

adults are multidimensional in that disparities are due to multiple, interacting factors such as socioeconomic status, disability status, geographic location, and race/ethnicity. Achieving health equity in late-life requires innovative strategies to address interconnected environmental, sociocultural, behavioral and biological factors that impede opportunities to achieve optimal health and quality of life. This symposium will present state-of-the-art innovations and strategies employed among socially disadvantaged racial, ethnic, and other population groups, and communities. We will discuss innovations in the workforce enhancements with older adult peer support specialists and community health workers, community engagement techniques in program design, and digital solutions aimed at addressing multiple dimensions of health in older adults.

OLDER ADULT PEER SPECIALISTS' ROLE IN REDUCING LONELINESS AMONG PEOPLE WITH MENTAL HEALTH CONDITIONS

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PeerTECH is a peer-delivered and technology-support integrated medical and psychiatric self-management intervention developed by peers. A pre/post trial by our group has shown PeerTECH is associated with statistically significant improvements in self-efficacy for managing chronic disease and psychiatric self-management skills. This presentation will discuss the feasibility and potential effectiveness of using ecological momentary assessments (EMA) with older adults with mental health conditions to allow us to recognize early signs of loneliness and intervene as early as possible in real-world settings. EMA involves repeated sampling of an individual's behaviors and experiences in real time, real-world environments on the smartphone application. Then, we will discuss the main and interactive effects of loneliness and factors linked to mortality. In conclusion, we will discuss potential effectiveness of PeerTECH with older adults with SMI.

TELEHEALTH-DELIVERY OF A MULTICOMPONENT OBESITY INTERVENTION IN OLDER, RURAL ADULTS WITH OBESITY

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Older, rural residents with obesity aged ≥ 65 years have reduced access to health promotion programs due to geography. We conducted a 26-week intervention of 24 older obese adults (BMI ≥ 30 kg/m²) in a geographically isolated area in Northern New England. The telemedicine delivered intervention consisted of individual, weekly, dietitian visits focusing on caloric restriction, and twice-weekly physical

therapist-led group strength training classes. Participants' age was 73.4 \pm 4.4years (79% female); pre-post assessments consisted of bioelectrical impedance-based body composition, functional measures, and satisfaction questionnaires. Feasibility was high (50% enrolled, 85% completed). Weight decreased 4.5 \pm 3.8kg (4.5 \pm 0.5%; 48% achieving $\geq 5\%$), 30s sit-to-stand improved (+3.8 \pm 4.1repetitions), as did 6-minute walk, +76.2 \pm 70.1m (all $p < 0.001$). Appendicular mass did not change (+0.20 \pm 2.3kg); % body and visceral fat both decreased (-1.8 \pm 2.8% [$p = 0.009$], -1.2 \pm 2.7L [$p = 0.025$]). Participants endorsed telemedicine (96%); 78% preferred a home-based study. Satisfaction was high (4.2/5) and only 17% faced difficulties. Despite geography, this intervention holds promise in improving physical function.

PREVENTING CARDIOMETABOLIC DISEASE IN HIV-INFECTED LATINO MEN: THE HAPPY OLDER LATINOS HEALTH PROMOTION STUDY

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Older Latinos living with HIV have been disproportionately affected by the epidemic and experience compounded health disparities that have deepened over time. Eighteen Latinos living with HIV with a mean age of 60.3 years (SD=6.4) were enrolled in the Happy Older Latinos are Active (HOLA), a community health worker-led, multicomponent, health promotion intervention. Participants were assessed at three time points on measures of cardiometabolic risk and psychosocial functioning. We evaluated the feasibility of recruitment, retention, acceptability, and implementation of HOLA. In 4 months, we met our enrollment target with <5% of eligible participants refusing participation. Participants attended over 70% of sessions and 1 participant was lost to follow up. These results indicate that HOLA is an innovative health promotion program that is uniquely tailored to address the multiple concerns that are prevalent in this community (cardiometabolic risk, psychological distress) in a nonstigmatizing and culturally acceptable manner.

DIGITAL TECHNOLOGIES AS A MEANS TO REDUCING MENTAL HEALTH DISPARITIES: THE ROLE OF ETHNICITY, SES, AND GEOGRAPHY

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This presentation discusses the importance of using digital technologies on reducing mental health disparities among older adults from diverse backgrounds. This talk primarily focuses on the role of ethnicity, socioeconomic status and geography. First, the speaker presents the current status of digital technology use among older adults and how different levels of digital technology use affect mental health disparities by ethnicity, SES, and place of residence. Second, the speaker introduces a recently funded government project on developing an IoT-based home system (Internet of Things) to screen mild cognitive function for Korean older adults. Lastly, the speaker discusses potential implications, as well as directions for future research on using digital technologies to reduce mental health disparities among diverse populations.