study's definition varied across different ethics/Helsinki committees (Institutional Review Boards; IRBs), which led to different demands, e.g., insurance for medical clinical trials although no drugs or medical device were involved; lack of cooperation by mid-level staff members despite the institutional adoption of the app project; low utilization by HPs resulted in FCs not receiving timely responses. Despite these and other obstacles, we tested app use for 15 months in one facility in a pre-post-design with intervention and control groups, and we have since begun testing it in another facility. FCs who had used the app had positive feedback and wished to continue using it. App use optimization requires implementation planning, assimilating changes in each facility's work procedures and HP's engagement and motivation and thus depends on institutional procedures and politics.

CAN ROBOTS ENCOURAGE SOCIAL ENGAGEMENT AMONG OLDER ADULTS?

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Apathy in older adults in long term care (LTC) settings is common, associated with morbidity and mortality, and requires extensive personnel time. Most LTC sites are limited in their ability to provide activities. We conducted a 3-month pilot study at two LTCs to determine whether a robot, with/without virtual reality (VR), was successful in encouraging social engagement between older LTC adults. Three robot activities were offered twice weekly for three weeks (6 sessions). Two activities with VR consisted of two book sorting games. One activity was "Simon Says" where older adults took turns as leaders. Demographics and cognitive data were collected. Videos were coded and analyzed using Noldus Observer: activity engagement as visual and verbal attention to the robot activity and social engagement as visual and verbal attention towards their partner. Participants were 2 men and 14 women, mean age 83. One dropped out because of hearing problems; one dropped out because of cognitive impairment. Fourteen, ie 7 pairs, attended all 6 sessions; ten had MCI and one had AD. Social and activity engagement varied by activity and by participant. Participants' perceptions (7-point Likert scale) remained positive over time (6.33 (SD 0.94) to 6.52 (SD 0.61)) but decreased slightly for the repeat activities (6.19 (SD 1.01) to 5.96 (SD 1.13)). Robots hold promise in LTC as ways to engage older adults who suffer from apathy. Further work is necessary to elucidate participant- and activity-level characteristics most conducive for success and mechanisms to increase the number and variety of activities.

EFFECTIVENESS OF SERVO-ASSISTIVE ROBOTIC ROLLATOR (RT.2) AMONG OLDER ADULTS LIVING IN THE COMMUNITY

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Older adults tend to need assistance for ambulation with the progression of aging or when suffering from diseases. With technological advances, servo-assistive robotic rollators are available besides canes and walkers to assist disabled older adults. This study aimed to investigate the appropriate person and conditions for using a servo-assistive robotic rollator and its effects. Participants were 10 older adults living in the community (80.5±9.7 years; 4 males and 6 females) who used a servo-assistive robotic rollator (RT.2). After evaluating their physical (body composition, diseases, care need level, and SF-36), mental (MMSE, GDS-15, and WHO-5), and living conditions, they began using the device in daily life. We evaluated their ways of using it and the effects of its use through our observation and their self-report. Participants suffered from a stroke, spinal bone fracture, Parkinson's disease, osteoarthritis of the knees, or optic neuromyelitis. At the study's onset, cognitive impairment (MMSE<23/30), depressive states (GDS-15$\geqq$5), decreased grip strength, and decreased muscle mass (InBody S10) was found in one, three, six, and one participant, respectively. Most participants had a clear purpose for using it, such as going outside by foot or maintaining muscle strength. During the three-month observation period, no participant fell while using it. Some participants used it in a rehabilitation program at home, while others used it in daily life and went to several places with its assistance. Servo-assistive Robotic Rollators enabled older adults with difficulty in ambulation to walk outside safely and provided a greater opportunity to participate in society.

ENGAGING OLDER MINORITY ADULTS IN A SMARTPHONE-BASED ECOLOGICAL MOMENTARY ASSESSMENT STUDY OF SEDENTARY BEHAVIOR

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Minority older adults engage in excessive levels of sedentary behavior (i.e., sitting). Smartphone-based ecological momentary assessment (EMA) methods can provide novel insights into the modeling and prediction of activity-related behaviors. Yet, minority groups report barriers to participating in mobile health research (e.g., distrust, lack of interest, underrepresentation in research). This abstract reports on strategies used to recruit minority older adults and acceptability of an 8-day smartphone-based sedentary behavior EMA study in this population. Researchers partnered with existing community organizations servicing the target population (i.e., independent living communities, congregate meals sites, and churches) and trusted individuals within these organizations to facilitate introduction of the research team/study. In total, 123 older minority adults were recruited, 102 met inclusion criteria and 91 completed the study. During the study, participants answered 6 electronic EMA questionnaires/day and wore an ActivPAL activity monitor continuously. Participants received one-on-one training on these procedures and received check-in calls to monitor progress. Open-ended questions administered at the end of the study revealed the most enjoyable aspects of the study were the ability to learn more about themselves, contributing to science and/or their community, engaging in a new activity followed by receiving financial compensation