Poetry for Life (PFL), is a teaching and learning initiative that brings students together with older adults in meaningful community service workshops. PFL capitalizes on the skills and passions of young poets by offering opportunities to serve elders by leading poetry workshops at settings where older adults receive care. This study examines measurable impacts of training, exposure, and experience in poetry-based intergenerational workshops on students’ knowledge, attitudes, and values. Participating groups of students receive instruction in performing and creating poetry in group settings. They visit local elder care settings to facilitate PFL workshops and then write reflections on their experiences. Students agree to complete pre- and post-program surveys to document the impacts of PFL experiences on students’ social/emotional health and on their knowledge, attitudes, and values related to older adults, dementia and dementia care, poetry and arts-based interventions, and careers in healthcare, aging fields, and the arts. To date, 33 young people from one middle school, one high school, and one graduate college program have volunteered to participate in the program and completed the study. Findings reveal significant impacts on students’ perceived capabilities working and communicating with people with dementia as well as leading poetry activities. Additionally, significant positive impacts were demonstrated on 12 of 20 items on the Dementia Attitudes Scale across participating students. The PFL experience did not, however, lead to significant impacts on student self-esteem or work interests. These findings suggest benefits and limitations of this service-learning experience. Implications for future programming will be discussed.

SESSION 1080 (SYMPOSIUM)

INNOVATIVE STRATEGIES TO SUPPORT OLDER ADULTS AND THEIR FAMILIES IN HOSPICE AND PALLIATIVE CARE
Chair: George Demiris, University of Pennsylvania, Philadelphia, Pennsylvania, United States
Discussant: Karen Hirschman

In order to better support older adults with life-limiting illness and their families, many initiatives utilize information technology and other innovative platforms to increase access to supportive services and bridge geographic distance. Such technologies cover a broad range of systems ranging from smart phone applications to wearables and traditional telehealth platforms. There is a growing evidence base for such interventions but technical, clinical and ethical challenges remain when utilizing technology in the context of hospice and palliative care especially for older adults, including the concerns for caregiver burden, privacy, security, confidentiality, obtrusiveness and accessibility. In this symposium we provide an overview of innovative tools available for interventions in palliative and hospice care designed for patients and/or family caregivers in urban and rural settings. We provide lessons learned from three NIH funded studies testing different technology-based interventions in various settings including home hospice and outpatient palliative care. Discussion will follow focused on the clinical, ethical and practical challenges of innovation and the unique considerations for technology-mediated intervention design in a variety of palliative and hospice care settings. This symposium aims to provide: 1. an overview of existing technology-based interventions for older adults and their families in palliative care and hospice 2. evidence-based recommendations resulting from clinical trials in urban and rural settings for the design and implementation of innovative tools in hospice and palliative care 3. a discussion of challenges and opportunities for the use of technology to support older adults and their families

USING TECHNOLOGY TO FACILITATE SUPPORTIVE SERVICES FOR HOSPICE FAMILY CAREGIVERS: FINDINGS FROM THE PISCES TRIAL
George Demiris¹, ¹. University of Pennsylvania, Philadelphia, Pennsylvania, United States

Family caregivers of hospice patients play an essential role in the delivery of care but have multiple needs during this often stressful time. Cost-effective interventions supporting caregivers are greatly needed. We conducted a four-year randomized clinical trial of a problem solving therapy intervention called PISCES to support hospice caregivers. We recruited 514 caregivers (75% female, mean age 60.3 years) who were randomly assigned to either a control group (usual care) or a faceto-face group (where the intervention was delivered in three in-person sessions) or a telehealth group (where the intervention was delivered using technology). While the intervention was effective in reducing caregiver anxiety and improving overall quality of life, the intervention was found more effective in the face-to-face group than the telehealth group. We discuss challenges with the technology use and recommendations for the design of future telehealth systems targeting older adults in the hospice setting.

TECHNOLOGICALLY MEDIATED INTERVENTIONS IN HOSPICE AND PALLIATIVE CARE: CONSIDERATIONS FOR RURAL ELDERS
Karla T. Washington¹, ¹. University of Missouri, Columbia, Missouri, United States

Rural communities are home to a disproportionate number of older adults, many of whom are living with a serious illness or providing care to a seriously ill family member or friend. For these individuals, hospice and palliative care services can provide much-needed biopsychosocial and spiritual support, leading to an enhanced quality of life. Technologically-mediated interventions hold promise as a strategy to bridge geographic distances between healthcare providers and rural elders; however, the effect of such interventions may be greater when they are designed in a manner congruent with rural culture and compatible with the technological infrastructure common in rural areas. Informed by lessons learned during a pilot study of a telehealth intervention in one Midwestern state (R21CA191165), this presentation includes a discussion of strategies to more effectively recruit, engage, and retain rural older adults into studies testing technologically-mediated interventions for hospice and palliative care patients and their families.