and use technology in later life noting flexibility and willingness to overcome barriers to technology adoption and remain connected across the generations. The adoption and uptake of technologies may continue as viable options during times of social distancing to support older persons to remain independent, age in place, in both age-friendly cities and across rural geographies during and post COVID-19.

SOCIAL ASSISTIVE ROBOTS FOR ASSISTING ACTIVITY PROFESSIONALS
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Activity Professionals have high expectations for creating engaging and active resident social programming. A socially assistive robot (SAR) specifically designed for community-based settings has the potential to improve social programming. A SAR is suitable for engagement during times with social contact is restricted, such as COVID-19, other infectious outbreaks, weak immune system, or inability to move. We conducted an online survey to determine how a SAR can best support the responsibilities of Activity Professionals. Activity Professionals (N=19) completed the online questionnaire. Respondents (aged M=48.00, SD=12.87; 95% female, 100% native English speakers, 68% White/Caucasian, 21% Black/African American) were highly educated/experienced: 68% had a Bachelor’s degree or above, and 53% had 10-35 years of experience. Respondents worked in Independent Living (68%), Assisted Living (37%), Memory Care (26%), Skilled Nursing (21%), or Personal Care (11%). Respondents rated their job as very demanding (8 out of 10). Differences existed in terms of physical and temporal demands. Job satisfaction was high (average 8 out of 10; SD=2). Respondents reported enjoyment in preparing, personalizing, and running activities. Least preferred was gathering residents for more personal interaction. Respondents wanted more help, but it depended on the task. Qualitative data analysis showed that help was desired for motivating residents to join activities, group communication, and resident devices. A SAR, equipped with the ability to reach every resident’s living quarter, has the potential to provide group communication, deliver engagement programs, and motivate residents to join events, providing Activity Professionals more time to engage with residents for more personal interaction.

TRACING THE PAST: RENEWING LIFE NARRATIVES THROUGH ROBOTS
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The study explores the effectiveness and efficacy of using robotics in clinical settings to facilitate Life Review. Life Review is a process in which subjects retrospectively analyze major life events with a conversation partner in order to find meaning and to synthesize a narrative. In this experiment, Life Review was conducted with 5 elderly subjects and two types of partners: a human and a robot. The partners utilized a set of trigger questions to review past events with their subjects. Two sequences of Life Review, each comprising four sessions, were completed. Four sessions involved a human partner, and four involved a robot partner. The recorded correspondences in Life Review were transcribed, and the utterances of the participants with the two partners were compared and analyzed qualitatively. This preliminary study was the first attempt to explore the benefits of conducting Life Review with robotic conversation partners. The results showcased distinct differences between a human partner and a robotic partner. Specifically, subjects in sessions with a human partner showed stronger awareness of generational gaps between the human partner rather than the robotic partner. In contrast, sessions with a robotic partner included more universally transmissive values. The outcome suggests Life Review with robots can potentially provide elderly patients greater safety and comfort in telling their unique life narratives. The usage of robotic partners in Life Review provides a promising and novel research area into improving and re-imagining mental health access and outcomes for patients.

USABILITY OF TELEMEDICINE IN RELATION TO ACCEPTABILITY, PSYCHOSOCIAL IMPACT, AND FUTURE USE
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This poster presents the results of an intervention study exploring how engagement in telemedicine at home affects chronic patients’ perceptions of usability and acceptability of the employed equipment, perceptions of its psychosocial impact, and intention of future use in the context of population aging. A purposively selected sample of 103 patients (mean age: 58 years) with chronic conditions (diabetes and/or hypertension) recruited in a community health center in Slovenia tested a home telemedicine system (TMS). After three months of utilization, an assessment of the relative importance of the usability and acceptance of TMS as factors influencing the patients’ self-reported psychosocial perception of TMS and intention of future use was performed based on a proposed structural equation model explaining these interdependencies. The results confirmed four of eight tested hypotheses. Notably, the intensity of TMS use was found to affect the evaluation of its usability, the perception of its psychosocial impact, and the intent of future use. Usability was found to be the main factor directly influencing acceptability, perception of psychosocial impact and intent for future use, whereas acceptability did not significantly affect either the perception of the psychosocial impact of TMS or the intent of future use.
Past research identified several variables that affect individuals’ attitudes toward older adults (OA), such as age and experience living with OA. However, the effect of environmental variables on these attitudes, such as ethnic-culture and proportion of OA living in their neighborhood, remain unclear. Additionally, most previous studies sampled specific populations (e.g., undergraduate students), limiting generalizability. To address these limitations, we modified the Kogan’s Attitudes Toward Old People Scale (Yen et al., 2008) and included it in a large-scale cross-sectional survey conducted among adult residents of three residential towns (MT, MaT, YT) in multi-racial Singapore. The towns varied in the proportion of OA in residence, with MT having the largest proportion, YT the smallest, and MaT in between. In total, 3134 respondents completed the survey via interview. Exploratory factor analysis identified two factors: Appreciation and Prejudice. Multiple linear regressions revealed main effects of age and ethnicity, qualified by interactions of age with town, and age with ethnicity. Specifically, respondents from MaT showed greater increases in Appreciation with age compared to those from MT (t=-2.04, p=.003) and YT (t=-2.35, p=.042). There were also increases in Appreciation with age among participants of three ethnicities (Chinese, Malay, Others; t=-3.95, p<.001; no increase with age for Indian participants). Separately, there was a main effect of age on Prejudice, where Prejudice increased with age (t=4.21, p<.001). Detailed analysis will be presented to elucidate the role of environmental variables on attitudes toward OA.

MUSIC INTERVENTIONS FOR OLDER ADULTS IN CLINICAL TRIALS AND RESEARCH STUDIES ACROSS CULTURES AND SETTINGS
Tara Rose, Elyse Manzo, Katherine Erickson, and Joshua Valenzuela, University of Southern California, Los Angeles, California, United States

Music interventions and music therapy have become more common globally as nonpharmacological treatment options for memory loss, pain management, reduction of behavioral and psychological symptoms, and increased quality of life. Knowledge of multietnic interventions is important when creating evidence-based programs within culturally diverse countries, such as the U.S. The purpose of this systematic review is to analyze music interventions for older adults across the globe to better understand emerging best practices. A review of all trials registered at clinicaltrials.gov and registries in the WHO Registry Network containing the key words “music therapy” were included, regardless of intervention type. Of the 627 studies generated, 449 met the eligibility criteria, with 11% enrolling only older adults and 89% enrolling older adults along with other age groups. Studies were conducted in 6 continents, 48 countries (23% in the U.S.), and in 23 languages. Music interventions for specific medical conditions (64%) or medical procedures (24%) were the primary foci in studies. While studies crossed multiple continents, less than 2% referenced ethnicity or culture in the study details. Detailed data on intervention types, demographics, measures, settings, and methodology will be presented. Results suggest that best practices in music therapy are being developed world-wide for the multitude of health challenges faced by older adults and demonstrate the diversity of music interventions in both medical and community settings. Information from this review can be used to improve the implementation of music intervention programs and may be particularly beneficial in countries with diverse multicultural populations.

MUSIC THERAPY CLINICAL TRIALS IN CROSS-CULTURAL SETTINGS
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Music therapy in clinical trials has shown efficacy as a nonpharmacological intervention for multiple medical conditions and procedures. Every culture has music and virtually everyone on this globe enjoys music suggesting the universality of music therapy. However, in the US, most music therapy clinical trials participants are English-speaking Caucasians. That narrow pool limits our understanding of the benefits of music in an ethnically and culturally heterogeneous nation. This study looks to the international clinical trials for lessons and information that can advance U.S. studies by expanding the methodology and clinical reach to benefit a more extensive population of patients. A review of 449 studies in 48 countries from clinical trials registries supports an effort to expand music therapy studies and interventions by incorporating a cross-cultural perspective. Researchers and clinicians using international resources can increase their understanding and capacity. Globally, many standardized measures have been translated, including self-report measures of behavioral and mental health, pain, sleep, medical conditions, and symptom severity used for outcome measures, as well as music therapy measures and intervention checklists. Scientifically accepted physiological outcome measures have shown the benefits of music interventions for older adults regardless of cultural or ethnic differences. For example, neuroimaging research supports the clinically derived notion that music can address needs of people with dementia. The future will require new standards for multicultural research. To expand studies and methodologies, we need to include more diverse populations. This paper proposes that to do that, we must look to the global scientific community.

SESSION 10500 (LATE BREAKING POSTER)
COVID-19 PANDEMIC

“DOING THE IMPOSSIBLE WITH THE INADEQUATE”: COVID-19 RESPONSE IN U.S. ASSISTED LIVING SETTINGS
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The COVID-19 pandemic has disproportionately affected long-term care operators, staff, residents and their families; although much attention has been given to nursing homes, largely lost in the discourse are assisted living, residential...