Evidence-based interventions for persons with dementia and their caregivers are important to improve both their quality of life and quality of care. Conducting rigorous clinical trials is essential to build evidence, guide research, and inform clinical practice. Clinical trials involve multifaceted phases which present opportunities and challenges to the research team. In this presentation, we discuss obtaining consent, gathering information to inform refinement of an intervention, adaptation of an intervention, and fidelity checks to ensure the rigor of intervention delivery. The first session will discuss initial challenges faced when consenting nursing home residents with dementia and tailored approaches to enhance clinical trial enrollment. The second session will share highlights of usability testing of a novel mobile app to refine and improve its ease in a future clinical trial of use for persons with dementia and their caregivers. The third session will describe findings from focus groups that generated recommendations for culturally adapting an intervention to promote quality of life among older Latinos with dementia. The final session will discuss the advantages, disadvantages and ethical considerations of in-person fidelity monitoring during a home-based intervention clinical trial involving persons with dementia and their caregivers. Together, these presentations describe the complex nature of implementing clinical trials and highlight the important lessons learned to strengthen study implementation.

INFORMED CONSENT IN CLINICALTRIALS FOR PERSONS WITH DEMENTIA
Joan G. Carpenter1, 1. University of Pennsylvania School of Nursing, Philadelphia, Pennsylvania, United States

Informed consent is one of the most important processes during the implementation of a clinical trial; special attention must be given to meeting the needs of persons with dementia in nursing homes who have impaired decision making capacity. We overcame several challenges during enrollment and consent of potential participants in a pilot clinical trial including: (1) the consent document was designed for legally authorized representatives however some potential participants were capable of making their own decisions; (2) the written document was lengthy yet all seven pages were required by the IRB; (3) the required legal wording was difficult to understand and deterred potential participants; and (4) the primary mode of communication was via phone. We tailored written and informed consent procedures to persons with dementia and their legally authorized representative/surrogate decision maker to avoid risking an incomplete trial and to improve generalizability of trial results to all persons with dementia.

USABILITY OF A MOBILE APP TO IMPROVE GOAL-DIRECTED BEHAVIOR: CHANGING APATHY INTO ACTION IN PERSONS WITH DEMENTIA
Lauren M. Massimo1 Alexander Miller2 Daniel Schiffrin2 Sean Lydon,2 and Dawn Mechanic-Hamilton2, 1. University of Pennsylvania, Perelman School of Medicine, Philadelphia, Pennsylvania, United States, 2. University of Pennsylvania, Department of Neurology, Philadelphia, Pennsylvania, United States

Impairment of goal-directed behavior, often labeled apathy, is the most common and disabling of the behavioral and psychological symptoms of dementia. Activi-daily is a mobile app that targets key and distinct components of goal-directed behavior (initiation, planning and motivation) found to contribute to apathy in persons with dementia. This presentation will focus on usability testing of Activi-daily in persons with dementia and their caregivers. After 1 week of at-home use, we gathered feedback via focus groups on features and usability of Activi-daily. Usability of Activi-daily and its potential as an intervention for treating apathy were viewed favorably. Feedback regarding usability revealed that the app was easy for dyads to use and enhanced the patients’ ability to complete their daily tasks with greater independence. Suggestions to improve app usability included adding a voice to text feature, a progress bar to visualize progression towards daily goals and gamification features to enhance motivation.

CULTURALLY ADAPTING A TIMED ACTIVITY INTERVENTION FOR OLDER LATINOS WITH DEMENTIA AND THEIR CAREGIVERS
Adriana G. Perez1, 1. University of Pennsylvania School of Nursing, Philadelphia, Pennsylvania, United States

The number of Latinos living with Alzheimer’s Disease (AD) is expected to grow from 379,000 in 2012 to 3.5 million in 2060. The purpose of this study was to generate recommendations for meaningful approaches to culturally adapt a timed-activity intervention, Healthy Patterns, to promote quality of life in this population. Consistent with a descriptive qualitative approach, community-based focus groups were conducted among a purposive sample of older Latinos with AD and their caregivers. Seventeen dyads participated. Surface structure issues included: need for linguistically appropriate intervention sessions; partnerships with local, trusted community organizations. Deep structure themes, included: 1) embedding social support through group sessions; 2) culturally relevant activities; and 3) building individual and caregiver motivation for participation. This study gives “voice” to older Latinos and caregivers in adapting a timed-activity intervention. Results may inform the design and implementation of AD interventions, including recruitment and retention of older Latinos in clinical trials.

IN-PERSON FIDELITY MONITORING: HOME-BASED INTERVENTION DELIVERY FOR PERSONS WITH DEMENTIA AND THEIR CAREGIVERS
Justine S. Sefcik1 and Nancy A. Hodgson1, 1. University of Pennsylvania, School of Nursing, Philadelphia, Pennsylvania, United States

The gold standard for ensuring satisfactory delivery of an intervention remains fidelity monitoring. In-person observations for fidelity monitoring has received less attention in the literature compared to evaluating sessions via video and audio-recordings. This presentation focuses on a qualitative analysis of field notes from 15 scheduled fidelity visits of a home-based intervention involving persons with dementia and their caregivers (Healthy Patterns, NCT03682185). The findings of advantages (e.g., being able to complete observations in real time), disadvantages (e.g., additional time needed from staff to coordinate and attend visits), and ethical considerations (e.g., potential intrusiveness in the home when observing staff) with be discussed. Future research
Informed by AGHE competencies including arts, ethics, and humanities, the program provides theoretically and scientifically grounded content, hands-on experience, and professional engagement. One core course specifically focuses on arts, ethics, and humanities, and provides a basis for students to see interdisciplinary links across the curriculum. Findings includes themes that illustrate the value of harnessing the power of arts, humanities, and ethics, including a diverse, and intergenerational cohort, and students’ cultural value systems.

SESSION 610 (SYMPOSIUM)

CREATING STRENGTH IN AGE: Harnessing the Power of Arts and Humanities Networks
Chair: Gay P. Hanna, Hanna Merrill Inc., Arlington, Virginia, United States
Co-Chair: Pamela Saunders, Georgetown University, Washington, District of Columbia, United States
Discussant: Niyati Dhokai, George Mason University, Fairfax, Virginia, United States

Arts and Humanities networks harness social capital in the service of older populations creating strength in age. This symposium will feature presentations in aging, arts, education, health and humanities exemplifying enormous and often underutilized resources readily available to engage older people across the spectrum of aging to combat decline and frailty at cognitive and physiological levels. Presenters will describe innovative partnership projects such as Sound Health, an initiative developed by the National Institutes of Health and the John F. Kennedy Center for the Performing Arts to expand knowledge and understanding of how listening, performing, or creating music could be harnessed for health and well-being; hybrid arts and humanities in health programs based within medical systems such as the Center for Performing Arts in Medicine at Texas Medical Center: Houston Methodist promoting research/evaluation of arts inventions to improve overall quality of patient care; and, MedStar Georgetown Lombardi Arts and Humanities Program providing a continuum of support for older patients and their caregivers from diagnoses through treatment processes. A Georgetown University case study will be presented on how arts, ethics and humanities are necessary and ideal components of an interdisciplinary master’s degree program in aging studies to ensure understanding a diverse and intergenerational cohort and student’s cultural value systems. The symposium will conclude with a presentation from the National Endowment of the Arts describing program service infrastructures across the country supporting arts engagement of older people, their families and caregivers focusing on lifelong learning; health and well-being; and age friendly design.

SESSION 610 (SYMPOSIUM)

SOUND HEALTH: Harnessing Music for Health and Well-Being in Service of Older People
Emmeline Edwards1, National Institutes of Health, National Center for Complementary and Integrative Health, Bethesda, Maryland, United States

Music can get you moving, lift your mood, help you recall a memory, and can potentially improve your health. A partnership between the National Institutes of Health and the John F. Kennedy Center for the Performing Arts, called Sound Health is expanding current knowledge and understanding of how listening, performing, or creating music involves intricate circuitry in the brain that could be harnessed for health and wellness. The presentation will focus on research that shows that music provides cognitive, socio-emotional, motor benefits as well as evidence for neural plasticity. The potential for music as therapy for several neurological disorders associated with aging will be discussed. Dr. Edwards will also highlight research gaps and opportunities in basic/mechanistic and clinical research on music and the aging brain.

HARNESSING ARTS IN MEDICINE FOR STRENGTH IN AGE: Case Study, Center for Performing Arts Medicine, Houston Methodist
J. Todd Frazier1, Houston Methodist Hospital- Center for Performing Arts Medicine, Houston, Texas, United States

In the 1970’s hybrid arts and humanities programs began developing within healthcare systems across the country. Today, the National Organization for Arts in Health (NOAH) represents a network of hundreds of programs with a major focus of serving older people and their caregivers. This presentation will provide an overview of this rapidly developing network along with a multimedia overview of a comprehensive arts and medicine hospital based program in the Texas Medical Center: Houston Methodist Hospital’s System Center for Performing Arts Medicine one of NOAH’s founding members. The Center’s expanding national, regional and community network of artist health, arts integration, creative arts therapy, research, and outreach programs serving older people will be described. Demonstrating how arts in health communicate and elevate value across disciplines through program evaluation (patient satisfaction and employee opinion), clinical research, and financial and outcome data will be explored as a case study.

SESSION 610 (SYMPOSIUM)

CREATING STRENGTH IN AGE: The Role of Arts, Ethics, and Humanities in Gerontology Education
Pamela Saunders1, Georgetown University, Washington, District of Columbia, United States

What are the necessary and ideal components of an interdisciplinary master’s degree program in gerontology? What is the role of arts, humanities, and ethics to teach students and future leaders the power of social networks? This paper presents a case study of one academic program. Data are semi-structured interviews with students and faculty analyzed using content analysis to discover themes. In 2018, inspired by aging demographics, Georgetown University launched a one-year, interdisciplinary MS degree in Aging & Health. Informed by AGHE competencies including arts, ethics, and humanities, the program provides theoretically and scientifically grounded content, hands-on experience, and professional engagement. One core course specifically focuses on arts, ethics, and humanities, and provides a basis for students to see interdisciplinary links across the curriculum. Findings includes themes that illustrate the value of harnessing the power of arts, humanities, and ethics, including a diverse, and intergenerational cohort, and students’ cultural value systems.

SESSION 610 (SYMPOSIUM)

ARTS AND HUMANITIES BRIDGING ACROSS CONTINUUM OF CARE: Case Study, Georgetown Lombardi Comprehensive Center
Julia Langley1, Georgetown Lombardi Comprehensive Cancer Center, Washington, District of Columbia, United States