appointments may be one barrier to caregivers engaging in treatment. This symposium highlights telehealth approaches, by various disciplines (Geriatrician, Neurologist, Geriatric Psychiatric, Geropsychologist, and Occupational Therapist), across urban and rural settings to address caregiver needs and improved access to care. The first presentation will focus on education of rural caregivers of PWD and increased connection to services (Sussman et al). The second presentation will focus on Video to home dementia visits for caregivers (Gately & Moo). The third study will focus on rural tele dementia caregiver support groups and effects on caregiver burden (Rossi et al). The final study will describe co-occurring caregiver and PWD telehealth groups (Thielke & Fredrickson).

TELEHEALTH PSYCHOLOGICAL INTERVENTIONS
FOR RURAL CAREGIVERS: IMPROVING CARE TO
PERSONS WITH DEMENTIA

Joleen Sussman, Nikhil Banerjee, and James Winslow, Veterans Affairs, Aurora, Colorado, United States

Geropsychologists are well-suited to assess dementia, assist caregivers in understand the disease and associated behavioral changes and ways to cope with their loved one’s disease. However, majority of these services are offered during in-person clinic appointments in urban settings. This study aims to describe the utilization and potential benefits of providing dementia education telehealth services to Veterans and their families residing in rural mountain and plain areas of Colorado. Psychological intervention was provided via telehealth from the primary VA hospital to small community clinics or to Veterans homes via video mobile application. The present study provides demographics of participants who elect this service and discusses how these challenge ageism and other biases relate to technology use. Further, we examined how engagement in this intervention may impact utilization of geriatric and extended care services as well as use of primary care, emergency room visits, and use of anti-psychotic medications.

TELEGROUP VISITS FOR CAREGIVERS AND
PATIENTS WITH DEMENTIA

Stephen Thielke,1 and Kris Fredrickson,2 1. VA Puget Sound Health Care System, Seattle, Washington, United States, 2. Veterans Affairs, Seattle, Washington, United States

Group visits have shown promise for caregiver support and medical management of patients with dementia. In-person visits can be challenging to schedule and complete, particularly in rural areas where there are few specialists. We describe our experience with using telehealth modalities to hold group dementia visits. For the last four years, we have held telegroup appointments with Veterans with dementia and their caregivers. A geriatric psychiatrist and geriatric social worker appear from the main facility, and the Veterans and caregivers are at remote sites. Participants have actively engaged. They have expressed that the structure allows them to support and be supported by peers, and to have frequent contact with care providers. This has led to improved care metrics. The technology requirements are minimal. We discuss the advantages of this approach, including flexibility and maximizing use of specialist resources. We address challenges to scaling up such programs.

IN-HOME VIDEO TELEHEALTH FOR CAREGIVERS
AND VETERANS WITH DEMENTIA

Megan Gately, and Lauren Moo, Bedford VA Medical Center, Bedford, Massachusetts, United States

Home Video Telehealth offers a unique opportunity to support already burdened caregivers of persons with dementia. Veterans Health Administration, through the MISSION Act, is increasingly using video telehealth to provide “care at the right time and in the right place.” Little is known about the benefits and challenges of using video telehealth for in-home caregiver support. We present findings from our seven years offering in-home dementia management to caregivers of Veterans with dementia, that includes supporting caregivers through supportive listening, tips for communication and safety strategies, and recommendations regarding non-pharmacologic management of behaviors. Perceived benefits of in-home video telehealth include an ‘in vivo’ perspective of the family’s natural context and mediating barriers to care such as decreased mobility. Perceived challenges include dealing with technology and privacy concerns. By describing considerations for in-home video telehealth to a clinical population with unique care needs, we inform broader application of a promising technology.

INTEGRATING CAREGIVER EDUCATION AND
SUPPORT INTO MULTIDISCIPLINARY VIDEO VISITS

Michelle Rossi,1 Lauren Jost,2 Ina Engel,2 Carol Dolbee,2 and Keisha Ward,3 1. VA Pittsburgh Healthcare System, Pittsburgh, Pennsylvania, United States, 2. VA Pittsburgh Healthcare System, Pittsburgh, Pennsylvania, United States, 3. University of Pittsburgh, Pittsburgh, Pennsylvania, United States

The TeleDementia Clinic is an interdisciplinary longitudinal telehealth dementia clinic providing care to rural Veterans in Western Pennsylvania with cognitive decline. The TeleDementia Caregiver Support group uses telehealth to provide caregiver support and education to those caregivers with the highest levels of caregiver burden in this population. The support group has caregivers participating in the session at different rural clinics while a multidisciplinary team of professional (geropsychologist, geriatrician, nurse practitioner and others) are located at an urban VA medical center. All can interact via video telehealth connection. Each session provides a short educational session on caregiving topics that then provides a springboard for caregiver discussion about their own experiences. The multidisciplinary clinician team lend their expertise to the education and support of caregivers. Both quantitative and qualitative analysis of effectiveness of this model will be discussed.

SESSION 5945 (SYMPOSIUM)

ACHIEVING HEALTH EQUITY FOR OLDER ADULTS
THROUGH STATE-OF-THE-ART INNOVATIONS

Chair: Karen Fortuna
Co-Chair: John Batsis
Discussant: Daniel Jimenez

As health indicators such as life expectancy have improved for many older adults, some older adults experience a disproportionate amount of preventable disease, death, and disability. The causes of health disparities among older
adults are multidimensional in that disparities are due to multiple, interacting factors such as socioeconomic status, disability status, geographic location, and race/ethnicity. Achieving health equity in late-life requires innovative strategies to address interconnected environmental, sociocultural, behavioral and biological factors that impede opportunities to achieve optimal health and quality of life. This symposium will present state-of-the-art innovations and strategies employed among socially disadvantaged racial, ethnic, and other population groups, and communities. We will discuss innovations in the workforce enhancements with older peer support specialists and community health workers, community engagement techniques in program design, and digital solutions aimed at addressing multiple dimensions of health in older adults.

OLDER ADULT PEER SPECIALISTS’ ROLE IN REDUCING LONELINESS AMONG PEOPLE WITH MENTAL HEALTH CONDITIONS
Karen Fortuna,1 George Mois,2 Jessica Brooks,3 Amanda Myers,4 and Cynthia Bianco,4 1. Dartmouth College, Concord, New Hampshire, United States, 2. University of Georgia, Laurens, Georgia, United States, 3. Columbia University, New York, New York, United States, 4. Rivier University, Hudson, Massachusetts, United States

PeerTECH is a peer-delivered and technology-support integrated medical and psychiatric self-management intervention developed by peers. A pre/post trial by our group has shown PeerTECH is associated with statistically significant improvements in self-efficacy for managing chronic disease and psychiatric self-management skills. This presentation will discuss the feasibility and potential effectiveness of using ecological momentary assessments (EMA) with older adults with mental health conditions to allow us to recognize early signs of loneliness and intervene as early as possible in real-world settings. EMA involves repeated sampling of an individual’s behaviors and experiences in real time, real-world environments on the smartphone application. Then, we will discuss the main and interactive effects of loneliness and factors linked to mortality. In conclusion, we will discuss potential effectiveness of PeerTECH with older adults with SMI.

TELEHEALTH-DELIVERY OF A MULTICOMPONENT OBESITY INTERVENTION IN OLDER, RURAL ADULTS WITH OBESITY
John Batsis,1 Curtis Petersen,1 Rima Al-Nimr,1 Tyler Gooding,2 Summer Cook,3 and Todd Mackenzie,1 1. Dartmouth College, Lebanon, New Hampshire, United States, 2. Dartmouth Hitchcock Medical Center, Lebanon, New Hampshire, United States, 3. University of New Hampshire, Durham, New Hampshire, United States

Older, rural residents with obesity aged ≥65 years have reduced access to health promotion programs due to geography. We conducted a 26-week intervention of 24 older obese adults (BMI≥30kg/m2) in a geographically isolated area in Northern New England. The telemedicine delivered intervention consisted of individual, weekly, dietitian visits focusing on caloric restriction, and twice-weekly physical therapist-led group strength training classes. Participants’ age was 73.4±4.4years (79% female); pre-post assessments consisted of bioelectrical impedance-based body composition, functional measures, and satisfaction questionnaires. Feasibility was high (50% enrolled, 85% completed). Weight decreased 4.5±3.8kg (4.5±0.5%; 48% achieving ≥5%), 30 sit-to-stand improved (+3.8±4.1repetitions), as did 6-minute walk, +76.2±70.1m (all p<0.001). Appendicular mass did not change (+0.2±2.3kg); % body and visceral fat both decreased (-1.8±2.8% [p=0.009], -1.2±2.7L [p=0.025]). Participants endorsed telemedicine (96%); 78% preferred a home-based study. Satisfaction was high (4.2/5) and only 17% faced difficulties. Despite geography, this intervention holds promise in improving physical function.

PREVENTING CARDIOMETABOLIC DISEASE IN HIV-INFECTED LATINO MEN: THE HAPPY OLDER LATINOS HEALTH PROMOTION STUDY
Daniel Jimenez, University of Miami, Coral Gables, Florida, United States
Older Latinos living with HIV have been disproportionately affected by the epidemic and experience compounded health disparities that have deepened over time. Eighteen Latinos living with HIV with a mean age of 60.3 years (SD=6.4) were enrolled in the Happy Older Latinos are Active (HOLA), a community health worker-led, multicomponent, health promotion intervention. Participants were assessed at three time points on measures of cardiometabolic risk and psychosocial functioning. We evaluated the feasibility of recruitment, retention, acceptability, and implementation of HOLA. In 4 months, we met our enrollment target with <5% of eligible participants refusing participation. Participants attended over 70% of sessions and 1 participant was lost to follow up. These results indicate that HOLA is an innovative health promotion program that is uniquely tailored to address the multiple concerns that are prevalent in this community (cardiometabolic risk, psychological distress) in a nonstigmatizing and culturally acceptable manner.

DIGITAL TECHNOLOGIES AS A MEANS TO REDUCING MENTAL HEALTH DISPARITIES: THE ROLE OF ETHNICITY, SES, AND GEOGRAPHY
Gyeon Kim, Chung-Ang University, Seoul, Republic of Korea
This presentation discusses the importance of using digital technologies on reducing mental health disparities among older adults from diverse backgrounds. This talk primarily focuses on the role of ethnicity, socioeconomic status and geography. First, the speaker presents the current status of digital technology use among older adults and how different levels of digital technology use affect mental health disparities by ethnicity, SES, and place of residence. Second, the speaker introduces a recently funded government project on developing an IoT-based home system (Internet of Things) to screen mild cognitive function for Korean older adults. Lastly, the speaker discusses potential implications, as well as directions for future research on using digital technologies to reduce mental health disparities among diverse populations.