little is known about cognitive correlates; the identification of which may suggest therapeutic targets. Aims of this study are to examine the hypothesis that the relationship between cerebrovascular burden and depressive symptoms is moderated by brooding, a type of rumination. Method: A sample of 52 community-dwelling, stroke-free, individuals over the age of 70, without history of severe mental illness or dementia completed the Ruminative Responses Scale, and provided self-report (cardiac disease, hypertension, diabetes, high cholesterol) CVB data. The Geriatric Depression Scale was used to assess depressive symptomatology. Results: Results of a bootstrapped model were that self-reported measures of CVB predicted depressive symptomatology. This relationship was significantly moderated by brooding. Among older adults, those who self-reported high CVB and medium to elevated levels of rumination experienced disproportionately more depressive symptomatology. Conclusions: These findings suggest that brooding rumination may be one correlate of the vascular depression syndrome. Future research should examine neuroanatomical correlates of rumination among older adults, and further explore brooding as a therapeutic target for those with late-life depression.

## SMART HOME TECHNOLOGY FOR OLDER ADULTS WITH MOBILITY DISABILITIES: POTENTIAL AND CHALLENGES

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Recently, there has been a significant expansion in the number of smart and connected technologies for assisting individuals with a variety of tasks within the home. Examples include digital home assistants (e.g., Amazon Echo), smart lights, smart plugs, robotic vacuums, as well as a multitude of other devices. Such technologies hold the potential to support independence for older adults with long-term mobility disabilities, as they may experience challenges engaging in daily activities. The aim of the current study was to utilize a comprehensive approach with an interdisciplinary team to improve understanding of how to integrate smart technology into older adults' homes. We focused on identifying functionality that would be useful to them, understanding their perceptions, and developing instructional support. We conducted interviews among older adults with, and without, long-term mobility disabilities to better understand their attitudes towards digital assistants, identify needs for instructional support, and test the usability of our instructional protocol. The overall goal of this research is to improve understanding of older adults' perceptions of these technologies and identify usability challenges within the home. The instructional protocol offers support by reducing the identified barriers to initial adoption and continued use to promote aging-in-place and improving overall quality of life for older adults with long-term mobility disabilities.

## BARRIERS TO ORAL HEALTH IN THE OLDER POPULATION

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A strong challenge is posed for patients and their caretakers by the growing need for promoting oral healthcare for this population, as research substantiates the connection between oral health and systemic health. This study identified the major barriers to providing optimal oral care to the older population. Fifty patients aged 60 and over visiting the Columbia University College of Dental Medicine Clinic were administered a questionnaire which reflected possible barriers to oral health care. Statistical analysis of data revealed that the top three barriers in order of relevance were the (1) cost of treatment, (2) anxiety, and (3) transportation. The youngest old (60-69) indicated that the lack of time and conflict with work schedules were additional barriers, while the older sample (70+) experienced obstacles due to disability and illness. When gender differences were analyzed, transportation was the most significant as a barrier among males, and fear/anxiety was most significant for females. Ethnically, non-Hispanics indicated that (1) shortage of time, (2) anxiety, and (3) lack of social/physical support were significant barriers. Findings indicated that even those with Medicaid insurance coverage believed that the cost of dental treatment and caregiving responsibilitieswere major barriers to seeking care. Conversely, even those without dental insurance indicated that disability and illness were barriers to seeking care. This pilot study highlighted various barriers to oral health care and highlighted the need for intervention to address barriers, such as social services, expanded Medicaid coverage, and transportation assistance, to ultimately improve access to optimal oral health care.

## LONG TERM OUTCOMES OF THE IN-HOSPITAL MOBILITY INTERVENTION (WALK FOR) IN A SAMPLE OF OLDER ADULTS

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Evaluation of in-hospital mobility programs is usually short-term. To examine the sustainability of Walk-FOR (Walk for Outcome and Recovery), an in-hospital mobility program in internal-medicine older (70+) patients, we conducted a quasi-experimental pre-post four-group comparative study. Walk-FOR incorporated policies encouraging patients to walk more than 900 steps/day and addressed conditions limiting patients' in-hospital mobility. Self-reported mobility was assessed in intervention (N=159), control (N=154) and two-year follow-up groups: previous-intervention (N=75) and non-intervention (N=95) units. Two-years post-implementation, in previous-intervention units 82.7% of patients reported walking at least twice a day outside their room, similarly to the within-implementation intervention phase (81.2%, p=ns) and significantly more than in the control group (57.2%, p<.0001). No differences in walking were found between intervention and non-intervention units (84.2%, p=ns) two-years post-implementation. Multivariate