During the lockdown, 97.5% of Korean senior centers in South Korea were closed to prevent the spread of the coronavirus disease 2019 (COVID-19). The threat of the COVID-19 presented the need for alternative interventions for Korean older adults to maintain cardiovascular and physical health. Korean senior centers implemented web-based interventions to provide physical health services, but their effectiveness was not yet assessed. Thus, our study aimed to identify the effects of a web-based intervention using a smartwatch and mobile app in older adults when compared to center-based intervention during the pandemic. This study collected 117 Korean older adults (≥ 60) who participated in the 12-week web-based and center-based physical interventions using a smartwatch and mobile app. This quasi-experimental study was conducted between August and December in 2020. We analyzed the pre-posttest of cardiovascular and physical health across two intervention types. Our regression results indicated that participants in the 12-week web-based intervention reported better cardiovascular (systolic blood pressure: b = -13.77, p < .001; cholesterol: b = -11.71, p < .05) and physical health (muscular function: b = 2.99, p < .001; body balance: b = -1.31, p < .001; cardiopulmonary endurance: b = 33.33, p < .001) than those in center-based intervention at posttest. The findings imply a web-based intervention is likely to become an innovative therapeutic strategy for older adults' health to respond to the rapidly changing social service systems amid the pandemic.

EFFECTS OF NON-PHARMACOLOGICAL INTERVENTIONS ON ELDERLY IN NURSING HOMES WITH SLEEP DISORDER: A META-ANALYSIS

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Purpose: This study aimed to examine the effects of nonpharmacological sleep intervention programs to improve sleep quality among the elderly in long-term care facilities. Methods: A literature search and selection was performed on nine different databases using the Preferred Reporting Items for Systematic Review and Meta-Analysis Statement. In total, 14 studies met the inclusion criteria and were systematically reviewed. For the meta-analysis, the effect size was estimated using the random-effects model on Review Manager (RevMan) desktop version 5.4 of the Cochrane Library. Result: The meta-analysis of nonpharmacological interventions obtained a total effect size of 1.0 (standardized mean difference [SMD] = 1.0, 95% confidence interval [CI]: 0.64–1.35), which was statistically significant (Z = 5.55, p < .001). The most frequent nonpharmacological interventions identified were the interventions using aroma; the effect size was 0.61 (SMD = 0.61, 95% CI: 0.14–1.08), which was statistically significant (Z = 2.55, p = .01). In subgroup analysis, group-specific interventions, interventions for >4 weeks, and untreated control studies were more effective. Conclusion: This study confirms that nonpharmacological interventions are effective in improving sleep quality among the elderly in long-term care facilities. However, the small sample size and risk of bias in assessing the interventions of individual studies are unclear or high, thereby limiting the generalizability of the results. Further studies based on randomized control trials and the development of evidence-based interventions

that consider the elderly participants' physical activity levels, intervention methods and duration, and control group selection are needed to obtain more conclusive evidence.

END-OF-LIFE CARE FACTORS PREDICT AFFECTIVE SEQUENCES IN OLDER ADULTS' FINAL MEMORIES OF SPOUSAL LOSS

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Memories from the dying days of a deceased spouse are vividly recalled and can guide grief adjustment in older adulthood (Mroz & Bluck, 2018). End-of-life factors (e.g., place of death, quality of death) likely impact the nature of recall of such memories over time. Intersecting psychology and palliative care perspectives, the current study employs mixed-methods to examine relations between end-of-life care factors and affective sequences in older adults' final memories of spousal loss. Fifty-three participants (Mage = 81.59; M = 6.81 years since loss) completed a Final Memory Interview, provided place of spousal death (in hospital, outside of hospital), and completed the Good Death Inventory (GDI; Miyashita et al., 2008). GDI responses were organized into four quality of death categories. Final memories were reliably content analyzed for affective sequences (i.e., positive and negative affect themes; interrater agreements > .70): redemption (bad mitigated by good, McAdams 1999), contamination (good spoiled by bad; McAdams, 1998), positive stability, and negative stability. Loss of a spouse in hospital, compared to outside of hospital, related to narrating final memories with contamination, F = 4.05, p < .05. Quality of death predicted narration of final memories with positive affective sequences: lower reported comforting environment related to redemption (t = -3.05; p < .01) and higher reported appropriate medical care related to positive stability (t = 2.60; p < .05) in memories. As healthcare provision continues to adjust to improve end-of-life circumstances across care environments, the impact of circumstances on close others should factor into initiative development.

ENGAGING UNDERREPRESENTED OLDER ADULTS IN ADRD AND AGING RESEARCH: A SCOPING REVIEW

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The rapidly aging and diversifying U.S. population coincides with increases in prevalence of Alzheimer's disease and related dementias (ADRD) and other aging-related disorders. Unfortunately, older adults and racial and ethnic minorities are often underrepresented in research studies. The differing barriers that underrepresented older adults face in research

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