

Disability, Living, and Rehabilitation Research (NIDILRR), with the aim of supporting older adults with CI (MCI, CI as a result of traumatic brain injury or stroke) through adaptive and individualized technology solutions.

STRATEGIES TO IMPROVE HEALTH TECHNOLOGIES FOR OLDER ADULTS WITH COGNITIVE IMPAIRMENT AND DEMENTIA

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Technology may improve health self-management of older people with cognitive deficits, yet these individuals may have unique needs influencing its utility. This study's purpose was to gather current strategies described in the literature and by expert stakeholders for utilizing digital health technologies in older adults with cognitive impairment (CI) or dementia. We conducted a rapid literature review to identify articles that featured digital health technology use in persons with CI/dementia. Additionally, we conducted interviews (n=12) with expert stakeholders who were identified through online academic, professional, and community organization biographies and snowball referral. Qualitative-based thematic analysis was used to identify emergent themes from selected literature and transcribed interviews. Recommended strategies addressed instructional methods (e.g., reducing distractions), technology adaptations (e.g., simplified interface), care partner involvement, and dosage/exposure. Findings are applicable to development of technology-driven interventions and products, with the aim of improving the effectiveness of such technology for older people with CI/dementia.

PREDICTING ENGAGEMENT WHILE PLAYING COMPUTER GAMES IN OLDER ADULTS WITH AND WITHOUT DEMENTIA

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The purpose of this study was to determine what factors predict the level of engagement of older adults, with and without dementia, while playing computer games. Fourteen older adults with and without dementia (60%/40%) played a computer game over 16 sessions, each for 30 minutes. Variables included participants' demographics, game-play data and environmental factors. Mixed fixed model for longitudinal data analysis design was used to determine how these variables predicted engagement. Five variables predicted engagement at a statistically significant level: Participant's performance (B1=+0.16, p<0.03), age (B2=+0.20, p<0.00), previous experience with computer games (B3=+1.021, p<0.02), positive emotions (B4=+0.16, p<0.00), and distractions (noise) during gameplay (B5=-1.07, p<0.05). Cognitive impairment and general health status were correlated with engagement, but these correlations were not statistically significant. Previous experience using computer games and distractions during gameplay were the most important

predictors of engagement while older adults with and without dementia played computer games.

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DEMENTIA, COGNITIVE IMPAIRMENT, AND MENTAL ILLNESS: PRESENTER DISCUSSION

BARRIERS AND FACILITATORS FOR OLDER ADULTS WITH SERIOUS MENTAL ILLNESS TO UTILIZING MEDICAID SMARTPHONE SERVICES

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As increasingly more older adults in the general population utilize smartphones to access health services, the digital divide between older adults with serious mental illness (SMI) and the general older adult population continues to widen. The purpose of this study was to examine older adult peer support specialists' and older people with SMI's perspectives of barriers and facilitators to utilizing Medicaid Safelink smartphone services. Data from two focus groups and five semi-structured interviews from older adult peer support specialists (N=10) and older adults with SMI (N=15) were analyzed using the Consolidated Framework for Implementation Science Research. A mixed methods convergent design integrated quantitative with qualitative data. Older adults with SMI (N= 15) had a mean age of 55 years and were mainly women (70%) and White (100%). Certified peer specialists (N= 10) had a mean age of 52 years (age range 45-67) and were mainly female (75%), 66% identified as White, and 33% identified as African American. Four themes that were identified across different aspects of barriers included technology knowledge, technology adoption, design features (i.e., smartphone size, option to increase font sizes, multi-modal capacity, navigational architecture, 508 compliance), and Safelink policies and procedures. Facilitators included free and continuous services, access to technical support, and smartphone capabilities to enable healthcare communications and facilitate the delivery of services. Improving upon the themes identified as barriers to utilizing Safelink may promote a continuum of care for older adults with SMI, closing the gap of services that occurs between in-person therapy and other interventions.

SIBLING DEATH IN THE FAMILY AND DEMENTIA RISK

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Growing evidence points to the role of stress in contributing to dementia risk, and experiencing the death of a family member is a particularly stressful life event. Sibling relationships are typically life-long relationships and the death of a sibling is likely to be a stressful event in the life course; however, there is little research illuminating the possible consequences of sibling loss for dementia risk. This study considers whether experiencing the death of a sibling before midlife is associated with subsequent dementia risk and how such losses, which are more common for Black