

telemedicine. ALIGN's model of care has shown how adaptable this program and others were during the height of the pandemic.

## Session 3065 (Symposium)

### LESSONS LEARNED IN THE DELIVERY OF LIVE REMOTE GROUP WEIGHT LOSS AND PHYSICAL ACTIVITY INTERVENTIONS FOR OLDER ADULTS

Chair: Jason Fanning

Discussant: Barbara Nicklas

Social connection lies at the root of lasting health behavior change, and as such most effective interventions are built around social tools. Group leaders and peers provide education, and act as models of successful change and collaborators in addressing common barriers to behavioral adoption and maintenance. Unfortunately, many older adults do not have access to high quality group programs due to factors such as limited transport options, lack of local availability, or worries over personal safety. Importantly, developing effective, synchronous remote group programming is not as simple as delivering an in-person session via teleconference software. Instead, careful consideration must be paid to technology selection, fostering effective group communication, and developing confidence for use of remote intervention tools. This symposium provides key lessons learned from three group-based activity and weight loss interventions for older adults that focused on live, remote interaction. Jason Fanning will share lessons from the MORPH study, which paired remote group-mediated behavioral counseling with dietary weight loss and the accumulation of aerobic activity across the day. Christina Hugenschmidt will share her experiences adapting a group program involving improvisational dance or social gaming for remote delivery. Kushang Patel will present results from a mixed-methods study on the feasibility and acceptability of a remotely-delivered exercise program for older adults with knee osteoarthritis. Finally, Barbara Nicklas will place these experiences in the context of the development of exercise interventions for older adults over time, and highlighting vital next steps for ensuring more older adults have access to this important behavioral medicine.

### DELIVERING A GROUP-MEDIATED WEIGHT LOSS AND ACTIVITY PROGRAM TO OLDER ADULTS WITH CHRONIC PAIN IN THE MORPH STUDY

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Chronic pain in aging is a potent cause and consequence of obesity, inactivity, and prolonged sedentary behavior, making these especially important targets for behavioral intervention. This study aimed to refine a theory-based group-mediated diet and sedentary behavior intervention for older adults with chronic pain. Participants (N=28) attended 12 weekly

group meetings generally in home via WebEx and used an mHealth self-monitoring app as they attempted to move more often and reduce caloric intake. Relative to a control condition, the program produced improvements in physical function ( $\eta^2=.08$ ), pain intensity ( $\eta^2=.12$ ), sedentary time ( $\eta^2=.07$ ), and weight loss ( $\eta^2=.21$ ). Key findings related to effective remote group intervention delivery included: (1) the importance of a self-efficacy-enhancing technology orientation; (2) the value of small group bonding activities to seed communication; and (3) the impact of software choice on interpersonal communication. We will discuss the value of these findings for future remote intervention design.

### THE VIRTUALIZATION OF A MOVEMENT AND SOCIAL GROUP-ACTIVITY INTERVENTION FOR OLDER ADULTS AND THEIR CAREGIVERS

Christina Hugenschmidt,<sup>1</sup> Deepthi Thumuluri,<sup>2</sup>

Christina Soriano,<sup>3</sup> Rebecca Barnstaple,<sup>4</sup> Jason Fanning,<sup>5</sup> Jessie Laurita-Spanglet,<sup>6</sup> and Edward Ip,<sup>1</sup> 1. *Wake Forest School of Medicine, Winston-Salem, North Carolina, United States*, 2. *Wake Forest School of Medicine, Winston-Salem, North Carolina, United States*, 3. *Wake Forest University, Winston-Salem, North Carolina, United States*, 4. *York University, Toronto, Ontario, Canada*, 5. *Wake Forest University, Winston Salem, North Carolina, United States*, 6. *University of Southern Maine, Portland, Maine, United States*

COVID-related safety concerns mandated suspension of our ongoing trial testing the effects of movement and social engagement in older adults with early-stage dementia and their caregivers (dyads). Participant vulnerability and the requirement for group social interaction complicated intervention resumption. We present results from a successful pilot to rapidly and iteratively optimize study interventions for remote delivery targeting intervention mediators (social connection, movement) based on participant feedback. Three-dyad groups (n=6 individuals) completed cycles of intervention via Zoom immediately followed by an interview with open-ended and quantitative feedback. Cycles were repeated until no new information was solicited, then repeated with new participants. Optimization revealed needs for technological support, more intensive movement, and social connection. Specifically, the inability to make eye contact, see others' full body, and technology-associated timing asynchronies impeded social connection in the movement group. We will present practical tips for crafting remote group interventions for caregiver/person living with dementia dyads.

### FEASIBILITY AND ACCEPTABILITY OF TELE-ENHANCE FITNESS IN OLDER ADULTS WITH KNEE OSTEOARTHRITIS

Kushang Patel,<sup>1</sup> Elise Hoffman,<sup>1</sup> Neta Simon,<sup>1</sup> and Nancy Gell,<sup>2</sup> 1. *University of Washington, Seattle, Washington, United States*, 2. *University of Vermont, Burlington, Vermont, United States*

Enhance Fitness (EF) is an evidence-based, group exercise program for older adults. When COVID-19 halted in-person EF classes nationally, we adapted EF for remote delivery (tele-EF) by engaging key stakeholders. To determine feasibility and acceptability of tele-EF, we conducted a mixed methods study among 42 older adults ( $\geq 65$  years)