

engagement, associated hashtags, sentiment, and network analysis metrics were obtained. Exactly 2,149,494 tweets made by 105,938 users resulted in 21,460,413,770 impressions. There was a 44.6% and 29.1% compound annual growth rate of tweets and users, respectively. The five most frequently tweeted words were people, care, help, living, and support. Among users with identifiable locations, the United Kingdom, United States, and Canada had the greatest number of users. Healthcare associated individuals (17.8%), health advocacy organizations (17.6%), non-healthcare associated individuals (17.0%), and non-healthcare associated organizations (13.8%) were among the top 500 influencers based on tweet number. Hashtags related to caregiving (#Caregiving, #carers, #care, #caregivers, #caregiver, #dementiacare) and Alzheimer's disease (#alzheimers, #Alzheimer, #Alz, #EndAlz) were among the top 15 associated hashtags. Analysis of the 1,000 most recent tweets shows more tweets with positive (71.0%) than negative (29.0%) sentiments. Network analysis mapping connections between users shows advocacy organizations (i.e. @ASAgings) and other health individuals (i.e. @LEAD_Coalition) were central conversation hubs in 2019. The #dementia network discusses themes important to older adults. The network's rapid growth has enabled increased dissemination of dementia-related information by both healthcare and non-healthcare associated individuals and organizations.

CARE ME TOO: A MOBILE APP FOR ENGAGING CHINESE IMMIGRANT CAREGIVERS IN SELF-CARE AND ITS USER-EXPERIENCE TESTING

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Caregiving and self-care are challenging for Chinese immigrants in the U.S. due to limited accessible support and resources. The team developed a Care Me Too app for engaging Chinese immigrant caregivers in self-care and conducted a user-experience test to assess its usability and acceptability. The aims of this paper are to report the testing results and develop guidelines to support mHealth app design for immigrant caregiver populations. Twenty-two Chinese caregivers participated in the test, which consisted of two parts: in-lab testing and one-week at-home testing. In-depth face-to-face interviews and follow-up phone interviews were used to test the app's usability and acceptability and solicit participants' feedback for app design and functions. Directed content analysis was used to analyze testing transcripts. Participants reported uniformly positive ratings of usability and acceptability of the app and provided detailed suggestions for app improvement. We generated some mHealth app design guidelines, including weighing flexibility vs. targeting majority preferences, increasing text sizes, using colors effectively, providing engaging and playful visual designs and functions, simplifying navigation, simplifying login process, design functions to cater to the population's context, etc. We concluded that culturally and linguistically appropriate mHealth apps are appealing to immigrant caregivers for health promotion.

LEVERAGING ASSISTIVE TECHNOLOGY RESOURCES TO SUPPORT AGING IN PLACE: A SCOPING STUDY

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Aging in place is the preferred living arrangement for most older adults. However, the challenges that often accompany longevity coupled with housing which lacks proper modifications presents concerns about older adults' safety and wellbeing. Advancements in assistive technologies have promising potential in helping address many of these challenges and support aging in place. The purpose of this scoping review was to survey the current literature to understand why, how, and what assistive technologies are adopted and utilized to help support aging in place. We followed the Arksey and O'Malley (2005) methodological framework for scoping studies, searching seven databases and systematically assessed 611 titles/articles. Findings were organized using frequencies and themes. Following the inclusion/exclusion criteria, 12 articles were included. Upon thematic analysis, three main themes emerged: 1.) challenges experienced in the context of aging in place, 2.) technology adoption, and 3.) technology types and applications. Findings indicate technology can serve an important role in helping support aging in place and can serve as a medium to deliver and increase access to resources to support physical, social, and psychological wellbeing. The technologies most frequently utilized include personal devices and smart home technologies. The adoption and use of technologies can be impacted by the perceived ease of use, perceived usability, family/caregiver, self-selection, involvement in technology development, policies supporting access, and environment factors. Our findings indicate that there is a current gap in the understanding of how older adults are interacting with technology and how long term use impacts wellbeing and aging in place.

LIVING ARRANGEMENTS, ELECTRONIC COMMUNICATION USE, AND PSYCHOLOGICAL FUNCTIONING

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Older people who live alone may benefit more from using electronic communication than those who live with others. Although living alone has been linked to a higher risk of depression and social isolation, few studies examined the effect of using electronic communication separately by living arrangements. The current study examines the effect of electronic communication use by living arrangements for people aged 65 and older. Using the 2011-2018 National Health and Aging Trends Study (NHATS), we examine how the frequency of emails/texts is associated with changes in psychological well-being and depressive symptoms accounting for sociodemographic, health, social network characteristics (N=6,897). Multilevel growth curve models showed that those living alone or with others were more likely to have fewer depressive symptoms at baseline if they used electronic communication, but the use did not affect their trajectory of depression. Those living alone or with others who used

electronic communication did not have higher psychological well-being at baseline, nor did it affect their trajectory. The overall findings raise a question on the effectiveness of promoting electronic communication technology as a substitute for in person interaction for older adults living alone in the community.

MEDIA IMAGE LANDSCAPE: AGE REPRESENTATION IN ONLINE IMAGES

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This study looked at the extent to which the 50-plus population is portrayed in media images online. A random sample of images was drawn from 2.7 million images downloaded from professional and semiprofessional domains and social distributions for brands and thought leaders. Natural language processing technology was employed to find images using topical guides chosen to be reflective of online images. Results of this study showed that while some media has moved toward more positive visual representation of older people, the 50-plus population is still not accurately portrayed in the media. For example, while nearly half of the U.S. adult population is age 50-plus, only 15% of images containing adults include people this age. In addition, when the 50-plus are shown, they are more likely to be portrayed negatively than those under age 50. The 50-plus population is often portrayed as dependent and disconnected from the rest of world although most are actively engaged in their communities. They are rarely shown with technology and in work settings. Furthermore, while a myriad of vibrant personalities come across in images of adults under age 50, the representation of people 50-plus starts to homogenize and exaggerate stereotypical and outdated physical appearance characteristics. This study demonstrates the need for visual representations that reflect greater diversity and authenticity of the 50-plus population as these images affect the attitudes, expectations, and behaviors of older and younger people alike. Keywords: ageism, reframing aging, media image representation

MODERATING EFFECT OF RACE AND ETHNICITY BETWEEN TECHNOLOGY USE AND SOCIAL ISOLATION

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Social isolation among older adults has brought about poor outcomes of their health and well-being. Information and Communication technology (ICT) is known to alleviate social isolation of older adults. However, it is unknown how ICT access and use are associated with social isolation by race. This study examined the association of ICT and social isolation from the National Health and Aging Trends Study (NHATS), estimating moderating effects of race and ethnicity. The sample for this study was community dwelling Medicare beneficiaries aged 65+ ($n=5,567$). An index for ICT was formed from five domains: social network websites, email and texting, working cellphone, tablet devices and online computer use (range 1-5, mean=3.96, SD=0.927), and social isolation was derived from responses to five areas: living arrangement, attending religious activities, numbers of important people to talk with, attending other activities such as club participation and volunteer work (range=0-2, mean=1.74, SD=0.927). Race

and ethnicity included White (69.6%), African-American (20.7%), Hispanic (5.5%) and Asian/Pacific Islander (2.5%). Multiple linear regression was used using a moderating effect of race/ethnicity, including relevant covariates. Findings revealed increased ICT use was associated with lower social isolation ($b=0.05$, $p<0.05$), and race/ethnicity was a significant moderator in the association between ICT and social isolation for African-Americans ($b=0.08$, $p<0.05$) and Hispanics ($b=0.15$, $p<0.05$) compared to White older adults. The findings indicate that racial differences should be considered when applying technology use to reduce older adults' social isolation. Practitioners can provide racially competent ICT services for older adults interested in tech-based communication.

ROLE OF HEALTH INFORMATION TECHNOLOGY IN THE ENGAGEMENT PROCESS OF OLDER ADULTS' CANCER TREATMENT DECISION MAKING

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This study investigates the role of Health Information Technology (HIT) in the process of patient engagement in treatment decision making in older adults in cancer care. Despite the role of HIT in patient engagement processes and government incentives for HIT development, research regarding HIT is lacking among older adults. The following study is a secondary data analysis of a subset of the Health Information National Trend Survey (HINTS 4, Cycle 3), including individuals 65 years old and above. Chi-square tests, logistic regression, and linear regression models were fit to study several sociodemographic, socioeconomic, and psychosocial variables in this study. The results show that education, poverty status, and self-management domain of the patient activation (which is a precursor of the engagement process) were significantly associated with access to and utilization of HIT. No significant differences between access to and utilization of HIT and the diagnosis of cancer were found. However, fatalistic beliefs about the diagnosis of cancer significantly impacted the use of HIT in all models, including those controlling for cancer diagnosis and access to HIT. Specifically, a one-point increase in cancer fatalism score is associated with a 59% decrease in the utilization of HIT, giving evidence that fatalistic beliefs about cancer can drive engagement behaviors regardless of a diagnosis of cancer. Our study provides vital information for providers and policy researchers to take into account for future implementation and development strategies of HIT in cancer care for older adults.

THE CONNECTIONS OF ELDERLY CHARACTERS AND TAIWANESE SOCIETY IN EDWARD YANG'S MOVIE "YI YI" (A ONE AND A TWO)

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As an aging society, Taiwanese is facing the low birthrate and low death rate, and many policies and social systems are facing difficulties. According to the social atmosphere, young