

Past research identified several variables that affect individuals' attitudes toward older adults (OA), such as age and experience living with OA. However, the effect of environmental variables on these attitudes, such as ethnic-culture and proportion of OA living in their neighborhood, remain unclear. Additionally, most previous studies sampled specific populations (e.g., undergraduate students), limiting generalizability. To address these limitations, we modified the Kogan's Attitudes Toward Old People Scale (Yen et al., 2008) and included it in a large-scale cross-sectional survey conducted among adult residents of three residential towns (TP, JE, PG) in multiracial Singapore. The towns varied in the proportion of OA in residence, with TP having the largest proportion, PG the smallest, and JE in between. In total, 3134 respondents completed the survey via interview. Exploratory factor analysis identified two factors: Appreciation and Prejudice. Multiple linear regressions revealed main effects of age and ethnicity, qualified by interactions of age with town, and age with ethnicity. Specifically, respondents from JE showed greater increase in Appreciation with age compared to those from TP ($t=-2.04$, $p=.003$) and PG ($t=-2.95$, $p=.042$). There were also increases in Appreciation with age among participants of three ethnicities (Chinese, Malay, Others; $t=-3.95$, $p<.001$; no increase with age for Indian participants). Separately, there was a main effect of age on Prejudice, where Prejudice increased with age ($t=4.21$, $p<.001$). Detailed analysis will be presented to elucidate the role of environmental variables on attitudes toward OA.

MUSIC INTERVENTIONS FOR OLDER ADULTS IN CLINICAL TRIALS AND RESEARCH STUDIES ACROSS CULTURES AND SETTINGS

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Music interventions and music therapy have become more common globally as nonpharmacological treatment options for memory loss, pain management, reduction of behavioral and psychological symptoms, and increased quality of life. Knowledge of multiethnic interventions is important when creating evidence-based programs within culturally diverse countries, such as the U.S. The purpose of this systematic review is to analyze music interventions for older adults across the globe to better understand emerging best practices. A review of all trials registered at clinicaltrials.gov and registries in the WHO Registry Network containing the key words "music therapy" were included, regardless of intervention type. Of the 627 studies generated, 449 met the eligibility criteria, with 11% enrolling only older adults and 89% enrolling older adults along with other age groups. Studies were conducted in 6 continents, 48 countries (23% in the U.S.), and in 23 languages. Music interventions for specific medical conditions (64%) or medical procedures (24%) were the primary foci in studies. While studies crossed multiple continents, less than 2% referenced ethnicity or culture in the study details. Detailed data on intervention types, demographics, measures, settings, and methodology will be presented. Results suggest that best practices in music therapy are being developed world-wide for the multitude of health challenges faced by older adults and demonstrate the diversity of music interventions in both medical and community

settings. Information from this review can be used to improve the implementation of music intervention programs and may be particularly beneficial in countries with diverse multicultural populations.

MUSIC THERAPY CLINICAL TRIALS IN CROSS-CULTURAL SETTINGS

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Music therapy in clinical trials has shown efficacy as a nonpharmacological intervention for multiple medical conditions and procedures. Every culture has music and virtually everyone on this globe enjoys music suggesting the universality of music therapy. However, in the US, most music therapy clinical trials participants are English-speaking Caucasians. That narrow pool limits our understanding of the benefits of music in an ethnically and culturally heterogeneous nation. This study looks to the international clinical trials for lessons and information that can advance U.S. studies by expanding the methodology and clinical reach to benefit a more extensive population of patients. A review of 449 studies in 48 countries from clinical trials registries supports an effort to expand music therapy studies and interventions by incorporating a cross-cultural perspective. Researchers and clinicians using international resources can increase their understanding and capacity. Globally, many standardized measures have been translated, including self-report measures of behavioral and mental health, pain, sleep, medical conditions, and symptom severity used for outcome measures, as well as music therapy measures and intervention checklists. Scientifically accepted physiological outcome measures have shown the benefits of music interventions for older adults regardless of cultural or ethnic differences. For example, neuroimaging research supports the clinically derived notion that music can address needs of people with dementia. The future will require new standards for multicultural research. To expand studies and methodologies, we need to include more diverse populations. This paper proposes that to do that, we must look to the global scientific community.

SESSION 10500 (LATE BREAKING POSTER)

COVID-19 PANDEMIC

"DOING THE IMPOSSIBLE WITH THE INADEQUATE": COVID-19 RESPONSE IN U.S. ASSISTED LIVING SETTINGS

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The COVID-19 pandemic has disproportionately affected long-term care operators, staff, residents and their families; although much attention has been given to nursing homes, largely lost in the discourse are assisted living, residential

care, and dementia care (AL) communities. As part of a broader, ongoing study assessing states' AL regulations regarding medical and mental health care for residents with Alzheimer's and related dementias (ADRD), stakeholders across the United States were recruited in July and August 2020 for semi-structured interviews to provide their perspectives on AL policies and practices specific to COVID-19 response. Stakeholders (n=32) consisted of state healthcare and trade association representatives, clinical practitioners, operators, researchers, and dementia care experts experienced in AL-related operational, healthcare, and regulatory affairs. Using thematic analysis, we describe several emerging topics regarding the opportunities, challenges, and innovations of responding to COVID-19 within the unique context of AL. States' public health responses to COVID-19 lacked an understanding of the broader long-term care system, especially AL's scope and purpose, workforce, capacity to implement infection control practices and policies, and unintended consequences of social isolation for older adults, specifically residents living in dementia care units. Despite these challenges, stakeholders described opportunities to expand telehealth infrastructure, communication and collaboration across states and among operators, and several innovations to mitigate the effects of social isolation. It is imperative for policymakers to understand the nuances of the AL context and design regulations and public health responses grounded in a whole-person perspective and in partnership with operators during, and beyond, pandemic circumstances.

**“WHEN YOU ARE WORKING IN THIS ENVIRONMENT, YOU'RE MORE LIKELY TO GET SICK”:
MAPPING CARE RELATIONSHIPS IN LTC**

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The pandemic has shone a light on problems within the long-term care (LTC) sector. As was true prior to COVID-19, many of the present issues in LTC can be traced to challenging working conditions, such as persistent understaffing of care workers. Working short-staffed means rushing through care, while only satisfying the most basic bodily needs of the resident. This presentation shares early findings from a thematic analysis of interviews conducted with seven care workers as part of the “Mapping Care Relationships” stream of the Seniors –Adding Life to Years (SALTY) project, a pan-Canadian research program that maps how promising approaches to care relationships are organized and experienced in LTC. The purpose of the analysis was to understand how short-staffing is affecting the formation and preservation of meaningful staff-resident relations, and what the impact is on quality of care. Two overarching themes emerged: 1) a relationship between time and work-place illness, injury and violence; 2) a relationship between care worker autonomy and resident quality of care. When working conditions do not support workers in voicing and/or addressing challenges they experience in the workplace, whether this results from understaffing or hierarchical power structures, care workers'

ability to deliver even basic care is jeopardized, and resident and worker health and wellness are placed at risk. Themes are discussed in the context of COVID-19 in light of responses to outbreaks in LTC that have reduced the availability of care workers, family visitors and volunteers, and emphasized top-down and even militarized approaches to care management.

#BOOMERREMOVER: COVID-19, AGEISM, AND THE INTERGENERATIONAL TWITTER RESPONSE

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In March 2020, COVID-19 was declared a pandemic and frequently presented as a virus primarily affecting older adults. News headlines led with statements such as, “Coronavirus deaths are so far mostly older men” (Ramzy, 2020). Although later determined inaccurate, this perspective contributed to openly ageist views and exchanges from people around the world. On the social media platform of Twitter, #BoomerRemover was used as a hashtag to express views related to older adults, and particularly baby boomers, as the primary targets of COVID-19. This study uses qualitative methods to analyze the messages of Twitter users that discuss COVID-19 with the use of the hashtag #BoomerRemover. A total of 1,875 tweets posted in English and including the hashtag “#BoomerRemover” from March 16, 2020 to March 30, 2020 were analyzed. Analytic methods employed an open coding procedure consistent with grounded theory and Numeric Content Analysis (Marks, 2015). Salient themes include: (1) COVID-19 is Politically Driven (2) There's a Real Intergenerational Divide, (3) Young People are Dying Too, and (4) #BoomerRemover is Simply Disrespectful. Findings suggest that only about a fourth of #BoomerRemover tweets could be considered ageist, and the large majority of tweets using the hashtag were related to politics and elections. Further, several of those using the #BoomerRemover hashtag to defend older adults were inadvertently causing it to remain relevant (trend) as a Twitter topic. This study recognizes the importance of considering Twitter – primarily composed of young adults – as a place where intergenerational attitudes vis-à-vis COVID-19 may be expressed.

A NOVEL SURVEY PLATFORM IN THE AGE OF COVID-19 TO INCREASE ACCURACY AND ADOPTABILITY WHILE REDUCING SELECTION BIAS.

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Given the ongoing COVID-19 pandemic, secure and distanced data collection platforms are critical for reaching vulnerable populations. Commonly used electronic data collection systems lack a myriad of critical features, including a modern technology stack, new data encryption and security standards, study workflows, and reporting algorithms. Moreover, these systems do not have multilingual mapping functionalities of survey and consent forms. All of these components ultimately increase selection bias while simultaneously reducing the security and quality of the response data. In order to directly address the aforementioned issues, we have developed a multilingual and highly secure data