

engagement indicate that results from studies conducted on younger and majority populations may not maintain external validity outside of those groups. Therefore, efforts to engage diverse older adults in research is imperative. The goal of this scoping review was to summarize findings of the current state of National Institute on Aging (NIA) sponsored research, identifying extant literature on engaging diverse older adult populations in aging and ADRD research. Among 566 articles screened for inclusion, 436 were included in the final analysis. Results showed that African Americans were represented in over half the studies (63.5%), but Native Hawaiian/Pacific Islander and American Indian or Alaska Native populations were not well represented. Community- and convenience-based recruitment and retention strategies that have demonstrated prior success in research engagement were widely utilized. Racial, ethnic, and income status breakdowns were not included in 30.0%, 57.1%, and 53.4% of studies respectively, making it difficult to assess the applicability of findings for particular groups. Inclusion of Alzheimer's disease patients or those with mild cognitive impairments was also poorly defined in most studies. Findings highlight gaps in existing literature that can be used to inform future research, and recruitment and retention strategies for engaging racial and ethnic minority older adults in research.

EVALUATING THE CONVERSATION STARTER KIT IN LONG TERM CARE: A CANADIAN PERSPECTIVE

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This study evaluated an advance care planning intervention, the Conversation Starter Kit (CSK) booklet, for use in long term care (LTC) homes. This study used a quasi-experimental, one group pre/post design. Quantitative surveys were administered before and after a 3-month advance care planning intervention (CSK booklet). Data were collected at three LTC homes in southern Ontario. We collected data from 55 resident who were able to make decisions on their own paired with 11 family members of these residents. We also collected data from 24 family members of residents who were not able to make decisions on their own. Quantitative surveys were administered before and after the intervention. An additional structured interview was completed at the end of the intervention period, which included both closed and open-ended questions to assess perceptions about the CSK booklet's use or non-use. Residents reported higher engagement in advance care planning after having completed the CSK booklet than before, particularly related to asking questions to health care providers about health care decisions. Family members reported feeling very certain that they would be able to make decisions on behalf of the resident but they felt less certain after completing the CSK booklet, implying that the CSK booklet raised their awareness of the types of decisions that they might need to make, hopefully triggering them to become more prepared for these decisions in the future. The CSK appears acceptable, easy to use for residents and family members/friends in LTC, and can improve resident engagement in ACP.

EXPERIENCES AND PERCEIVED ORIGINS OF COMPASSIONATE AGEISM AMONG OLDER ADULTS DURING THE COVID-19 PANDEMIC

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During the COVID-19 pandemic, there was a rise in media messages (MMs) and interpersonal behaviors (IBs) that could have been considered as reflecting compassionate ageism (i.e., ageism that stems from perceptions of older adults [OAs] as warm but incompetent). However, it is unclear how OAs experienced these MMs and IBs during the pandemic. The current study examined how OAs perceived pandemic-related MMs and IBs. We recruited 74 community-dwelling OAs (Mage = 73.18, 58% female). Participants completed a survey in which they reported the extent to which they had encountered five MMs and nine IBs throughout the COVID-19 pandemic. Then, participants rated whether they believed each MM and IB was motivated by care and how offended they were by it. Nearly all participants had encountered MMs about OAs' vulnerability to COVID-19 (e.g., more likely to contract COVID-19, 97%; more likely to die from COVID-19, 97%). Furthermore, most participants experienced IBs emphasizing their vulnerability to COVID-19 (e.g., told by another person they had a higher likelihood of contracting COVID-19, 64%; someone had checked in on them unprompted, 63%). However, across MMs and IBs, most participants (59–100%) perceived them as motivated by care and concern, and a relatively small proportion (0–20%) reported being offended by them. Our findings underscore the importance of understanding nuances of ageism from the perspective of OAs themselves. Different forms of ageism (i.e., compassionate ageism, hostile ageism) rooted in certain stereotypes about older adults (i.e., high warmth-low competence) may uniquely shape the lived experiences of OAs.

EXPERIENCES AND PERCEPTIONS OF USING A LOW-COST PET ROBOT FOR OLDER ADULTS AND PEOPLE WITH DEMENTIA

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Pet robots are a practicable substitute for animal-assisted therapy. They have been shown to have positive impacts on older adults, including people with dementia, such as providing companionship and facilitating social interaction. However, the issue of affordability can hinder equal access to such technology. The purpose of our study was to understand the perceptions and experiences of using a low-cost, commercially available pet robot with older adults and people with dementia. We used a novel methodology of analysing a large volume of user reviews that were collected from 15

consumer websites. A total of 1,327 user reviews that met our pre-specified inclusion criteria were included. Descriptive statistics was applied to characterise demographic data, and inductive qualitative content analysis was used to identify themes in the textual data. Most reviews were obtained from consumer sites in the United States, and most reviewers were family members of the users (i.e., older adults and people with dementia). We found that circumstantial reasons, such as the inability to own live animals, prompted reviewers to purchase the pet robot. Most reviewers had positive perceptions of the pet robot, and described various activities that users engaged in with it. Impacts of using the pet robot, such as positive emotions, were also described. Finally, experiences about practical aspects of its use, such as durability and hygiene, were discussed. Overall, this study provides useful knowledge that can help researchers, robot developers and clinicians understand the viability of using low-cost pet robots to benefit older adults, including people with dementia.

EXPLORING THE PATIENT-PROVIDER RELATIONSHIP IN OLDER ADULT PAIN MANAGEMENT

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Successful health outcomes in older patients are linked to the quality of the patient-provider relationship. Our study objective was to further understand the role of this relationship specific to pain management through perspectives from older adults and healthcare providers. Semi-structured interviews and focus groups were conducted with 9 older adults and 11 multidisciplinary healthcare providers. Transcripts were analyzed using a thematic analysis. Three main concepts emerged: (1) defining pain management goals — differences in providers and patients' goals for pain and function, with sub-themes of realistic goal setting and a shift in pain treatment to minimize opioids as a first-line medication; (2) communication — perceived gap in providers communicating and coordinating across disciplines and with patients, with sub-themes of improving positive communication and inconsistent messaging among providers; and (3) therapeutic alliance — all parties feel that developing a relationship is built on consistent trust and open dialogue. Although providers and older adults often expressed similar perspectives, there were several areas of misalignment identified within each concept, representing areas of disconnect within the patient-provider pain management relationship. Our findings indicate providers could benefit from education on improving communication around realistic goals and patient-centered outcomes and incorporation of more holistic pain management approaches when working with older adult patients.

Further study should focus on developing educational interventions to address the identified shortcomings.

FACTORS INFLUENCING BRAIN HEALTHY DIETS AMONG OLDER MIDWESTERN AFRICAN AMERICANS

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Emerging evidence suggests that up to half of Alzheimer's disease (AD) cases are a result of modifiable risk factors related to poor diet such as blood pressure and diabetes, disproportionately affecting African Americans. Adherence to brain healthy diets remains low among African Americans. Therefore, it is important to understand needs, preferences, and barriers to inform intervention designs aimed to reduce AD risk among African Americans. Using a qualitative community-based research approach, we conducted six semi-structured focus group discussions (n= 30) to explore older African American experiences with brain healthy diets, preferences, and barriers to eating healthy. Secondly, we assessed the feasibility and acceptability of collecting biomarkers of health status and dietary behaviors among African Americans. A thematic analysis was conducted to identify emerging themes and biomarkers of health status were analyzed using descriptive statistics. We identified four themes: "Knowledge and Beliefs about Brain Healthy Diets," "Eating Practices," "Ways to Improve Dietary Practices," and "Preferences for Enhancing Awareness about Brain Healthy Diets." Themes indicated that older African Americans are receptive to healthy dietary consumption but perceived lack of education, cost, access, and perception of losing one's culture as barriers to adherence. A total of 87.5% of participants completed biomarker assessments and 82% tested positive for 1 or more cardiovascular risk factor. Our study identified ways to enhance brain healthy dietary practices to reduce dementia risk. Also, our study demonstrated feasibility and acceptability in collecting AD related biomarkers in the African American community.

FACTORS INFLUENCING IMPLEMENTATION OF EHEALTH TECHNOLOGIES TO SUPPORT INFORMAL DEMENTIA CARE: AN UMBRELLA REVIEW

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The increase of People with Dementia (PwD) living at home underscores the need for innovative eHealth technologies that support both patients and informal caregivers (IC). Sustainable implementation of eHealth technologies within this target group can, however, be difficult. Our study aims