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During the COVID-19 pandemic, technology became an essential tool to maintain connections to social support, health professionals, and services. However, many older adults do not have access to technology or do not feel comfortable using it. CATCH-ON Connect provides cellular-enabled tablets and individual, personalized technical assistance to older adults. Adults age 65+ in project partner primary care clinics who do not have an internet-ready device or who lack digital literacy are eligible to participate. Older adults learn how to access their electronic health record portal, use pre-installed apps (e.g., Lyft, Zoom), and receive education about COVID-19 and the 4Ms. Of the 40 participants enrolled to date, 46% have never accessed the internet with a tablet or smartphone. Initial qualitative outcomes indicate high satisfaction and increased electronic socialization. Quantitative results of participant technology challenges, loneliness, and utilization of telehealth services will be discussed.

DEMENTIA-FRIENDLY AMERICA RECOGNITION: STRATEGIES FOR URBAN, AFRICAN AMERICAN COMMUNITIES

Susan Frick,1 Raj Shah,2 and Tarisha Washington,1 1. Rush University Medical Center, Chicago, Illinois, United States, 2. Rush, Rush University Medical Center, Chicago, Illinois, United States

Dementia-Friendly America is a network of communities across the United States who have committed to a process to support people living with dementia and their caregivers. Through technical support from Dementia Friendly Illinois, CATCH-ON, a HRSA Geriatric Workforce Engagement Program, has identified key characteristics for the 17 communities in Illinois achieving national recognition and for communities that have engaged but not yet achieved national recognition. In addition to communities in rural regions, urban communities with a large number of African Americans residents have necessitated more grassroots engagement than other communities. Partnerships are vital for providing information and education about the movement and for supporting multi-sectoral engagement. This presentation highlights barriers and facilitators in diverse communities, particularly urban African American communities, becoming recognized by Dementia Friendly America.

THE CAREGIVER INITIATIVE: A MODEL FOR CAREGIVER HEALTH AND WELLNESS IN AGE-FRIENDLY HEALTH SYSTEMS

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Health care systems have historically relied on family caregivers to provide long-term care for older adults, often including medically complex care for which they have no medical training. Yet there are few interventions in place to assist them within health care systems. The Rush Caregiver Initiative (Rush-CGI) provides system-level and caregiver interventions. Rush-CGI’s system-level interventions focus on culture change, including modifying workflows, training, and electronic health record data. Rush-CGI caregiver interventions begin with assessment of needs and provision of resources for caregivers, offering interprofessional family-based interventions. Interventions include a Teach-Back Clinic, Family Care Planning sessions, and Goals of Medical Care meetings, all held on an outpatient basis either in person or virtually. Outcomes include decreased caregiver depression and anxiety, and increased caregiving self-efficacy. This presentation will discuss creating system level change and providing customized caregiver interventions, including how the Rush-CGI can be modified to fit a variety of patient populations.

RUSH@HOME: HOME-BASED PRIMARY CARE FOCUSED ON UNDERSERVED COMMUNITIES AND HEALTH EQUITY

Alexander Rackman, Elizabeth Davis, Leticia Santana, Robyn Golden, and Walter Rosenberg, Rush University Medical Center, Chicago, Illinois, United States

Homebound patients are often medically complex and are among those in greatest need of care and services. This is especially true for those that reside in underserved communities, where they face the added risk stemming from scarce community resources. Often these patients are only able to access health care for emergencies, which is ineffective and high cost. Rush@Home is a home-based primary care program that exemplifies the Age-Friendly Health System mission with a focus on the 4Ms, incorporating navigation and social work. Patients reflect the West Side of Chicago, with 80% of patients identifying as Black and/or Latino. During the first two years, Rush@Home demonstrated better care at a lower cost with readmission rates decreased by 11.8%, hospitalizations by 17.5%, length of stay by 8.7%, ED visits by 17.9%, and missed appointments by 72%. This presentation will highlight outcomes and discuss key issues in home-based primary care.

Session 3010 (Symposium)

BRIDGING THE FAMILY CARE GAP

Chair: Joseph Gaugler Discussant: Richard Schulz

This symposium aims to create a scientific and policy roadmap to offset the impending shortage of family caregivers available to assist older adults in the U.S. (i.e., the “family care gap”). Drawing on public health, cultural frameworks, family care science, and policy analysis, this symposium will orient future research, intervention development, dissemination and implementation, and policy innovation to more effectively address the family care gap. The selected presentations will include the need to apply and understand cultural adaptation and humility to support a rapidly diversifying older population (Drs. Nkimbeng and Parker). In addition, systematic review methodology will be applied to obtain insights as to what intervention models/strategies actually reduce caregiving time (Drs. Baker, Jutkowitz, and Gaugler). The next presentation will leverage the existing evidence base of translational efforts that aim to disseminate and implement dementia caregiver interventions into practice (Drs. Hodgson and Gitlin). The final presentation of our symposium will focus in-depth on a potential solution to the family care gap: more systematic approaches to identifying and assessing family caregivers in healthcare systems (Drs. Riffin and Wolff). Our discussant, Dr. Richard Schulz, will