had ≥high school education. Average Barthel(ADL) score was 81.5±22.8 and Lawton(IADL) score was 5.8±2.2. Younger Veterans (age<70) were more likely able to use Internet ((117(65%) vs 74(46%)),(p≤0.01) and email (106(58.9%) vs 67(41.6%),(p≤0.01). They were also more likely enrolled in MyHealtheVet (87(48.3%) vs 58(36%),(p=0.043). Secure messaging was used by 62(34.3%) younger and 37(23%) older Veterans,(p=0.026). More higher functioning Veterans (140(55.1%)) used email than lower functioning (33(37.9%)),(p=0.018). Among higher functioning Veterans, 148(58.3%) were willing to use videoconference for care coordination and 116(45.7%) owned a smartphone or computer with camera for this; more than lower functioning Veterans (33(37.9%) and 28(32.2%)), (p≤0.01 for both). Less dependent Veterans preferred to be contacted via cell-phone (88(62.4%)) or Internet (10(7.1%)) compared to the more dependent (96(48%) and 6(3%)) respectively (p=0.01). Only 71(44.1%) of older Veterans were willing to use videoconference (p≤0.01) and 54(33.5%) owned a smartphone or computer with camera,(p≤0.01). There are significant variations in technology use by age and ethnicity. However, although there are differences by functional ability, a significant number of disabled veterans are willing and able to use technology, and this may provide a way to address access barriers in this population.

WEBCAMERA-BASED VISUAL PAIRED COMPARISON AS A REMOTE COGNITIVE SCREENING METHOD

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Alzheimer's disease (AD) is a form of dementia impacting memory and cognitive function of 131 million individuals worldwide. Though early cognitive decline detection is important, cognitive screening is limited among older adults and many cases go undetected. As easy-to-use cognitive assessments are not readily available to the general population, the purpose of this investigation was to determine the ability of a 5-minute webcamera-based eye-tracking cognitive assessment to discriminate between cognitively intact adults and adults with mild cognitive impairment (MCI) or AD. This prospective study included 56 participants (age=55.9±26.8) divided into three groups: younger cognitively intact (ages 18-46 years, n=25), older cognitively intact (ages >60 years, n=20), and older cognitively impaired participants with MCI or AD (ages>60 years, n=13). All participants completed the Digit Symbol Substitution Test (DSST) and Visual Paired Comparison test (VPC) to assess cognition. One-way ANOVA detected differences in cognition between groups. A Pearson correlation determined the association between cognitive assessments. Additionally, multiple regression determined the ability of VPC and age to predict DSST scores. Results revealed significant differences between cognitively intact and cognitively impaired groups for VPC (p=.001) and DSST (p<.001). Follow-up analyses revealed significant differences between cognitively intact and cognitively impaired adults (p=.005) with no differences between younger and older cognitively intact adults (p=.34). There was a significant association between the VPC and DSST cognitive assessments (r=.54, p<.001), with VPC and age accounting for 69% of the variation in DSST.

These results support the use of webcamera-based VPC as a viable option when screening tool MCI/AD.

FEASIBILITY OF MOBILE HEALTH FOR LOW-INCOME MINORITY HISPANIC PATIENTS WITH A STROKE

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Stroke is a leading cause of death and functional impairment that disproportionately impacts Hispanics. Several studies have supported the feasibility of mobile health interventions (mHealth) to provide health monitoring and patient education for improving chronic disease management, but none have focused on Latino stroke patients. The Hispanic Secondary Stroke Prevention Initiative is a randomized study of 200 stroke patients designed to evaluate the impact of a 12-month multi-modal Community Health Worker (CHW) and mHealth intervention on blood pressure control. Eligible participants were Latinos who experienced a mild-moderate stroke within the last five years. The CHW component included home visits, telephone calls, and daily text messages to obtain home blood pressure readings and provide patient navigation and health education. Feasibility was defined as the proportion of patients that responded to at least half the messages. Pre-post paired t-tests assessed improvements in question accuracy while correlation coefficients highlighted improvements in response rates. Among the 65 participants randomized to the intervention, the response rate was as follows: 37% - >50% response, 21% - 25-50%, 19% - 10-25%, and 23% - <10%, This finding suggests that mHealth interventions may be challenging in this population. However, the proportion of questions answered correctly increased from 63% to 84% in the intervention period's last two months (p<0.05). There was a positive correlation between increased response rates and response accuracy to patient education assessments (r=0.82, p<0.05). These improvements in health knowledge suggest that a subset of patients may benefit from mHealth interventions, and the benefit correlates with use.

NOVEL REMOTE ASSESSMENT OF THE STANDING POSTURAL CONTROL IN YOUNGER AND OLDER ADULTS USING SMARTPHONE APPLICATION

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In older adults, assessment of standing postural control under various task and/or environmental conditions provides valuable insight into cognitive-motor function. To date, however, such assessments have been limited primarily to laboratory or clinical settings. We therefore created a smartphone App to enable remote assessments of postural control. This App provides users with standardized multi-media instructions and harnesses the phone's internal motion sensors to capture postural sway, with the phone placed in the user's pants pocket, during trials of standing with eyes open, eyes-closed,