VAMC, Salem, Virginia, United States, 4. VA Boston Healthcare System, Brockton, Massachusetts, United States, 5. Veterans Health Administration, Canandaigua, New York, United States, 6. VA Northern Indiana, Mishawaka, Indiana, United States, 7. VA Medical Center--Tuscaloosa, Tuscaloosa, Alabama, United States

Prior research has established transitions into and out of nursing homes as periods of suicide risk for older adults. Deaths by suicide were found to be 2.4 times as likely among Veterans within six months of discharge from US Veterans Health Administration (VA) nursing homes when compared with gender and age-matched Veterans from the general VA patient population (McCarthy, Szynanski, Karlin, & Katz, 2013). Despite these trends, suicide prevention interventions implemented during nursing home and post-acute care transitions, including those taking place from Centers for Medicare and Medicaid Services regulated nursing homes, are lacking. Suicide Awareness for Veterans Exiting the Community Living Center (SAVE-CLC) was piloted as a quality improvement intervention to reduce suicide risk for older Veterans discharging from VA nursing homes. VA clinicians from three sites provided a friendly contact by phone after discharge (n = 66) to screen for depression, facilitate a strengths-based discussion about service needs, and provide service referrals. Compared to a group of patients discharged prior to the start of the intervention (matched on location, age range, and Care Assessment Need scores), SAVE-CLC clients received more depression screening within 30 days after discharge (chi square = 38.7, p < .001) and were seen more quickly for mental health care (t = 3.1, p = .005) when indicated. Implications for suicide prevention with older Veterans and for the general population of older adults receiving short stay services in US nursing homes will be addressed.

WORK OF ART, ART OF WORK: ARTISTIC LITERACY AND QUALITY IN LONG-TERM DEMENTIA CARE
Katie Aubrecht, St. Francis Xavier University, Antigonish, Nova Scotia, Canada

This paper shares results from a thematic analysis (Braun & Clarke, 2006) of semi-structured interviews with a purposive snowball sample of 15 leaders in dementia arts education and praxis from Canada, the United States and United Kingdom. Interviews were conducted as part of a multi-phased collaborative, interdisciplinary arts-informed research project that aimed to operationalize quality mental health and dementia care in long-term care (LTC) from a relational perspective, with a focus on LTC staff literacy. Artistic literacy that is cultivated through creative arts-making and public exhibiting was described by participants as crucial to supporting and promoting quality within long-term care. Quality was imagined as a work of art and operationalized in terms of artist competencies, capacities and conditions. Artists included LTC staff, residents and their family and friends. Our analysis identified five themes related to artistic literacy: space-making, validation, fostering community, means of engagement, vulnerability and resilience. Drawing on cultural sociology (Bourdieu, 1993, 1984) and aging studies theory (Basting, 2018), we consider and discuss the role of the arts in disrupting unexamined assumptions about quality in LTC and advancing innovation in LTC staff mental health and dementia care.

SESSION 2863 (POSTER)

MENTAL HEALTH

“ME CUIDO ACTIVO MANIZALES”: A COMMUNITY CARE MODEL BASED ON AN ACTIVE AGING FRAMEWORK FOR ELDERLY PEOPLE IN COLOMBIA
Lina Gonzalez Ballesteros,1 Santiago López Zuluaga,2 Ana María Ortiz Hoyos,3 Oscar Gómez,4 and Lina GonzalezBallesteros. 1. Physician, Bogotá, Colombia, 2. Sociologist, Bogotá, Colombia, 3. Psychologist, Bogotá, Distrito Capital de Bogota, Colombia, 4. Physician, Bogotá, Distrito Capital de Bogota, Colombia

Colombia, as other countries in the Latin American region has aged at a higher rate than countries from developed ones. This challenges the way these countries decide how to attend the ageing of their population. “Me cuido activo Manizales” is a community care model based on an active ageing framework developed in Manizales, Colombia in 2017. It is based on collaborative and experiential learning activities for elderly people and their caregivers in the areas of care and self-care, writing and memory, healthy habits, physical activity, resilience and rights, and economic productivity. A before and after analysis of the 88% of enrolled subjects that participated through 2017-2019 (Median age = 70; IQR = 76 years) show stable results in independency (Barthel before = 97,23 Vs Barthel after = 94,68; t = 1,48; p = 0,14), instrumental activities of daily living (Lawton-Brody before = 3,63 Vs Lawton-Brody after = 3,58; t = 0,40; p = 0,69) and MMSE scores (before = 25,72 Vs Barthel after = 25,72 Vs CD-RISC10 before = 28,61 Vs CD-RISC10 after = 28,28; t = 0,40; p = 0,69) and MMSE scores (before = 25,72 Vs after = 24,62; t = 1,67; p = 0,10). Qualitative analysis evidenced increased awareness of self-care lifestyles and active ageing, and the need for institutional presence providing logistic and personnel support and better ways to engage groups rather than the individual. We believe this is a holistic approach that focuses on key aspects of the current perception of elderly functionality and that it engages individuals and communities along in a self-aware healthy ageing.

ADULT CHILDREN’S MIGRATION AND HEALTH-RELATED QUALITY OF LIFE AMONG OLDER NEPALESE ADULTS
Ghimire Ghimire,1 Devendra Singh,2 Sara McLaughlin,1 Dhirendra Nath,1 Hannah McCarron,1 Janardan Subedi,3 and Saruna Ghimire,1. Miami University, Oxford, Ohio, United States, 2. Asian College for Advanced Studies, Kathmandu, Nepal, 4. Miami University, Oxford, United States, 5. Miami University, Miami University, Ohio, United States

Traditionally, adult children have served as primary caretakers and providers for older Nepalese adults. However, out-migration of adult children for employment and other opportunities is increasing. Health-related quality of life (HRQOL) in older Nepalese adults in general and in the context of adult children’s migration is poorly understood.
This study aims to assess HRQOL of older Nepali adults and its relationship with adult children's migration. We used existing cross-sectional survey data on 260 older adults from the Krishnapur municipality, which has witnessed a high rate of adult migration. HRQOL was assessed using the SF-12, which provides a physical (PCS) and mental (MCS) health component. Scores for PCS and MCS range from 0-100; a higher score indicates better HRQOL. Simple and multiple linear regression were used to assess correlates of HRQOL. Participants had suboptimal HRQOL [mean (±SD): PCS =40.4±9.2 and MCS=45.2±7.7]. After adjusting for covariates, adult children's migration was associated with lower MCS scores (β: -2.33, 95%CI: -4.21, -0.44). Individuals with more than one child had higher MCS scores (β: 2.14, 95%CI: 0.19, 4.09). Females (β: -3.64, 95%CI: -7.21, -0.06) and those with a history of unemployment (β: -6.36, 95%CI: -10.57, -2.15) had lower PCS scores than their respective counterparts. The presence of one or more chronic conditions was associated with significantly lower PCS and MCS. Our findings suggest that out-migration of adult children may negatively effect HRQOL among older Nepali adults, specifically their psychological well-being. Additional research is needed to investigate potential moderating factors that may serve as important buffers.

AN INNOVATIVE MENTAL HEALTH MODEL FOR TREATING CULTURALLY DIVERSE OLDER ADULTS
Tobi Abramson,1 Jacquelin Berman,1 and Madison Gates,2
1. NYC Department for the Aging, NYC, New York, United States, 2. NYC Department for the Aging, New York city, New York, United States

The mental health needs of older adults are largely unmet, a finding even more prevalent within culturally diverse older adult populations. Added to this is the high rate of social isolation. Research has indicated increased connection to mental health services when services are embedded within physical health care settings. For those attending community centers, 85% indicate that they are socially isolated, 68% indicate they are lonely, and 53% have a mental health need (compared to 20% nationally). The need for innovative programming is evident. When examining the needs of diverse older adults, it is increasingly important that new and innovative approaches address social isolation, loneliness, and mental health problems experienced by this cohort. Utilizing this knowledge an innovative model of embedding and integrating mental health services, provided by bilingual and bicultural clinicians, into congregate sites (older adult centers) was implemented. Those that participated were mainly female (72.1%), 68.5% English-speaking, 14.5% Spanish-speaking, 13.6% Chinese-speaking and 3.4% other. Spanish-speakers had more depression than English-speakers and both had more depression than Chinese-speakers. English and Spanish-speakers reported more social isolation and Chinese-speakers compared were more likely to participate in engagement. Spanish-speakers were less likely to be in clinical services with a positive screen compared to English-speakers. Overall, 75% engaged in treatment; 37.3% and 41% showed a 3-month improvement of depression and anxiety, respectively. This presentation focuses on the innovative components of this model, how to engage diverse older adults to utilize treatment, steps needed for replication, and policy implications around integrated mental health treatment.

COGNITIVE HEALTH IN MASSACHUSETTS, NEW HAMPSHIRE, AND RHODE ISLAND: FINDINGS FROM THE HEALTHY AGING DATA REPORTS
Richard Chunga,1 Taylor Jansen,1 Chae Man Lee,2 Shuangshuang Wang,1 Haowei Wang,1 Nina Silverstein,4 Frank Porell,1 and Beth Dugan,1 1. University of Massachusetts Boston, Boston, Massachusetts, United States, 2. University of Massachusetts Boston, Boston, United States, 3. Shandong University, Jinan, Shandong, China, 4. University of Massachusetts Boston, Needham, Massachusetts, United States

Over time persons with Alzheimer's disease (AD) have impaired health, lower quality of life, and increased mortality compared to those without AD. This study describes state and community rates of Alzheimer's disease, self-rated cognitive difficulties, and the % of the population age 85+ in three New England states (MA, NH, RI). Data sources were the American Community Survey (2009-2013 RI, 2012-2016 MA/NH) and the CMS Medicare Current Beneficiary Summary File (2012-2013 RI, 2015 MA/NH). Small area estimation techniques were used to calculate age-sex adjusted community rates for Alzheimer's disease and related dementias (ADRD), self-reported cognitive difficulties, percentage of older adults 85 years or older, and the percentage of adults age 65+ living alone. State rates (range) were: AD: RI 14.4% (8-23%), MA 13.6% (6-19.31%), and NH 12% (5.49-33.51%). Self-reported cognitive difficulty: MA 8.3% (0-25.16%), RI 7.8% (2-18%), and NH 6.9% (0-34.21%). Adults 85 years and older: RI 17.6% (6-24%), MA 15.2% (0-32.23%), and NH 12.9% (0-27.91%). Living alone: RI 30.4% (12-45%), MA 30.2% (6-25-50%), and NH 26.1% (6-13-72.55%). While there was significant variation across states, Rhode Island had the highest state rate of ADRD, older adults 85 and older, and percentage of older adults living alone. Within-state disparities among AD rates, cognitive difficulties, and living alone was highest in NH, but MA had the largest variation for community rates of adults 85+. Understanding the prevalence of brain health is important to policy and practice efforts to promote age-friendly communities. This research was supported by the Tufts Health Plan Foundation.

CROSS-LAGGED PANEL ANALYSES OF RECIPROCAL EFFECTS OF SOCIAL ISOLATION, PERCEIVED LONELINESS, AND SOLITARY ACTIVITY
Ke Li, and Fengyan Tang, University of Pittsburgh, Pittsburgh, Pennsylvania, United States

Social isolation and perceived loneliness are major issues as they may place older adults at greater risks for health problems. The objective status of social isolation and the subjective perception of loneliness may have distinct meanings, and their longitudinal reciprocal relationship remains unclear. The purposes of this study were to examine the reciprocal effects of social isolation and loneliness among U.S. adults aged 50 and above and to explore the moderating effect of solitary activities by using the data from three waves of the Health and Retirement Study (HRS) collected in the year 2008, 2012 and 2016. The index of social isolation was