

self-health management among individuals with physical limitations. Finally, presenter four will describe factors affecting attendance among African Americans with arthritis who participated in a national dissemination of Chronic Disease Self-Management Education programs. Collectively, these presentations will provide practical evidence and science-based recommendations for ways to increase successful chronic disease self-management and ultimately improve population health among older adults.

SELF-MANAGEMENT INTERVENTIONS IN DIALYSIS FACILITIES

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There have been few attempts to implement self-management interventions in dialysis facilities. This paper presentation describes four studies that constitute the formative work necessary to inform implementation. Studies one and two examined the relationship between psychosocial factors and kidney disease self-management, finding depression and cognitive decline to undermine self-management behaviors. Study three examined how dialysis patients define and think about self-management and their interest in participating in a self-management program. Among them, 78% affirmed they would participate in a self-management program if it were offered in their facility. Finally, when examining organizational readiness to implement a self-management intervention in dialysis facilities, staff perceived it to be consistent with facility values, and agreed they were well-positioned to implement the program. Taken together, these findings suggest a self-management intervention would be beneficial and supported, but would require thoughtful implementation considerations. These studies have implications for developmental self-management research with other chronic conditions.

CHRONIC DISEASE SELF-MANAGEMENT PROGRAM ATTENDANCE AMONG AFRICAN AMERICANS WITH ARTHRITIS AND COMORBIDITIES

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African Americans (AA) are 17% less likely to be diagnosed with arthritis compared to Whites, yet disproportionately burdened by arthritis symptoms. AA are overrepresented in the diagnosis and burden of other chronic conditions (diabetes, heart disease), highlighting the need to engage them in evidence-based Chronic Disease Self-Management Education (CDSME) Programs. This study examines how disease profiles may influence program attendance. Using a multinomial logistic regression, data were analyzed from AA with arthritis (N=20,541) who attended CDSME programs in 48 states. Relative to those with only arthritis, participants with more complex disease profiles were less likely to attend an arthritis-specific program (P<0.001) and more likely to attend a diabetes-specific

program (P<0.001). Those with more complex disease profiles were more likely to attend programs at healthcare organizations and residential facilities, and less likely to attend in faith-based organizations (P<0.001). Understanding barriers and facilitators to program attendance have policy and public health implications.

A COMMUNITY AND TECH-BASED APPROACH FOR HYPERTENSION SELF-MANAGEMENT (COACHMAN)

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African American (AAs) are disproportionately affected by hypertension. Developing effective outreach programs with community partners is a major public health priority and ideal to educate, empower, and offer support to self-manage hypertension in AAs. The purpose of this pilot is to investigate the effectiveness of a community outreach program using a technology-based intervention for hypertension self-management (COACHMAN) to improve blood pressure (BP) control. Forty AAs with hypertension will be randomly assigned to COACHMAN or enhanced usual care (EUC). COACHMAN is comprised of four components: self-monitoring of BP; web-based education; nurse counseling; and training on a medication management application. The primary outcome is change in BP from baseline to 3-months. We hypothesize that participants in COACHMAN (compared to EUC) will have better BP control. Findings from this study, if confirmed, will provide knowledge to the scarce literature available on technology-based interventions appropriate to help AAs self-manage hypertension and improve BP control.

COMPREHENSIVE HEALTH ASSESSMENT AND MOTIVATION PROGRAM FOR PEOPLE AGING WITH DISABILITIES (CHAMP-D)

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We developed a Comprehensive Health Assessment and Motivation program (CHAMP-D) focused on self-health promotion and management for people aging with disabilities. The goal of the CHAMP-D is to enhance healthy lifestyle, self-health management and communications with the care team by a person-centered Health Passport tool. All study participants underwent comprehensive health, physical, and blood laboratory evaluation. CHAMP-D results were formatted into an easy to follow health passport. A follow-up survey evaluated the CHAMP-D on 59 respondents and 77% found the recommendations to be achievable and reported improved quality of life (QoL). Other improvements were noted in self-care (54%), physical activity (49%), and diet (24%). 51% of the participants shared the Health Passport with their PCP. Overall, the CHAMP-D had a positive impact on participants' self-reported health, self-care, and wellbeing. Empowering individuals with disabilities to