and their side effects, fragmented care and often have poor understanding of their own health and treatments. These challenges call for solutions that lead to better empowerment and pro-active engagement and for support systems that focus on wellness and preventive care. The conceptual model we offer draws on diverse disciplines including health care management and medicine, information systems, communication, consumer behavior, and sociology to identify a set of key design principles for CDSSS. A review and analysis of the literature in the different fields led to the identification of 6 CDSSS design principles: (1) Systems approach; (2) User experience; (3) Ecosystem perspective for shared resources; (4) Social and contextual learning; (5) Accessible design; (6) Designing for trust and empathy. The model clarifies how these design principles (or approaches) inform the development of the three main components of a CDSSS (data integration, communication, and resource integration) and enable the key CDSSS deliverables (learning, social & emotional support and care integration). The conceptual model also helps to lay out an agenda for future research on self-care support systems for older adults.

LOOK WHO’S TALKING: TRADITIONAL AND ELECTRONIC MEDIUMS OF CONTACT LINKED WITH LATER-LIFE SIBLING RELATIONSHIPS
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The sibling role is often the longest lasting relationship between individuals. As such, older adults may turn to siblings in later life as it is a relationship that is already familiar. Having a close and less conflictual relationship with a sibling may be especially important as older adults value sibling closeness for emotional and practical support exhibited through contact. Minimal research has examined mediums of contact used between sibling dyads despite the increase use in technology among older adults. Using a sample of 491 Americans (Mage = 58.96) recruited via Amazon Mechanical Turk (Mturk), the current study examined five mediums of contact (i.e., in person, telephone, e-mail, texting, and social media) and how each type independently is related to sibling closeness and conflict. Further, using regression analyses in STATA, two and three-way interactions were examined to assess the role of sibling dyad composition affecting this relationship. Results indicated that contact through telephone was associated with higher sibling closeness for all sibling dyads, and that association was stronger for females with a sister compared to males with a brother. Further, in person and texting contact was especially beneficial for females with a brother. Main effects revealed contact in person, via social media, over the telephone, or through email, reported more sibling closeness, while those who engaged in more email contact reported less conflict. Thus, even in later life, siblings are keeping in contact with one another through both traditional and electronic mediums of communication, and this contact appears especially beneficial for sisters.

CAREGIVER RESPONSES TO REMOTE ACTIVITY MONITOR ALERTS OF PERSONS WITH DEMENTIA
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The benefits of technology to alert family caregivers to the needs of persons with Alzheimer’s disease or related dementias (ADRD) are unclear. Previous research indicates that remote activity monitoring (RAM) system alerts can be alternately reassuring and highly stressful for caregivers. We conducted a parallel convergent mixed-methods analysis of 62 primary caregivers of persons with ADRD to evaluate the association between the number of alerts and caregiver outcomes after 6 months. We assessed caregiver-reported usability of the system as well as self-efficacy, sense of competence, and distress as primary outcomes. Linear regression models tested the association between the number of alerts and caregiver-reported usability and primary outcomes. The number of alerts declined over the first 6 months of system use and was not associated with a change in system usability or primary outcomes. Thematic analysis of caregiver-reported perceptions of RAM use simultaneously probed for more in-depth understanding of caregiver experiences of and feelings towards RAM. Preliminary analyses reveal that 28% of caregivers comments were positive, noting benefits such as early warning of health concerns and peace of mind. 34% of comments were neutral or mixed, and 38% were negative. Concerns included false alarms and accidental triggers, losing sleep due to alarms, and difficulties using the system. These findings help characterize the adjustment period to use RAM technology. The mixed-method results inform future research studies and applications of RAM systems so that researchers and caregivers can better understand the initial adjustment period, address concerns, and avoid discontinuing RAM use prematurely.

AGE-SPECIFIC VIEWS ON INVASIVE AND NON-INVASIVE HUMAN ENHANCEMENTS FOR COGNITIVE DECLINE
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This research examines the degree to which younger and older Americans approve of addressing cognitive decline using either a pill-based or an implant-based intervention to restore prior functioning. Half of a probability-based online sample expressed concerns over side effects and levels of approval for a pill-based intervention whereas the remainder of the sample did so for a relatively invasive implant-based enhancement (data were interviews of 2,025 American adults gathered by NORC’s AmeriSpeak panel as part of the AARP Human Enhancements study). We predicted and found that relative disapproval of the implant-based intervention was only significant among those with high concerns over side effects. However, when looking at two age groups for which cognitive decline differed in salience, relative disapproval of the implant-based enhancements were relatively stronger for those 50 and older even among those with few concerns over side effects. This age-based aversion to invasive forms
of enhancements may have public health implications in that the subgroup who may most-immediately benefit from the enhancement and may be in the market for only non-invasive enhancements. It is not clear if such enhancements, however, could be delivered via a pill or other non-invasive forms.

IDENTIFYING CARE ACTIVITIES THAT WERE SUPPORTED BY AMAZON ECHO FOR CARE PARTNERS AFTER ONSET OF COGNITIVE IMPAIRMENT

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There are several important challenges when addressing the needs of older adults with cognitive impairment and their care partners including the potential for diminishing emotional well-being and loss of autonomy, which could potentially lead to a lower overall quality of life for both care partners (CPs). The motivation of this study was to identify the care activities that were supported by home-based technology for care partners after the onset of cognitive impairment. This work was done through gathering multiple sources of qualitative and quantitative data, including mobile application dialogue history logs, pre and post interviews, user feedback groups and home visits. The technology deployed in the home of the care partners was a Voice User Interface Intelligent Agent, specifically the Amazon Echo with its intelligent agent “Alexa.” This technology was selected because it was not built from a traditional care model, yet embodies functions that could be used for all potential forms of care, including those that achieve a higher level of quality of life goals for care partners. From this study, we can further our understanding of how to deploy and design technology that shifts the perspective from “cure to care” with a focus on the older person and their lived experience, monitoring wellness, and not just addressing illness. Results and findings indicated that daily care activities of dyads that are seemingly fundamental are actually complex care activities that emerge from using the technology that support the care partners on multiple levels in satisfying multiple needs.

PSYCHOMETRIC PROPERTIES OF THE OLDER ADULT TECHNOPHOBIA SCALE AND SMARTPHONE CHALLENGE TASK

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Older adults are especially prone to anxiety if they are unable to keep pace with technological advances and are generally more technophobic than their younger counterparts. Older adults tend to limit their use of technology, if not avoid it altogether, such as using a smartphone for calls and text messages only, while eschewing more advanced functions. Currently, there is no measure of technophobia in older adults that captures fears and concerns about the use of these up-to-date technological tools. The purpose of this investigation was to evaluate the psychometric properties of a new scale of technophobia and corresponding smartphone challenge task in a sample of older adults. Community-dwelling older adults (N = 42, 81.0% female, Mage = 77.3) completed the following: the Older Adult Smartphone Challenge Task (OASCT), Older Adults’ Technophobia Scale (OATS), Older Adult Social Anxiety Scale, Computer Anxiety Rating Scale, and the IPIP Five Factor Personality Domains. Preliminary data indicate good internal consistency for the OATS (α = .87) and the OASCT (α = .86). The OASCT was negatively correlated with age, computer anxiety, and OATS anxiety/avoidance scores, but positively correlated with education. The OATS scores were positively correlated with social anxiety, social avoidance, and computer anxiety, but negatively correlated with extraversion. To keep pace with the contemporary world, older adults must achieve a level of comfort with the use of technological devices. Administering the OASCT and OATS could be a valuable first step in identifying older adults with technology-related deficits and anxiety for individual and/or community-wide intervention.

USE OF TECHNOLOGY BY FOUR DIVERSE COHORTS OF OLDER ADULTS: FINDINGS FROM THE CART STUDY

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Early studies of technology adoption and computer use identified a “digital divide” between older adults and the general population. As that gap has narrowed, other demographic variables have been identified as continuing to foster disparities in access to and use of computers and related technologies. For example, gender, socioeconomic status, education, and ethnicity have been recognized as predictors of computer use among community living older adults. The ORCATECH Collaborative Aging (In Place) Research Using Technology (CART) initiative was designed to develop and validate an infrastructure for research utilizing technologies to facilitate healthy and independent aging. The CART program tests innovative technology applications in four diverse populations: residents in low income, section 202 housing in Portland; isolated, rural veterans in the Pacific Northwest; urban African American seniors in Chicago; and socially isolated, ethnically diverse low income seniors in Miami. As part of their participation in the CART project, older adults complete an annual survey of health and technology use. A total of 214 participants were enrolled and agreed to have their homes instrumented with the CART platform of monitoring technologies. Across all four cohorts 166 answered the technology survey thus far: 82 - 97% of participants own a cell phone; 64 - 78% perform some online banking activities. There were no differences among cohorts in computer use or cell phone ownership, or in other measures of technology use. Inclusion of ethnically and economically diverse populations in future technology research will be critical in the development of effective digital health interventions.

SOCIAL MEDIA AND SOCIAL WELL-BEING IN LATER LIFE

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Social well-being is important to health, but maintaining social relations often becomes difficult in later life due to