

retirement, chronic disease, and the death of spouses and friends. Social media platforms, such as Facebook and Twitter, present accessible and low cost communication technologies that are associated with enhanced feelings of social connection and reduced loneliness in younger age groups. This paper examines whether similar benefits might arise for adults at older ages. Using a four-week social media training workshop as a randomized, controlled wait-list intervention, this study examines whether social benefits are realized among a group of novice social media users, aged 65+. Measures of social well-being, including social capital, loneliness, social connectedness, and social provisions, were assessed at pre- and multiple post-test intervals for differences related to social media learning. Findings revealed only small differences between groups in one dimension of social connectedness, that of social integration. As these findings seemingly contradict studies conducted with younger persons, the contexts of social media use in older adulthood are discussed. These include the relevance of lower social media adoption rates, as well as influences that intersect with an older person's life stage, such as gaps in network coverage on technological platforms, perceptions of the value of weak connections, and a reduced digital skills base. These additional factors are relevant to understanding disparity in the benefits that can be obtained through the use of social media and highlight the differing needs that social media fulfill at varying life stages.

USE OF INFORMATION AND COMMUNICATION TECHNOLOGY AND MEMORY PERFORMANCE IN OLDER ADULTS: WHICH COMES FIRST?

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The topic of older adults' information and communication technology (ICT) use looms large because of the beneficial effects of ICT use on physical health, emotional well-being, and social engagement. Previous research has shown that memory performance is also linked with ICT use, but the direction of influence is yet to be determined. Individuals with higher levels of memory function are more likely to use ICT devices, but ICT use may have protective effects on maintaining memory because using technologies includes mental exercises. The current study examined the temporal sequence of ICT use and memory performance, which can provide insight into the causation. Using three waves (2013, 2015, and 2017) from the National Health and Aging Trends Study (NHATS), a total of 4,048 community-dwelling older adults aged 65 and above were selected for the analysis. Memory performance was measured by summing scores of immediate and delayed word recall. Reciprocal 5-year lagged associations between ICT use and memory were examined, while controlling for age, gender, education, racial/ethnic minority status, and depressive symptoms. The final model showed adequate fit indices (CFI = .979 and RMSEA = .038). Word recall significantly predicted ICT use in later years. Reciprocally, greater use of ICT was significantly associated with better memory performance in following years. The effect of ICT use on memory performance was of greater magnitude in comparison with memory as a predictor for ICT

use. These results suggest that ICT can have potential benefits for maintaining memory in old age.

EXAMINING DISCREPANCIES IN SOCIAL ROBOT VERSUS HUMAN ASSESSMENTS OF GERIATRIC WELL-BEING

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Socially assistive robotic (SAR) technologies represent a viable tool for monitoring the safety and health of older adults. However, it is unclear whether SARs can comprehensively screen geriatric well-being as effectively as trained human clinicians. The purpose of this study was to compare SAR versus human assessment of geriatric well-being. Participants included 30 older adults (Mage = 73.40, SD = 7.88) who completed a robot-administered well-being assessment session during which human-administered evaluation was simultaneously performed. Standardized clinical screening assessment tools common in geriatric care were administered (e.g., Short Blessed Test (SBT), UCLA Loneliness Scale, Geriatric Depression Scale, PHQ-4, Iowa Fatigue Scale, Fall Risk). Multiple dependent sample t-tests were used to explore variability in assessment scores between SAR and human evaluation. Assessment scores significantly differed on several measures, including the SBT ($t(29) = -9.33$, $p < .001$), UCLA Loneliness scale ($t(19) = 2.37$, $p < .05$), and fall risk assessment ($t(29) = 3.03$, $p < .01$). Specifically, the SAR indicated that older adults were significantly more cognitively impaired, less lonely, and more likely to fall compared to the human administrator. Other observed differences and hypothesized explanations will be discussed in greater detail. The current study indicates that there is a divergence in geriatric assessment outcomes based on human versus SAR administration. Findings have implications relative to further developing SAR technology to align with human-based evaluations to enhance cognitive well-being, social connectedness, and falls prevention.

DEVELOPMENT AND EVALUATION OF EDUCATIONAL MATERIALS REGARDING MENTAL HEALTH MOBILE APPS AMONG OLDER VETERANS

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The number of older adults using mobile devices has doubled over recent years; however, many need assistance in learning how to use their device. To address this gap, we developed patient education materials teaching older Veterans how to download apps and the basics of mobile device and app use. For example, we developed step-by-step guides for three Veteran Affairs mobile apps that target mental health symptoms. Material development involved feedback from providers and older Veterans using a multi-step mixed methods evaluation process. Local

technology and geriatric content experts provided initial feedback; all experts agreed the materials would be helpful to teach Veterans about mental health apps. We subsequently interviewed older Veterans ($M = 78.5$ years) who evaluated the materials. Over 50% of Veterans found the guides clear, articulate, and useful; 83.3% noted they would recommend to others. Lastly, providers who see older Veterans regularly rated the materials; 79% of providers rated the materials as helpful, with an average rating of 4.3 (1 = Strongly Disagree to 5 = Strongly Agree). Providers viewed the materials and apps as useful supplements to psychotherapy and especially useful for individuals who are unable to return to clinic. Overall, both providers and Veterans found the materials easy to understand and valuable for those new using mobile apps or devices. Findings from the evaluation process suggest the design of the materials may be vital to increasing the use of mental health mobile apps among older Veterans.

THE INFLUENCE OF TECHNOLOGY ON QUALITY OF LIFE AND AGING IN PLACE

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Many of the challenges that often accompany longevity can affect older adults' quality of life (QOL). Adoption of an assistive technology ecosystem presents the potential to alleviate these challenges and improve QOL. An assistive technology ecosystem refers to the use of multiple assistive technologies to address a set of challenges affecting single or multiple characteristics of older adults' QOL. However, little is known how technology can influence characteristics of older adult's QOL. The purpose of this study was to investigate how using technology can improve older adults QOL. Data from the 2016 wave of the National Health and Aging Trends Study (NHATS) were analyzed using four logistic regression models. The sample included are older adults age 65+ ($N=5,488$). The dependent variables used in this study were QOL indicators such as self-confidence, continue improving life, likes living arrangement, and self-determination. The variables used to measure technology included computer, cell phone, tablet, and internet use. Older adults who used the internet had significantly higher odds of reporting self-determination ($OR=1.68$), like living arrangement ($OR= 1.97$) and continue improving life. Tablet users had significantly higher odds of continuing to improve their life ($OR= 1.249$) and increased self-determination ($OR= 1.174$). Cellphone users had significantly higher odds of having self-confidence ($OR= 2.814$). These findings support the need for a network of resources accessed through an ecosystem of technologies to address the challenges encountered by older adults aging in place. This study's findings can inform technology education programs, interventions, and assist with the development of support networks.

THE UNCANNY VALLEY REVISITED: AGE-RELATED DIFFERENCE AND THE EFFECT OF FUNCTION TYPE

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Due to declined birthrate and the increased aging population, solving the problem of labor shortage has become important. Introducing robotic labors could effectively help older adults' daily lives. However, older adults' acceptance of robots was lower than younger adults. Robot's appearance might be one of the reasons. The Uncanny Valley (UV) refers to the phenomenon that people rate more positively as robots become more humanlike, but only up to a certain point; as it approaches near-perfect similarity of human appearance, likeability drops and forms an uncanny valley. Nonetheless, previous results supporting the UV were mainly from younger adults. We examined whether the UV is also applicable for older and middle-aged adults. We also examined whether the acceptance of function (companion vs. service) would change based on robot appearance, and whether robot-induced traits have any relation with the acceptance of robot function. We asked younger ($N= 80$, age 18-39), middle-aged ($N= 87$, age 40-59), and older ($N= 88$, age 60-87) adults to view each picture of 84 robots and evaluate their impression of each robot and intention of use regarding robot function. Contrary to the UV found for younger and middle-aged adults, older adults did not show UV—they preferred humanlike over non-humanlike robots, regardless of the robot function. Scores on each trait—except for authoritativeness—showed positive correlations with the acceptance of functions. These findings imply that the design of assistive robots should take UV into consideration by customizing robots' appearances and functions to different age groups.

CROSS-COUNTRY COMPARISON OF INTERNET USE AND DEPRESSION BY GENDER: THE ROLE OF INTERGENERATIONAL FACTORS

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Technology may offer one approach to reducing depression as it provides medium to maintain connections (Cotton et al., 2014). Yet, depression, internet use, gender roles, and expectation of intergenerational interaction all differ across countries. Using nationally representative data from the U.S (Health and Retirement Study: HRS) and South Korea (Living Profiles of Older People Survey: LPOPS), the study examines 1) association between internet use and depressive symptoms by gender in two countries; 2) and whether intergenerational factors moderated this association. In the U.S., more than half of men and women aged 65+ used the internet, while approximately 30% of women and 47% of men used the internet in Korea. Using the internet was associated with lower depression for those living far from the closest child for women in the U.S., and for men in Korea. The findings indicate that the association of internet use on depressive symptoms can be influenced by intergenerational factors that may differentially affect men and women depending on the sociohistorical contexts.