manifestation of gender discrimination. Using national data from LASI-DAD together with information drawn from administrative data, we construct a state-level composite index of gender inequality, following the UNDP definition. We investigate and find strong evidence that cross-state differences in gender inequality are significantly associated with the gender gap in cognition. Women in the most discriminating state (Bihar) perform significantly worse than men (-0.21 s.d.), after controlling for key risk factors such as age and education. The gender gap in the least discriminating state (Kerala) is much smaller (-0.10 s.d.). We also find that gender inequality is strongly associated with education, early marriage, labor force participation, and social activities. This has important implications for public health policy aimed at reducing the risk of cognitive impairment and dementia.

**DESIGN AND METHODOLOGY OF THE LONGITUDINAL AGING STUDY IN INDIA—DIAGNOSTIC ASSESSMENT OF DEMENTIA**

Jinkook Lee, Pranali Khobragade, Joyita Banerjee, and Sandy Chien.
1. University of Southern California, Los Angeles, California, United States.
2. University of southern california, Los Angeles, California, United States.
3. All India Institute of Medical Sciences, New Delhi, Delhi, India

Longitudinal Aging Study in India is a nationally representative survey of the health, economic, and social wellbeing of the Indian population aged 45 and older. LASI-DAD is an in-depth study of late-life cognition and dementia, drawing a sub-sample of over 4,000 LASI respondents aged 60 or older. Respondents underwent a battery of cognitive tests, while their informants were interviewed about their cognitive and health conditions. A common set of cognitive tests was selected to enable international comparisons, and additional cognitive tests suitable for illiterate and innumerate populations were also selected. Rich data on risk factors of dementia were collected through health examinations, venous blood assays, and genotyping. The response rate was 82.9%, varying across sex, education, and urbanicity. LASI-DAD provides an opportunity to study late-life cognition and dementia and their risk factors in the older population in India and to gain further insights through cross-country analysis.

**MEASUREMENT AND STRUCTURE OF COGNITION IN THE LONGITUDINAL AGING STUDY IN INDIA—DIAGNOSTIC ASSESSMENT OF DEMENTIA**

Alden Gross, Pranali Khobragade, Erik Meijer, and Judith Saxton.
1. Johns Hopkins Bloomberg School of Public Health, Baltimore, Maryland, United States.
2. University of southern california, Los Angeles, California, United States.

We tested whether a complex model of human cognitive abilities based on Cattell-Horn-Carroll (CHC) theory, developed in English-speaking samples, adequately describes correlations among tests in the Longitudinal Aging Study in India-Diagnostic Assessment of Dementia (LASI-DAD) (N=3,224). Tests in the neuropsychological battery were chosen for their appropriateness for measuring cognition in older adults in India and suitability for co-calibration with the core LASI survey (N=72,000). We evaluated the factor structure and its conformity with a classical CHC factor model incorporating measurement models for general cognition, 5 broad domains (orientation, executive functioning, language/fluency, memory, visuospatial), and 5 narrow domains (abstract reasoning, attention/speed, immediate memory, delayed memory, recognition memory) of cognitive performance. Model fit was adequate (RMSEA:0.051; CFI:0.916; SRMR:0.060). We demonstrated configural factorial invariance of a cognitive battery in the Indian LASI-DAD using CHC theory. Broad domain factors may be used to rank individuals with respect to cognitive performance and classify cognitive impairment.

**VISION AND COGNITION: FINDINGS FROM THE LONGITUDINAL AGING STUDY IN INDIA—DIAGNOSTIC ASSESSMENT OF DEMENTIA**

Joshua Ehrlich, Sandy Chien, and Jinkook Lee.
1. University of Michigan, Ann Arbor, Michigan, United States.
2. University of southern california, Los Angeles, California, United States.
3. University of Southern California, Los Angeles, California, United States.

Vision impairment (VI) is associated with cognitive decline and dementia, however little research has been conducted in India. Using data from LASI-DAD, linear models tested the association of VI (better-seeing eye <20/60) with cognitive domains including orientation, learning/memory, language, attention, and total cognition. Models were adjusted for age, sex, geographic, and socioeconomic characteristics. VI was significantly associated with lower orientation (β=-0.47, p<.01), learning/memory (β=-1.6, p<.01), attention (β=-8.4, p<.01), and total cognition (β=-0.14, p<.1) scores. The association of VI with cognitive measures did not vary by sex. For each measure, VI was equivalent to 5-13 years of cognitive aging. In summary, VI is associated with poorer performance in most cognitive domains among older Indian adults. Longitudinal data are needed to determine directionality and causality. Since >80% of VI in India is treatable, poor vision may represent a modifiable risk factor for cognitive decline and dementia.

**SESSION 5940 (SYMPOSIUM)**

**USING VIDEO TELEHEALTH TO SUPPORT FAMILY CAREGIVERS OF PEOPLE WITH DEMENTIA**

Co-Chair: Joleen Sussman
Co-Chair: Lauren Moo
Discussant: Michele Karel

In 2030, predictions indicate that dementia will affect 75 million people worldwide and increase to 132 million by 2050. Persons’ with dementia (PWD) associated behavioral changes are highly correlated with caregiver burden. Caregivers of PWD commonly report concerns regarding personal and home safety, meaningful activities, advance care planning, and evaluation and diagnosis of dementia of the PWD. Further, caregivers’ emotional response to PWD challenging behavior has greater influence than the actual behavior on decisions to place PWD in a nursing home. Caregiver intervention reduces behavioral and psychological symptoms in the PWD, the caregiver’s emotional distress from these symptoms, and cost to healthcare systems. Yet, one in four dementia caregivers are not receiving dementia support services. Difficulty attending in person clinic-based
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, and Kris Fredrickson, 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 remediating 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, Lauren Jost, Ina Engel, Carol Dolbee, and Keisha Ward, 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 can be complex, involving a variety of factors such as socioeconomic status, access to care, and social determinants of health. To address these disparities, several innovative strategies have been developed. This session will feature presentations on various approaches to achieving health equity for older adults, including state-of-the-art innovations in technology, healthcare delivery, and policy. Attendees will have the opportunity to engage in discussions and learn from experts in the field.