a family”), emotional well-being (“happier,” “less stressed”), physical function (“stronger,” “more range-of-motion”), cognitive function (“more focus,” “learning new things”), and present-centered body awareness (“more conscious of breathing patterns”). PLWD/MCI experienced improved self-concept (“less immediate shame and more confidence”); and Care Partners reported improved caregiving efficacy (“greater purpose,” “more comfortable”). Online delivery of Moving Together is feasible for people with dementia or mild cognitive impairment and care partners.

SESSION 3060 (SYMPOSIUM)

DESIGN AND DEVELOPMENT OF MHEALTH FOR DEMENTIA: CURRENT AND FUTURE DIRECTIONS
Chair: Tina Sadarangani Discussant: Richard Holden

Alzheimer’s disease and related dementias (ADRD) represent an increasingly prevalent group of neurodegenerative chronic diseases for which there is no cure. Progressive functional and cognitive decline in individuals with ADRD places considerable demands on those involved in their care, including clinicians and care partners. Mobile health technology has the potential to support people living with dementia and their care team members, as well as potentially prevent the onset of dementia symptoms. In this symposium, we first examine best practices in mhealth application development for dementia care based on applications developed for other chronic illnesses. We then examine mhealth applications being developed in three different NIH-funded studies that address the needs of clinicians, care partners, adult day centers involved in the care of people with dementia, as well as an application for people with mild cognitive impairment. The Aliviado Dementia Care app is a resource that enables clinicians to access best practices for managing behavioral and psychological symptoms of dementia at the point of service. CareMOBI streamlines communication between care partners, adult day centers, and primary care providers, allowing care team members to track and exchange information relevant to dementia care and identify emerging clinical problems. Finally, Spanish-language information and culturally relevant motivational messages to promote physical activity and delay progression to ADRD among those with mild cognitive impairment within the Tiempos Juntos intervention are presented. Our discussion summarizes the current and future direction of mhealth application development in ADRD, and key learnings from presenters’ work.

CAREMOBI: AN APP CONNECTING CAREGIVERS, ADULT DAY CENTERS, AND HEALTHCARE PROVIDERS CARING FOR PEOPLE WITH DEMENTIA
Tina Sadarangani1, Jonelle Boafo2, and Jie Zhong1. 1. New York University, New York, New York, United States, 2. Rory Meyers College of Nursing, New York, New York, United States

Fragmented communication between care partners, health care providers, and adult day centers around the needs of persons living with dementia (PLWD) contributes to avoidable health care utilization. CareMOBI, is a user-centered mobile application that streamlines information exchange around datapoints relevant to the care of PLWD. CareMOBI facilitates team-based communication around emerging clinical problems by uniquely integrating the knowledge and day-to-day observations of adult day center staff and care partners. We present a stakeholder engaged approach to iteratively designing and validating an initial prototype. Through interviews and focus groups with adult day center staff (n=31), primary care providers (n=22), and family caregivers (n=13) we identified barriers to communication across settings. We then visually mapped the domains of a future app which we subsequently validated and refined with end-users (n=25). We present our current prototype which synthesizes these findings and addresses key barriers to information exchange across community settings serving PLWD.

DEVELOPING AND RAPIDLY SCALING AN MHEALTH APP IN A 25-SITE PRAGMATIC TRIAL OF ALIVIADO DEMENTIA CARE IN HOSPICE
Abraham Brody1, Aditi Durga2, Ariel Ford3, and Shih-Yin Lin1. 1. HIGN at the NYU Rory Meyers College of Nursing, New York, New York, United States, 2. New York University, New York, New York, United States, 3. New York University Rory Meyers College of Nursing, New York, New York, United States

Following stakeholder engagement in our pilot phase of a large-scale 2-phase NIA funded pragmatic clinical trial in hospice (HAS-QOL Trial) of Aliviado Dementia Care, we utilized a co-design process to develop over a 6-month period and rapidly scale an mHealth application to assist clinicians in performing best practices in care for persons living with dementia receiving hospice. Throughout the 36 months of intervention period, the app has been utilized by at least 6,580 hospice team members, both to complete training, receive mobile push notification nudges, and: 1) perform 6,682 clinical assessment such as the PAINAD for pain and NPI-Q for behavioral symptoms; 2) develop 2,204 symptom specific care plans; and 3) Review specially developed education materials to 15,128 caregivers and send them to 671 directly. This session will also discuss the process of implementation and scaling, including the technological hurdles in working with a workforce with sometimes limited technical skills.

OPPORTUNITIES FOR MHEALTH IN DEMENTIA CARE/CARE MANAGEMENT: LESSONS LEARNED FROM OTHER CLINICAL DISCIPLINES
Hayley Belli, New York University School of Medicine, New York, New York, United States

The use of mHealth applications in dementia care/care management has recently become of increasing interest to patient stakeholders, clinicians, and researchers working in the field. However, there exists a rich literature of successful examples of the development, implementation, and efficacy of mHealth applications across a variety of health care disciplines. Thus there is high potential to take these lessons learned from other clinical fields and apply such successes to dementia care/care management. We will walk through several examples of mHealth tools used for managing hypertension, diabetes, migraines, and weight loss, while highlighting
specific opportunities for dementia care/care management. Points of discussion will include optimizing the user-centered design process during the development phase of mHealth applications, increasing patient engagement with mHealth applications – especially among underrepresented individuals in research, promoting adherence to mHealth interventions via principles from behavioral economics, and scaling up mHealth interventions to test for efficacy at a population-level.

**MHEALTH DESIGN AND IMPLEMENTATION IMPLICATIONS TO PROMOTE PHYSICAL ACTIVITY IN OLDER HISPANICS/LATINOS WITH MCI**

G. Adriana Perez, University of Pennsylvania, Philadelphia, Pennsylvania, United States

Addressing physical inactivity for older Hispanics/Latinos with mild cognitive impairment (MCI) is a public health priority, since MCI increases the risk of developing Alzheimer’s Disease and related dementias (ADRD). Compared to non-Latino Whites, Hispanics/Latinos are 2X more likely to develop ADRD. One promising approach to promoting physical activity is the use of mobile health (mHealth) strategies that may deliver Spanish-language information and culturally relevant motivational messages to enhance intrapersonal/interpersonal factors for health behavior change. The purpose of this study is to test mHealth strategies as a mechanism to deliver booster sessions for reinforcing physical activity goals/progress among older Latinos with MCI who complete the Tiempos Juntos intervention treatment. Our hypothesis is that culturally adapting mHealth strategies may improve efficacy and maintenance of physical activity effect; as well as cognitive health outcomes (6 months post-intervention). Results among the first wave of participants will be discussed, including challenges and opportunities for future research. While the use of mHealth is not new, these approaches commonly exclude individuals with limited-English proficiency and thus, designing interventions that center the needs of older Hispanics/Latinos with MCI/ADRD and other historically excluded communities, is an important first step in promoting physical activity and advancing cognitive health equity.

**SESSION 3070 (SYMPOSIUM)**

**DIVERSITY MATTERS: INTERSECTIONAL INEQUITIES IN HEALTH AND WELL-BEING THROUGH AGING**

Chair: Rachel Koffer Co-Chair: Johanna Drewelies

Discussant: Deborah Carr

Different positions within social hierarchies receive unequal access to resources, leading to health disparities in later life (Agénor, 2020). Research addressing inequities must increasingly account for the many social categorizations (e.g., race, gender, socioeconomic status) that affect individuals’ lived experiences. This symposium examines the role of intersecting social contexts on health and well-being across the life course. Surachman and colleagues use the U.S.-based National Growth and Health Study to examine the intersectionality between early life socioeconomic context and race on women’s metabolic syndrome severity. Their findings have implications for societal factors leading to accelerated aging across young adulthood and early midlife. Koffer and colleagues use the U.S.-based Study of Women’s Health Across the Nation to demonstrate differential midlife exposure to types and number of major life events across race/ethnicity and education. They subsequently find that major life events increase risk of cardiovascular disease events, indicating the importance of studying the life experiences of diverse women across midlife. Drewelies and colleagues use the Germany-based Berlin Aging Study II to look at the associations among multidomain identity and social background factors on physical, cognitive, and psychological aging. Implications from their work demonstrate the interplay of diversity on health and well-being in older adulthood. Conjointly, findings indicate that intersectional identities play an important role in shaping key outcomes of human functioning across adulthood and aging. Dr. Deborah Carr will critically discuss the three contributions from a life course perspective and provide considerations for future research and policy promoting equity for diverse older adults.

**LIFE EVENTS AND CARDIOVASCULAR DISEASE EVENTS: THE STUDY OF WOMEN’S HEALTH ACROSS THE NATION**

Rachel Koffer1, Rebecca Thurston2, and Karen Matthews2, 1. Arizona State University, Phoenix, Arizona, United States, 2. University of Pittsburgh, Pittsburgh, Pennsylvania, United States

Cardiovascular disease (CVD) is the number one cause of death for women, and major life events across midlife may contribute to CVD risk. The present study aimed to test whether greater exposure to major life events across nearly two decades of longitudinal follow-up would be associated with higher risk of clinical cardiovascular disease events. 3,222 middle-aged women from the multi-ethnic Study of Women’s Health Across the Nation reported and provided up to 15 years of major life events, indicating the importance of studying the life events, non-fatal incident CVD events, traditional biobehavioral and sociodemographic factors, and death certificates. Cox proportional hazards models were used to test the association between average annual life events and incident fatal and nonfatal CVD events. Each additional major life event was associated with a 1.16-fold (95% CI: 1.08-1.23) increase in CVD events. Cardiovascular disease (CVD) events. Each additional major life event was associated with a 1.16-fold (95% CI: 1.08-1.23) increase in CVD events. Cox proportional hazards models were used to test the association between average annual life events and incident fatal and nonfatal CVD events. Each additional major life event was associated with a 1.16-fold (95% CI: 1.08-1.23) increase in CVD events.

**THE ROLE OF MULTIDOMAIN IDENTITY AND SOCIAL BACKGROUND FACTORS FOR AGING OUTCOMES**

Johanna Drewelies1, Sandra Duezel2, Ilja Demuth3, Elisabeth Steinhagen-Thiessen3, Ulman Lindenberg3, Jan Goebel3, Gertraud Stadler7, and Denis Gerstorf8, 1. Humboldt University Berlin, Berlin, Berlin, Germany, 2. Max-Planck-Institute for human development, Berlin, Berlin, Germany, 3. Charité Universitätsmedizin Berlin,