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