(response to prompts). Most participants expressed interest in long-term smartwatch use. While participants expressed enjoyment of smartwatch technology for self-monitoring and PA promotion, some reported decreased motivation over time. Participants' concerns of smartwatch functionalities included short battery life, inaccurate step-recordings, and touchscreen insensitivity. Some also reported failure to troubleshoot smartwatch syncing/pairing problems with smartphones and daily smartwatch charging issues. Smartwatch Bluetooth connectivity and battery life can be improved to increase usability and acceptability among older adults. Future research should explore the role of smartwatches for older adults' PA with emphasis on behavior change over time.

### USING TECHNOLOGY FOR PRESCRIPTION AND ADHERENCE IN AN ALZHEIMER'S PREVENTION PROGRAM

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Healthy lifestyle change is difficult to adopt and maintain without support. Often physicians recommend exercise to their patients, but have limited means to support this change. A major goal of our study is to provide physicians with a simple method of referring patients to a program that supports adoption and maintenance of exercise that meets recommended guidelines for older adults. The Lifestyle Empowerment for Alzheimer's Prevention program (LEAP! Rx) is a yearlong intervention to support cognitively normal older adults in adoption and maintenance of moderate to vigorous exercise, a key prevention factor for Alzheimer's disease. The program uses the electronic medical record and builds relationships with physicians to identify patients eligible to participate. It electronically communicates about patients' progress back to referring physicians to facilitate ongoing physician-patient interaction. Participants receive exercise coaching to reach their weekly exercise goals and have access to online lifestyle education classes (e.g., nutrition, sleep, stress management). The study is currently enrolling (n= 121 enrolled; mean age 71.4; 12% non-white, 4% Hispanic/Latino, and 83% female). Physician referrals originate from five clinics represented by 48 physicians. The study design will actively compare the physician referral process to self-referrals from the community (n=20). We have adapted the protocol to the conditions of the pandemic including online exercise coaching and support. This presentation will discuss successes and lessons learned from this novel method of recruitment and adherence to exercise.

## Session 4020 (Symposium)

### AGING WITH INTELLECTUAL AND DEVELOPMENTAL DISABILITIES: WHEN DEMENTIA IS DIAGNOSED OR SUSPECTED

Chair: Phillip Clark

Discussant: Kelly Munly

Individuals with lifelong intellectual and developmental disabilities (IDD) have unique needs associated with aging that pose challenges for them and their families. In particular, an increased likelihood for early onset Alzheimer's disease is a major concern that can place individuals at risk for a host of biomedical, psychological, and social challenges. Faced with providers not trained in how to properly screen for, diagnose, and treat conditions, individuals and families are often left with inadequate care, services, and support. To address these concerns, education for professionals is essential in providing accurate information based on clinical best practices. This symposium presents an innovative and interprofessional model developed by a partnership of geriatrics and IDD educational and service organizations based on Project ECHO (Extension for Community Healthcare Outcomes) methodology. A virtual community is created in which participants both teach and learn from each other through a combination of didactic and case presentations. The first paper describes the ECHO model, including the development of the hub and spoke structure, recruitment of providers, and collaborative and multidisciplinary process of curriculum development. The second paper explores educational experiences of participating spoke agencies in the program, including professionals' and clients' outcomes. The third paper presents the implications of creating a foundation based on interprofessional education and networking principles to bridge the gap between health and social care disciplines and parallel service systems. The final paper provides recommendations and implications for developing and refining methods to address the need for provider education in this rapidly expanding field.

### CREATING, RECRUITING, AND DEVELOPING: KEY TASKS AND THEIR CHALLENGES

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The ECHO model is uniquely suited to developing education for a wide range of agencies and providers serving the needs of older adults with IDD. The program's structure and its educational philosophy depend on modeling teamwork in both the hub and the spokes. Recruitment of participants included paid caregivers, healthcare practitioners, and direct service providers, focusing on team participation at each site. In developing the curriculum, it was critical to recognize the roles played by each sector, as well as the complementary contributions of others. Consequently, curriculum content needed to be multidisciplinary and multifocal, and recognize both the breadth of contributors and time limits in selecting content for each session. Didactic presentations and case studies embodied these features. Priorities included best practices in person-centered care; differential diagnoses; and physical, social, and environmental factors. The facilitators of, and challenges to, these priorities offer implications for advancing educational programs with similar objectives.

### EDUCATIONAL EXPERIENCES WITHIN THE LEARNING COMMUNITY: ECHO EFFECTS ON PARTICIPANTS AND CLIENTS

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