

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