

older adults completed the intervention and additional 500 elders were recruited as control. The average age of intervention participants was 76.3 years. Their levels of depression and anxiety were measured by Patient Health Questionnaire (PHQ-9) and Generalized Anxiety Disorder 7-item (GAD-7) respectively. The average intervention lasted for 10 months. Their average PhQ9 score reduced from 7.2 before intervention to 2.7 after intervention ( $t=34.7, p < .001$ ). Their level of anxiety was lowered from 4.9 to 2.0 ( $t=16.9, p < .001$ ). The difference between the intervention and control groups were statistically significant. Conclusion: The stepped care model was effective in reducing the levels of depression and anxiety among Chinese older people. This paper will give detailed information about the stepped care model and its implementation.

#### PROTOTYPE OF A VIRTUAL REALITY APPROACH TO INTEGRATE MENTAL HEALTH ACROSS GERONTOLOGICAL ENVIRONMENTS

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Background: Puerto Ricans have the highest likelihood of psychiatric disorders among Latinos. This study developed and evaluated a prototype depression literacy curriculum; culturally grounded with perspectives and narratives of Puerto Rican older adults. The way a person determines need for services and decides to seek help has been found to be influenced by their perceptions of services and providers. McGuire (1989) presents the Communication Persuasion Model (CPM) that takes into account how persuasive communication changes attitudes and behaviors of consumers. Using the CPM as a theoretical foundation, this study presented a culturally grounded story through a Virtual Reality (VR) platform. Methods: A script was developed based on narratives of Puerto Rican older adults about depression. Filmed in 360° format and enhanced with supporting imagery, participants were presented two versions of the video, one with a VR headset and the other with a smartphone. Two focus group interviews were conducted with community-dwelling Puerto Rican older adults ( $n=14$ ) in Orlando, FL. Results: Participants preferred the VR headset and found it was beneficial to educate about depression because it felt more immersive and encouraged an environment conducive to identifying their own experiences about depression. They noted that presenting the material with a case narrative was more culturally sensitive for the population. All participants needed minor assistance with operating technology. Conclusions and Implications: A narrative approach to depression literacy may be effective in personalizing messages. Assisted VR technology with supporting imagery may be efficacious and standardize positive messages to underrepresented and low resource populations.

#### DEPRESSION AND HYPERTENSION AS RISK FACTORS OF CARDIOVASCULAR EVENTS AMONG MIDDLE-AGED AND OLDER ADULTS IN CHINA

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Objectives: 1) Examine effects of depression and hypertension on cardiovascular events (CV) in a two-year period. 2) Explore urban and rural differences Methods: Data from the first two waves of Chinese Health and Retirement Longitudinal Study, with a national sample of 14,560 adults age 45+, were used. The dependent variable is whether a CV (defined as heart attack or stroke) occurred between baseline and W2 (1=Yes, 0=No), based on respondents' report at W2. Depression was dichotomized using a score of 12 on the 10-item CES-D. Hypertension was based on self-report. Logistic regression was conducted. Covariates included sociodemographic characteristics and nine other chronic conditions. All independent variables were measured at baseline. Results: About 5.3% ( $n=768$ ) of the sample had a CV between baseline and W2. Depression increases the risks of CV by 67% for rural ( $OR=1.67, 95\% CI=1.3, 2.12$ ) and 42% for urban respondents ( $OR=1.42, 95\% CI=1.05, 1.91$ ). Hypertension increases the risk by 51% for rural ( $OR=1.51, 95\% CI=1.18, 1.94$ ) but is not statistically significant among urban respondents. Interaction effects of hypertension and residential areas are statistically significant ( $\chi^2(1) = 6.44, p = .01$ ) Conclusion and Discussion: Given the high cost associated with heart attack and stroke, treating depression is an effective approach to reduce health care cost. Hypertension increases the risk of CV for rural but not urban respondents. It may be that hypertension is not as well managed among rural residents as in their urban counterparts. Improving hypertension management among rural residents should be a priority in China.

#### A SYSTEMATIC REVIEW OF DIGITAL INTERVENTIONS ADDRESSING MENTAL DISORDERS AMONG THE ELDERLY POPULATION

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Background: Many studies have reported the widespread application of digital technologies in improving mental health. However, little is known about how these technological advancements can help the geriatric population who suffer from a wide range of mental disorders. There is no extensive review of evidence which can guide effective policy-making and implementation of such interventions. Objectives: To identify digital interventions addressing mental disorders among elderly people and evaluate the outcomes of these interventions. Methodology: According to the PRISMA guidelines, we searched six major health databases and screened the literature using these criteria: 1) journal articles reporting an intervention delivered using any of the digital platforms, 2) the interventions aimed to improve at least one mental disorder among geriatric population, 3) articles published in English language, 4) studies conducted in any settings and time frame reporting any of the mental

health-related outcomes. Results: Among 4870 articles found in the preliminary literature search, only 19 studies met our criteria. Most of the studies (n=14) described digital interventions addressing depressive illness among the elderly population. However, many interventions targeted multiple mental conditions including dementia, stress, anxiety, mood disorders, phobia, and functional disabilities. These interventions used internet-based therapies, mindfulness, digital assistants, and applications improving mental health behavior and practices. Most of the interventions (n=12) were evaluated using randomized study designs. Reported outcomes included improved symptoms, better quality of living, emotional and functional advancements, and decreased cost of treatment. This evidence necessitates further research and application of such technologies to improve geriatric mental health.

## MINORITY & DIVERSE POPULATIONS I

### UNWAVERING STRENGTH IN THE FACE OF ADVERSITY: THE STRONG BLACK WOMAN, DEPRESSION, AND BEREAVEMENT

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This study sought to investigate grief outcomes among older African American (AA) women following the recent loss of a loved one. Whether or not the “strong Black woman” (SBW) schema of presenting unwavering strength despite adversity was present in recently bereaved older AA women, specifically related to depressive outcomes, also was explored. Eleven AA women aged 46 years and older (M=64.2), completed one time, in-person semi-structured interviews detailing their grief experiences. Interview transcripts were then coded by a team using an inductive qualitative approach. Four themes emerged throughout the women’s bereavement experience: 1) Acceptance of Loss and Preparation, 2) Coping as a Gradual Passing of Time, 3) Engaging in Other Activities to Cope with Loss, and 4) Helping Others Cope. About a third of the women in the sample reported being clinically depressed in accordance with the specifications for Major Depressive Disorder reported in the DSM 5. AA women in the sample were found to portray not only the stoicism consistent with the SBW schema, but also themes consistent with embodying the schema during their bereavement experience. More research and attention should be paid to AA women’s manifestations of depression, under the knowledge that AA women may have nontraditional depressive symptom presentations. Further, the tendency for the SBW schema to emerge during bereavement should be addressed with AA women in clinical practice, as lack of awareness of the use of this mechanism could lead to exacerbated, adverse adjustment.

### CORRELATES OF FAMILY CAREGIVING FOR OLDER ADULTS AND EMOTIONAL STRAIN AMONG AFRICAN AMERICANS

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Objectives: Despite the growing older African American population and its increasing needs for informal care, few caregiving studies have focused specifically on African Americans. This study aims to 1) identify demographic correlates of caregiving for older family members among African Americans and 2) identify caregiving and demographic correlates of emotional strain among African American caregivers. Method: Logistic regression and linear regression were based on the African American sub-sample of the 2015 Caregiving in the U.S. Survey (N=260). Demographic characteristics included age, gender, education, income, marital status, co-residence of care recipient in the caregiver’s home, relationship of care recipients to caregivers, and household size. Caregiving characteristics included hours of caregiving and whether respondents provide care for an older adult. Results: With respect to demographic correlates of family caregiving, older respondents were more likely to provide care for an older family member, and respondents were more likely to provide care to a parent/parent-in-law than to other relatives. Regarding emotional strain, age and household size were negatively associated with emotional strain, and hours of caregiving was positively associated with emotional strain. Discussion: This study identified demographic profiles of family caregiving and emotional strain. It also suggested the presence of unique risk and protective factors among older African American caregivers. Future research should test the underlying mechanisms between these factors and mental health outcomes for a better understanding of how caregiving strain can be attenuated.

### LIFETIME EXPERIENCES OF GRIEF AMONG RECENTLY BEREAVED AFRICAN AMERICANS

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This study sought to investigate the ways recently bereaved African American middle to older aged adults conceptualized both prior and present loss. Fourteen African American men and women aged 46 years and older (M=62.6) completed one time, in-person semi-structured interviews detailing their grief experiences. Interview transcripts were then coded using a content analysis. Four themes were reported during prior loss (Continuing on with Normal Life/ Time, Faith/ Religion, Reminiscing/ Reminiscence, Social Support) along with present loss (Faith/ Religion, Keeping Busy, Reminiscence, Social Support). Men and women in the sample were found to cope in relatively consistent manners despite the timing of the loss, and in manners consistent with literature detailing African American grief outcomes. This information could help inform both bereaved African Americans and those seeking to aid African Americans during times of bereavement in proactively having knowledge of coping mechanisms that have been used historically and found to be beneficial.

### GENDER DIFFERENCES IN RECEIVING ASSISTANCE WITH DAILY CARE NEEDS AMONG OLDER BLACK AMERICANS LIVING WITH DIABETES

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