



## 548 - ADHERENCE TO DIGITAL HEALTH CARE INTERVENTIONS AMONG USERS OF APOYOS CONECTADOS PARA LA AUTONOMÍA PERSONAL PROJECT

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### Resumen

**Background/Objectives:** Digital health interventions have the potential to enhance quality of care, improve quality of life and promote autonomy in older adults. Measuring adherence to remote patient monitoring is crucial to achieve better health outcomes and cost-effective health services. The “Apoyos Conectados para la Autonomía Personal (ACAP)” is a program for social support and health care, oriented to delay and prevent the institutionalization of older adults by means of digital technologies developed by the government of the community of Aragón (Spain), Atam, ViveLibre, and Dfa. The aim of the present study is to evaluate the adherence to digital health interventions in older adult users of the ACAP project.

**Methods:** A total of 2,107 participants residing in the community of Aragón, Spain were enrolled in the ACAP study and received “ViveLibre” services, which consisted in a system of technological devices that measure vital signs, real time location, fall detection, and mobile telecare. A participant is considered non-adherent if they drop from the study because they don’t adapt to the system, or they feel that service does not meet their expectations, or they don’t use the system at a minimum level. A logistic regression model was fitted to assess whether sociodemographic variables such as age, sex, educational level, group or social activities, and digital literacy were predictors of adherence to the project estimating odds ratios and confidence intervals (95%).

**Results:** A total of 1,900 (90.2%) participants adhere to the project during the whole period under analysis. On the other hand, 207 (9.8%) individuals abandoned due to discrepancies between expectations and services provided (N = 53), lack of user commitment (N = 99), and insufficient user adaptation to technology (N = 55). The mean age of those who adhered was 76.4 years (SD 11.7) and those who withdrew was 75.5 years (SD 15.5). Adherence in men was 90.7% and in women was 89.9% (p = 0.002). According to educational level, 72% of illiterate participants versus 93.1% of participants with university education adhered (p = 0.001). Individuals who declared being part of group activities had a higher adherence (aOR = 4.04, 95%CI 2.28-7.66), and those who used smartphones before taking part of the study had greater adherence (aOR = 1.78, 95%CI 1.23-2.58).

**Conclusions/Recommendations:** A high level of adherence to ACAP project was obtained, especially among older adults who were men, with university education, participating in group activities and with higher digital literacy levels. These conclusions highlight the need to assess adherence to digital health interventions.

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