

cancer type. Cancer survivors reporting faster walking paces had significantly reduced mortality risk. Relative to those reporting an 'easy' walking pace, walking at a 'normal,' 'brisk,' or 'very brisk' pace was associated with significantly lower risk: [HR=0.74 (0.70,0.78)], [HR=0.66 (0.61,0.71)], and [HR=0.73 (0.60,0.89)], respectively. Being 'unable to walk' was associated with 30% increased mortality [HR=1.30 (1.15,1.46)]. These findings provide novel support for the association between self-reported walking pace and survival after cancer.

#### DETERMINANTS OF LEISURE-TIME PHYSICAL ACTIVITY IN OLDER, RURAL CANCER SURVIVORS IN CENTRAL PENNSYLVANIA

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This study explored social and environmental determinants of leisure-time physical activity (LTPA) in cancer survivors (CS) residing in Central Pennsylvania, a largely rural region. Rural CS completed questionnaires assessing LTPA, social support (SS) for LTPA, home and neighborhood environments for LTPA. Logistic regression models were used to assess associations with being active/inactive. Participants (n=219) were categorized as mature survivors (<75 years, 80.7%) or elderly survivors (>=75 years, 19.3%). Only 28.2% of elderly survivors reported meeting LTPA guidelines compared to 45.6% of mature survivors. Survivors reporting SS for LTPA were 10% more likely to active than those who did not have SS (OR=1.1, CI 1-1.1). Mature survivors that reported environmental support (home: OR=1.2; CI 1-1.3; neighborhood: OR=1.8, CI: 1-3.2) were more likely to be active than those without strong environmental support. Creating more supportive environments to foster LTPA in elderly survivors in rural areas is a key priority for future research.

#### SESSION 2055 (SYMPOSIUM)

##### GAPS AND OPPORTUNITIES TO IMPROVE ACCESS TO HEALTHCARE FOR OLDER RURAL VETERANS

Chair: Bret Hicken, *Veterans Rural Health Resource Center-SLC, Salt Lake City, Utah, United States*

Co-Chair: Aaron T. Seaman, *Iowa City VA Healthcare System, Iowa City, Iowa, United States*

Discussant: Lauren Moo, *Geriatric Research Education & Clinical Center, Bedford, Massachusetts, United States*

Almost 25% of US military veterans live in rural areas and over 70% of these are age 55 years or older. The physical, cognitive, and functional declines common to aging coupled with accumulated physical and psychological traumas often incurred through military service make caring for older Veterans an especially difficult challenge. Furthermore, the geographic distances associated with rural living pose a significant barrier to timely access to care for aging Veterans and caregivers living in remote communities. Significant gaps

remain in VA's understanding of the needs of this population, which is essential for developing adequate models of care. This symposium highlights various aspects of the rural older Veteran experience and will suggest opportunities for improving access to care for this population. The first presentation estimates the differential impact of rural status on mortality rates among older Veterans using mortality data from the General Social Survey (Wilmoth et al). A second study is an analysis of urban/rural differences in PTSD symptoms as function of multiple co-factors and accounting for geographic location (Kurth et al). Seaman et al present qualitative data regarding the experience of Veterans with head and neck cancer to understand how rurality impacts cancer survival (Seaman et al). The final presentation will highlight a model to address mental health problems in older Veterans in primary care (Geri-PACT [Kube et al]) and will specifically highlight how this VA program may be adapted to address such needs of older Veterans in rural areas.

##### VETERAN MORTALITY DISADVANTAGE AMONG RURAL, SUBURBAN, AND URBAN RESIDENTS

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Although veterans tend to have higher mortality rates than non-veterans, recent research suggests there is substantial heterogeneity in veteran mortality on the basis of various characteristics such as race, period of service, type of health insurance coverage, and service-connected disability status. This analysis extends the extant literature by using the 1978-2014 General Social Survey linked to the National Death Index (GSS-NDI) to examine veteran status differences in mortality by geographic location. We estimate a series of Cox regression models predicting death for male veterans and nonveterans, controlling for age, race/ethnicity, education, income, and work status. Separate models are presented for rural, suburban, and urban residents. All models are weighted and include robust standard errors. The results indicate that rural veterans have higher mortality risk than rural non-veterans, particularly among older adults. There are no significant differences in mortality risk between veteran and non-veterans living in suburban and urban areas.

##### PTSD SYMPTOMS AMONG VIETNAM, PERSIAN GULF, AND OEF/OIF/OND VETERANS: A RURAL/URBAN COMPARISON

Maria Kurth,<sup>1</sup> Soyoung Choun,<sup>2</sup> Dylan Lee,<sup>2</sup>

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There are mixed results in studies examining rural/urban differences in PTSD symptoms among veterans; however, many of these studies failed to consider possible confounds with geographic location. This study examined rural/urban differences in PTSD symptoms by combat exposure, war cohort, and gender. The VALOR (Veterans Aging: Longitudinal studies in Oregon) pilot study sampled Vietnam, Persian Gulf, and OEF/OIF/OND war cohorts using an online survey. The sample (N=237, Mage=57.84, SD=12.68) was mainly male (65%), White (85%), and urban (75.95%); most reported combat exposure (71%). Participants completed measures

of PTSD, combat exposure, and demographics. Results indicate no effect of cohort or rural/urban status on PTSD symptoms. There was a significant effect of combat exposure,  $F(1,224)=4.58$ ,  $p=.03$ , and gender,  $F(1,224)=4.13$ ,  $p=.04$ , with males reporting higher levels of PTSD symptoms and combat exposure. Contrary to our expectations, there were no effects of cohort or geographic location on PTSD symptoms.

#### THE GRAYING OF PRIMARY CARE: THE ROLE OF PSYCHOLOGY IN GERIATRIC PRIMARY CARE

Erin Kube,<sup>1</sup> Grant Harris,<sup>2</sup> and Bret Hicken<sup>3</sup>, 1. *Hines VAMC, Hines, Illinois, United States*, 2. *St. Louis VAMC, St. Louis, Missouri, United States*, 3. *SLC VAMC, Salt Lake City, Utah, United States*

As of 2012, more than half of Veterans receiving care within a VA medical facility were age 65 or older. They have complex co-occurring medical and mental health needs, cognitive impairments, functional deficits, and psychosocial complexity. In 2015, GeriPACT emerged as a specialized geriatric primary care clinic model to serve this vulnerable population. The presence of psychologists in geriatrics has significant implications for treatment of cognitive, behavioral, and psychosocial needs. This mixed methods project aimed to describe the current scope and functions of GeriPACT psychologists and differentiate their services from other PACT clinics. Twenty total GeriPACT psychologists participated. The results suggest that mental health services within GeriPACT are multifaceted and need-driven. Significant themes highlight role specific characteristics of psychologists, clinician backgrounds, team education, and referral processes to improve access to care. Recommendations for implementation, clinician training, and future policy planning will also be presented.

### SESSION 2060 (SYMPOSIUM)

#### HARNESSING TECHNOLOGY TO SUPPORT PERSONS WITH DEMENTIA AND THEIR CAREGIVERS

Chair: Stacy L. Andersen, *Boston University School of Medicine, Boston, Massachusetts, United States*

Co-Chair: Walter Boot, *Florida State University, Tallahassee, Florida, United States*

Discussant: Jeffrey Kaye, *Oregon Health & Science University, Portland, Oregon, United States*

One in eight older adults in the US has Alzheimer's disease or a related dementia, which are characterized by progressive cognitive and physical declines. The impact of dementia also goes beyond the individual since 92% of persons with dementia receive functional and emotional support from family members and other informal caregivers. The time demands, financial strain, and emotional toll of caregiving are known to cause increased stress and health problems. Therefore, there is a wealth of opportunities to develop new ways to intervene in the progressive loss of function among persons with dementia and ways to support them and their caregivers. Co-sponsored by the Alzheimer's Disease and Related Dementias and Technology and Aging Interest Groups, this symposium addresses innovations in the implementation of new and existing technologies in the dementia care

continuum. We will discuss the development and testing of a new mobile application designed to integrate both physical activity and cognitive training. Then we will discuss results from a virtual support group intervention to provide disease education, care planning, and emotional and social support among persons newly diagnosed with Alzheimer's disease and living alone. Next we will share results from a study using customized voice-assisted technologies to enable individuals with memory impairment to maintain independence and quality of life and reduce caregiver burden. Finally, we will present findings regarding the validity and accuracy of a wearable sensor-based device that measures skin conductivity and heart rate variability to monitor stress level among caregivers of persons with dementia.

#### DEVELOPMENT AND TESTING OF A MOBILE APPLICATION INTEGRATING PHYSICAL ACTIVITY AND COGNITIVE TRAINING

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Dementia is progressive, which causes a debility in activities of daily living, leading to bedridden and uncommunicative individuals. Evidence has shown that physical activity may protect the brain from memory impairment. Based on a previous study we conducted using consumer-based applications with people with mild cognitive impairment, we developed a mobile application called the mPACT app (mobile physical activity and cognitive training). The System Usability Scale and Usability Test Observation Coding Form were used to capture usability and verbal/nonverbal behaviors respectfully of 5 participants. Results noted an above average score for usability, with a mean score of 72.5. Observations noted that almost all participants were smiling and enjoying most of the games within the app; some had difficulty with a couple of the games. Overall, there was a positive response to the mPACT app, revisions have been made, and next steps include another beta test with people with MCI.

#### A VIRTUAL SUPPORT GROUP FOR PERSONS LIVING ALONE WITH ALZHEIMER'S DISEASE

Allison Gibson<sup>1</sup>, 1. *University of Kentucky, Lexington, Kentucky, United States*

To date, early stage programming for the persons with the disease has been limited. The purpose of this study was to explore the challenges and opportunities of a virtual support group intervention for persons living alone with Alzheimer's disease (AD). Following recruitment, participants who were newly diagnosed (within 2 years of diagnosis) and residing alone in their own residence were included in a pilot study of a virtual support group intervention for a 3-month period. Data were collected before and after the intervention through the use of surveys and one-on-one interviews with all 12 participants ( $n=12$ ). Data were analyzed using a mixed methods approach including thematic analysis. Results indicated that the virtual support group intervention increased group members' education of the disease, knowledge regarding care planning, feelings of empowerment towards the diagnosis of the disease, and increased feelings of social support. Implications for such interventions will also be discussed.