BACKGROUND

Vaccine hesitancy has significantly hindered uptake of the COVID-19 vaccines in the United States. Rural communities face unique challenges such as limited access to telehealth, large geographical distances to care, and a greater risk of COVID-19 related deaths. Social connectedness and maintaining social connections may be a source of social support, however, previous literature notes that rural populations were more likely to feel socially disconnected during the pandemic.

OBJECTIVES

- To determine if there is a relationship between social connectedness, rurality, and vaccine hesitancy among Medicare Beneficiaries during the COVID-19 pandemic.

METHODS

Study Design:
- Retrospective, Cross-sectional

Data Source:
- Fall 2020 Medicare Current Beneficiary Survey (MCBS) COVID-19 supplement
  - Nationally representative, publicly available data
  - Sample of community dwelling Medicare beneficiaries living in the U.S.

Study Population:
- Medicare beneficiaries aged 65 and older who responded to the COVID-19 supplement

Study Measures:
- Vaccine hesitancy:
  - “If a vaccine that protected you from the coronavirus was available to everyone, would you get it?” (Yes/No)
- Rurality:
  - Metropolitan area – population of ≥50,000
  - Micropolitan area – population between 10,000 - ≤ 50,000
- Social connectedness:
  - “Since 07/2020 have you felt more socially connected to family and friends, less socially connected to family and friends, or about the same?”
  - Coded as: Same social connectedness / Change in social connectedness
- Covariates: Age, sex, race, income, disease count, region

RESULTS

A total of 6,725 (weighted N = 40, 469,855) 65 years and older members were included in this study.

CONCLUSIONS

- This study found that micropolitan residency and no change in social connectedness during the pandemic were associated with vaccine hesitancy.
- Future studies should account for both physical and social connectedness to better understand the needs of rural populations.