

Stabilizing certified nursing assistant (CNA) employment is necessary for maintaining care networks and providing high quality of care for nursing home (NH) residents. This study's objective was to examine the relationship of high wages and empowerment practices on CNA retention. We used the 2015 Ohio Biennial Survey to construct a facility-level dataset of 547 NHs and estimated multivariable linear regressions. NHs that provided both high wages and high empowerment were associated with a 12.95 percentage-point improvement in the CNA retention rate (SE = 4.53, t-value = 2.86, $p = 0.0045$). High wages and a high empowerment score did not have significant effects individually ($p > .05$). Retention rates were similar between NHs that lacked high wages and scored low on the empowerment scale, and NHs that provided one at a high level but not the other. Implications for better retaining CNAs require multiple empowerment practices combined with high hourly wages.

AGING ON THE AUTISM SPECTRUM: AN EXPLORATION OF SOCIAL NETWORKS AND IMPLICATIONS

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Social isolation is associated with poor health and well-being in older adults. Little is known about isolation in persons aging on the Autism Spectrum (AS), a group with varied physical and mental health comorbidities. The purpose of this study was to explore social networks of adults aging on the AS. We conducted in-depth interviews ($N=30$) with adults on the AS (age 50+) and analyzed findings using a constant comparative method. Findings suggest that older adults on the AS struggle to build and maintain social networks over the life course, in large part, because of challenges with communication and trust. Implications of isolation include challenges with community supports and employment. We propose several social convoy models and intervention mechanisms to support this population--as their social networks narrow over time, and they face aging-related challenges without the buffer of strong social relations.

MULTIDISCIPLINARY EMERGING PERSPECTIVES ON BUILDING AND MAINTAINING NETWORKS IN AGING

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This presentation is a reflective piece on developing and staging of the inaugural Gerontology Student Workforce Day at the Georgia Capitol held in January 2016 through coordination with the state-level Council on Aging (GCOA: Georgia-Council-on-Aging). The aims of this initiative focused on bridging students' gerontology education and career aims with current legislative concerns for older adults at the state level through networking and advocacy efforts. We also sought out to highlight to state legislators the necessity to support gerontology education. Results of

this networking engagement included educating state legislators on both the role of gerontology education to support the needs of older residents at the community-level and highlighting to both parties the impact of gerontology professionals on the state's workforce. As a result, we engaged gerontology students and early career aging professionals in high-impact networking opportunities focused on service and policy efforts with state legislators and local AAAs (area-agencies-on-aging).

SESSION 2535 (SYMPOSIUM)

INTEREST GROUP SESSION—AGING VETERANS: EFFECTS OF MILITARY SERVICE ACROSS THE LIFE COURSE: OPTIMIZING VETERAN AND CAREGIVER WELL-BEING THROUGH TECHNOLOGY

Chair: Christine E. Gould, *VA Palo Alto Health Care System, Palo Alto, United States*

Co-Chair: Julia Loup, *University of Alabama, Department of Psychology, Tuscaloosa, Alabama, United States*

Discussant: Laura O. Wray, *VA Center for Integrated Healthcare, Buffalo NY, United States*

Older Veterans account for more than half of Veterans receiving care through the VA. Many suffer from dementia, traumatic brain injuries, and mental health disorders, resulting in complex care needs, which may include need for caregiver support. Innovative approaches using technology have the potential to improve access to treatments that improve the well-being of older Veterans and their caregivers. This symposium will present data from three Veterans Health Administrative investigators who are examining the impacts of innovative technology-delivered interventions. First, Dr. Michelle Hilgeman will describe preliminary 6-month outcome findings from a telephone-delivered Care Consultation + Counseling (CC+C) intervention for Veterans with dementia and their caregivers. Second, Dr. Kaci Fairchild will detail the background, methodology, and preliminary results of The COACH Project (Combined Online Assistance for Caregiver Health). The COACH Project is a mobile-delivered intervention consisting of exercise and caregiver skills training designed to reduce caregiver burden in those caring for someone with cognitive impairment. Third, Dr. Christine Gould will describe the development and feasibility of the Geri-Mobile Health clinic, which helps older Veterans use VA mental health apps to meet their well-being and mental health goals. Dr. Gould will describe the clinic's personalized coaching method to support Veterans unfamiliar with apps and will share findings regarding the program's acceptance, feasibility, and preliminary outcomes. Dr. Laura Wray, the executive director of the VA Center for Integrated Healthcare, will serve as the discussant. She will comment on implementing these interventions in primary care settings and the potential barriers to their adoption.

GERI-MOBILE HEALTH: DEVELOPMENT AND FEASIBILITY OF A PROGRAM TO HELP OLDER VETERANS USE VA MENTAL HEALTH MOBILE APPS

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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 Shirin Kamil-Rosenberg,² Heather Taylor,² Peter Louras,³ Blake Scanlon,² Jonathon Myers,² and Jerome Yesavage³, 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 homelessness. 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