We ask: “can an increased focus on aging with disability within gerontological research, policy, and practice advance our knowledge of disablement across the life cycle and improve our design and implementation of health and social service interventions?” Five experts will address this from differing perspectives (including gerontology and rehabilitation). One presentation draws on national/regional data to illustrate the changing demographics of aging and disability and highlights the health consequences of aging with- and aging into, long-term physical disabilities. A second uses data from a mixed methods study to demonstrate the unique challenges experienced by adults aging with spinal cord injury with a focus on the impact of specific environmental barriers and facilitators to maintain health and participation in social roles. A third covers three reports on data from a scoping review to document the exclusion of middle-aged and older adults with disabilities from behavioral clinical trials and describes how translational research strategies can be used to help close this gap. A fourth presents examples of how technologies, such as videoconferencing and voice activation, are being used to deliver and enhance existing EB interventions to improve health, physical activity, and participation for individuals aging with mobility impairments. The last one draws on research and scholarly work from both gerontology and rehabilitation to highlight the co-occurring issues of ageism and ableism and describes how reducing ableism is central to successfully reframing aging. Lifelong Disabilities Interest Group Sponsored Symposium.

CHANGING DEMOGRAPHICS OF AGING AND DISABILITY: IMPLICATIONS FOR ADVANCING KNOWLEDGE OF DISABLEMENT AND LIFE COURSE
Margaret Campbell, Campbell & Associates Consulting, Grapeview, Washington, United States

Increased survivorship and longevity have resulted in dramatic improvements in life quality for people with significant disabilities and impairments. However, the fields of rehabilitation and gerontology have tended to divide this phenomenon into people aged under 65 aging with lifelong and early onset disabilities, and those aged 65 plus who are aging into late onset disability. But for both groups, increased survivorship also translates into more years living with comorbidities associated with the underlying condition and increased risk for premature onset and higher rates of age-related chronic conditions. Despite these widely acknowledged trends, we have no national data systems that estimate the overall prevalence of the ‘aging with long-term disability’ population and monitor its status. Acknowledged is that the lack of national data and reliance on chronological age undermines our knowledge of the disablement experience across the life course and the needs for services and supports associated with diverse trajectories. Part of a symposium sponsored by the Lifelong Disabilities Interest Group.

HOW BARRIERS AND FACILITATORS IN THE COMMUNITY ENVIRONMENT SHAPE OPPORTUNITIES FOR HEALTHY AGING WITH DISABILITY
Philippa Clarke, Martin Forchheimer, Lynn Charara, Ellen Wolgart, Michelle Meade, and Denise Tate, University of Michigan, Ann Arbor, Michigan, United States

Due to advances in medical care and technology the average age of people living with early-acquired spinal cord injury (SCI) is increasing. Approximately 40% of adults with SCI are over age 65. However, the cumulative effects of living with a SCI for many years make aging with SCI different from those “aging into disability.” For example, unstable employment histories and the premature onset of secondary health conditions can create unique challenges for adults aging with SCI. Barriers and facilitators in the community environment play an important role for their ability to maintain health, engage in society, and participate in social roles. Data from a mixed methods study of ~200 adults (age 45+) aging with SCI, will be presented to demonstrate the impact of specific environmental barriers and facilitators and to stress the importance of understanding the complex dynamics of person-environment fit to fully support adults aging with and into disability. Part of a symposium sponsored by the Lifelong Disabilities Interest Group.

UNDERREPRESENTATION OF ADULTS AND OLDER ADULTS WITH DISABILITIES IN BEHAVIORAL CLINICAL TRIALS: A SCOPING REVIEW
Susan Stark,1 Marian Keglovits,2 and Sandra ESPÍN TELLO,3 1. Washington University in St. Louis, St. Louis, Missouri, United States, 2. Washington University School of Medicine, St. Louis, Missouri, United States, 3. University of the Basque Country (EHU/UPV), San Sebastián, Galicia, Spain

A lack of evidence-based interventions for people aging with long-term physical disabilities exists. To examine the exclusion of people with disabilities in behavioral clinical trials, a scoping review was conducted. ClinicalTrials.gov was searched for interventional behavioral studies from the United States completed from 2008–2018, with results focused on adults (18–64) and older adults (65+). In total, 158 clinical trials were included. In 129 articles, health conditions were excluded 697 times. Seventy-one clinical trials excluded at least one health condition with strong justification, 11 with poor justification, and 115 without justification. There is strong evidence that people with disabilities are excluded from behavioral clinical trials, often without justification. To help close this gap, our presentation will discuss how translational research strategies, focused on adapting existing EB behavioral trials, can be used to increase the availability of interventions that address the needs of individuals aging with and into long-term disabilities. Part of a symposium sponsored by the Lifelong Disabilities Interest Group.

LEVERAGING OPPORTUNITIES TO ADVANCE THE POTENTIAL OF TECHNOLOGY TO SUPPORT INDEPENDENCE AND AGING IN PLACE
Tracy Mitzner, Georgia Institute of Technology, Atlanta, Georgia, United States

Technology holds great potential to support those aging with and into disability. Research and development efforts in the aging space (aging into disability) have traditionally focused on improving health conditions, whereas those in the disability space (aging with disability) have primarily focused on supporting activity and participation. Bridging these perspectives and approaches adds rich context to guide the development and evaluation of technology interventions.
Examples of technology interventions that support activity and participation and thereby improve health outcomes for adults aging with mobility disabilities show the need for bridging. The Telewellness research study used videoconferencing to deliver an evidence-based tai chi intervention to small groups. The Digital Assistant study explored the potential of the Amazon Echo to support controlling the home environment, engaging in physical activity, interacting with others, and managing health. Both projects offer credence to the value of supporting adults aging-in-place with wide range of capabilities and limitations. Part of a symposium sponsored by the Lifelong Disabilities Interest Group.

TRANSFORMING CULTURAL IDEAS OF AGING AND DISABILITY TO IMPROVE POLICY AND PRACTICE
Anne Ordway, U.S. Department of Health and Human Services, Washington, District of Columbia, United States

Aging and disability are normative processes that extend across the lifespan. However, ageism and ableism are incorporated into many of our practices, programs, and policies—devaluing the lives of older adults and people aging with disabilities and ultimately preventing their full participation in society. Ageism and ableism are closely connected. For example, both systems identify impairment as an individual and social liability. As recent studies have demonstrated, this has real world implications for the quantity and quality of health care requested, delivered, and received by both older adults and people with disabilities. In this session, we discuss the connections between these two forms of oppression and present recent work by researchers in both fields and the FrameWorks Institute that shows how to transform our cultural ideas of aging and disability and development more inclusive policies and services. Part of a symposium sponsored by the Lifelong Disabilities Interest Group.

SESSION 5865 (SYMPOSIUM)

DESIGN, UTILIZATION, AND IMPACT OF SMART VOICE INTERVENTIONS IN OLDER ADULTS
Chair: Megan Huisingh-Scheetz
Co-Chair: Louise Hawkley
Discussant: Shelia Cotten

Smart voice (voice-first) devices such as Amazon Alexa or Google Home devices use speech as the primary input method and employ artificial intelligence to “act” on spoken commands. Smart voice devices are thought to reduce technology use barriers for older adults because older users can utilize a skill they already have (talking) rather than learning a new skill (typing). Therefore, smart voice may be a promising technology vehicle for delivering social and functional resources and for assessing health in the home of older adults and their caregivers. However, very little clinical research has been conducted to understand the unique design considerations, utilization, potential impact, and limitations of smart voice applications in older adults. This symposium will 1) describe research methods and results of user-driven design of smart voice materials and programming in older adults; 2) quantify the utilization and potential impact of “EngAGE,” a smart voice-based program delivering socially-motivated exercise, on functional outcomes and summarize perceived benefits and challenges to use among older adult and caregiver participants following a feasibility study; and 3) detail key findings and policy implications following pilots of “Community Hub,” a data collection voice application to detect social isolation, and “Social Check-in,” programs leveraging smart voice to aid in older adult socialization.

ENGAGE VIA ALEXA FOR OLDER ADULTS AND CAREGIVERS: DESIGN, UTILIZATION, AND IMPACT OF SOCIALLY MOTIVATED EXERCISE
Megan Huisingh-Scheetz,1 Roscoe Nicholson,2 Chelsea Smith,2 Saira Shervani,2 Yadira Montoya,3 and Louise Hawkley,1,1 University of Chicago, Riverside, Illinois, United States, 2. University of Chicago, Chicago, Illinois, United States, 3. NORC at the University of Chicago, Chicago, Illinois, United States

EngAGE is a technology-based program leveraging Alexa that encourages older adult (OA) activity and socialization from home while empowering caregivers to support them. EngAGE delivers daily, in-home, NIA Go4Life exercise routines with instructions, pictures and music via Alexa Echo Shows or Fire Tablets to OAs. Caregivers use EngAGE to view scheduled exercises, follow progress, and send encouraging messages that are read aloud to OAs by Alexa. We will discuss the strategic co-design of EngAGE with OAs and caregivers and the utilization and functional impact of EngAGE over a 12-week feasibility and usability study (n=10 OA + caregiver pairs). Preliminary analyses revealed improvement in upper (mean grip strength change = +1.3 kg, paired t-test p=0.34) and lower (5-repeated chair stand time change = -2.3 seconds, paired t-test p=0.02) body strength. Discussion of focus group data will cover themes of perceived benefits, user experience, drivers/barriers to usage and desired features for EngAGE.

DEVELOPING DIGITAL HOME ASSISTANT USER GUIDES FOR OLDER ADULTS WITH AND WITHOUT LONG-TERM MOBILITY DISABILITIES
Travis Kadylak,1 Kenneth Blocker,1 Widya Ramadhani,2 Lyndsie Koon,3 Roshanak Khaleghi,1 Chris Kovac,1 Ramavarapu Sreenivas,1 and Wendy Rogers,1 1. University of Illinois at Urbana-Champaign, Champaign, Illinois, United States, 2. University of Illinois at Urbana- Champaign, Urbana, Illinois, United States, 3. University of Kansas, Lawrence, Kansas, United States

The aim of the current study was to understand how to integrate digital home assistant technologies and smart appliances into older adults’ homes by developing supportive user guides that facilitate adoption and continued use. We conducted a series of interviews among older adults, with and without mobility disabilities, to understand their attitudes towards digital assistants and to identify needs for instructional support and user guides. Subsequently, we developed and tested specific user guide modules for older adults aimed at addressing the identified concerns and desired instructional support. Specifically, we developed and field-tested user guides for the initial Amazon Echo device setup, basic device use (e.g., playing music and checking the weather), and separate modules for other domestic use cases (e.g., how to pair an Alexa enabled device with smart lights or appliances). Our results provide guidance for implementation.