

that promote physical activity and enhance mental health. This presentation will highlight the benefits and importance of evidence synthesis to the development of models of care.

SESSION 1295 (SYMPOSIUM)

USING ACCESSIBLE TECHNOLOGY TO SUPPORT CAREGIVERS OF PERSONS WITH DEMENTIA

Chair: Katie Maslow, *Gerontological Society of America, Washington, District of Columbia, United States*

Co-Chair: Scott A. Trudeau, *American Occupational Therapy Association, Bethesda, Maryland, United States*

Discussant: Sara J. Czaja, *Weill Cornell Medicine, New York, New York, United States*

There is widespread enthusiasm about the potential of technology in general to support persons living with dementia and their families and other caregivers. At the same time, recommendations from the 2017 National Research Summit on Care, Services, and Supports for Persons with Dementia and their Caregivers emphasize the need for research to develop, evaluate, and disseminate specific technologies that can achieve meaningful benefits for well-defined subgroups of persons living with dementia and their caregivers, including individuals from diverse populations and individuals who live and receive care in various settings. This symposium focuses on specific home-based technologies to help family caregivers of community-living persons with dementia. Our three speakers will talk about research results for three different technology-related interventions, including: use of home video telehealth visits to help family caregivers provide effective dementia care and provide medical management; use of home video assessments by occupational therapists to help family caregivers increase home safety for community-living persons with dementia; and approaches for making a self-paced Home Safety Toolkit available to family caregivers of community-living veterans with dementia. Each speaker will report both positive outcomes, including family caregiver satisfaction, and barriers encountered in delivering the interventions. Such barriers include difficulties with the technologies as well as caregiver reluctance to change and costs that were not covered by health care insurance or health systems. Our discussant will respond to the presentations and solicit audience questions and discussion.

DEMENTIA CAREGIVER EMBRACE OF HOME VIDEO TELEHEALTH VISITS

Lauren Moo¹, *1. Geriatric Research Education & Clinical Center, Bedford, Massachusetts, United States*

Bringing people with dementia to in-person medical visits can be logistically challenging for family caregivers, especially when they themselves are older adults with their own health or mobility challenges, when they live far from the clinic, or when they have to combat inclement weather. Our dementia management clinic has successfully trialed video visits into the home. Video sessions have been welcomed by many dementia caregivers citing reduced travel and less disruption of daily routine as the primary benefits of participating. Caregivers report equivalent visit satisfaction compared to in-person visits. While technical issues

have been common, most were just brief audio or video lags. Expansion of HIPAA compliant telemedicine software options across devices is increasing the population of caregivers who are able to participate in home video visits. (127 words)

CAREGIVER EXPERIENCE OF TELEHEALTH-DELIVERED HOME SAFETY EVALUATIONS

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People with dementia are living in the community, necessitating in-home supports for their day-to-day needs. Given geriatrics work force shortages, innovative strategies that increase the reach of extant providers while maintaining quality are needed. Home-based video telehealth may increase access to specialty care such as a dementia-focused home safety evaluation by an occupational therapist; however, little is known about the technological demands and caregiver experience of a home safety evaluation delivered by telehealth. Our study employed video telehealth to deliver a dementia-focused home safety evaluation compared to in-person evaluation for caregivers (n=10) of veterans with dementia. Most video visits encountered technological problems. Caregiver experience between the video and in-person evaluations differed. Our findings reflect the highly dynamic, complex nature of in-home video telehealth which requires maximal collaboration with caregivers. By explicating the resource demands and potential burden of video telehealth for caregivers, development of effective in-home telehealth evaluation is enhanced

IMPLEMENTING HOME SAFETY TOOLKIT TO CAREGIVERS OF VETERANS WITH DEMENTIA

Scott A. Trudeau¹, *1. American Occupational Therapy Association, Bethesda, Maryland, United States*

The purpose of this project was to study the processes necessary to make a Home Safety Toolkit (HST) for Veterans with dementia accessible to veterans and their caregivers. This Type 3 Implementation-Effectiveness Hybrid Research Design, included diagnostic analyses of the current processes by which Veterans receive home safety items, and identification of modifications necessary in order to provide the HST to Veterans with dementia. Two Veterans Health Administration Networks, one in the Northeast and one in the Mid-Atlantic region, participated. A formative evaluation used semi-structured interviews with key staff informants and caregivers identified facilitators and barriers to successful acquisition and use of home safety items. Qualitative data analysis reveals key barriers of time and cost, selection of best items, and caregiver reluctance to change. There was resounding support from caregivers regarding the potential benefits of self-paced toolkit including education and home safety items to implement for their veteran.

SESSION 1297 (SYMPOSIUM)

EAST MEETS WEST: IMPROVING HEALTH AND LONG-TERM CARE FOR OLDER ADULTS IN THE U.S. AND CHINA

Chair: Bei Wu, *New York University, New York, New York, United States*