Our research study examined how taking part in the arts compared to control affects older adults’ health and well-being. 64 older adults took part in dance, music, or control workshops 2 times/week for 10 weeks. We examined participants’ psychological health, social engagement, and personal growth outcomes using mixed methods during pre- and post-workshop assessments. Focus group and arts survey results revealed that participants felt ownership of new skills learned and felt engaged. Participants, especially for those in arts workshops, described having increased self-perception of creative skills resulting in a sense of personal growth, which occurred despite mind/body challenges experienced during workshops including musculoskeletal challenges, hearing impairments, and challenges retaining new information. Our observations provide avenues for future researchers to create programming that empowers older adults, as well as to utilize the participants’ ongoing feedback to create participant-empowered adaptations that transcend mind/body limitations through accessible pedagogical methods.

ARTS ENGAGEMENT PROGRAMS IMPROVES HEALTH IN COMMUNITY-DWELLING OLDER ADULTS
Jatin Ambegaonkar, and Niyati Dhokai, George Mason University, Manassas, Virginia, United States

We examined how different arts engagement programs compared to control affect health in community-dwelling older adults. 64 adults (71.3 ± 4.6 years; Dance n=23, Music n=17, Control, n=24) took part in free Dance (Ballroom), Music (Ukulele), or Control (Active social conversations) sessions 2 times/week for 10 weeks. We assessed cognition (Montreal-Cognitive-Assessment-MoCA), physical (Short-Physical-Performance-Battery-SPPB), and Health-Related Quality-of-Life (HRQoL-SF-20) 3 times: (1) before (pre), (2) at the end of 10 weeks (post-1) and (3) 1-month after intervention (post-2). Separate 3(Time)x3(Group) ANOVAs and Bonferroni-pairwise-comparisons examined changes across groups and time \((p<.05)\). Participants’ physical health improved equally across groups \((p=.4)\) and over time \((p<.001)\), specifically from pre \((10.5 \pm 1.4)\) to post-1 \((10.7 \pm 1.3); p=.002\), and pre to post-2 \((11.3 \pm 1.0)p<.001\). Participants’ cognition improved equally across groups \((p=.6)\) and over time \((p<.001)\) from pre \((26.3 \pm 2.8)\) to post-1 \((27.3 \pm 2.5); p=.002\), and pre to post-2 \((27.5 \pm 2.5)p<.001\). Participants’ HRQoL remained similar over time \((p=.6)\) and across groups \((p=.7)\). Overall, participants’ health improved after taking part in arts engagement and social conversation programs. Study findings offer insights about successful implementation of arts-engaged programs in community-dwelling older adults.

ARTZ @ JEFFERSON: HOW ARTS-BASED EXPERIENCES SUPPORT PEOPLE WITH DEMENTIA
Susan Shifrin,1 Florence Gelo,2 and Anne Mitchell,3
1. ARTZPhilly, Philadelphia, Pennsylvania, United States, 2. Drexel University, Philadelphia, Pennsylvania, United States, 3. Thomas Jefferson University, Philadelphia, Pennsylvania, United States

ARTZ @ Jefferson positions people with dementia and care partners as authorities about their lived experiences; arts-based experiences assist them in communicating with and mentoring health-professions students about those lived experiences. Since Spring 2016, over 100 students have been mentored by people with dementia and their care partners. Their first encounters take place in museum galleries, through facilitated conversations about works of art. Over the next six to eight weeks, students and mentors build relationships through group meetings and individual conversations. Post course surveys demonstrated that nearly 100% of students indicated their increased ability to value listening and listen to others, enhanced the healthcare provider/patient relationship, and prioritized patients’ life experiences. The majority of mentors noted that student interactions added to their quality of life, social engagement and sense of purpose. Preliminary outcomes suggest that arts-based experiences establish mutual respect and empathy between people with dementia and students.

GROUP MUSIC INTERVENTION FOR PERSONS WITH DEMENTIA IN ASSISTED LIVING: A PILOT STUDY
Hongdao Meng,1 Jennifer Bugos,1 Debra Dobbs,1 Soomi Lee,1 Punam Risal,1 Britney Veal,2 and William Patterson,1 1. University of South Florida, Tampa, Florida, United States, 2. University of South Florida, Winter Haven, Florida, United States, 3. Digital Media Innovations and eLearning Enterprises, Tampa, Florida, United States

Dementia is the third leading diagnosis among US residents in assisted living communities (ALCs), and agitation is a major challenge for residents, families, and staff. While music interventions in nursing homes and the community have generated promising findings, little evidence of acceptability or efficacy data are available in ALCs. This pilot study tested the acceptability and preliminary efficacy of a staff-led group music intervention among ALC residents with dementia \((n=19)\). We used a mixed-methods pre-post study design. The primary outcome measure was the Cohen-Mansfield Agitation Inventory-Short Form (CMAI-SF), and facilitator focus group interviews were conducted to gain additional insight into intervention acceptability and facilitators/barriers to implementation among activity staff. Seventeen \((89.5\%)\) participants completed the intervention with a \(77\%\) overall session attendance rate. Results suggest that the intervention is well-received by management, family, and activity staff, Implications for intervention design, efficacy testing, and contextual factors related to implementation will be discussed.

SESSION 7655 (SYMposium)

A NEW LENS ON PHYSICAL ACTIVITY PRESCRIPTION AND ADHERENCE?
Chair: Patricia Heyn
Discussant: Amber Watts

Adherence to exercise prescription for older adults (OAs) is a significant problem and can have a detrimental effect on key health outcomes. Exercise adherence for OAs
is a multifactorial problem encompassing many factors affecting adherence such as socioeconomic status, education, physical fitness, and mental and health status. Improving exercise adherence could have a significant impact on longevity, quality of life, and health care costs. This symposium brings multiple perspectives to closely examine promising technology approaches, both in the form of models and programs. We will also discuss gaps regarding adherence to physical activity (PA) and exercise prescription for OA and the application of current publicly available technologies to boost PA adherence and compliance accordingly to the U.S. Department of Health and Human Services national standards for promoting health and preventing disease. The symposium includes five novel presentations addressing several key factors related to successful implementation of technology approaches to exercise program delivery and adherence for OAs. In addition, we will have one presentation highlighting the key factors that impact exercise prescription, compliance, and adherence. The speakers will present and address important components related to technology use with the goal to increase older adult’s PA participation. The exercise programs will target key areas affecting older adult’s health such as cognitive function, falls, obesity, gender, environments, and self-efficacy. Technology user-acceptance perspective will be presented. Current challenges and recommendations for future research will be comprehensively discussed to properly address the exercise adherence and compliance needs of our OA populations.

PROMOTING ADHERENCE TO EXERCISE PRESCRIPTION USING MOBILE HEALTH TECHNOLOGY: LESSONS LEARNED FROM OLDER ADULTS

Zvinka Zlatar, and Camille Nebeker, University of California, San Diego, La Jolla, California, United States

We will present the implementation approach used to evaluate a novel mobile health (mHealth) exercise intervention designed to improve older adult's fitness and brain health. A randomized controlled trial design evaluated if the use of mHealth strategies improved walking speed in real world environments to help participants achieve current physical activity guidelines. Cognitively healthy older adults were randomized to a 12-week, unsupervised, exercise prescription condition or to a healthy aging education condition. Participants used a heart rate tracker programmed to provide haptic feedback when they fell outside of their prescribed heart rate target during an exercise session. Participant's perceptions regarding the mHealth technology device, as well as their feedback regarding the privacy of their data when using mHealth devices will be presented. Recommendations to improve the design of future mHealth exercise trials will be discussed.

TECHNOLOGY IN EXERCISE INTERVENTIONS FOR OLDER WOMEN: ACCEPTABILITY, ADHERENCE, AND SPECIAL CONSIDERATIONS

Shannon Halloway, Rush University, Chicago, Illinois, United States

Women aged 65 years and older participate in less moderate-vigorous physical activity (PA) than men of this age group, which increases the risk for a myriad of chronic health problems. Interventions that utilize a lifestyle approach to increase PA in everyday life are preferred by women compared to structured exercise, but long-term adherence is a challenge. Technology (e.g., wearables, social media, computers) can be efficiently leveraged as motivational tools in lifestyle PA interventions. However, the unique needs of older women must be considered. Thus, the purpose is to examine the: (a) types of technology that were successfully integrated into existing PA intervention studies designed for older women; (b) acceptability and adherence to technological approaches by older women; and (c) additional considerations needed for special populations, including older women with chronic health problems. The efficiency and scalability of technological approaches with clinical and public health implications will also be discussed.

PHYSIO-FEEDBACK AND EXERCISE PROGRAM (PEER) FOR SHIFTING MALADAPTIVE FALL RISK APPRAISAL

Ladda Thiamwong, College of Nursing, University of Central Florida, Orlando, Florida, United States

We aimed to examine the effectiveness of Physio-feEdback and Exercise pRogram (PEER) for shifting maladaptive to adaptive fall risk appraisal and determine the feedback and acceptability of the program. Forty-one older adults were assigned to either PEER intervention or attention control (AC) group. The 8-week PEER intervention consists of a visual physio-feedback, cognitive reframing, and combined group and home-based exercise led by a trained peer coach. The AC group read fall prevention brochures and continued their normal activities. BTrackS Balance Test and Fall Efficacy Scale were measured from pre- to post-intervention. About 11% of participants in the PEER group had positive shifting but none in AC group. Up to 32% of the participants in AC had negative shifting while 5.3% in the PEER group. PEER intervention facilitates a shift from maladaptive to adaptive fall risk appraisal. PEER group reported significant decreases in fall risk and high acceptability of the program.

THE EFFECT OF A PERSONALIZED AUTOMATED EXERCISE GUIDANCE SYSTEM ON THE IMPROVEMENT OF OBESITY

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This study introduces a personalized automated exercise guidance system for the efficient reduction of obesity. The proposed system was composed of wearable biometric devices and exercise-machine control systems connected with the integrated database server. It was designed for providing customized exercise prescription (intensity, repetition, frequency, etc.) according to ACSM guidelines for obesity based on real-time biosignals feedback and an