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VA mental health self-management mobile applications (apps) teach evidence-based skills such as mindfulness and behavior activation. Older Veterans are likely to benefit from learning these skills, but many need assistance learning to use their mobile devices. To bridge this knowledge gap, we developed a clinical program (Geri-Mobile Health) and accompanying patient education materials to help older Veterans use apps to meet their mental health and well-being goals. The program provides personalized coaching support consisting of (1) teaching basic mobile device use; (2) selecting a goal-consistent app; and (3) encouraging behavior change using the app. The presentation will describe the preliminary outcomes and implementation process. Initial results suggest that the program is feasible, acceptable, and may increase mobile device proficiency for novice users. Additionally, we disseminated 1,418 sets of education materials to providers in 21 states. Challenges and successes at the local and national levels will be discussed.

TECHNOLOGY-BASED INTERVENTIONS TO IMPROVE CAREGIVER WELL-BEING

Kaci Fairchild,[1] Shirit Kamil-Rosenberg,[2] Heather Taylor,[2] Peter Louras,[3] Blake Scanlon,[2] Jonathon Myers,[2] and Jerome Yesavage[3], *1. Sierra Pacific MIRECC at VA Palo Alto, Palo Alto, California, United States, 2. VA Palo Alto, Palo Alto, California, United States, 3. Palo Alto University, Palo Alto, California, United States, 3. VA Palo Alto / Stanford University School of Medicine, Palo Alto, California, United States*

Informal or unpaid care is the most common form of long-term care. Despite clear benefits for the care recipient, caregiving can have unintended physical and emotional consequences for caregivers. Traditional caregiver interventions are limited in scope, as they often focus on the emotional consequences of caregiving; however, the physiological effects of caregiving are equally deleterious to caregiver health. Exercise improves physical health, yet the demands of caregiving can limit participation in physical activity. Traditional gym-based interventions may not be feasible for many caregivers. Advances in technology present an opportunity to address these limitations, specifically in the areas of accessibility and acceptability. The Combined Online Assistance for Caregiver Health (COACH) program combines evidence-based skills training with physical exercise in a tablet-based intervention. Preliminary evidence for the physical and psychological benefits are promising; however, differential attrition rates are informative as to the acceptability of technology-based interventions among some caregivers.

ADAPTING MINDFULNESS-BASED COUNSELING FOR THE TELEPHONE: A PILOT STUDY FOR CAREGIVERS AND VETERANS WITH DEMENTIA

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Optimizing Dementia Care in Veterans with Dementia is a randomized, controlled, pilot study examining outcomes for Veterans and their caregivers at 6- and 12-months for two telephone-based interventions: a) Benjamin Rose Institute's (BRI) Care Consultation (CC), and b) CC + Counseling (CC+C). Counseling modules are integrated into the existing BRI CC framework using guided mindfulness-based skill-building exercises on various content domains (e.g., grief, identity, intimacy, stress management). Sixty-four caregivers and 47 Veterans (M = 74.3 years, MOCA Score M = 15.5) have been randomized in this ongoing pilot study. Caregivers are 91% female, 32% Black/African American, and 72% spouses. Preliminary implementation and 6-month outcome data is discussed (e.g., reaction to behavioral distress, mindfulness, depression, quality of life) using within-group paired samples t-tests for the 32 dyads randomized to CC+C. Lessons learned include strategies for adapting mindfulness-based approaches over the telephone to enhance access for Veterans and caregivers across geographic regions.

SESSION 2540 (SYMPOSIUM)

INTEREST GROUP SESSION—ENVIRONMENTAL GERONTOLOGY: PRECARIOUS AGING IN PLACE? CRITICAL PERSPECTIVES ON AGING IN CONTEXTS OF INSTABILITY

Chair: Jessica M. Finlay, *Social Environment and Health, Institute for Social Research, University of Michigan, Ann Arbor, Michigan, United States*
Co-Chair: Jarmin C. Yeh, *University of California, San Francisco, California, United States*

Population aging and longevity in an era of immense environmental instability raises concerns about the precarity of aging and insecurity in later life. From home- and neighborhood-level insecurities to uncertainties generated by climate change or broad economic and sociopolitical upheaval across the globe, the factors contributing to instabilities relevant to older populations are heterogeneous in scale and cause. This symposium focuses on understanding older people's needs and experiences in the context of unstable social, economic, political, and natural environments. The first paper investigates effects of socio-environmental disruption on the well-being, recovery, and resilience of older adults in Louisiana and Mississippi deeply affected by Hurricane Katrina. The second paper explores the confinement, exclusion, and loss of autonomy, as well as the creative negotiation and sociopolitical reclamation of space, among disabled older adults experiencing houselessness. The third paper discusses filmmaking with formerly homeless older adults as a method to engage marginalized individuals in community-based participatory research and better understand nuanced meanings of 'home'. The fourth paper explores how transportation and technology can serve as both facilitators and barriers to accessibility and social connectivity among ethnically diverse low-income older adults. Altogether, the papers critically

discuss novel scholarship and applied research in environmental gerontology from the micro to macro scale. The symposium inspires methodological innovation and critical research directions, and informs place-based policymaking to address diverse contexts of aging in place.

OLDER ADULT DISASTER RECOVERY FOLLOWING HURRICANE KATRINA

Alexis Merdjanoff,[1] David Abramson,[1] Rachael Piltch-Loeb,[1] and Yoon Soo Park[2], *1. New York University, New York, New York, United States, 2. University of Illinois - Chicago, Chicago, Illinois, United States*

This study explores the effects of environmental disruption on older adult well-being, recovery and resilience following Hurricane Katrina. It is based upon the Gulf Coast Child and Family Health Study, a longitudinal cohort of 1,079 residents from Louisiana and Mississippi highly affected by the storm. Using five waves of data collected over the last 12 years, analyses examine the drivers of long-term recovery by age group, including factors such as household income, physical health, mental health, stable housing and social support. Path analyses compare the influence of these drivers on recovery among younger adults (18-54), the young-old (55-64), mid-old (65-74) and old-old (75+). Results demonstrate that each age group relies on specific factors to improve their recovery, and that only a small number of factors are critical for older adult recovery. Results can help identify points of intervention for disaster recovery planning that can facilitate long-term recovery for older adults.

CHARACTERIZING THE EFFECTS OF HOSTILE ARCHITECTURE ON THE HEALTH GOALS OF HOUSELESS ELDERS

Ian M. Johnson[1], *1. University of Washington, Seattle, Washington, United States*

Over 12,000 residents of Seattle experienced houselessness in 2018—among them, 70% reported having health conditions, 17.5% were over 50, and over half do not access emergency housing services. Local governments increasingly use strategies aimed at deterring unhoused populations from using public space. This research aimed to characterize the effects of urban planning interventions on the health goals among older disabled adults experiencing houselessness. Agency-based focus groups were conducted with adults over 50 who self-identified as disabled and met the federal criteria for homelessness. Through participatory mapping methods, constituents identified places where opportunities and barriers toward achieving health goals were experienced. Findings indicate lived experiences of confinement, exclusion, and loss of autonomy as well as creative negotiation and reclamation of space. This research equips advocates and providers with spatial data to increase public awareness, enrich local advocacy efforts, and offer new methodologies for enhancing social work perspectives on place and aging.

COMMUNITY-BASED PARTICIPATORY RESEARCH FILMMAKING WITH FORMERLY HOMELESS OLDER ADULTS

Victoria F. Burns[1], *1. University of Calgary, Calgary, Alberta, Canada*

This methodological paper discusses the process of co-creating a documentary film with seven formerly homeless older adults, highlighting some of the tensions carrying out community-based participatory research (CBPR). This paper is part of a larger study that explored 'finding home' through a series of individual and group audio and video-recorded interviews (including walk and drive alongs) with seven adults (aged 50+) with diverse homeless histories. In addition to the main findings, participants shared their experience of filmmaking and CBPR. Findings revealed four main tensions: 1) openness of sharing stories versus privacy and anonymity; 2) balancing participation/engagement and over-burdening; 3) negotiating interpersonal conflict and community building; and 4) ethical issues surrounding copyright and ownership of the film. Ultimately, we advocate for more CBPR film projects, as they not only provide a rich contextualized window into people's everyday lives but serve to advance the voices of marginalized populations beyond traditional academic circles.

SOCIAL HEALTH, MOBILITY, AND TECHNOLOGY: ACCESSIBILITY WITHIN AGE-FRIENDLY COMMUNITIES

Haley B. Gallo,[1] Lia W. Marshall,[2] Lené Levy-Storms,[3] Kathleen H. Wilber,[1] and Anastasia Loukaitou-Sideris[4], *1. Leonard Davis School of Gerontology, University of Southern California, Los Angeles, California, United States, 2. Department of Social Welfare, University of California Los Angeles, Los Angeles, California, United States, 3. Department of Social Welfare, University of California Los Angeles, Department of Medicine/Geriatrics, University of California Los Angeles, Los Angeles, California, United States, 4. Department of Urban Planning, University of California Los Angeles, Los Angeles, California, United States*

To explore how access to transportation and technology/social media influence social connectivity among an ethnically diverse group of vulnerable low-income older adults, six focus groups were conducted (N=48) in English, Spanish, and Korean at a senior services agency. Qualitative thematic analyses revealed overarching themes that fit within the World Health Organization's Age-Friendly Domains of Livability. The sub-theme "barriers and facilitators to accessibility" ran through each of the overarching themes, demonstrating how specific factors of the built, social, and community health environments intersect to promote or hinder social connection. Although transportation and technology uses were linked to social engagement, challenges with the built environment and limited financial resources hindered older adults' abilities to remain engaged in their communities, both in-person and electronically. Age-Friendly initiatives must continue to consider the community-specific barriers and facilitators for older adults to remain physically and socially connected to the community.

SESSION 2545 (SYMPOSIUM)

REDUCING HEALTH DISPARITIES IN THE ERA OF VALUE-BASED CARE

Chair: Amit Kumar, *Northern Arizona University, Flagstaff, Arizona, United States*