psychologist, pharmacist, a chronic pain specialist and various guest speakers such as the Arkansas Drug Director. During weekly tele-video conferences, relevant actionable cases were presented regarding treating diverse patients who have chronic pain. AR-IMPACT provided hundreds of practitioners with up-to-date data and education regarding opioid use and misuse, methods and resources regarding titrating and eliminating opioids, and viable alternative pain-management solutions such as motivational interviewing and dry-needling. This poster will present the background of the opioid crisis in rural Arkansas followed by the specifics of the development and application of the AR-IMPACT tele-video model. Specific older adult cases studies, quantitative and qualitative outcomes, feedback from presenters and participants, and lessons learned will be reviewed. Specifically, lessons learned center around the practitioners’ culture of pain management and how that culture must evolve and change. New methods of pain management must be taught to practitioners and patients and adopted as the new norm. This will demonstrate that programs like AR-IMPACT are crucial in helping make that cultural change happen.

A SCOPING REVIEW OF CURRENT TELEHEALTH INTERVENTIONS FOR CARE PARTNERS OF PERSONS WITH DEMENTIA
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Many burdens come with caring for someone with dementia, but telehealth interventions can provide information and support and reduce barriers to access. In this review we describe current telehealth interventions for family care partners of people diagnosed with Alzheimer’s disease or related dementias (ADRDs). We conducted a systematic literature search using PubMed. Inclusion criteria were peer-reviewed, data-based research articles focusing on technological clinical interventions, published within the past two years, with participants providing unpaid care to persons with a diagnosis of ADRDs. We identified 53 relevant articles, of which 13 met our criteria. Included studies fell into three categories: peer support groups facilitated by gerontological social workers and psychologists, psychoeducation and behavior modification interventions delivered by nursing professionals, and symptom management advising overseen by physicians. Different technologies were used including computers, iPads, smartphones, and smartwatches. The duration of interventions also ranged from four weeks to three months, representing varying approaches to participant engagement. The majority of caregivers were women, non-Hispanic white, spouses. Based on our findings of a lack of diversity in the samples of extant studies, and the need for interventions tailored to specific stages of ADRDs, future researchers can design studies to address these gaps. Overall, the interventions’ effectiveness and participant satisfaction were high, resulting in improvements in burden, competence, and coping skills. Although every approach has its own strengths and weaknesses, we believe that the continued expansion of telehealth interventions will not only offer many benefits, but also transform the delivery of health care.

ACCEPTABILITY AND FEASIBILITY OF ACTIVPAL ACTIVITY TRACKER FOR PRE-FRAIL AFRICAN AMERICAN OLDER ADULTS
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Frailty is more prevalent among African American (AA) older adults compared to their White counterparts. Physical activity (PA) interventions are effective to attenuate frailty progression. The Activpal is adhered to the thigh and allows unobtrusive PA measurement for up to 14 days. However, few studies have tested the acceptability and feasibility of activity trackers among older pre-frail AA. In this study, pre-frail AA older adults were asked to wear the ActivPAL tracker on their thigh for 7 consecutive days. Acceptability was measured by compliance. Feasibility was evaluated by the valid number of days and programming errors. Intraclass correlation coefficients were used to assess the agreement of light to vigorous PA level between ActivPAL and the Community Healthy Activities Model Program for Seniors (CHAMPS). In a sample of 28 pre-frail AA older adults (mean age = 73.21, SD= 9.37, 100% female), 24 completed the 7-day data tracking. Reasons for non-compliance included skin irritation (n=1), and fear of causing other health issues (n=3). The number of valid days was 6.9 ± 0.33 with 1 incident of programming error. The agreement between ActivPAL and CHAMPS was fair (ICC =0.57, [95%CI]= -0.08 -0.85) with most participants (61.6%) over-reporting PA on CHAMPS. The ActivPAL accelerometer was acceptable and feasible to use among pre-frail AA older adults. Communication prior to applying the accelerometer is crucial to prevent non-compliance. The results confirm prior studies, which suggest that older adults may over-report PA levels. ActivPAL offers a feasible and accurate approach to assess PA among older AA.

BARRIERS TO DEVELOPMENT OF AN APP FOR IMPROVING STAFF-FAMILY COMMUNICATION AT ISRAELI GERIATRIC FACILITIES
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Family caregivers (FCs) of institutionalized noncommunicative older persons reported multiple unmet communication needs focusing on the need to receive reliable and regular updates on the patient’s condition. We have developed a mobile app for improving communication between FCs and healthcare professionals (HPs), based on 152 interviews with FCs and 13 discussion groups with HPs from four Israeli geriatric facilities. Both parties participated in app planning, tailoring it to their needs and abilities. App use implementation encountered major obstacles including the bureaucratic process concerning signing contracts between the university and software development firms, which hindered the process for a full year; data security department required disproportionate security levels that interfered with user experience and delayed the development process; the
study’s definition varied across different ethics/Helsinki committees (Institutional Review Boards; IRBs), which led to different demands, e.g., insurance for medical clinical trials although no drugs or medical device were involved; lack of cooperation by mid-level staff members despite the institutional adoption of the app project; low utilization by HPs resulted in FCs not receiving timely responses. Despite these and other obstacles, we tested app use for 15 months in one facility in a pre-post-design with intervention and control groups, and we have since begun testing it in another facility. FCs who had used the app had positive feedback and wished to continue using it. App use optimization requires implementation planning, assimilating changes in each facility’s work procedures and HP’s engagement and motivation and thus depends on institutional procedures and politics.

CAN ROBOTS ENCOURAGE SOCIAL ENGAGEMENT AMONG OLDER ADULTS?

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Apathy in older adults in long term care (LTC) settings is common, associated with morbidity and mortality, and requires extensive personnel time. Most LTC sites are limited in their ability to provide activities. We conducted a 3-month pilot study at two LTCs to determine whether a robot, with/without virtual reality (VR), was successful in encouraging social engagement between older LTC adults. Three robot activities were offered twice weekly for three weeks (6 sessions). Two activities with VR consisted of two book sorting games. One activity was “Simon Says” where older adults took turns as leaders. Demographics and cognitive data were collected. Videos were coded and analyzed using Noldus Observer: activity engagement as visual and verbal attention to the robot activity and social engagement as visual and verbal attention towards their partner. Participants were 2 men and 14 women, mean age 83. One dropped out because of hearing problems; one dropped out because of cognitive impairment. Fourteen, ie 7 pairs, attended all 6 sessions; ten had MCI and one had AD. Social and activity engagement varied by activity and by participant. Participants’ perceptions (7-point Likert scale) remained positive over time (6.33 (SD 0.94) to 6.52 (SD 0.61)) but decreased slightly for the repeat activities (6.19 (SD 1.01) to 5.96 (SD 1.13)). Robots hold promise in LTC as ways to engage older adults who suffer from apathy. Further work is necessary to elucidate participant- and activity-level characteristics most conducive for success and mechanisms to increase the number and variety of activities.

EFFECTIVENESS OF SERVO-ASSISTIVE ROBOTIC ROLLATOR (RT.2) AMONG OLDER ADULTS LIVING IN THE COMMUNITY

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Older adults tend to need assistance for ambulation with the progression of aging or when suffering from diseases. With technological advances, servo-assistive robotic rollators are available besides canes and walkers to assist disabled older adults. This study aimed to investigate the appropriate person and conditions for using a servo-assistive robotic rollator and its effects. Participants were 10 older adults living in the community (80.5±9.7 years; 4 males and 6 females) who used a servo-assistive robotic rollator (RT.2). After evaluating their physical (body composition, diseases, care need level, and SF-36), mental (MMSE, GDS-15, and WHO-5), and living conditions, they began using the device in daily life. We evaluated their ways of using it and the effects of its use through our observation and their self-report. Participants suffered from a stroke, spinal bone fracture, Parkinson’s disease, osteoarthritits of the knees, or optic neuritis. At the study’s onset, cognitive impairment (MMSE<23/30), depressive states (GDS-15≥5), decreased grip strength, and decreased muscle mass (InBody S10) was found in one, three, six, and one participant, respectively. Most participants had a clear purpose for using it, such as going outside by foot or maintaining muscle strength. During the three-month observation period, no participant fell while using it. Some participants used it in a rehabilitation program at home, while others used it in daily life and went to several places with its assistance. Servo-assistive Robotic Rollators enabled older adults with difficulty in ambulation to walk outside safely and provided a greater opportunity to participate in society.

ENGAGING OLDER MINORITY ADULTS IN A SMARTPHONE-BASED ECOLOGICAL MOMENTARY ASSESSMENT STUDY OF SEDENTARY BEHAVIOR

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Minority older adults engage in excessive levels of sedentary behavior (i.e., sitting). Smartphone-based ecological momentary assessment (EMA) methods can provide novel insights into the modeling and prediction of activity-related behaviors. Yet, minority groups report barriers to participating in mobile health research (e.g., distrust, lack of interest, underrepresentation in research). This abstract reports on strategies used to recruit minority older adults and acceptability of an 8-day smartphone-based sedentary behavior EMA study in this population. Researchers partnered with existing community organizations servicing the target population (i.e., independent living communities, congregate meals sites, and churches) and trusted individuals within these organizations to facilitate introduction of the research team/study. In total, 123 older minority adults were recruited, 102 met inclusion criteria and 91 completed the study. During the study, participants answered 6 electronic EMA questionnaires/day and wore an ActivPAL activity monitor continuously. Participants received one-on-one training on these procedures and received check-in calls to monitor progress. Open-ended questions administered at the end of the study revealed the most enjoyable aspects of the study were the ability to learn more about themselves, contributing to science and/or their community, engaging in a new activity followed by receiving financial compensation.