TELE-SAVVY: CHALLENGES AND OPPORTUNITIES OF A SYNCHRONOUS/ASYNCHRONOUS PROGRAM
Mariya Kovaleva, University of Nebraska Medical Center, Omaha, Nebraska, United States

This presentation will trace the development of the Savvy Caregiver program from its beginnings as the Center for Nursing Research-supported Minnesota Family Workshop (1993; PI: Sharon Ostwald) through a further test as the Partners in Caregiving Program (1997; PIs: Hepburn 1RO1NR04517-01) to the Alzheimer’s Association-supported Savvy program (1997; PIs Hepburn & Lewis). Three main developments occurred over this period: the program solidified its identity as a caregiver training program and its mechanism of action as that of self-efficacy development through an active learning approach; it sharpened its focus by concentrating on the principal family caregiver (moving away from a broader family approach and eliminating concurrent care recipient programming); and it developed interventionist training materials and programs to enable broader reach. Since 2002, Savvy has enjoyed wide dissemination as an evidence-based in-person psychoeducation program, fostered by support to sponsoring organizations by the Administration on Community Living.

TELE-SAVVY@HOME: CONVERTING TO A COMPLETELY ASYNCHRONOUS DELIVERY APPROACH
Fayron Epps, Emory University, Fairburn, Georgia, United States

It is well established that family caregiving is taxing and stressful. Group-based psychoeducational programs such as the Tele-Savvy program demonstrated that the acquisition of skills, knowledge, and caregiving mastery can ameliorate caregiving stress – and enhance PLWD quality of life. Many factors, however, preclude caregivers’ attendance in the synchronous portions of Tele-Savvy limiting the program’s scalability. To make Tele-Savvy more accessible and available to a growing number of dementia family caregivers, we designed a fully asynchronous version of the Tele-Savvy program, Tele-Savvy@Home. To accomplish this, we consulted facilitators and caregivers who participated in Tele-Savvy. We also reviewed the existing curriculum, re-wrote portions, reordered modules, and created new videos to cover synchronous content. In addition, we partnered with education design specialists to create interactive and reflection exercises to maintain a psychoeducation orientation and strengthen caregivers’ self-efficacy. This strategy may help investigators in their augmentation of the delivery strategies of established interventions.

BRINGING INTERACTIVITY TO FULLY ASYNCHRONOUS PROGRAMS
Carolyn Clevenger, Emory University, Atlanta, Georgia, United States

Asynchronous online learning brings both new opportunities as well as challenges to an asynchronous psychoeducation program like Tele-Savvy@Home. While asynchronous learning offers engagement flexibility for time-strapped family caregivers, a lack of scheduled meetings represents a lack of contact and interactivity, threatens accountability, and produces a high incompletion rate. To engage participants in the next generation of this asynchronous, self-paced course, we have implemented a small cohort structure (10 participants each) and created a combination of automated prompts and optional touchpoints. The cohort structure and touchpoints mimic important shared and active learning components of the facilitated sessions. Prompts include weekly messages that nudge learners with reminders of their ideal progress point and offer value propositions for staying on-time. A pacing guide allows caregivers to build the course into their schedule in advance of the course’s start. Optional touchpoints include unit-by-unit post-tests, a cohort-based discussion board, and free text reflective exercises.

SESSION 5170 (SYMPOSIUM)

SOCIAL HEALTH IN THE CASE OF DEMENTIA: AN INTERNATIONAL PERSPECTIVE
Chair: Karin Wolf-Ostermann Co-Chair: Myrra Vernooij-Dassen Discussant: Rene Melis

Dementia is one of the major age-related societal challenges and causes enormous demands for persons living with dementia (PlwD) and their families. We do not understand the origins of this multifactorial syndrome and there is still no cure for dementia. New thinking by the exploration of paradigms has scope to improve knowledge about this complex condition. Social health can be understood as a driver for stimulating the use of cognitive reserve through active facilitation and utilization of the individual’s capacities. It allows to slow cognitive impairment or to maintain cognitive functioning in old age and therefore seems to be a promising approach to a better understanding of the developmental mechanism of dementia. In this international symposium we therefore aim to explore the role of social health in the onset and progress of dementia. The first presentation will present a new framework on understanding social health in dementia. The second presentation will describe convoys of care in a family based culturally sensitive ADRD caregiving intervention reducing care burden and family conflicts. The third presentation reports on the role of immune conflicts. The third presentation reports on the role of immune system and neurodegeneration markers in the association between social health and cognitive brain aging in older adults. The final presentation presents newly derived results from a mixed research synthesis on underlying mechanisms of the interrelation of social health and cognitive functioning, elaborated by the international SHARED-consortium. Our discussant will synthesize the research findings and lead a discussion of future directions for research and practice to successfully fight challenges in dementia care.

CONCEPTUAL ADVANCEMENT FOR SOCIAL HEALTH IN DEMENTIA RESEARCH
Myrra Vernooij-Dassen1, Eline Verspoor1, Marieke Perry1, and Karin Wolf-Ostermann2, 1. Radboud University, Nijmegen, Gelderland, Netherlands, 2. University of Bremen, Bremen, Bremen, Germany
The lack of conceptual clarity on social health in dementia research hinders its articulation. We aim to apply concept advancement for social health to provide conceptual clarity by building from a conceptual meaning to domains. The procedure is underpinned by theoretical models and epidemiological evidence on the relation between social health and cognitive functioning. This led to considering social health as a reciprocal relational concept that refers to the influence that an individual has on others (social environment), and vice versa. We distinguished three domains defining the individual level, representing the social competences of the individual, and three domains defining the social environmental level (structure, function and appraisal of the relationship). We hypothesize that social health acts as a driver for stimulating the use of cognitive reserve. This conceptual advancement promotes developments that integrate neurobiological and social sciences and new interventions to support older people with and without dementia.

CONVOYS OF CARE
Toni Antonucci1, and Kristine Ajrouch2, 1. University of Michigan, Ann Arbor, Michigan, United States, 2. Eastern Michigan University, Ypsilanti, Michigan, United States

Many existing Alzheimer’s disease (AD) caregiving interventions focus narrowly on the challenges and needs of a primary caregiver rather than the family systems in which they are embedded. We advance a family systems framework by invoking convoys of caregiving to adapt an existing AD caregiver intervention to Middle Eastern/Arab American families in metroDetroit (N=56). The composition of caregiving networks is described, followed by assessment of care burden, depressive symptoms, care satisfaction and family conflict. Results show that siblings and children are the predominant support network members who accompanied the primary caregiver to the program. Paired t-tests show that care burden and family conflict decreased while caregiving satisfaction increased following program participation. Depressivesymptoms did not change. Findings illuminate how convoys of care may serve as valuable support resources, yet may also be the source of stress and conflict.

SOCIAL HEALTH AND IMMUNE SYSTEM IMBALANCE: SEX-SPECIFIC ASSOCIATIONS AND CAUSAL LINKS TO BRAIN AGING
Isabelle van der Velpen1, Amber Yaquib1, Meike Vernooij1, Marieke Perry2, Myrna Vernooij-Dassen2, Mohsen Ghanbari3, Arfan Ikram4, and Rene Melis5, 1. Erasmus MC, Rotterdam, Zuid-Holland, Netherlands, 2. Radboud University, Nijmegen, Gelderland, Netherlands, 3. Radboud university medical center, Nijmegen, Gelderland, Netherlands

Background: We explored whether the balance between innate and adaptive immune system links social health to cognitive brain aging in community-dwelling older adults.

Methods: Social health markers (social support, marital status, loneliness) were measured in the Rotterdam Study in 2002-2008. Balance of the immune system was assessed using white blood-cell-based indices (neutrophil-to-lymphocyte ratio (NLR), platelet-to-lymphocyte ratio (PLR), systemic immune-inflammation index (SII)) during the same visit. Cognitive function and total brain volume were measured at the 2009-2014 follow-up visit.

Results: In 8375 adults (mean age 65.7, 57% female), never married participants had higher NLR, PLR and SII compared to married peers, indicating imbalance towards innate immunity. Widowed/divorced males, but not females, had higher NLR, PLR and SII. Immune system balance did not mediate associations between social health and cognitive brain aging. Discussion: Social health is sex-differentially associated with immune system balance, but does not link to cognitive brain aging through mediation.

MAPPING THE INTERPLAY OF SOCIAL HEALTH AND COGNITIVE FUNCTIONING: A MIXED RESEARCH KNOWLEDGE SYNTHESIS
Henrik Wiegelmann1, Imke Seifert1, Marta Lenart-Bugla2, Mateusz Łuc, Ansgar Gerhardus3, Dorota Szcześniak4, Joanna Rymaszewska5, and Karin Wolf-Ostermann1, 1. University of Bremen, Bremen, Bremen, Germany, 2. Wroclaw Medical University, Wroclaw, Dolnoslaskie, Poland

Introduction: Dementia is a syndrome with complex underlying bio-psycho-social mechanisms relevant for prevention and intervention. This work presents a mixed research knowledge synthesis, mapping the multidimensional interplay of social health and cognitive functioning in dementia.

Methods: Data integration from 1) systematic review, 2) group model building workshops, (3) iterative integration of multi-national cohort studies (4) ongoing revisions of the social health concept via expert discussions.

Results: The map comprises more than 50 markers, clustered in six domains (social health, psychological pathways, physiological pathways, health behavior pathways, brain/ cognitive reserve, cognitive functioning). The social health domain is structured in six sub-domains representing a novel conceptual understanding. Three pathways (physiological, psychological, health behavior) reflect principal mechanisms connecting social health with brain/cognitive reserve and cognitive functioning.

Conclusion: The map depicts dynamic relationships between social health and cognitive functioning that can serve as a basis for recommendations, both for prevention and for improved dementia care.

SESSION 6000 (POSTER)

AGHE POSTER SESSION I
Explore innovative age-friendly, intergenerational, dementia-inclusive, and other approaches to gerontology education.

CONNECTING GENERATIONS AND PRESERVING LIVED EXPERIENCES: AN ILLINOIS AGE-FRIENDLY INITIATIVE
Alyssa Stanfield1, Matthew Splitsstone2, George Mois1, Chelsey Byers3, 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 Urbana-Champaign, Urbana Champaign,