therapist support provided for GMT. Primary outcomes were measured as self-reported executive impairment on standardized measures (the Dysexecutive Questionnaire and the Cognitive Failures Questionnaire) at pre-, immediate post-, and 6 weeks post-intervention. 62 older adults without psychiatric or neurological diagnoses completed the trial [online GMT: n = 37, age[mean] = 69 years; computerized brain training: n = 25, age[mean] = 64 years; both groups: 76% female]. Improvements on the primary outcomes were observed post-intervention and were maintained at follow-up. GMT and computerized brain training groups could not be differentiated statistically, possibly due to restriction of range in the outcome measures at baseline. Additionally, the self-paced format prolonged the intervention beyond the recommended duration, which may have diluted efficacy. GMT was well-received, with participants reporting frequent use of the trained metacognitive strategies. Future studies will examine online GMT’s effectiveness in samples with documented executive impairment and with additional supports to promote engagement for this virtual program.

EVALUATION OF AN ECOLOGICAL MOMENTARY INTERVENTION FOR DEPRESSION IN OLDER ADULTS LIVING ALONE

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Depression is a common but treatable mental health problem among older adults. Daily management and monitoring is very important; thus, diverse approaches have been developed. The objective of this research was to develop and pilot-test a counseling-plus-mobile health (mHealth) intervention using ecological momentary intervention (EMI) to reduce daily depressive mood for older adults living alone. Of 64 older adults living alone in community settings, 44 completed mHealth training and EMI for 7 weeks between October 2018 and October 2019. Study participants were randomized into experimental and control groups. The intervention was based on the protocol developed for an mHealth program for older Korean adults. Participants wore an activity watch that measured their depressed moods four times a day for 2 weeks. Depressive symptoms were measured using the Hamilton Depression Rating Scale (K-HDRS) and the Korean version of the Short Geriatric Depression Scale (SGDS-K). Sleep quality was assessed using the Korean version of the Pittsburgh Sleep Quality Index (PSQI-K). The mean age of the study sample was 76.07±5.66 years, and the majority of the participants were female (61.0%, 26/59). There were no demographic characteristic differences between intervention and control groups. Based on multi-level modeling, EMI was not associated with significant improvements in depressive symptoms. However, depressive symptoms showed an initial decreasing trend, leveling off toward the end of the intervention period. This study finding could function as preliminary data to develop mHealth-based EMIs for older users in a larger, long-term study.

EXPANSION OF A WEB-BASED PLATFORM TO SUPPORT CAREGIVERS IN CALIFORNIA USING CARENAV

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About one in five Americans is engaged in providing care to a family member. Caregivers (unpaid family members or friends) support older adults and persons with disability with a variety of conditions, including challenges in physical, cognitive, and mental health. In California, 4.5 million family caregivers are assisting individuals over the age of 18. The CA Department of Health Care Services funds 11 Caregiver Resource Centers (CRC) to support caregivers and, in 2019, provided support to expand information technology services through adoption of a statewide online assessment platform and client portal, CareNav™, to serve as a client record and referral tool. CareNav™ facilitates collection of consistent state-wide data that can inform program improvement and policy. This study evaluated the implementation process from the perspective of 35 CRC team members in guided focus group discussions. CRC staff identified several potential benefits to adopting CareNav™, including ease of client access and convenience, the ability to aggregate data to inform planning and policy, and a streamlined process for resource sharing. Challenges included customizing site-specific data needs, as well as concerns about equitable access to internet services. Ongoing evaluation will focus on validation and visualization of data, and translation of data into actionable information to improve quality and reach.

SMARTWATCH TECHNOLOGY FOR PHYSICAL ACTIVITY IN OLDER ADULTS: A QUALITATIVE STUDY

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Older adults’ experiences using smartwatch technology for physical activity (PA) have not been well studied. We studied older adults’ acceptance, capacity, and experience using smartwatches for self-monitoring and promoting PA. We conducted individual interviews using semi-structured interview guides with 15 older adults who participated in two studies. The two studies employed smartwatches in combination with personalized exercise training to promote PA and the interventions were 4 and 24 weeks in length. Interviews were transcribed verbatim. Two researchers conducted inductive content analysis using NVivo V.12 to identify and categorize codes into major themes. Participants reported high overall acceptance, ease of use (i.e., charging, checking steps, reading the screen), and attractive design of smartwatches. Participants’ positive descriptions of their smartwatch experience included: increased activity awareness (step counts and heart rate), improved exercise accountability, and enhanced motivation.
(response to prompts). Most participants expressed interest in long-term smartwatch use. While participants expressed enjoyment of smartwatch technology for self-monitoring and PA promotion, some reported decreased motivation over time. Participants’ concerns of smartwatch functionalities included short battery life, inaccurate step-recordings, and touchscreen insensitivity. Some also reported failure to troubleshoot smartwatch syncing/pairing problems with smartphones and daily smartwatch charging issues. Smartwatch Bluetooth connectivity and battery life can be improved to increase usability and acceptability among older adults. Future research should explore the role of smartwatches for older adults’ PA with emphasis on behavior change over time.

USING TECHNOLOGY FOR PRESCRIPTION AND ADHERENCE IN AN ALZHEIMER’S PREVENTION PROGRAM
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Healthy lifestyle change is difficult to adopt and maintain without support. Often physicians recommend exercise to their patients, but have limited means to support this change. A major goal of our study is to provide physicians with a simple method of referring patients to a program that supports adoption and maintenance of exercise that meets recommended guidelines for older adults. The Lifestyle Empowerment for Alzheimer’s Prevention program (LEAP! Rx) is a yearlong intervention to support cognitively normal older adults in adoption and maintenance of moderate to vigorous exercise, a key prevention factor for Alzheimer’s disease. The program uses the electronic medical record and builds relationships with physicians to identify patients eligible to participate. It electronically communicates about patients’ progress back to referring physicians to facilitate ongoing physician-patient interaction. Participants receive exercise coaching to reach their weekly exercise goals and have access to online lifestyle education classes (e.g., nutrition, sleep, stress management). The study is currently enrolling (n=121 enrolled; mean age 71.4; 12% non-white, 4% Hispanic/Latino, and 83% female). Physician referrals originate from five clinics represented by 48 physicians. The study design will actively compare the phys

Session 4020 (Symposium)

AGING WITH INTELLECTUAL AND DEVELOPMENTAL DISABILITIES: WHEN DEMENTIA IS DIAGNOSED OR SUSPECTED
Chair: Phillip Clark
Discussant: Kelly Munly

Individuals with lifelong intellectual and developmental disabilities (IDD) have unique needs associated with aging that pose challenges for them and their families. In particular, an increased likelihood for early onset Alzheimer’s disease is a major concern that can place individuals at risk for a host of biomedical, psychological, and social challenges. Faced with providers not trained in how to properly screen for, diagnose, and treat conditions, individuals and families are often left with inadequate care, services, and support. To address these concerns, education for professionals is essential in providing accurate information based on clinical best practices. This symposium presents an innovative and interprofessional model developed by a partnership of geriatrics and IDD educational and service organizations based on Project ECHO (Extension for Community Healthcare Outcomes) methodology. A virtual community is created in which participants both teach and learn from each other through a combination of didactic and case presentations. The first paper describes the ECHO model, including the development of the hub and spoke structure, recruitment of providers, and collaborative and multidisciplinary process of curriculum development. The second paper explores educational experiences of participating spoke agencies in the program, including professionals’ and clients’ outcomes. The third paper presents the implications of creating a foundation based on interprofessional education and networking principles to bridge the gap between health and social care disciplines and parallel service systems. The final paper provides recommendations and implications for developing and refining methods to address the need for provider education in this rapidly expanding field.

CREATING, RECRUITING, AND DEVELOPING: KEY TASKS AND THEIR CHALLENGES
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The ECHO model is uniquely suited to developing education for a wide range of agencies and providers serving the needs of older adults with IDD. The program’s structure and its educational philosophy depend on modeling teamwork in both the hub and the spokes. Recruitment of participants included paid caregivers, healthcare practitioners, and direct service providers, focusing on team participation at each site. In developing the curriculum, it was critical to recognize the roles played by each sector, as well as the complementary contributions of others. Consequently, curriculum content needed to be multidisciplinary and multifocal, and recognize both the breadth of contributors and time limits in selecting content for each session. Didactic presentations and case studies embodied these features. Priorities included best practices in person-centered care; differential diagnoses; and physical, social, and environmental factors. The facilitators of, and challenges to, these priorities offer implications for advancing educational programs with similar objectives.

EDUCATIONAL EXPERIENCES WITHIN THE LEARNING COMMUNITY: ECHO EFFECTS ON PARTICIPANTS AND CLIENTS
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