Examples of technology interventions that support activity and participation and thereby improve health outcomes for adults aging with mobility disabilities show the need for bridging. The Telewellness research study used videoconferencing to deliver an evidence-based tai chi intervention to small groups. The Digital Assistant study explored the potential of the Amazon Echo to support controlling the home environment, engaging in physical activity, interacting with others, and managing health. Both projects offer credence to the value of supporting adults aging-in-place with wide range of capabilities and limitations. Part of a symposium sponsored by the Lifelong Disabilities Interest Group.

TRANSFORMING CULTURAL IDEAS OF AGING AND DISABILITY TO IMPROVE POLICY AND PRACTICE

Anne Ordway, *U.S. Department of Health and Human Services, Washington, District of Columbia, United States*

Aging and disability are normative processes that extend across the lifespan. However, ageism and ableism are incorporated into many of our practices, programs, and policies—devaluing the lives of older adults and people aging with disabilities and ultimately preventing their full participation in society. Ageism and ableism are closely connected. For example, both systems identify impairment as an individual and social liability. As recent studies have demonstrated, this has real world implications for the quantity and quality of health care requested, delivered, and received by both older adults and people with disabilities. In this session, we discuss the connections between these two forms of oppression and present recent work by researchers in both fields and the FrameWorks Institute that shows how to transform our cultural ideas of aging and disability and development more inclusive policies and services. Part of a symposium sponsored by the Lifelong Disabilities Interest Group.

SESSION 5865 (SYMPOSIUM)

DESIGN, UTILIZATION, AND IMPACT OF SMART VOICE INTERVENTIONS IN OLDER ADULTS

Chair: Megan Huisingh-Scheetz
Co-Chair: Louise Hawkley
Discussant: Shelia Cotten

Smart voice (voice-first) devices such as Amazon Alexa or Google Home devices use speech as the primary input method and employ artificial intelligence to "act" on spoken commands. Smart voice devices are thought to reduce technology use barriers for older adults because older users can utilize a skill they already have (talking) rather than learning a new skill (typing). Therefore, smart voice may be a promising technology vehicle for delivering social and functional resources and for assessing health in the home of older adults and their caregivers. However, very little clinical research has been conducted to understand the unique design considerations, utilization, potential impact, and limitations of smart voice applications in older adults. This symposium will 1) describe research methods and results of user-driven design of smart voice materials and programming in older adults; 2) quantify the utilization and potential impact of "EngAGE," a smart voice-based program delivering socially-motivated exercise, on functional outcomes and summarize perceived benefits and challenges to use among older adult and caregiver participants following a feasibility study; and 3) detail key findings and policy implications following pilots of "Community Hub," a data collection voice application to detect social isolation, and "Social Check-in," programs leveraging smart voice to aid in older adult socialization.

ENGAGE VIA ALEXA FOR OLDER ADULTS AND CAREGIVERS: DESIGN, UTILIZATION, AND IMPACT OF SOCIALLY MOTIVATED EXERCISE

Megan Huisingh-Scheetz,[1] Roscoe Nicholson,[2] Chelsea Smith,[2] Saira Shervani,[2] Yadira Montoya,[3] and Louise Hawkley,[3] *1. University of Chicago, Riverside, Illinois, United States, 2. University of Chicago, Chicago, Illinois, United States, 3. NORC at the University of Chicago, Chicago, Illinois, United States*

EngAGE is a technology-based program leveraging Alexa that encourages older adult (OA) activity and socialization from home while empowering caregivers to support them. EngAGE delivers daily, in-home, NIA Go4Life exercise routines with instructions, pictures and music via Alexa Echo Shows or Fire Tablets to OAs. Caregivers use EngAGE to view scheduled exercises, follow progress, and send encouraging messages that are read aloud to OAs by Alexa. We will discuss the strategic co-design of EngAGE with OAs and caregivers and the utilization and functional impact of EngAGE over a 12-week feasibility and usability study (n=10 OA + caregiver pairs). Preliminary analyses revealed improvement in upper (mean grip strength change = +1.3 kg, paired t-test p=0.34) and lower (5-repeated chair stand time change = -2.3 seconds, paired t-test p=0.02) body strength. Discussion of focus group data will cover themes of perceived benefits, user experience, drivers/barriers to usage and desired features for EngAGE.

DEVELOPING DIGITAL HOME ASSISTANT USER GUIDES FOR OLDER ADULTS WITH AND WITHOUT LONG-TERM MOBILITY DISABILITIES

Travis Kadylak,[1] Kenneth Blocker,[1] Widya Ramadhani,[2] Lyndsie Koon,[3] Roshanak Khaleghi,[1] Chris Kovac,[1] Ramavarapu Sreenivas,[1] and Wendy Rogers,[1] *1. University of Illinois at Urbana-Champaign, Champaign, Illinois, United States, 2. University of Illinois at Urbana-Champaign, Urbana, Illinois, United States, 3. University of Kansas, Lawrence, Kansas, United States*

The aim of the current study was to understand how to integrate digital home assistant technologies and smart appliances into older adults' homes by developing supportive user guides that facilitate adoption and continued use. We conducted a series of interviews among older adults, with and without mobility disabilities, to understand their attitudes towards digital assistants and to identify needs for instructional support and user guides. Subsequently, we developed and tested specific user guide modules for older adults aimed at addressing the identified concerns and desired instructional support. Specifically, we developed and field-tested user guides for the initial Amazon Echo device setup, basic device use (e.g., playing music and checking the weather), and separate modules for other domestic use cases (e.g., how to pair an Alexa enabled device with smart lights or appliances). Our results provide guidance for implementation

of smart voice technologies to support older adults with long-term mobility disabilities.

VOICE FIRST AS A PLATFORM FOR ADDRESSING AND MEASURING SOCIAL ISOLATION

Ryan Elza, *AARP Foundation, Washington, District of Columbia, United States*

Voice First solutions offer the opportunity to promote social connectedness and independence. AARP Foundation has been successful in deploying Voice First devices (Amazon Alexa, Google Home Assistant) in senior living and affordable housing communities and developing Voice First solutions through its Connect2Affect Connected Communities program. Connected Communities empowers older adults through voice first solutions to help them obtain the social support resources needed to stay socially connected, remain independent and age in place. AARP Foundation has developed three Voice First solutions 1) Community Hub, a voice application that encourages participation in group activities by voice-enabling a community's calendar of events and allowing older adults to discover, register and receive reminders for events, 2) A data collection voice application that administers the 10-item version of the Duke Social Support Index (DSSI) at regular intervals to assess an older adults' condition of isolation, 3) Social Check-in, a guided risk assessment for social isolation that helps older adult understand their individual risk factors.

SESSION 5870 (SYMPOSIUM)

THE SCIENCE OF AGEISM: TWO STEPS FORWARD, ONE STEP BACK

Chair: Jerin Lee

Co-Chair: Natalie Shook

The past two decades have been marked by a rapidly aging population in the U.S. (U.S. Census Bureau, 2018), making prejudicial attitudes toward older adults (i.e., ageism) and the impact of such attitudes more relevant. As such, ageism researchers have worked tirelessly to not only understand this normalized and insidious form of bias, but also develop efforts to combat it. This symposium will feature four ageism researchers who will showcase both the growing pains and novel contributions of ageism research, ranging from the impact of ageism on psychological health to ageism interventions to issues related to the measurement of ageism. Specifically, Dr. Ayalon will present findings regarding difficulties with the assessment of exposure to ageism and the consequences of ageism for psychological well-being. Dr. Horhota will share research demonstrating challenges associated with confronting ageism. Dr. Levy will present a model showcasing factors associated with the reduction of ageism. Ms. Lee will discuss research findings examining the construct validity of several ageism measures. These talks highlight theoretical and real-world implications associated with the complex nature of ageism, providing important directions for enriching ageism research going forward.

WHAT IS AGEISM? DO OUR MEASURES TELL US?

Jerin Lee,[1] Jenna Wilson,[2] Alexandria Ebert,[2] and Natalie Shook,[1] *1. University of Connecticut, Storrs, Connecticut, United States, 2. West Virginia University, Morgantown, West Virginia, United States*

Ageism has been operationalized in a number of ways over the past half century, and several measures of ageism have been developed to reflect these conceptualizations. This presentation evaluates the extent to which existing ageism measures capture similar or different aspects of ageism. We examined the construct validity of several ageism measures in a sample of 473 undergraduate students (Mage = 19.5 years). Participants completed an online survey of ageism measures, as well as measures of convergent (e.g., aging semantic differentials, attitudes toward various age groups) and discriminant validity (e.g., social dominance orientation, attitudes toward other social groups, sexism). Ageism measures were generally positively associated with one another, though correlations were mostly weak to moderate in magnitude. There was also weak evidence of convergent and discriminant validity. These findings demonstrate conceptual problems with current ageism measures as they do not appear to reflect a common construct.

CHALLENGES ASSOCIATED WITH THE ASSESSMENT OF EXPOSURE TO AGEISM

Liat Ayalon, *Bar-Ilan University, Ramay Gan, HaMerkaz, Israel*

Ageism is defined as stereotypes, prejudice and discrimination towards people of any age. Ageism can be both positive and negative. In order for an individual to report exposure to ageism, several steps should occur: the individual has to notice the events, interpret them as ageist and report exposure to ageism. Any of these steps may go awry along the way. This presentation uses data from the European Social Survey and the Health and Retirement Study to illustrate the importance of item placement, item phrasing and respondent's mood in responding to items concerning perceived exposure to ageism. A strong priming effect demonstrated a gap between reports of perceived exposure within the ageism module (33.7%) vs. reports within the neutral context (1.1%). A cross-lagged analyses revealed that one's depressive symptoms are predictive of perceived exposure to ageism and not the other way around. Findings illustrate the importance of the context effect.

THE CHALLENGE OF CONFRONTING AGEISM: IMPRESSIONS OF TARGETS AND BYSTANDERS WHO INTERVENE

Michelle Horhota,[1] Alison Chasteen,[2] and Monika Schindwolf,[1] *1. Furman University, Greenville, South Carolina, United States, 2. University of Toronto, Toronto, Ontario, Canada*

Does confronting ageism come with a cost? Benevolent ageism is viewed as more appropriate than hostile ageism which may lead to negative consequences for individuals who confront it. We examined whether impression costs are mitigated or exacerbated by the style of confrontation (moderate or strong) and the person who confronts (the target or a bystander). Young and older participants read a vignette and rated the target, perpetrator and bystander on warmth, competence, and the acceptability of each character's actions. Participants rated targets who confronted more negatively than bystanders who confronted, and preferred moderate over strong confrontation. In addition, participants thought the perpetrator would be less likely to exhibit prejudicial