THE EFFECTIVENESS OF AN INTERGENERATIONAL TECHNOLOGY PROGRAM FOR OLDER ADULTS: A PILOT STUDY

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While an increasing number of services and opportunities are available through technology devices such as smartphones and iPad, older adults often lack the technology skills and know-how to access such services. The use of social media, email, and texting can also lessen social isolation of older adults. In this project, nine undergraduate Computer Information Technology students enrolled in a service-learning course served as mentors for older adults. A total of 33 older adults (MAge= 77.9 SDAge= 8.62) participated in a 14 weeks intergenerational technology education at two community senior centers in an urban Midwest city. Fourteen participants completed both pre- and post-surveys. Significant improvement was found between pre- and post-surveys outcomes in technology anxiety and social engagement of the older adults. Findings from our qualitative data revealed that intergenerational program enables older adult to benefit from individual and group learning, make new friends among peers, experience intergenerational interactions, and have confidence in technology use. However, the intergenerational technology program helped to decrease technology anxiety and improve the participants’ social engagement. Engaging technology students in mentoring older adults in small group at a community center proved to be mutually beneficial to both the students and the older adults. The program boosted older adults’ comfort with technology use as well as encouraging social engagement with peers, mentors, and the virtual world.

UNDERSTANDING RACIAL AND RURAL DISPARITIES IN THE RELATIONSHIP BETWEEN SOCIAL ISOLATION AND SOCIAL TECHNOLOGY USE

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Social isolation is characterized by lack of social contacts and high degrees of loneliness. Feelings of loneliness and social isolation are linked to declines in cognitive functioning and increased risk of dementia. Previous research suggests that loneliness is more prevalent among Black and rural older adults compared to White and urban-dwelling older adults. Given these disparities, it is important to identify methods that reduce social isolation and loneliness among this population. Social technology, such as Facebook and Skype, is one possible way to connect with others. This study uses the Health and Retirement Study (HRS) dataset to examine racial and rural disparities in the relationship between social technology use and social isolation, loneliness, and social support among individuals age 50 and older. The overarching hypotheses are that (1) rural-dwelling older adults and older Blacks will report less social technology use compared to urban-dwelling and older White adults, and (2) there will be a negative relationship between loneliness and social technology use, and (3) a positive relationship between perceived positive social support and social technology use. Racial or rural disparities in these latter potential relationships are exploratory. Multiple linear regression analysis will be performed to assess these relationships. Preliminary correlational results indicate that, consistent with prior work, greater use of social technology was associated with higher social support (N=6,029; r=.29, p<.001). However, contrary to our hypothesis, greater self-reported loneliness was associated with greater social technology (r=.09, p<.001). Examination of potential racial and rural disparities in these relationships are currently underway.

Session 9500 (Late Breaking Poster)

LATE BREAKING POSTER SESSION I

A DIGITAL INTERVENTION TO ALLEVIATE LONELINESS AND DEPRESSION AMONG OLDER PERSONS DURING THE COVID-19 OUTBREAK

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Social distancing has been proven to be effective in reducing infections but may cause ill effects on the mental health of older adults. We evaluated the effects of a short-term virtual group intervention that provided tools to promote better coping, and mitigate adverse mental health effects during the outbreak of the covid-19 pandemic. A Randomized controlled trial tested the effects of a guided intervention comprised of seven online group sessions in which cognitive-behavioral techniques targeting maladaptive beliefs and appraisals were learned and practiced via ZOOM. A total of 82 community-dwelling adults from Israel, aged between 65 - 90 were randomized to either an intervention group (n=64) or a wait-list control group (n=18). Loneliness (UCLA loneliness scale) and depressive symptoms (PHQ-9) were measured pre-intervention, post-intervention, and at 1-month follow-up. The findings showed a significant decrease in loneliness and depression scores in the intervention group with results maintained at 1-month follow-up. There were no significant changes in the wait-list control group. In addition, ten participants (16%) from the intervention group demonstrated a clinically meaningful decrease in depression between baseline and post-intervention, and this was maintained among 7 participants (10%) at 1-month follow-up, compared to only 1 participant (5%) in the control group. Our intervention presents a simple and easy-to-implement tool. Its relevance extends beyond the current pandemic as the skills acquired can be applied in other forms of social
cresses and during routine life, in order to promote the mental health of older adults who live alone and/or reside in remote areas.

**A FAT-PROMOTING PLANT EXTRACT FROM ARTEMISIA SCOPARIA EXERTS GEROPROTECTIVE EFFECTS ON C. ELEGANS HEALTH & LIFESPAN**
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Like other biological processes, aging is not random, but subject to molecular control. Natural products that act on conserved metabolic pathways may provide entry points to extend animal lifespan and promote healthy aging. Here, we show that a botanical extract from Artemisia scoparia (SCO), which promotes fat storage and metabolic resiliency in mice, exerts pro-longevity effects on the nematode Caenorhabditis elegans, even when administered in mid-adulthood. SCO-treated worms exhibit significantly higher levels of fat compared to controls but live up to 40% longer, with signs of improved stress resistance in late age. Molecularly, SCO links elevated fat to enhanced longevity and stress resistance via activation of the transcription factor DAF-16/FOXO and upregulation of DAF-16-targeted A9 desaturases, lifespan-extending metabolic enzymes that oversee the biosynthesis of monounsaturated fatty acids. These findings identify SCO as a natural product that can modify fat regulation for longevity benefit and add to growing evidence indicating that elevated fat can be pro-longevity in some circumstances.

**A META-ANALYSIS OF THE EFFECTS OF TAILOR ACTIVITY PROGRAM (TAP) FOR PEOPLE WITH DEMENTIA**
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Ninety-eight percent of people with dementia are accompanied by neuropsychiatric symptoms (NPS). NPS is an important predictor of the negative prognosis of dementia. It also increases the burden on caregivers and lowers the quality of life. The tailored activity program (TAP), which is occupation-based intervention, have a positive effect on reducing NPS through meaningful activities. The aim of this study was to provide an integrated effectiveness of the TAP on NPS in people with dementia and caregiver burden through meta-analysis. We searched for studies that indicated the effectiveness of TAP through Embase, ProQuest, Pubmed, and RISS. We included a total of seven TAP studies written in Korean and English. Of these seven study designs, five were randomized control trials (RCTs) and two were one group non-RCTs. The result of meta-analysis shows that the effect size of the NPS was 0.62 (95% confidence interval [CI]=0.40-0.83, p<0.001), the caregiver burden was 0.68 (95% CI=0.29-1.07, p=0.001). Both variables indicated moderate effect. These results indicate that the TAP is an effective intervention for reducing NPS of people with dementia and the burden of caregivers. Therefore, TAP is a clinically useful approach, we expect TAP to be actively applied to people with dementia in the community.

**ACTION PLANNING CHECKLIST FOR SOCIAL DETERMINANTS OF HEALTH: OLDER ADULTS WITH CHRONIC CONDITIONS**
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Medical residents need training to assess social determinants of health (SDOH) related to chronic conditions. We created a checklist to identify SDOH affecting residency clinic patients’ ability to manage chronic conditions. The tool: 1) involves resident training; 2) provides decision support checklist; 3) influences patient activation; and 4) increases provider and patient communication through shared decision making. Action Planning Guide checklist (APG) includes questions pertaining to SDOH preventing patients from managing their chronic conditions and actions patients will take. Areas identified are discussed between patient and resident, increasing patient activation. The clinic’s nurse care facilitator guides referrals to community-based resources. Fifty-two patients were enrolled, with 75% of patients responding they would like to be better managers of their chronic conditions. This information is used to develop patient’s goals of care. Over 90% of patients said their conditions affect their lives and discussed ways better to care for themselves. Over 80% discussed medication management, health goals to improve their quality of life, and made a plan that maps out ways to reach their goals. All of these are essential for achieving positive health outcomes for older patients with chronic conditions. These attributes promote effective patient/provider partnerships. Seventy referrals were made; food through 2-1-1 (47%); monthly commodity food program (30%); utility payments (11%), and transportation (9%). Twenty-seven referrals were made to agencies serving older adults; 25 to the local AAA information and assistance services, and 2 to Senior Project Fresh Voucher Program.

**ADDRESSING PHYSICAL, FUNCTIONAL, AND PHYSIOLOGICAL OUTCOMES IN OLDER ADULTS VIA INTEGRATED MHEALTH INTERVENTION**
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**Objective:** We evaluated components of an integrated mobile (m)Health-based intervention "Activate for Life" (AFL) on health outcomes in lower-income older adults (65 years and older). Method: AFL incorporates balance (Otago; OG), physical strength (Gentle Yoga and Yogic Breathing; GYYB), and mental engagement (Behavioral Activation; BA) components. Thirty participants were randomly allocated to one of three Arms (n=10 per each arm): OG (Arm 1), OG+GYYB (Arm2), or OG+GYYB+BA (Arm 3, or full AFL). Groups were evaluated for physical, functional and physiological endpoints at baseline, and posttreatment (12-weeks and/or 3-month follow up).