

ANOTHER SET OF EYES: RECIPIENTS' VIEWS OF THE BENEFITS OF GERIATRIC SPECIALTY TELEHEALTH SERVICES

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The aim of GRECC Connect is to increase access to specialty care for medically complex, older, rural patients through e-consultations and telehealth visits. We interviewed 50 outpatient clinic staff and providers as well as 30 patients and caregivers about these services. Overall, the services were considered beneficial. For patients and caregivers, services alleviated the stress and cost of travel, they improved quality of life by increasing their understanding of the progression of an illness and providing treatment and guidance to increase patient functioning and reduce disruptive behaviors, and they eased anxiety associated with not receiving needed care. Having 'another set of eyes' on the patients reduced stress and anxiety for providers. Concerns included alignment of telehealth modality with the capabilities of older patients with cognitive problems, hearing loss and/or limited technological abilities and, for some providers, that the referral for and recommendations resulting from the service added to their workload.

DIGITAL DIVIDE MAGNIFIED FOR OLDER VETERANS LIVING OFF THE GRID

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Compared to urban Veterans, rural Veterans are more likely to be older (55-74), not employed, have less education, more service-related disabilities and unmet healthcare needs. Interviews with a national sample of community-based outpatient clinic providers described highly-rural Veterans who are "off the grid." These Veterans, by choice and/or circumstance, do not have access to reliable internet, associated devices or knowledge/skills. Providers described the difficulties of connecting with these Veterans even by phone. The healthcare shift to virtual telehealth modalities in response to COVID-19 highlights the digital divide as a social determinant of health. For "off-the-grid" Veterans, past experiences and present-day circumstances converge to perpetuate and exacerbate inequalities in accessing healthcare. Their situation underscores that telehealth is not a panacea for increasing access to care and confronts us with the moral imperative to reach those with whom it may be most difficult to connect to span social, geographic and digital divides.

A STRATEGY MATCHING TOOL FOR BOOSTING IMPLEMENTATION OF GERIATRIC TELEHEALTH SERVICES IN RURAL CBOCs

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Fifteen Veterans Administration Medical Centers (VAMCs) offer geriatric specialty care telehealth services through a hub and spoke model to patients at affiliated community-based outpatient clinics (CBOCs). These services are not used to the extent they could be. Through interviews with 50 staff and providers at rural CBOCs we identified several implementation facilitators and barriers. CBOC-level barriers included space constraints, low staffing, internet connection issues, and limited knowledge of services available and referral processes. Patient-level barriers included discomfort with technology, cognitive decline, and inability to travel to the CBOC. We found that champions within the CBOC and iterative, targeted outreach from the hub helped facilitate uptake of services. We entered the identified barriers into the CFIR-ERIC (Consolidated Framework for Implementation Research-Expert Recommendations for Implementing Change) Implementation Strategy Matching Tool to help generate targeted strategies that will be used to refine each hub's implementation approach.

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SLEEP, LIFESTYLE, AND SOCIOECONOMIC MARKERS OF MENTAL AGING AND WELL-BEING: LESSONS FROM ENGLAND, CHINA, AND JAPAN

Chair: Andrew Steptoe

Healthy ageing has become a popular topic worldwide. We investigated the role of sleep, leisure activities, and socioeconomic inequalities in relation to cognitive decline, wellbeing, and quality of life in data from the English Longitudinal Study of Ageing (ELSA), Chinese Health and Retirement Longitudinal Study (CHARLS), and Japanese Study of Aging and Retirement (JSTAR), national representative samples of England, China and Japan, respectively. We found an inverted U-shaped association between sleep quality and memory in English adults and a positive dose-response association in Chinese older adults (Brocklebank). In another examination, we found that younger English individuals playing games had lower quality-of-life than older participants who game, and this association is more pronounced for widowed individuals than others (Almeida-Meza). Cognitive impairment and dementia represent significant challenges worldwide. In a cross-country investigation, we found that the prevalence of MCI was twice as great in England compared with Japan, but that the two nations differ slightly across socioeconomic correlates (Gireesh). In another cross-country comparison between England and China, we found that the rate of memory change appeared socioeconomically patterned, primarily by education and area-based characteristics (urban vs. rural), with a more substantial impact on rural China inequalities compared to England (Cadar). Our results indicate more robust educational and geographical disparities in China and increased occupational impact among English and Japanese participants. Our findings highlight the imperative need for policy interventions and tailored strategies to protect those particularly disadvantaged in England and China.