extend far beyond the risk of infection. Physical distancing measures and the suspension of in-person health care services implemented to prevent further spread of COVID-19 abruptly changed the daily lives of older adults and their caregivers,¹ including, delayed use of health care services.^{2,3} However, relatively little is known about health care delays among older adults with cognitive decline, such as dementia, during the pandemic. Older adults experiencing dementia and other forms of cognitive decline have impaired executive functioning that can make it difficult to effectively use health care services and manage health conditions—particularly when health care delivery rapidly changed during the pandemic.⁴ This brief presents analyses on differences in health care delays and health outcomes during the COVID-19 pandemic among a nationally representative sample of

U.S. older adults aged 50+ with versus without cognitive decline. Results show that older adults with cognitive decline were actually *less likely* than other older adults to experience delays in getting health care during the COVID-19 pandemic. However, when older adults with cognitive decline did experience health care delays, these delays were associated with poor health outcomes compared to older adults without cognitive decline.

Older Adults with Dementia were Less Likely to Delay Getting Health Care During the Pandemic

Older adults with dementia were less likely to report that they delayed getting health care during the pandemic (17%) compared to those with cognitive impairment but no dementia (20%) and those with no cognitive impairment or dementia (24%) (Figure 1). Older adults with dementia may have been less likely to delay care because of their neurological condition and other health problems that require consistent health care receipt.⁵ They also might not have the executive functioning capabilities required to weigh the benefits and risks of accessing health care services during the pandemic.⁴

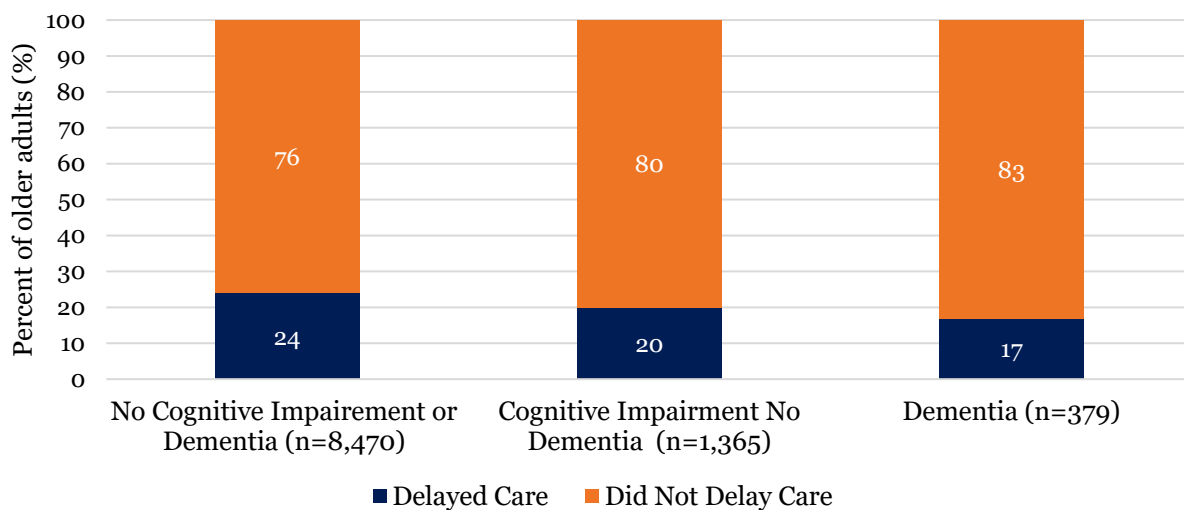


Figure 1: Delayed Health Care During the COVID-19 Pandemic by Cognitive Status among U.S. Adults ages 50+.

Data Source: Authors’ calculation using publicly available data from the Health and Retirement Study (HRS) 2021 Perspectives on the Pandemic mail-in survey (n=10,214). *Note:* There were statistically significant differences ($p < 0.001$) in delayed care across the three cognitive status groups.

Older Adults with Dementia were Less Likely to Delay Dental Care but More Likely to Delay Filling Prescriptions

Across the specific types of care, there were no significant differences between the cognitive status groups in delays in major surgery, outpatient surgery, doctor’s visits, or other types of care (Figure 2). The percentage delaying dental care was highest among older adults with no cognitive impairment or dementia (17%). Older adults may have delayed dental appointments during the pandemic because dental care requires an in-person assessment of the mouth and throat where respiratory droplets can be easily transported and spread.⁶ Older adults with no cognitive impairment or dementia may have been better able to assess the risks and adjust their use of care accordingly. In contrast, delays in obtaining prescriptions were highest among those with dementia

(5%). Although receiving prescription refills does not require in-person contact, there were drug shortages and insurance coverage changes during the pandemic.⁷ These barriers to filling prescriptions may have been more difficult to navigate for older adults with dementia.

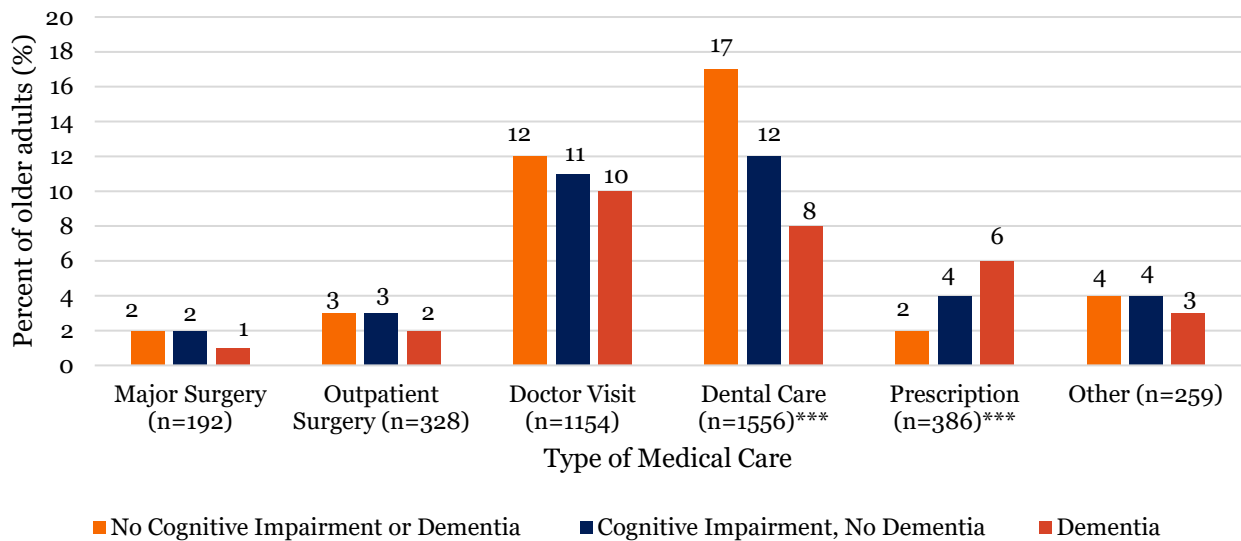


Figure 2: Type of Delayed Health Care During the COVID-19 Pandemic by Cognitive Status among U.S. Adults ages 50+.

Data Source: Authors’ calculation using publicly available data from the HRS 2021 Perspectives on the Pandemic mail-in survey (n=10,214). *Note:* *** indicates statistically significant differences (p<0.001) in type of delayed care across cognitive status groups.

Older Adults with Dementia who Delayed Care were More Likely to Experience Poor Mental and Physical Health Outcomes

Most older adults did not report experiencing a new health problem or the worsening of health problems due to delayed care during the pandemic. Among those who did report new or worsening problems due to delayed care, the worsening of a physical health problem was the most common consequence. There were no significant differences in reports of worsening health problems across cognitive status groups (Figure 3).

Although reports of new physical health problems, new mental health problems, and worsening of mental health problems were rare across all three cognitive status groups, those with dementia were more likely than those without to report all three outcomes. Among older adults with dementia, 4% reported new physical health problems, 3% reported new mental health problems, and 3% reported the worsening of mental health problems. In comparison, among older adults with no cognitive impairment or dementia, 2% reported new physical health problems, 1% reported new mental health problems, and 1% reported the worsening of a mental health problem. These findings align with studies that suggest that the COVID-19 pandemic increased dementia severity across older adults.⁸ Further, with older adults confined and isolated in their homes, they were at greater risk of unwitnessed falls.⁹ This may partially explain why respondents reported new physical health problems, but not the worsening of a physical health problem.

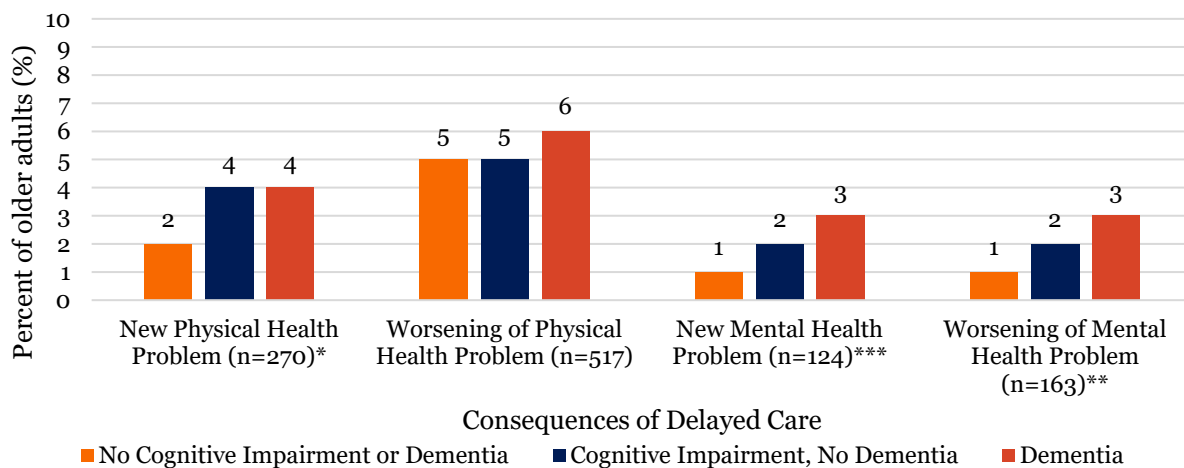


Figure 3: Health Consequences due to Delayed Health Care during the Pandemic by Cognitive Status among U.S. Adults ages 50+.

Data Source: Authors’ calculation using publicly available data from the HRS 2021 Perspectives on the Pandemic mail-in survey (n=10,214). *Notes:* Statistically significant differences in health consequences across cognitive status groups indicated by * $p < 0.05$; ** $p < 0.01$; *** $p < 0.001$.

How Can Health Care Providers and Communities Improve Access to Care for Older Adults with Dementia?

During the pandemic, most older adults did not delay health care and did not experience adverse health consequences due to delayed health care. Compared to older adults without dementia, older adults with dementia were less likely to delay health care overall and to delay dental care, but they were more likely to experience adverse health consequences due to delayed health care. Understanding the unique vulnerabilities and challenges older adults with dementia faced during the COVID-19 pandemic is essential for creating services and programs in the transition to a post-pandemic society.

Health care providers, senior centers, and other community organizations that serve older adults should consider offering courses that provide guidance on accessing telehealth portals from various devices, instant messaging with providers, and requesting prescription refills. It is essential that these courses are designed to account for neurodiversity, particularly the challenges faced by older adults with dementia and their caregivers, to ensure equitable and inclusive access of health care services.

Data and Methods

Data were drawn from the 2021 Health and Retirement Study (HRS) Perspectives on the Pandemic mail-in survey (n=10,214).¹⁰ Respondents’ cognitive status was classified according to the Langa-Weir dementia classification.¹¹ Variables related to health care use (e.g., respondents who delayed

specific types of medical care, the adverse health consequences of delaying care) during the pandemic were assessed across cognitive status groups. Descriptive and bivariate statistics were generated to assess the association of cognitive status and health care use during the pandemic.

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