DRIVER SPEED PROFILES INDEX WARNING SIGNS OF MCI
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Goal: Use driver behavior profiles to screen and index early warnings of cognitive decline and Alzheimer’s disease (AD). Hypothesis: Real-world driver speed behavior profiles discriminate mild cognitive impairment (MCI). Methods: Sensors were installed in personal vehicles of 74 legally-licensed, active drivers (age: 65-90 years, μ = 75.85) who completed 2, 3-month real-world driving assessments, including demographic and cognitive assessments, 1 year apart (244,564 miles driven). MCI status was indexed using 8 neuropsychological tests (spanning executive function, visuospatial skills, processing speed, and memory), relevant to MCI and driving. Driving environment was indexed from state speed limit (SL; roadway type: residential, commercial, interstate) and sunrise-sunset databases (time of day: day vs. night). Models: Data were randomly split into training (66%) and validation (33%) sets. An optimal mixed effects logistic regression model was determined from validation data AUC values. Results: MCI drivers drove slower with optimal discrimination (estimated for every 5 mph decrease in speed) in 1) residential roads (SL 25-35 mph; MCI odds increased by 6% [95% CI: 2-11%]), 2) interstate roads (SL >55 mph; MCI odds increased by 14% [95% CI: 8-20%]), and 3) night environments (MCI odds increased by 7% [95% CI: 2-12%]). Conclusion: Quantitative indices of real-world driver data provide “ground truth” for screening and indexing phenotypes of cognitive decline, in line with ongoing efforts to link driver behavior with age-related cognitive decline and AD biomarkers. Behavioral biomarkers for diagnosing early warnings of dementia could ultimately bolster our ability to detect and intervene in early AD.

MODES OF TRANSPORTATION TO MEDICAL AND PRIMARY CARE AMONG OLDER ADULTS
Zainab Suntai, Kefentse Kubanga, Emmanuel Adamu, and Abhay Lidbe, University of Alabama, Tuscaloosa, Alabama, United States

Transportation is an increasingly meaningful concern for older adults as physical, cognitive, and psychological changes in older adulthood impact mobility and accessibility. While several studies have examined the modes of transportation used among older adults, few have explored specifically how older adults are accessing primary care/medical care services. As such, this study aimed to determine the specific modes of transportation used among older adults for primary care visits. Data were derived from the 2018 National Health and Aging Trends Study (NHATS), an annual longitudinal panel survey of older adults aged 65 and older living in the United States. Descriptive analyses were conducted to examine the prevalence of several modes of access and logistic regression models were used to predict the likelihood of using the two most prevalent transportation modes, based on sociodemographic and socioeconomic factors. Results showed that 70% of older adults drive themselves to their doctor, 34.8% rely on a family member, friend, or paid person, 2.4% have a home visit, 2.1% use public transportation, 1.5% walk to their doctor and 1.1% use a taxi. Additionally, having higher income, being of younger age, being White, and having post-secondary education was associated with driving oneself to the doctor. These results indicate that while most older adults are still self-reliant on transportation to medical providers, those with lower socioeconomic status are particularly at risk of losing driving independence. Transportation-related interventions should therefore consider targeting individuals with lower economic capital by proving financial assistance, ride-share programs, and other innovative approaches.

Session 1490 (Symposium)

USING CLINICAL TRIALS AS AGENTS OF TRANSFORMATION IN POPULATIONS BURDENED BY DISPARITIES
Chair: Daniel Jimenez
Discussant: Giyeon Kim

Older adults from racial/ethnic backgrounds as well as those from rural areas experience a disproportionate burden of physical and mental health risk factors. Given the prevalence of comorbid physical and mental health conditions in later life, the inadequacies of current treatment approaches for averting years living with disability, the disparities in access to the health care delivery system (including mental health care), and the workforce shortages to meet the mental and physical health needs of racial/ethnic and rural populations, development and testing of innovative strategies to address these disparities are of great public health significance and have the potential to change practice. This session will illustrate how four different interventions are being used to address mental and physical health needs in Latino and rural-dwelling older adults with the goal of reducing and ultimately eliminating disparities in these populations. Particular attention will be paid to the use of non-traditional interventions (e.g. social support, health promotion, technology). Results of clinical research studies will be presented alongside clinical case presentations. This integrated focus highlights the importance of adapting research interventions to real-world clinical settings.

OVERCOMING HEALTH PROMOTION BARRIERS IN RURAL HEALTH: A QUALITATIVE ANALYSIS
John Batis, University of North Carolina at Chapel Hill, Chapel Hill, North Carolina, United States

Weight loss interventions are fraught with difficulties for older adults in rural areas due to transportation difficulties, reduced availability of staff, and lack of programs. Telemedicine can overcome these barriers. A qualitative analysis of data from 44 exit-interviews from a rural-based, older adult weight loss study, informed by thematic analysis, was conducted. Participant’s age was 73 years (73% female) and BMI was 36.5kg/m2. Distance to the site was 24 miles (31 min). Key themes included: a) telemedicine can help improve one’s health, is more practical than in-person visits, is less costly, and time efficient; b) the majority (60%) were initially apprehensive about using telemedicine, a fear that resolved quickly; c) setting up telemedicine was easy and acceptable, despite a quick learning curve; d) having a team member for troubleshooting was important. Using
telemedicine in older adults with obesity residing in rural areas should be considered in health promotion interventions.

CERTIFIED OLDER ADULT PEER SUPPORT SPECIALISTS’ USE OF TECHNOLOGY TO SUPPORT OLDER ADULTS IN THE COMMUNITY
Karen Fortuna, Dartmouth College, Lebanon, New Hampshire, United States

Middle-aged and older adults with mental health conditions have a high likelihood of experiencing comorbid physical health conditions, premature nursing home admissions, and early death compared with the general population of middle-aged and older adults. An emerging workforce of certified older adult peer support specialists aged 50 years or above is one of the fastest growing mental health workforces and may be a suitable community-based workforce to simultaneously support the mental health, physical health, and aging needs of middle-aged and older adults with a serious mental illness. Older adult peer support specialists are people with a lived experience of aging into middle age and older adulthood with a mental health condition. This presentation will present three single-arm pilot studies examining how certified older adult peer support specialists’ incorporate technology, including text messaging, ecological momentary assessments, and smartphone applications into practice and clinical outcomes among older adults with serious mental illness.

ENGAGING ISOLATED HISPANIC AND LATINO OLDER ADULT CAREGIVERS IN REMOTE BEHAVIORAL INTERVENTIONS
Caroline Silva, University of Rochester School of Medicine, Rochester, New York, United States

Recruiting Hispanic/Latino older adults for behavioral clinical trials is challenging, particularly those who are isolated. This presentation describes the recruitment process and feasibility/acceptability outcomes for the adaptation of two interventions (Connect for Caregivers and Engage Coaching) aimed at improving the social relationships and supports of older adult Hispanic/Latino caregivers of a family member with dementia. We compare online and community-based recruitment methods for English and Spanish-speaking Hispanic/Latino caregivers across the United States and present recruitment challenges during COVID-19. Of eligible participants, 82% were identified via online (e.g., research registry) and 18% via community-based (including snowball sampling) methods. Of participants recruited via online methods, 22% were Spanish-speaking, versus 100% of those recruited by community-based methods. Overall, 91% of all eligible/interested participants enrolled in at least one of the interventions. We discuss further the feasibility/acceptability of study procedures and the interventions, as the study was conducted remotely (via phone/Zoom) due to COVID-19.

Session 1495 (Symposium)

VOICES IN MOTION: HOW SOCIAL SINGING CAN FACILITATE PSYCHOLOGICAL HEALTH FOR PERSONS WITH DEMENTIA AND CAREGIVERS
Chair: Stuart MacDonald
Co-Chair: Debra Sheets
Discussant: Theresa Allison

Dementia is a global public health priority that exerts significant impact on individuals, families, healthcare systems, and society. Worldwide, over 35 million individuals are estimated to have some subtype of dementia—a projection expected to triple by 2050. Despite progress, a cure for dementia remains elusive, and approved pharmacotherapies are selectively effective for but a limited duration. Increasingly, arts-based interventions for persons with dementia (PwD) and their caregivers are being recognized as inexpensive, non-invasive, and non-pharmacological lifestyle interventions with the potential to improve psychological function as well as reduce healthcare costs. This symposium overviews the Voices in Motion (ViM) study—a sociocognitive intervention exploring the impact of participation in an intergenerational choir on psychological, social, and cognitive function for PwD and their caregivers (n=32 dyads). PwD, caregivers, and local high school students sang in a professionally-conducted choir for as many as three seasons (each ~12 weeks long), spanning up to 18 months of follow-up. Employing an intensive repeated measures design, psychosocial, physiological, and cognitive function was measured every four to six weeks (up to 9 total assessments). The symposium papers provide a representative overview of the broad impact that this novel, non-pharmacological lifestyle intervention can offer vis-à-vis mitigating dementia symptoms and facilitating the psychological health of caregivers. Choir participation has important and significant impacts on psychosocial well-being and quality of life. Discussion focuses on policy implications and the need for community-based programs that reflect a social model for dementia and support living well through engaging and meaningful activities.

THE EMERGENCE AND BENEFITS OF SOCIAL RELATIONSHIPS IN TWO COMMUNITY-BASED DEMENTIA CHOIRS
Andre Smith, Debra Sheets, Mary Kennedy, Tara Erb, Ruth Kampen, Chandra Berkan Hozempa, and Stuart MacDonald, University of Victoria, Victoria, British Columbia, Canada

Community choir participation for persons with dementia (PwD) confers benefits to health and well-being, including the benefit of socializing which can reduce feelings of loneliness and social isolation. Using the concept of social capital, this study examines the degree to which two intergenerational Voices in Motion choirs facilitate the development of social relationships between PwD, caregivers, and high school students. Data collection involved interviews with 17 dyads of PwD and caregivers, completion of a social relationship questionnaire, and focus groups with a total of 29 high school students. The results show a gradual increase in the level of interactions between all participants, with students in particular interacting more frequently with PwD. Over time, trust and reciprocity emerged within the choirs as more people shared information about themselves. Students’ understanding of dementia changed over time as they learned to appreciate PwD as unique human beings with rich life stories and experiences.

THE PROMISING IMPACT OF A VIRTUAL MUSIC INTERVENTION FOR PERSONS WITH DEMENTIA
Cynthia McDowell, Jannell Walton, Debra Sheets, Andre Smith, Robert Stawski, and Stuart MacDonald, University of Victoria, Port Moody, British Columbia,