

sample of 150 female aged 45 years or over from the community in southern Taiwan. Sociodemographic status, sleep diary and eating behavior were collected by questionnaires; behavioral circadian rhythm were monitored with the wrist-worn application. Four middle-aged participants were interviewed. Preliminary data show three main findings: (1) Sleep efficiency was decrease with age, (2) First meal within 2 hours after waking up was associated with higher amplitude (2.24 vs 1.43 log count), relative amplitude (0.92 vs 0.71), middle to vigorous physical activity time (101.22 vs 58.41 minute), lower lowest active 5 hr midpoint (2.63 vs 4.34 hour) and acrophase (13.67 vs 15.75), (3) Participants with morning chronotype have less sedentary behavior and higher most active 10 hr during wake time. Age and timing of first meal after waking up seem dominating circadian rhythm. Chronotype might be a significant factor for physical activity level. More data is needed to further confirm the association.

#### DEVELOPMENT & TESTING OF A COMPREHENSIVE DIGITAL SELF-CARE SUPPORT SYSTEM FOR OLDER ADULTS WITH CHRONIC CONDITIONS

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This 3-phase study involves the conceptualization and design, development and usability testing of a Comprehensive Digital Self-care Support System (CDSSS) named myHESTIA for older adults with multiple chronic conditions (MCC). The objective of this study was to test whether a CDSSS can be developed for those who are dealing with MCC and whether such a system that is specifically developed for older adult patients will enable daily capture of self-care data. Participants for this 3-phase study included: 10 older adults (age>60) and 10 caregivers in Phase 1; 15 Geriatrics clinicians and 25 community-dwelling low-income older adults in Phase 2; and, 10 older adults (age>60) with MCC in Phase 3. Agile method of system development was used for the design and development of the system. The first two phases involved collecting data for designing and developing myHESTIA. The third phase involved small group usability and feasibility testing, in which the participants used myHESTIA trackers for 4 weeks. Results from phase 3 shows daily inputs were possible and the self-reported data shows that it was not at all difficult for older adults to track their symptoms daily. User experience data (n=10) shows overall positive experience along pragmatic (5.8 out of 7), hedonic (4.6 out of 7), sociability (5.5 out of 7) and usability (6.3 out of 7) experience dimensions. Finally, all the participants (n=10) who completed the phase 3 study reported intention to continue using myHESTIA. Results indicate that it is feasible to design a CDSSS for older adults with MCC.

#### MEET CAREGIVERS WHERE THEY ARE: A REMOTE INTERVENTION CONNECTING CAREGIVERS TO COMMUNITY RESOURCES

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Informal caregivers of people with Alzheimer's disease and related dementias (ADRD) are a vulnerable, often isolated population with high rates of financial strain and need for community resource supports. Little is known about how best to connect these caregivers to resources, especially during the COVID-19 pandemic. CommunityRx-Caregiver is an evidence-based intervention that connects caregivers to community resources for basic needs, wellness, and caregiving. Using preliminary data from a randomized trial of CommunityRx-Caregiver (N=344), we examined caregivers' baseline confidence in finding community resources and their engagement in the CommunityRx-Caregiver intervention. Caregivers enrolled December 2020-February 2021 (n=26) received (1) personalized lists of community resources via text message (HealthRx), (2) access to an online resource portal (FindRx) and (3) automated texts offering support for finding resources. Most caregivers were female (65%), Black (92%), >60 years old (64%) and 44% reported very good or excellent health. Nearly half of caregivers (46%) were completely confident in finding community resources. Overall, 81% of caregivers engaged with a text message or the FindRx. Nearly two-thirds (65%) of caregivers responded to at least one text message. More than a quarter (27%) used the FindRx tool; 5/7 of those shared FindRx resources with others. Caregivers sought resources including in-home personal care, exercise classes and support groups. Caregivers of people with ADRD, many of whom had low confidence in finding resources, engaged with a multi-modal information technology-based intervention to obtain community resource support. These preliminary findings suggest caregivers were receptive to a remotely-delivered community referral intervention during the COVID-19 pandemic.

#### NOVEL TECHNOLOGY SUPPORT PROGRAM FOR OLDER ADULT PROGRAM WITH INTERPROFESSIONAL GERIATRICS STUDENTS

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During the COVID-19 pandemic, many older adults were not receiving primary care services because they could not negotiate the technology for telehealth visits. Coupled with persisting pandemic physical distancing, increased social isolation in older adults was- and continues to be a significant problem. To combat these issues, we aimed to 1) prepare older adults for longitudinal isolation by encouraging social connectedness, and 2) enable older adults to safely access remote primary care services during the pandemic. We paired older adults from 9 housing sites in Los Angeles, CA with health professions graduate students from 9 programs at USC (N = 88 dyads) and provided iPhones to participants without a smartphone. Students educated and