O1

A mixed-methods pilot evaluation of a Life Enrichment program to combat loneliness among vulnerable and marginalized seniors living in supportive housing

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Abstract / Résumé

Objective: To conduct a pilot evaluation of a Life Enrichment (LE) program for seniors experiencing loneliness in supportive housing. Specific objectives include determining (a) the feasibility and (b) potential effectiveness of the LE program at reducing loneliness and improving mental health outcomes.

Methods: The LE program consists of a dedicated LE worker and various LE activities (e.g. yoga, trivia, group outings, etc.) occurring twice a week. Participants had to meet screening criteria of currently experiencing loneliness and were recruited from two LOFT Community Services seniors' supportive housing sites in Northwestern Toronto. Mixed-methods evaluation included quantitative measures administered at baseline and at a 6-month follow-up. Qualitative semi-structured interviews were conducted with participants and LOFT staff at 6-month follow-up.

Results: Twenty-five participants (mean age= 74, 80% women) were enrolled at baseline and twenty completed 6-month follow-up. Unique sample characteristics included that 76% of participants were racialized, with low education level (68%). Depression and anxiety rates decreased from 42% and 25%, respectively, at baseline to 25% and 10% at follow-up. Although there were no statistically significant differences in quantitative measures, participants and staff reported huge benefits of the program through the qualitative interviews. Major themes included that the program provided a reason for residents to leave their units and the only opportunity to socialize with other residents/ make friends. The program also became integral to participants' daily routines, with exercise and community walks being especially valued.

Discussion: The LE program is a feasible and promising approach to combatting loneliness and mental health difficulties in supportive housing residences for vulnerable and marginalized seniors. Further, more rigorous outcome evaluation is needed to establish effectiveness.

O2

Bridge: A research action characterizing and mapping community organizations fostering social connections in Quebec

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Abstract / Résumé

The COVID-19 pandemic has increased the risks of social isolation and loneliness among community-living older adults. While organizations supporting them face resource constraints, and mostly operate in isolation, research teams face challenges in translating results into practical formats. To consolidate intersectional networks fostering social connections, the Bridge study aimed to describe community organizations in Quebec. A participatory action research was conducted to describe community organizations fostering social connections using: a) a list of such organizations from a previous study, b) public directories of community resources, and c) targeted searches. Information on mission, services, and location has been collected. With the help of community partners, organizations were classified and mapped according to their information. Among the 91 organizations, most were in Montreal (n=24; 26.4%), Eastern Townships (n=12; 13.2%), and Quebec (n=8; 8.8%). Organizations were classified within two categories of services: 1) general (n=60; 65.9%) or 2) targeted (n=31; 34.1%). General services meant broadly supporting older adults with disabilities and promoting aging at home by offering individual pairing, group activities, transport and food assistance. These organizations were in urban (n=22; 24.2%), suburban (n=14; 15.4%) or remote (n=24; 26.4%) areas. Organizations with targeted services provided caregiving and respite care (n=11; 12.1%), intergenerational activities (n=8; 8.8%), housing (n=5; 5.5%) and coordination (n=7; 7.7%). By characterizing and mapping community organizations, this study contributes to reducing social isolation and loneliness among older adults. The next steps involve consolidating intersectional networks, investigating the needs of these organizations and codesigning strategies to help them better fostering social connections.

O3

Interventions to address Loneliness and Social Isolation among Older Black Adults: A Political Economy Analysis.

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Abstract / Résumé

Background:

Older Black adults (OBA) tend to have fewer resources and less social engagement. Political economy perspectives emphasize that this stems from entrenched political, economic, and socio-cultural factors that interact to determine the unequal distribution of wealth, power, and life chances in society. This study used the political economy framework to understand the effectiveness of the interventions that address loneliness and social isolation among the OBA.

Methods:

This was a qualitative study based on in-depth interviews with 16 OBA (12 females, 4 males) and representatives from 3 community-based organizations in Hamilton. Date were thematically analyzed to identify themes related to the interventions. Secondary analysis focused on assessing the aspects of the political economy framework considered in the interventions.

Results:

OBA expressed limited knowledge of and use of the available interventions that address loneliness and social isolation for old black adults in Hamilton. Limited access to meaningful employment during their working years, and continued limited involvement in the designing of the current interventions are barriers to older back adults' access to- and use of the present interventions.

Conclusion:

This is among the few studies that assesses the political economy of the interventions addressing loneliness and social isolation among older black adults. While the determinants of loneliness and social isolation are based on political economic factors, the interventions tend to be generic with limited utilization by OBAs. There is hence a need to consider political economic factors from a life course perspective, when developing interventions, since these shape the OBAs' experiences.

O4

Online Meaning-Centered Groups to Promote Psychological Well-Being and Reduce Distress in Ontarians over 60: Preliminary Findings from the OMG Study

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Abstract / Résumé

Background: The COVID pandemic negatively impacted the health and well-being of older Canadians. Older adults have high rates of suicide; psychological distress due to lockdowns, fear of infection, and reduced access to mental healthcare and social supports threatened to increase suicide risk, necessitating innovative interventions. Online Meaning-Centered Groups (OMG) were designed to address this concern.

Objectives: To summarize preliminary findings of an on-going study to adapt, test, and disseminate OMG for older Ontarians potentially at-risk for suicide by virtue of loneliness, social isolation, or pandemic-related psychological distress.

Methods: Participants included English-speaking, cognitively-intact, Retirement Home and Community-Residing Ontarians over 60 experiencing social isolation or distress. Participants of all sexes and genders were recruited primarily via online advertisements for an 8-session, online course of OMG, adapted from Meaning-Centered Men's Groups (MCMG; Heisel et al., 2020) for men struggling with the retirement transition. Participants completed online eligibility assessments; eligible participants also completed pre-, mid-, post-group, and 2-month follow-up assessments.

Results: Two courses of OMG have been delivered to date (n=15). Participants reported high satisfaction with group (M=44.7, SD=3.4, on a 0-50 scale) and its facilitators (Working Alliance Inventory-Short Form: M=5.1/7, SD=0.8), and experienced significant pre-post reductions in hopelessness (Beck Hopelessness Scale: $t_{(13)}=2.16$, $p \leq 0.05$) and anxiety (Geriatric Anxiety Scale: $t_{(13)}=2.18$, $p \leq 0.05$). Improvements in psychological well-being have not yet reached statistical significance.

Conclusions: Preliminary findings suggest potential benefit in OMG in reducing psychological distress. These and other findings will be discussed in the context of the need for accessible psychological interventions for older adults.

O5

Age-friendly City and Community: Policy Implications for Transgender Older Adults in Indonesia

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Abstract / Résumé

Human life expectancy continues to increase with the growth rate of the urban population. In particular, the proportion of older people living in cities is on the rise. Therefore, policymakers are aiming for an all-inclusive age-friendly city, notably for this vulnerable older population in all growing urban cities. However, social exclusion is more common among older people, including transgender older people, who face persistent prejudice and discrimination in all aspects of life. The aim of this research is to identify the strategy for age-friendly cities and communities (AFCC) to promote productive ageing and ageing in place in Indonesia, specifically for transgender older people who are most vulnerable and neglected. This research uses qualitative methods, including data collection based on in-depth interviews, focus group discussions, and observations in Surabaya and Yogyakarta City with transgender older people as informants. Based on a content analysis, this research found that transgender older adults can find support from organizations that focus on supporting their rights, including religious groups. Hopefully, in the future, support for transgender older people will not be limited to their internal group, but will also be from the community. The study concludes that the local government needs to improve the implementation of age-friendly cities and communities to assist transgender older people become more productive and age in place.

O6

Perceptions of Diversity Among Age-Friendly (AF) Committee Members: A Case study on Age-friendly Niagara Council

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Abstract / Résumé

Purpose: The purpose of this study is to explore the meaning of diversity for committee members in the Age Friendly Niagara Council (AFNC), a regional-level AF committee in the Niagara Region. The study is guided by the following questions: What does diversity mean to Age-Friendly Niagara Council (AFNC) committee members? Where do committee members' meanings of diversity come from? How do AFNC members incorporate their meaning(s) of diversity into their committee work and their AF initiatives? **Methodology:** This study will employ a qualitative case study approach, integrating arts-based research methods. Through individual interviews with members of Niagara's AF committee, participants will use visual representations (e.g., photos, objects, or any artifact that the participant chooses to share) to convey their perceptions of diversity. Combining in-depth interviews with the arts-based method, the goal is to gain insight into how AFNC committee members visually and verbally describe their perceptions and experiences of diversity. **Results:** Understanding each committee members' different meanings and perceptions of diversity in the context of the Niagara region will allow practical applications such as the development of important policies and practices. Methodologically, this study will showcase the arts-based research methods and its implications in diversity or related topics. **Conclusion:** Understanding the perspectives of those who champion the AF movement (i.e., agents of change) in the Niagara region can potentially provide valuable knowledge for advancing transformation of the global Age-Friendly Cities and Communities movement by further integrating EDI principles.

O7

Y a-t-il seulement des aînés dans les conseils d'aînés ? Analyse comparée de trois études de cas (Allemagne, Belgique, France)

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Abstract / Résumé

Face au vieillissement démographique mondial, les conseils consultatifs des aînés constituent une forme de plus en plus répandue de participation des aînés aux processus décisionnels, y compris au niveau local. Mais, derrière le principe d'un rôle consultatif, les fonctionnements et les modalités de composition diffèrent d'une municipalité à l'autre. Comme le suggèrent les travaux sur l'instrumentation de l'action publique (Halpern, Lascoumes, et Le Galès 2014), le choix des modalités de composition n'est pas un simple détail technique : cela consiste à définir quels acteurs sont légitimes pour parler au nom des vieux (Argoud et Puijalon 1999), et ainsi les représenter et porter leurs intérêts (Nez 2013). Pour identifier quels acteurs peuvent s'exprimer dans les conseils des aînés, des données recueillies en 2020 et 2021 dans trois villes européennes (France, Belgique, Allemagne) sont comparées : les règlements intérieurs et statuts des conseils, les entretiens semi-directifs avec des seniors, des responsables administratifs et politiques et des partenaires des villes (n=61, analyse thématique via Nvivo) et un questionnaire distribué aux membres des conseils (n=46, analyse via Sphinx). Le conseil composé de seniors participant à titre individuel se distingue des deux autres conseils composés principalement d'acteurs collectifs, aînés retraités mais aussi des professionnels et personnes de moins de 60 ans. A travers ces études de cas (Yin, 2017), il apparait que les modalités de composition sont liées aux pratiques de représentation et d'intermédiation de chaque démocratie, mais relèvent aussi de décisions locales en lien avec les objectifs des dispositifs.

O8

Who sets the agenda? A comparison of resident-led and staff-led long-term care councils

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Abstract / Résumé

Resident councils have been part of the fabric of long-term care homes across Canada for decades, driven, in part, by provincial laws and policies that promote these forums. In response to the COVID-19 pandemic, interest in these councils has been renewed, along with a growing push to redefine councils as independent bodies with rights and responsibilities. In this presentation, we will explore how council models (resident-led versus staff-led), and their regulatory contexts, shape the operation and impact of long-term care councils. To better understand how resident councils work in practice, we undertook focused ethnographic research in two long-term care homes in two provinces (B.C. and Manitoba) with distinct council structures (resident-led and staff-led) and regulatory contexts. Data collection included: 1) legal analysis of resident council laws and policies; 2) observation of council meetings; and 3) semi-structured interviews with 12 residents; 12 family members; 13 staff; and 6 policy stakeholders. In this presentation, we will describe and compare both council models, and explore how each model impacts resident engagement, collective advocacy, the status of the council, the social environment, and inclusion. Next, we will examine how each approach is shaped by provincial regulations and policies, as well as the broader implications for resident's rights, advocacy and civic engagement.

O9

Associations between person-place fit and quality of life among older adults in disadvantaged areas in Sweden

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Abstract / Résumé

Objectives: Neighborhoods are vital for enabling older adults to age in place. Yet, in disadvantaged areas, factors such as sociodemographic change, urbanization, exposure to crime, and lack of services are likely to affect older adults' everyday life. However, there's a gap in understanding how older adults perceive the support such neighborhoods provide (person-place fit) and its relationship with quality of life.

Aim: To explore whether self-rated person-place fit was related to quality of life among older adults living in urban and rural disadvantaged areas in Sweden.

Methods: The study included 233 men and 226 women (N=459), with mean age 76 (SD=7), living in rural or urban disadvantaged areas for at least five years. Cross-sectional survey data were collected through telephone interviews. Multiple linear regression was used to examine the relationship between person-place fit (Person Place Fit Measure-Older Adults) and quality of life (WHOQOL-BREF).

Results: Moderate to high levels of person-place fit and quality of life were reported. Significant relationships were identified between person-place fit and quality of life, including all domains (physical health, psychological, social relationships, environment), overall quality of life and overall health ($p < 0.001$ for all relationships).

Conclusion: Knowledge about relationships between person-place fit and quality of life among older adults in different types of disadvantaged areas, is useful for future design and implementation of appropriate policies for creating more age-friendly communities. This contributes to overcoming barriers to aging in place and advancing transformation toward inclusive, supportive environments which improve quality of life for older adults.

O10

Municipal Stakeholder Perceptions of Health In/Equity for Immigrant and Racialized Older Adults in the City of Edmonton: A Critical Qualitative Inquiry

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Abstract / Résumé

1. Objectives: Given the persistence of health inequities among immigrant and racialized older adults and the municipal mandate to mitigate these inequities, it is crucial to understand how municipal stakeholders perceive their role and ability to impact health in/equity. This research addressed the question: What are municipal policy stakeholders' perceptions of barriers and facilitators to addressing immigrant and racialized older adults' health in/equity?
2. Methods: We conducted a critical qualitative inquiry of policy stakeholder perceptions through an intersectional lens. A Vision for an Age-Friendly Edmonton informed the interview guide. Participants (n=19) in semi-structured interviews and one focus group included elected representatives, municipal staff, advisory volunteers, and community representatives. Transcripts were analyzed collaboratively via reflexive thematic analysis. Member checking was conducted with participants.
3. Results: A strong degree of awareness exists around inequities experienced by immigrant and racialized older adults yet advocacy is thwarted by funding limitations and capacity for long-term planning. Stakeholders experience fragmentation at the municipal level in service of immigrant and racialized older adults. This has resulted in differences across the organization in how to address the needs of the community through policy action.

Conclusions: An intersectionality lens is critical to inform municipal policy to ensure that in/equities faced by immigrant and racialized older adults in the City of Edmonton are being mitigated or eliminated. Further representation needs to be achieved through proactive engagement with immigrant and rationalized older adult communities.

O11

Au cœur d'une « vocation »: L'expérience des travailleuses en services à domicile auprès des aînées en contexte pandémique selon la presse franco-québécoise

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Abstract / Résumé

Pour répondre aux besoins des aînées, recruter et maintenir le personnel prodiguant les services à domicile (SAD) est crucial. Souvent associées aux enjeux de rétention, les conditions de travail dans les SAD ont été soulevées durant la pandémie de COVID-19. Pour éclairer les futures stratégies de recrutement et de rétention, nous souhaitions décrire ces conditions et leur évolution durant la pandémie.

Nous avons effectué une recension de la presse écrite franco-québécoise portant sur les SAD en contexte pandémique dans deux banques de données (Eureka, CBCA) de mars 2020 à mars 2022. Notre analyse de contenu nous a permis de voir son évolution longitudinalement.

À partir des 235 documents inclus, nous décrivons les conditions de travail en six catégories. D'abord, la demande croissante en SAD et les difficultés d'accès aux services génèrent une pression sur les travailleuses. Le matériel manquant, les risques de contamination et le manque de cohérence des règlements de prévention sont fréquemment abordés. Au début de la pandémie, le travail en SAD est fréquemment perçu comme une vocation. Considérées peu optimales, les conditions de travail nuiraient à la santé des travailleuses. Le manque de reconnaissance envers les travailleuses est surtout abordé lors de la première année. Tout au long de la période visée, la bonification salariale est identifiée comme stratégie pour attirer et retenir le personnel.

Ces résultats suggèrent des pistes quant aux conditions de travail à améliorer pour accroître l'attractivité des SAD. Attirer et retenir le personnel est essentiel pour répondre aux besoins en SAD des aînés.

O12

Psychological Wellbeing and Life Satisfaction among Chinese Older Immigrants in Canada across the Early and Late Stages of the COVID-19 Pandemic

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Abstract / Résumé

Objectives: This study tracked the psychological wellbeing, life satisfaction, and perceived social support in Chinese older immigrants living in Canada between the early (i.e., Wave 1: September – November, 2020) and late (i.e., Wave 2: January – February, 2023) stage of the COVID-19 pandemic. Additionally, it assessed the buffering effect of perceived social support from family, friends, or others on psychological wellbeing and life satisfaction in this population.

Methods: These questions were addressed by a cross-sectional survey conducted with two independent samples in Wave 1 (n = 171) and Wave 2 (n = 191).

Results: The results revealed lower levels of wellbeing, life satisfaction, and perceived social support in Wave 2 compared to Wave 1. The hierarchical regression models identified social support from friends (but not from family or others) as a significant predictor for wellbeing and life satisfaction, even after controlling for the Wave differences and sociodemographic covariates. Additionally, male participants reported higher wellbeing than female participants, and those with college/university education reported lower life satisfaction than those with high school or lower education. Better income also predicted higher wellbeing and life satisfaction.

Conclusions: The findings shed light on the decline in psychological wellbeing and life satisfaction between the early and late stage of the COVID-19 pandemic, and the results highlight the protective effect of social support from friends in Chinese older immigrants.

O13

Les impacts et les transformations engendrées par la pandémie de la COVID-19 sur les réalités des proches aidantes

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Abstract / Résumé

Cette présentation met en lumière mes recherches sur les réalités des proches aidant.e.s et les impacts de la pandémie de COVID-19 sur leurs expériences. Depuis 2020, la pandémie a particulièrement affectée les personnes âgées et leurs proches aidant.e.s, accentuant une situation déjà préoccupante vu le vieillissement grandissant de la population canadienne. L'analyse de textes scientifiques et la réalisation d'entrevues semi-dirigées auprès de proches aidantes ont révélé que la crise sanitaire a eu des répercussions variées sur leur expérience. Ces résultats démontrent certaines tensions et contradictions : pour certaines, la pandémie a eu comme effet de diminuer la charge de travail reliée à la prise en charge de leur proche aîné, alors que pour d'autres, celle-ci s'est vue alourdie. En outre, les mesures sanitaires ont bouleversé la vie familiale des participantes, les obligeant parfois à cohabiter avec la personne qu'elles aidaient. La prestation des soins peut donc avoir de nombreuses conséquences sur les femmes. Les aidantes interrogées ont déclaré se sentir davantage isolées et appauvries en jonglant (sans aide extérieure) le poids physique, psychologique, émotionnel et financier des soins prodigués aux personnes âgées. L'analyse des propos des participantes – à travers une perspective de l'éthique féministe du *care* – met en lumière les diverses dimensions (sociales, économiques, psychologiques) des réalités des proches aidantes. Une compréhension approfondie de ces différents aspects permettra d'envisager des interventions qui permettront d'améliorer le bien-être des aidantes et de leurs proches dans d'autres contextes de pandémie.

O14

It is not only about staying alive: Social care and social determinants of health of older adults in Canadian residential care facilities during the COVID-19 pandemic.

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Abstract / Résumé

Objectives: More than 80% of the COVID19-related deaths in Canada occurred in geriatric residential care facilities, such as long-term care, assisted living, and other types of congregate living settings for people over 65 years of age. To curb the mortality rate, strict public measures had been introduced in these care settings, resulting in adverse psychosocial effects for older adults, including unaddressed social determinants of health. This presentation reports findings from a systematic review study pertinent to two objectives: 1) identifying specific gaps in addressing social determinants of health of older adults in geriatric residential care facilities in Canada; 2) mapping social care strategies to address the social determinants of health of older adults in those care settings.

Results: Various social care strategies were employed by residential care facilities on the micro, mezzo, exo, and macro systems levels. Early Childhood Experiences and Indigenous Ancestry as social determinants of health were omitted in geriatric care research during the pandemic.

Conclusions: This study informs social workers, nurse professionals, recreational therapists, occupational and physical therapists, and other health professionals in geriatric institutional care settings on a variety of social care strategies utilized to address social determinants of health of older adults during the pandemic. It is important to include older adults in research as well as pay attention to the social determinants of health of older adults in residential care, particularly Early Childhood Experiences and Indigenous Ancestry, but also Race, Gender, Immigration, and the impact of Globalization on care needs and care provision.

O15

Hospitalization Patterns Among Older Cancer Survivors with and without Comorbid Dementia in U.S. Hospitals

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Abstract / Résumé

Purpose:

Cancer and dementia are prevalent chronic conditions among older adults. Despite the complexities involved in caring for individuals with both conditions, the burden of dementia among cancer survivors and the patterns of hospitalization in this specific group is not well understood. This study aimed to examine the associations between the presence of dementia and hospitalization-related outcomes.

Methods:

We analyzed the 2016-2019 National Inpatient Sample database to identify hospitalization pattern disparities between cancer survivors aged 65 years and older with and without dementia at high-risk mortality. The influence of dementia on multiple hospitalization-related outcomes (e.g., emergency admission, hospital charge) was investigated using a series of multivariable regression models.

Results:

The study involved 774,812 hospital discharges of cancer survivors aged 65 years or older, including 8.7% with comorbid dementia. The prevalence of dementia ranged from 5.5% for pancreatic cancer to 18.9% for non-melanoma skin cancer. Multiple regression models indicated that cancer survivors with dementia were more likely to be admitted through the emergency department (AOR: 1.48, 95% CI: 1.44-1.52), as non-elective admissions (AOR: 1.67, 95% CI: 1.61-1.74), discharged to skilled nursing or related facilities (AOR: 2.16, 95% CI: 2.12-2.19), and approximately 6.9% lower hospital charges but 6.8% longer length of stay (all *P*s < .001), compared to those without dementia.

Conclusion:

The highest prevalence of dementia was observed in older cancer survivors with non-melanoma cancer, followed by prostate cancer survivors. Comorbid dementia is associated with unplanned or unnecessary hospitalization, emphasizing the need to enhance healthcare management for older cancer survivors.

O16

The Associations between Physical, Psychological, Cognitive, Social Frailty and Health Care Utilization in Community-Dwelling Adults Aged 45-85 participating in the Canadian Longitudinal Study on Aging (CLSA)

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Abstract / Résumé

Objective

To estimate the associations between physical, psychological, social, and cognitive frailty domains and health care utilization (HCU) and the potential moderating effect of the last three domains on the association between physical frailty and HCU.

Methods

Using a 127-item overall Frailty Index (FI) based Canadian Longitudinal Study on Aging comprehensive cohort participant data (n = 30,097), physical, psychological, cognitive, and social domain-specific FIs were created. Each FI was divided into quintiles with the highest 20% being the frailest. We used logistic regression to estimate unadjusted and adjusted ORs (aORs) for frailty domains and HCU (formal and informal care, family physician visits, and hospitalizations) and tested the interactions between the physical domain and the other frailty domains.

Results

Greater physical frailty was associated with the highest HCU ORs in the unadjusted (1.53 to 2.38) and adjusted (1.28 to 1.78) models. The highest aOR was for formal care (1.78, 95% CI 1.66, 1.91). For family physician visits, hospitalizations, and informal care, the upper CI limits for social frailty were <1 indicating those with higher levels of social frailty were less likely to use these health care. The only significant interactions were for formal care and informal care; the magnitude of the aORs for each frailty domain increased with the level of physical frailty.

Conclusion

Health is multifactorial and we need to consider frailty beyond just the physical domain. Our results suggest that there are complex relationships between frailty domains and HCU that should be considered when assessing the outcomes of interventions.

O17

Co-designing hospital- and community- based interventions with older adults to improve care delivery at the Montfort Hospital emergency department and in the surrounding community in Ottawa, Ontario.

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Abstract / Résumé

Objectives: In Phase 3 of a multi-phase project, we developed an Older Adults' Advisory Group comprised of patients who were repeat emergency department (ED) users. This group participated in workshops to co-design strategies to improve access to care for older adults and to develop recommendations for improvements in ED and primary care settings.

Method: Our Seniors' Advisory Group (n=6) participated in 4 co-design workshops hosted by the research team in partnership with the ARCHIPEL Ontario Health Team (OHT). We co-developed recommendations and evaluation metrics for reform to address key barriers to care identified and prioritized (in Phase 2) for subgroups of older adults at greatest risk of poor health outcomes. The co-design work was guided by the Double Diamond design framework.

Results: The analysis phase of the co-design work is ongoing and the recommended interventions and associated evaluation metrics will be finalized by August 2024. Recommendations will be brought to clinicians and hospital staff for feedback and then further refined by the Montfort Hospital's Quality Improvement team in Phase 4 of the project. A parallel feedback process will be undertaken in the community with the assistance of our partners at the OHT.

Conclusions: This project will empower older adults and caregivers through meaningful engagement in this participatory action research project by placing decision-making about their care into their hands. It will also help foster partnerships needed to create buy-in for change and improve chances of hospital and community partner participation in future phases and uptake of our research outputs.

O18

Self-aware care providers as agents of change: Unraveling the complexities of language and cultural discordance to advance person-centered care for older adults from linguistic and ethno-cultural minority groups

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Abstract / Résumé

Objective: To address disparities in health care access, quality, and safety for older adults belonging to minority linguistic and ethno-cultural groups by taking a novel, in-depth look at the experiences of older adult-health care provider linguistic and cultural discordance across care settings in Ontario, Canada.

Methods: Data from four interconnected studies conducted in 2023-24 were collected using semi-structured interviews of family doctors (n=13), members of an inter-professional primary care team (n=14), nurses and nurse practitioners (n=12), home care providers (n=10), older adults (n=10), and caregivers (n=10) who had experienced linguistic and/or culturally discordant care interactions. The data were analyzed using reflexive thematic analysis and interpreted using an intersectionality theoretical framework. The roles of social inequities and positionality, care setting, funding model, and geographic setting were considered.

Results: Self-awareness of one's privilege and motivation to address power disparities is essential to advance change and focus on providing person-centered care. Building trust despite communication barriers is of paramount importance. Structural barriers of lack of time and insufficient funding for interpretation services continue to pose real threats to the provision of person-centered care. Care providers employ diverse strategies to cope with language discordance though none are ideal. Finally, communication barriers extend beyond language to include issues of health literacy and inaccurate cultural assumptions.

Conclusions: This analysis has helped to target areas for the highest impact reform to clinical practice and institutional policies/processes to increase equitable access, quality of care, and safety for older adults from linguistic and ethno-cultural minority groups across Ontario.

O19

The experience of families accompanying an older adult to the emergency department: a scoping review

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Abstract / Résumé

Introduction: Older adults are often accompanied to the emergency department (ED) by a family member and consider their presence important. Although families advocate for their needs and contribute to the continuity of care, they often feel excluded from this care. To improve the quality and safety of care for older adults, it is necessary to consider the experiences of family members accompanying an older adult to the ED. **Objective:** To identify and synthesize the available scientific literature on the experiences of families accompanying an older adult to the ED. **Methods:** A scoping review was conducted using the Arksey and O'Malley framework. Six databases were targeted. An inductive content analysis was conducted to describe the identified literature. **Results:** Of the 3082 articles retrieved, 19 met the inclusion criteria. Most articles (89%) were published since 2010, were from the nursing discipline (63%), and had a qualitative research design (79%). Canada (26%) and Australia (26%) were the two leading countries for the most published studies. The content analysis identified four main categories: 1) process leading to the ED: families feel uncertain about the decision to go to the ED; 2) staying in the ED: families' experiences are influenced by triage, the ED environment, and interactions with ED staff; 3) discharge from the ED: families feel they should be part of discharge planning; and 4) recommendations and possible solutions. **Conclusion:** The experiences of families of older adults in the ED are multifactorial and are part of a trajectory of care and health services.

O20

Development of an e-learning program about dementia, sexual health, and responsive behaviours

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Abstract / Résumé

Background: Recognizing responsive sexual behaviours as indicators of unmet socio-relational needs, rather than behavioral pathology, is crucial for delivering person-centered care to individuals with dementia who live in communal settings. This paradigm shift necessitates significant development in policies, procedures, and capacity-building efforts to sustain best practice change. In support of the capacity-building component, Behavioural Supports Ontario (BSO) collaborated with organizational partners to develop an e-learning program aimed at advancing team-based, person-centered, and evidence-informed sexual healthcare.

Purpose: The program's objective is to provide a free e-learning resource tailored for healthcare providers in Ontario-based long-term care (LTC) homes.

Methods: The program's development spanned approximately twenty-four months, informed by a comprehensive literature review. The program features clinical content, evolving case scenarios, interactive exercises, and illustrative art, all structured through a script matrix. Content inclusion criteria were based on currency, peer-reviewed sources, relevance, person-centered theory, a focus on non-pharmacological interventions, and the avoidance of stigmatizing language. An interprofessional advisory panel provided oversight to ensure the content addressed modifiable factors at organizational and systems levels.

Results: The e-learning program comprises three modules: (1) "Dementia & Sexuality: An Introduction," (2) "Conversations with LTC Residents about Sexual Health," and (3) "Assessing and Responding to LTC Residents' Responsive Sexual Behaviors." Accompanying e-modules 2 and 3 are downloadable resources such as guidelines, a risk assessment continuum, and fillable forms to support the implementation of knowledge into practice.

Conclusions: This e-learning program represents a significant step forward in addressing the complex intersection of dementia and sexuality within LTC settings.

O21

Using competency standards to inform bathing interventions for persons living with dementia

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Abstract / Résumé

Objectives: Bathing people living with dementia can lead to altered, responsive behaviours. Professional and undergraduate nursing courses seldom include content about dementia-specific bathing interventions. This is a significant gap in educational programming given that bathing in the dementia context is complex. Prior to developing the Gentle Persuasive Approaches (GPA) Bathing curriculum, Advanced Gerontological Education established a bathing core competencies checklist with precise indicators to support actionable behaviours in the practice setting.

Methods: Informed by literature and guided by principles of person-centred care, person-centred language, and experiential learning theory, a list of core bathing competencies was created, expanding on the general standards disseminated by professional organizations. Bathing competencies were identified with formal input from an interprofessional advisory panel. These competencies were introduced as a self-evaluation checklist and feedback was collected during workshops involving inter-professional caregivers, including point-of-care staff.

Results: The bathing competencies checklist was mapped into six distinct competencies, illustrated by observable performance indicators. These competencies informed the content of each GPA Bathing unit, ultimately modelling the performance indicators in practice. The competencies checklist has since been embedded as a downloadable tool within the foundational unit of GPA Bathing and is a self-check exercise within the 5 subsequent units.

Conclusions: Limited tools exist for students and healthcare providers caring for individuals living with dementia to judge their baseline level of competency and then demonstrate their application of new bathing practices for the person with dementia. Our bathing competencies checklist assists caregivers to self-document their progress to advanced bathing practices.

O22

Nurses' Experience Using Non-Pharmacological Interventions for Persons Living with Dementia in Rural Long-Term Care Facilities in Saskatchewan

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Abstract / Résumé

Objectives: Nearly 70% of residents in long-term care facilities (LTCFs) have diagnoses of dementia. Managing responsive behaviour (RB) has been cited as one of the major challenges experienced when caring for this population. Evidence recommends nonpharmacological interventions (NPIs) to manage RB yet indicates these are not always being used. The purpose of this study was to discover the nurses' experience using NPIs for persons living with dementia in rural LTCFs. With limited evidence describing how or if NPIs are being used, this study seeks to fill a knowledge gap and discover factors affecting NPI implementation.

Method: Qualitative description was used with conventional content analysis. Data were collected using semi-structured interviews with seven participants who worked in four different rural LTCFs in Saskatchewan.

Results: Four major categories emerged including: 1) Sentiment and prelude to using NPIs; 2) How and what NPIs are being used; 3) Barriers to implementing NPIs; and 4) Mitigating factors. Distraction and redirection were used most often, while safety and time were factors in choosing an antipsychotic or an NPI. Participants described numerous barriers including a lack of time, staff, and resources as factors affecting their ability to use NPIs. A major finding was an overall theme of struggle and complexity that was woven throughout all categories.

Conclusion: Findings support the need for further research focussed on the barriers, struggles, and complexities described by nurses in LTCFs. To promote the best practice of NPI use, and support those living with dementia in LTCFs, these factors must be addressed.

O23

Impact on caregiver time in long-term care settings by a structured physical exercises and nutritional support program: a post hoc analysis of the OPEN study

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Abstract / Résumé

BACKGROUND: Chronic diseases combined with strained care conditions in long-term care institutional settings often result in residents being undernourished and physically inactive, contributing to sarcopenia and frailty. The Older Persons Exercise and Nutrition (OPEN) Study assessed the impact of sit-to-stand exercises integrated in the daily care combined with a protein-rich oral nutritional supplement on physical function, nutritional status, health-related quality of life and resource use.

OBJECTIVE: This post hoc sub-study of the OPEN Study analyzed the impact on caregiver time (CGT) as a secondary outcome.

METHODS: OPEN was a two-arm cluster-randomized controlled trial performed in 120 residents at 62 somatic and dementia units in eight nursing homes in Stockholm, Sweden. CGT was assessed by the Resource Utilization in Dementia instrument in the intervention group (IG) and control group (CG). Since data were skewed, non-linear methods were applied.

RESULTS: There were no statistically significant differences in CGT at baseline between the IG and CG, either at baseline or follow-up; e.g. 64 minutes/day and 76 minutes/day in the IG and CG, respectively (odds ratio 0.844 [0.655-1.087]; p=0.188) at baseline. We observed in post hoc analyses that the CGT at follow-up, adjusted for baseline CGT, was significantly lower at the dementia units that underwent the intervention: 55.2 minutes/day and 82.6 minutes/day in the IG and CG, respectively (odds ratio 0.668 [0.473-0.945]; p=0.022).

CONCLUSIONS: At the dementia units, the OPEN program resulted in a significant reduction in CGT, but not at the somatic units. This result needs to be elaborated in further studies.

O24

MedReviewRx: Reducing Polypharmacy in Long-Term Care

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Abstract / Résumé

While most medications are intended to help people live longer and healthier lives, taking multiple medications, or polypharmacy, can increase frailty, and lead to dangerous side effects such as falls, and even death. Residents of nursing homes are particularly at risk of medication overload and may be prescribed as many as 10 or 15 medications at once.

A novel digital application called MedReviewRx was created to promote deprescribing. MedReviewRx combines information from a resident's medical chart with medication safety information to produce a simple deprescribing report highlighting potentially inappropriate medications (PIMs) and possible adverse drug reactions. The prescriber can then use this report to determine if any medications could be stopped or reduced.

MedReviewRx was trialed in five long-term care facilities in New Brunswick. Using a randomized controlled trial with a stepped-wedge cluster design, the results indicated that MedReviewRx was an effective tool to promote deprescribing; compared to 12.7% of residents during the control phase (n=725), the intervention group (n=621) saw 36.4% of residents have a medication deprescribed, which was a statistically significant difference (odds ratio 3.98, 99% CI 3.029 to 5.231). Medication classes that are often associated with PIMs (like opioids and benzodiazepines) were deprescribed more in the intervention group when compared to the control group. MedReviewRx users were satisfied with the app and described it as a valuable tool due to it's ease of use and the educational information it provided. This study has demonstrated that MedReview is an effective tool for reducing polypharmacy in long-term care residents.

O25

Designing age-friendly programs and policies to support community engagement at McMaster University

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Abstract / Résumé

Objectives:

In support of Age-Friendly University (AFU) principles, McMaster University has spearheaded initiatives to understand and improve the university's relationship to older adults in Hamilton's economically and culturally diverse community. Through a multi-pronged initiative we aimed to explore two questions: 1) What draws older adults to visit McMaster and engage with the University? and 2) What barriers prevent this engagement?

Methods:

As part of an iterative, design-thinking approach we set out to empathize with older adults and define issues together, then ideate, prototype and test solutions over the course of 18 months in 2023-24.

We gathered older adults' perspectives on the age-friendliness of McMaster campus at a pilot event, Older Adult Open Campus Day (OAOCD) in 2023, using in-person (n~60) design thinking exercises and an online survey (n=19). We explored these ideas at a series of community sessions hosted in partnership with the Hamilton Public Libraries. We **conducted a thematic analysis** of responses from these sessions, **shared** feedback with stakeholders and i**mplemented** key suggestions.

Results and Conclusions:

Older adults were attracted to opportunities for student engagement, campus landscaping and architecture, and opportunities to engage in research, cultural, and reactional activities at McMaster (including public lectures, dedicated exercise facilities for older adults, and tours of the planetarium, nuclear reactor, and greenhouse). Social and physical barriers to engagement included transportation to campus, wayfinding, communications, and traditional ideas about relationships between universities and community members that made people feel unwelcome. This work will inform ongoing programming, OAOCD 2024, and ongoing knowledge exchange practices.

O26

Co-Designing a Dementia-Friendly Communities Action Plan with People with Dementia Who Live Alone

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Abstract / Résumé

Background: Communities and policy makers are beginning to gain a greater understanding of the importance of Dementia Friendly Communities (DFCs). However, the perspectives of people with dementia who live alone are not well accounted for when it comes to understanding how DFCs can meet their specific needs. Not only are people with dementia who live alone a population that is expected to increase in coming years, they are also at high risk for social isolation. As such, it is critical that research is undertaken to understand their unique lived experience and their community-related needs.

Objectives: This study, currently underway, situates people with dementia who live alone as co-designers in developing an action plan to inform future DFC initiatives and research.

Methods: This is a community-based participatory research study informed by co-design processes, and co-led by a person living with dementia. Research activities revolve around five 90-minute online co-design workshops, where an action group of people living with dementia who live alone (n=10) from different communities in BC explore topics such as social connections, independence, and sense of purpose. Through engaging activities such as collages and “tree building” exercises, the workshop activities will inform the development of an action plan.

Results: The co-designed action plan will provide insight into the needs and key priorities of people with dementia who live alone, information useful for future DFC initiatives and development, as well as future research needed to best support them.

Conclusion: People living with dementia who live alone must have a say in the development of DFCs, and should be actively involved in future research efforts that explore their specific community-related needs.

O27

Designing an interactive platform for older Australians, aged care providers, policy makers and researchers to navigate the ageing journey.

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Abstract / Résumé

Background: It can be difficult for older individuals and their carers to navigate the complexities of the ageing journey such as decisions about living arrangements, care and support, what to consider when making advance planning documents, and transition points in care which can be complex, costly and traumatic. For aged care providers decisions on contraction or expansion of services occurs with limited opportunity to model the impact on capital investment, quality or human resource implications.

Aim: The aim of this project is to build an evidence-based interactive-decision making tool that can be used by older Australians, aged care providers, policy makers and researchers.

Methods: The interactive tool is built on the principles of inclusive design and involves the construction of archetypes, journey maps, service blueprinting and a data repository of publicly available data for simulation.

Results: This presentation will outline the steps to design the minimal viable product (MVP). This includes the construction of nine archetypes reflecting characteristics of distinct user types that highlight the needs and preferences of users. For each archetype simulated journey maps of key transition points have been identified and linked to aged care service offerings through service blueprinting from retirement living to residential aged care.

O28

La contribution des conseils des aînés à la politique municipale des aînés : variations dans le temps et l'espace. Analyse comparée de trois villes européennes (France-Belgique-Allemagne)

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Abstract / Résumé

Les politiques locales du vieillissement ont fait l'objet d'une recherche fournie (Moulaert et Garon, 2016 ; Buffel, Handler et Philipson, 2018). En nous intéressant aux conseils des aînés actifs à l'échelle municipale, nous approfondissons ici le thème de la participation des aînés dans ces politiques publiques. A travers une réflexion sur les formes d'agencement démocratique (Viriot Durandal et al, 2018), l'objectif est d'identifier les différentes formes de contribution des conseils dans les programmes de planification en matière de politique des aînés, que ce soit le programme Ville amie des aînés (OMS, 2006) ou d'autres démarches, dans des pays qui n'ont pas développé ce programme (Rubin, 2020). Les données analysées ont recueillies dans le cadre d'une comparaison de trois villes européennes (France, Allemagne, Belgique) : par entretiens (n=61) avec les acteurs (aînés, professionnels, élus), par questionnaire avec les membres des conseils (n=46), par observation non-participante et dans des documents de politique publique. Les résultats montrent que les contributions varient selon les villes et les types de membres de leurs conseils, mais changent aussi au fil des années, en fonction des étapes du programme et de l'évolution de la politique publique. Par exemple, à l'étape du diagnostic, trois types de contribution sont identifiés. Les aînés peuvent être « animateurs » en recueillant la parole des autres aînés, « contributeurs » en portant une parole représentée (Argoud et Puijalon, 2003) ou « contributeurs » en partageant leur propre expérience, au même titre que les ainés extérieurs aux conseils. Par la suite, leur rôle dépend du devenir du programme et de l'évolution de la gouvernance de la politique publique décidée par la municipalité.

O29

Assessing Age-Friendly Community Initiatives in Ontario: Developing a Novel Measurement Tool for Assessment and Evaluation

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Abstract / Résumé

Background and Objectives: Age-Friendly Community Initiatives (AFCIs) have gained attraction as essential responses to the needs of aging populations. Despite their growing significance, there is a notable gap in effective measurement tools to assess the planning, implementation, and sustainability of AFCIs. The aim of this study is to develop and validate a comprehensive survey tool for evaluating AFCIs.

Methods: The research employed a sequential exploratory mixed-method design in two phases. First, researchers developed key themes and defined the AFCI survey question items through 68 semi-structured interviews and five regional workshops. Then, the AFCI survey was created, piloted, and analyzed using qualitative and quantitative measures for face validity, content validity, and reliability.

Results: Interviews with key informants from 53 AFCIs revealed four main themes related to the establishment of a comprehensive understanding of Ontario-based AFCIs, including: AFCI priorities, enablers to the planning and implementation of AFCIs, challenges to planning and implementing AFCIs .These themes, alongside insights from regional workshops and conferences, informed the development and refinement of a final valid and reliable AFCI survey in 2019, supported by a high Cronbach's Alpha value ($\alpha = 0.88$). Steps were identified to maintain and sustain the AFCI survey over time.

Conclusion: The survey accommodates AFCIs' diverse demographics, governance structures, and priorities with a standardized, flexible approach for effective measurement. This research contributes to the academic understanding of AFCIs and aids community leaders and policymakers in planning, implementing, and evaluating AFCIs.

O31

Understanding filial piety from the perspective of a new generation of migrant Chinese in Hong Kong

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Abstract / Résumé

Filial piety, a cornerstone of Chinese culture, profoundly influences social norms, familial bonds, and personal values, particularly in terms of parental care and respect. Despite its importance, recent research on the concept has been inadequate. For mainland Chinese working or studying in Hong Kong, their perceptions of filial piety not only reflect their moral compass and cultural identity but may also conflict with their career aspirations. Examining their perspective and practice of filial piety in contemporary society is crucial to understanding the challenges they face in balancing familial caregiving obligations and roles. Through narrative interviews with 32 participants aged 18-34, the study investigates factors shaping expected caregiving roles of children and parents under their perceptions of filial piety. Thematic analysis reveals that traditional culture and societal norms influence the definition of filial piety, with some individuals holding negative impressions of it as outdated feudal remnants. Children generally respect the independence and autonomy of parents, and nursing homes are seen as a solution for balancing personal life and caregiving responsibilities. Expectations for future caregiving roles differ between generations, with older generations prioritizing financial support and adherence to traditional norms, while younger generations emphasize emotional support and autonomy. These findings contribute to understanding the complexities of filial piety in multicultural contexts and inform interventions promoting healthy family dynamics and culturally sensitive support programs for families and older adults. It is important to consider cultural and generational differences when addressing the evolving dynamics of filial piety in contemporary society.

O32

Fostering healthy aging in naturally occurring retirement communities (NORCs): Characteristics and well-being of caregiving and non-caregiving older adults.

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Abstract / Résumé

Background: A quarter of older Canadians provide care to family or friends. Older caregivers can face compounding challenges resulting in less community participation and higher reports of loneliness and social isolation. Naturally occurring retirement communities, such as apartment buildings or neighbourhoods with high proportion of older adults, have the potential to be leveraged to support individuals including caregivers.

Objective: To describe the specific demographic characteristics and social well-being of caregiving and non-caregiving older adults living in NORCs across Ontario.

Methods: This study is a secondary analysis of baseline data from the Oasis Study, an ongoing explanatory multiple case study of NORCs with and without supportive programming (Oasis). Participants included 200 adults (>55 years) living in eighteen NORCs across Ontario. Social wellness assessments included: need for support; UCLA-20 Loneliness scale; Lubben Social Network Scale; and the Satisfaction with Life Scale.

Results: Fifty-three participants (26.5%) reported having engaged in caregiving activities within the last seven days. Compared with non-caregivers, caregivers were younger (mean 72.1 vs 78.5 years, $p<0.01$), and tended to be women (83.0% vs 78.2%). On assessment, 68.9% of caregivers and 55.8% of non-caregivers ($X2=2.37$, $p=0.123$) reported at least moderate loneliness (UCLA-20), and caregivers were more likely to report needing more support ($X2= 5.34$, $p=0.02$). There were no significant between-group differences on the other social well-being assessments.

Conclusions: It is crucial that future research examines how caregiving as an older adult may impact social wellness over time to inform the development of community support for older adults living in NORCs.

O33

A Compass for Navigating Senior Care Services in New Brunswick: Resource navigation workshops for informal caregivers of seniors.

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Abstract / Résumé

Approximately 23% of New Brunswick's population is above the age of 65. Provincial, federal, and community programs designed to help informal caregivers of seniors carry out their roles have been initiated, but caregivers are largely unaware of these programs and lack the skills to access them. The New Brunswick Community College developed curriculum for multi-day workshops with the goal of better preparing caregivers for their roles in caring for seniors. These workshops focused on providing knowledge concerning the natural aging process, healthcare needs, and resources available to seniors, their families, as well as their caregivers. A total of 134 caregivers of seniors took part in these workshops. Healthcare students helped deliver the workshops, teaching caregivers how to navigate online resources. To determine the impact of the workshops on the caregivers, we assessed caregiver quality of life and preparedness for caregiving before, following, and six weeks after the workshops. We also assessed the impact on 13 areas of senior caregiving that we had targeted with workshop material (e.g., accessing resources for seniors, safety prevention and management strategies, creating a care plan, comfort using technology). Paired-sample t-tests were used to assess changes in these variables. Results of the analyses indicated improvements in preparedness for caregiving, caregiver quality of life, and all 13 areas targeted by the workshops. Improvements persisted for at least six weeks. The results of the study show that implementation of caregiver workshops is sufficient to improve preparedness for caregiving and caregiver quality of life.

O34

Good treatment of family caregivers of older adults: Development of a training for healthcare professionals

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Abstract / Résumé

Background: As Canada's population ages, the number of family caregivers will increase. Caregiving is an enriching experience of commitment, but it is also associated with risks, including the risk of abuse. Mistreatment of family caregivers remains largely unrecognized by healthcare professionals.

Objective: To document mistreatment among family caregivers and develop educational tools to address these issues.

Methods: In partnership with Proche aidance Québec, action research was conducted with 433 family caregivers and stakeholders. Data were collected through focus groups, individual interviews, and regional forums.

Results: Seven forms of mistreatment of family caregivers (e.g., denial of needs) were identified from four different sources: institutions, entourage, care recipients, and the family caregivers themselves. This led to the co-creation of a toolbox to raise awareness of good treatment practices for family caregivers, the distribution of which is part of the Quebec Government's Action Plan for Caregivers (2021-2026). A self-paced online training course for healthcare professionals has also been developed. This interactive training is designed to raise awareness about the mistreatment of family caregivers, including those caring for older adults.

Conclusions: Due to their regular contact with family caregivers, healthcare professionals are vital in both preventing and identifying mistreatment. By gaining a better understanding of this phenomenon, healthcare professionals can foster a more supportive environment for family caregivers, particularly those caring for older adults. This includes taking concrete actions to prevent or recognize mistreatment and to enhance the good treatment of family caregivers of older adults.

O35

Improving recognition and management of delirium: Partnering with carers

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Abstract / Résumé

Objectives: Carers are well-placed to recognize changes in older adults' behaviors as they have intimate knowledge about a close one's usual mental-state and can identify subtle changes in cognitive status. A web-based Delirium Toolkit was co-designed with carers, for carers, and subsequently validated, to provide information on delirium risk factors, a risk screening tool and non-pharmacological interventions to prevent delirium.

This pilot feasibility study investigated carers' perceptions of partnering in the prevention of delirium and determined the impact of the Delirium Toolkit on the incidence of delirium, delirium knowledge, caregiving burden and carer psychological distress in preparation for a larger trial.

Method: Carers completed survey tools including the Caregiver Delirium Burden Scale, Kessler Psychological Distress scale, Caregiver Delirium Knowledge Questionnaire and satisfaction with care. Data were collected via survey at admission and 4-6 weeks post discharge.

Results: A total of twenty-five carers returned pre and post surveys. Participants were primarily females with an average age of 65 years and providing care for their partner. Carer delirium knowledge increased significantly from pre- to post- intervention. Post- intervention, 96% of carers agreed they should be included in delirium prevention and management. Carer psychological distress and satisfaction with care did not change significantly. Intention to use (72%) and actual usage (68%) of the tool kit post- intervention (68%) by carers reflected an effective intention-behavior link with minimal gap, with 5 (20%) reporting more frequent utilization using it at least weekly.

Conclusions: The Carer Delirium Toolkit is a validated model of care designed to prioritize carers as partners in the prevention of delirium resulting in better patient and carer health outcomes.

O36

The Ageing Century: Population Ageing as Innovation

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Abstract / Résumé

Population ageing is one of the foundational successes of the last century of demographic change. Falling fertility rates, rising life expectancies, improved education for women, improvements in economies, health and medicine – all these are contributors to the scenario of an increasingly globalised pattern of profound population ageing. More than this, the general pattern is exhibited through a variety of specific trajectories across countries and regions. In simple terms, this profound demographic dynamic is expressed in different ways in different places. This paper positions population ageing as a driver for change and an innovative process in and of itself. In effect, population ageing is an innovation, and it is a driver for fundamental innovations in public policy domains, in industry, the economy and society. Population ageing is an innovative result of interventions in the dynamics of population by many agents and the results are increasingly diverse. Many of our prevailing models for human services and associated policy domains are proving both dated and inadequate. The problem population ageing presents to established forms is not the fault of older people, individually or collectively, but the failures of our entrenched models of professional and systemic practice to respond effectively to demographic change. Population ageing will drive the nature of and consequences for most societies' trajectories for at least the next half-century. In this context population ageing is not simply something to be responded to but an innovative process in its own right.

O37

Filling the void: supporting trainees in conceptualizing, planning and integrating engagement of people with lived experience in aging research

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Abstract / Résumé

Background:

Health researchers are encouraged by governments, funders, and journals to conduct research in partnership with people with lived experience. However, conducting partnered research requires resources and specialized skills. The McMaster Collaborative for Health and Aging developed a fellowship program for trainees that builds capacity to conduct research in partnership with older adults. We share this case example, with its successes and challenges, to encourage creative reformation of traditional research training.

Method:

The Collaborative used an iterative design process, involving researchers, trainees and older adult and caregiver partners, to develop a fellowship program to provide support and mentorship for trainees to plan and conduct their research in partnership.

Results:

Since 2022, the Partnership in Research Fellowship has been offered biannually. The application process was purposefully designed to be constructive; including one-on-one consultations, a comprehensive guide for engagement plan development, and reviewer feedback that includes researchers and older adults. Successful trainees engage with older adult and caregiver partners from the Collaborative, gaining a range of skills from facilitating partner meetings to forming advisory panels. Trainees are awarded $1500 to foster reciprocal partnerships. Seven graduate students from various disciplines have been supported. Trainees reported positive impacts on their knowledge, comfort, and approach to partnered research. However, barriers to meaningful partner engagement, including time and diversity of inclusion in their populations of interest, remain ongoing challenges.

Conclusion:

The trainee fellowship program, co-designed with older adults and trainees, significantly contributes to building capacity for aging research in partnership with those with lived experience.

O40

Navigating the Potential Risks of Online Research Involving Older Adults: What I Learned from an Experience with Fraudulent Participation

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Abstract / Résumé

Background & Objectives: When conducting qualitative research with older adults, it is important to choose research methods that make participation accessible. In research that requires interaction with older adults through interviews, focus groups, co-design or other methods, access to transportation may be a barrier for travelling to research sites such as campuses, community centres to participate. Online video chat tools like Zoom reduce travel demands on participants and allow them to connect with researchers from wherever they are. However, when using virtual tools, it is important for researchers to be aware of their potential risks.

Methods: In a study focused on transportation barriers for older adults in rural communities, I conducted interviews with older adults in rural Ottawa to understand their transportation context and explore their vision for improved transportation services to support them to age-in-place. I offered virtual participation to make the study more accessible, which resulted in a challenging situation where a high volume of virtual participants turned out to not be who they claimed.

Findings & Conclusion: There are various factors that need to be considered to mitigate fraudulent participation in online research. In this presentation, I describe such factors (e.g., mindset, compensation, elder targeted fraud), potential signs of fraud, and mistakes made during recruitment that may have put me at risk of fraudulent participation. I conclude with lessons learned (e.g., ways to properly verify eligibility), so that others can avoid a similar situation, where virtual engagement with older adults is critical to supporting access to participate.

O41

Perceptions about Working in Ontario Long-Term Care and Home and Community Care Sectors: A Co-Designed Survey of Personal Support Workers and Nurses

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Abstract / Résumé

Objectives: To summarize and analyze: (1) the beliefs of practicing and student Personal Support Workers, Registered Practical Nurses, and Registered Nurses about working in long-term (LTC) and home and community care (HCC) sectors; and (2) what motivates these healthcare professionals to work in LTC/HCC.

Method: An open online cross-sectional survey was co-designed with nursing knowledge users. Kruskal-Wallis *H* tests determined differences in practicing professionals' and students' ratings of agreeance (strongly disagree to strongly agree) on 14 statements regarding their beliefs about different healthcare sectors, and 20 statements about what would motivate them to work in LTC/HCC.

Results: 930 complete responses were analyzed. Students agreed more than professionals: (1) on 10 statements about working in LTC, including "LTC would be a great sector in which to work", and (2) on seven statements about HCC, including "the pay in HCC is fair". Respondents reported several factors that would motivate them most to work in LTC/HCC, including: "opportunities for ongoing education and training."

Conclusions: This is the first Ontario-wide survey investigating beliefs about, and motivators to work in LTC/HCC: sectors with foci on the care of older adults. While students generally selected the same direction of agreeance as professionals, their ratings were significantly more positive, suggesting that students are more 'optimistic' about working in LTC/HCC. Employers and educators should leverage healthcare professionals' and students' reported beliefs and motivations to enhance recruitment and retention within LTC/HCC to support the care of older adults.

O42

Nurses' experiences transitioning to work into long-term care and home and community care sectors: A phenomenological exploration

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Abstract / Résumé

Objectives: To explore the lived experiences of graduate nurses from the Bridging Educational Grants in Nursing (BEGIN) program, led by the Registered Practical Nurses Association of Ontario (WeRPN), as they transition from educational programs to practice in long-term care (LTC) and home and community care (HCC); sectors largely involved in the care of Canada's older adults.

Method: Employing interpretive phenomenology, a series of in-depth semi-structured virtual interviews were conducted to explore the meaning of everyday experiences of nurse participants who had participated in BEGIN. A hermeneutic lens underpinned iterative analysis.

Results: Between August 2023-April 2024, 20 focused individual interviews were completed. The essence of *fulfillment*, after a storied history in healthcare, was considered through themes which demonstrated a drive toward existential integrity – benevolence; growth, eagerness, and anticipation to learn; building from within; and work-life balance. These findings unravel the complexities and considerations for new graduate nurses from BEGIN as they enter the workforce in LTC and HCC and offer deep insight into what it is like for nurses settling into new roles.

Conclusions: This is the first phenomenological study to report on the meaning of the experience of transitioning to practice from a nursing bridging program for new graduate nurses in LTC and HCC. Understanding the nuances of nurses' experiences may help encourage healthcare leaders – including nursing educators and employers – to support transitions into the LTC and HCC sectors and improve nurse recruitment and retention in these sectors serving older Canadians in the future.

O43

The work around care: Situating the life stories of older workers in Alberta's long-term care sector

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Abstract / Résumé

There have been stories of inadequate care levels and unmet care needs, facility closures and service suspensions, and long waitlists for nursing homes and other forms of care in Canada and other social welfare states. Against the backdrop of neoliberal privatization and inadequate public sector services, paid staff in Canada's long-term residential care sector are increasingly tasked with engaging in additional, unpaid work to 'pick up the slack.' Older workers in particular can be vulnerable to coming in early or staying late to ensure the provision of quality care. While previous research examines issues of work organization in the sector (with a focus on the everyday work involved or on organizational or sectoral-level solutions), the goal of this project was to consider the work that older racialized immigrant workers in Alberta's long-term care sector do to navigate work/care *across their careers* and in light of public sector shortages. Through qualitative research informed by feminist political economy and intersectional life course perspectives, I trace how these workers navigate and rethink structures and meanings of work and care across their lives. Situating their life stories, I identify dominant moral, gendered and racialized discourses, as well as structural and process conditions shaping and constraining their practices and possibilities. To close, I reflect on the value of attending to the 'work around care' and to long-term care as a cultural context in which meanings and expectations around care are actively negotiated.

O44

Care aides' perceptions of missed care in long-term care homes

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Abstract / Résumé

Objectives: Missed care are tasks delayed or left undone. In long-term care (LTC) homes, residents rely on care aides to meet their basic care needs. This study examined how and why missed care occurred among LTC care aides.

Method: We conducted 36 individual semi-structured interviews with care aides recruited from 8 LTC units (6 homes) in Alberta from June 2023 through February 2024. We used purposive sampling of units based on TREC survey data that identified high and low levels of missed care, and most versus least favourable work environments. A postdoctoral fellow conducted the interviews and did the primary concurrent analysis, framed by Weick's Sensemaking theory, with input from the research group.

Results: Preliminary findings on how and why missed care occurs suggest differences among care aides who see the job simply as their work and care aides who identify their work as similar to a familial responsibility. The data suggests that the care aides who describe their relationships with residents as familial take on greater emotional labour concerning missed care.

Conclusions: There are underlying differences in how care aides discuss missed care between those who describe their job as only work versus those who include discussions of their work as being akin to a familial responsibility. These perspectives may influence how care aides approach their day-to-day work, how they mitigate missed care, and whether they perceive missed care as an individual or a system problem – or both.

O45

Les éthiques du care : Analyse de la politique « Des milieux de vie qui nous ressemblent »

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Abstract / Résumé

Depuis plusieurs années, des politiques de santé portant sur l'offre de services d'hébergement destiné aux personnes en perte d'autonomie ont été publiées par le gouvernement québécois. La plus récente est intitulé « *Des milieux de vie qui nous ressemblent*. *Politique d'hébergement et de soins et services de longue durée* ». Elle est le produit d'efforts de divers acteur.es du domaine en réponse aux évènements des dernières années. Elle est présentée comme étant la première en son genre, innovatrice, inclusive et axée sur une approche empreinte d'humanisme. Considérant l'existence de plusieurs autres actions politiques gouvernementales, il est pertinent de se pencher sur ce qui différencie celle-ci des précédentes.

Cette présentation propose une analyse de cette politique d'hébergement à l'aide des théories des éthiques du *care*, particulièrement avec la position de Joan Tronto (2009). En effet, cette théorie devient un instrument d'analyse politique critique lorsqu'elle est utilisée afin de localiser des structures de pouvoir et de privilèges et d'identifier qui prend soin de qui. Elle permet alors de révéler de possibles injustices bien plus clairement que d'autres formes d'analyse. Considérant l'importance de ces publications au sein du système de santé publique québécois et l'impact que peut avoir le discours, cet exercice tentera de discerner les grands thèmes, les forces et faiblesses présentes au cœur de ces documents. Ces efforts d'intégration du *soins* à la sphère publique ayant comme but de contextualiser ces actes dans les conditions socioculturelles actuelles transforment le *care* en outil permettant de maintenir, continuer et réparer la démocratie.

O46

Empowering Transformation by Measuring What Matters Most: The Client Experience Survey for Integrated Home and Community Care (CESI-HCC)

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Abstract / Résumé

Objective: Gathering self-reported data across diverse experiences of aging Canadians accessing integrated home and community care is critical for guiding health system improvements. In the absence of a suitable patient-reported experience measure (PREM) for this context, we developed the Client Experience Survey for Integrated Home and Community Care (CESI-HCC), with the objective of generating data to guide transformative decision-making across practice, organizational, and system levels.

Method: CESI-HCC was developed through a four-phase approach: 1) item pool generation; 2) item and scale refinement; 3) user testing; and 4) field testing. Authentic engagement with experts-by-experience at the practice, organizational, and system levels (e.g., healthcare leaders (n=6); homecare providers (n=15); homecare clients and caregivers (n=18)) was instrumental in all phases.

Results: In the first three phases, experts-by-experience suggested changes to content, wording, and scaling to improve relevance, coverage, clarity and usability of the CESI-HCC items and domains. The literature-based item-pool with three domains and 72 items was amended into a scaled PREM with four domains and 39 items. The four domains include: equity (e.g., respect, access), continuity (e.g., coordination, consistency), relational caring (e.g., collaborative care), and life care (e.g., daily functioning, mental health).

Conclusions: Authentic engagement with experts-by-experience led to improved validity and item-performance, resulting in a PREM that measures quality experience of integrated home and community care for diverse aging Ontarians. Next steps include completion of phase 4 field testing and the exploration of broad implementation and adaptation opportunities to guide health system transformation in Ontario and beyond.

O47

Evaluation of an innovative extended hours “overnight” adult day program for community-dwelling persons living with dementia

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Abstract / Résumé

Objectives: The emergence of Extended Hour-Adult Day Centers (EH-ADCs) offers a novel approach to delivering personalized programming for community-dwelling persons living with dementia (PLWD) and respite support for their family caregivers. However, EH-ADCs remain largely under-researched in Canada. This study aims to evaluate the feasibility, acceptability, and preliminary effectiveness of an innovative overnight respite program as an extension of adult day program co-located in an assisted living community in British Columbia.

Methods: Focused ethnography was used to evaluate the program. Nine staff and 15 family caregivers participated in in-depth interviews. Go-along interviews were conducted with 6 PLWD, and over 55 hours of participant observations captured participants’ experiences in the day program and multiple consecutive overnight stays.

Results: Four key preliminary themes are: 1) a robust day program facilitates seamless transition into overnight stay; 2) consistent staffing fosters continuity of care and trusting relationships; 3) overnight respite provides family caregivers time and space to recharge; and 4) clarifying eligibility criteria is essential to identifying EH-ADC clients most likely to benefit from this unique program.

Conclusion: This study provides valuable insights into the feasibility and acceptability of an innovative extended hours respite program. This program demonstrates the ability to meet the individualized needs of PLWD and their family caregivers. Key findings from this evaluation will help to inform the development and enhancement of community-based dementia care services, addressing existing gaps and optimizing dementia care supports in Canada.

O48

Trust and easy access to home care staff are associated with older adults' sense of security: a Swedish longitudinal study

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Abstract / Résumé

Ojective: Older adults are increasingly encouraged to continue living in their homes with support from home care services. Few studies have focused on older adults' safety in home care. This study explored associations between the sense of security and factors related to demographic characteristics and home care services.

Methods: The mixed longitudinal design was based on a retrospective national survey. The study population consisted of older individuals in Sweden granted home care services at any time between 2016 and 2020 (n=82,834−94,714). Multiple ordinal logistic regression models were fitted using the generalised estimation equation method to assess the strength of relationship between the dependent and independent variables.

Results: The sense of security tended to increase between 2016 and 2020, and was significantly associated with being a woman, living outside big cities, being granted more home care services hours or being diagnosed/treated for depression (cumulative odds ratio 2–9% higher). Anxiety, poor health and living alone were most strongly associated with insecurity (cumulative odds ratio 17–64% lower). Aside from overall satisfaction with home care services, accessibility and confidence in staff influenced the sense of security most.

Conclusions: The need to promote older adults' sense of security for safe ageing in place is mandated by Swedish law. Home care services profoundly influence older adults' sense of security. Therefore, it is vital to prioritise continuity in care, establish trust and build relationships with older adults. Given the increasing shortage of staff, integrating welfare technologies is crucial to promoting this sense of security

O49

Enabling aging in place: Evaluating the implementation of Nav-CARE

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Abstract / Résumé

Introduction: Nav-CARE (Navigation: Connecting, Advocating, Resourcing, Engaging), an innovative, evidence-based volunteer navigation program, provides early assistance to people living with declining health with the aim of improving their quality of life and supporting them to age in place. Supported by a contribution from Health Canada, Nav-CARE was scaled out and replicated in multiple contexts providing an opportunity to further assess factors that influence the feasibility, acceptability, and sustainability of the program.

Method: Fifteen Centres of Excellence (COEs) comprising 35 hospice and/or community-based organizations spanning eight provinces implemented Nav-CARE. Data were collected between June 2022 and March 2024 through indepth interviews conducted with 28 Nav-CARE leads responsible for implementation and field notes collected during monthly 'hub huddles', a community of practice in which COE leads provided peer mentorship and shared best practice and resources.

Results: Thematic analysis revealed that successful implementation was influenced by 1) organizational capacity; 2) strong and engaged leadership who supported a Nav-CARE champion to scale deep into the community; 3) skillful messaging that addressed beliefs and values pertaining to hospice palliative care; and, 4) careful consideration of the target client population. Sustainability of the program was further influenced by inter- and intra-organizational factors including program intergration, strategic vision, and funding.

Conclusion: Results indicated that through strong leadership, COEs were able to develop robust and sustainable programs. Further, nurturing relationships with partners and key health and social care providers fostered a collaborate approach which was central to the recruitment of clients, and to the sustainability of the program.

O50

Enhancing recovery at home: Investigating the feasibility of a home-based rehabilitation program for hip fracture patients - the 'Stronger at Home' feasibility trial

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Abstract / Résumé

Background and objective

Hip fractures are poised to become a significant global health concern. The Stronger@Home is a multifactorial program that includes a self-directed toolkit and a new model of care aimed at improving functional recovery from hip fractures in community-dwelling older adults. This study aimed to test the feasibility of the Stronger@Home program versus the standard care for older adults with hip fractures.

Methods

In a single-masked feasibility randomized clinical trial, we enrolled community-dwelling hip fracture patients (≥65 years) from the hospital and followed them for 18 weeks after discharge. Over a 12-week period, the intervention group received seven home visits from a physiotherapist or physiotherapy assistant and a personalized home-based exercise program through an educational toolkit (5 times/week for 20-30 minutes). The control group received standard healthcare. Feasibility data, including recruitment rate, intervention compliance, adverse events, and participants' satisfaction, were collected through masked assessments at 6, 12, and 18 weeks post-discharge, along with an end-of-study debriefing interview.

Results:

Out of 113 patients approached, 68 (60%) were eligible, and 28 (41%) participated and were randomized into intervention (16) and control (12) groups. The mean age was 83 years old (SD±9). The program's compliance rate was 81%, and no significant adverse events were reported. Overall, 87% of participants in the intervention and 51% in the control group completed all follow-ups. Most participants (93%) reported high satisfaction with the intervention.

Conclusion

The S@H appears feasible, safe, and highly satisfactory for hip fracture patients after they return home.

O51

Francophone seniors in Ontario: Experience of care and strategies to overcome language barriers in long-term care homes

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Abstract / Résumé

Context: In Ontario, Francophones in minority situations (FSM) have difficulty accessing long-term care homes (LTCHs) where they can be cared for in French and continue to live in French.

Objectives: This three-and-a-half-year project aimed to document stakeholders' perceptions associated with linguistic discordance on the quality and safety of care and the well-being of French-speaking seniors residing in LTCH, as well as identify the strategies used to circumvent these language barriers.

Method: 45 semi-structured interviews in 21 Ontario LTCHs were conducted with managers, workers, and residents or caregivers in the five new health regions of Ontario. Data were analyzed using descriptive content analysis.

Results: LTCHs are implementing strategies to serve French-speaking residents as well as an increasingly diverse clientele. French-oriented LTCHs, as well as those designated or identified are more likely to put in place linguistically and culturally adapted practices (pairing of staff with residents, French-speaking wing or floor, use of applications, incentives for staff language training, etc.).

Conclusions and implications : The research provided a better understanding of the care experience of LTCH residents, and the strategies used by homes, workers and residents or caregivers when there is a linguistic mismatch. At the end of this study, decision-makers will find tools to improve the provision of health services in French.

O52

"They Didn't Think We'd Live This Long": A Qualitative Exploration of Older Adults Living with HIVs' Perspectives on Geriatric Care

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Abstract / Résumé

Objectives: With an increasing population of older adults with HIV, strategies for optimal healthcare management are needed. We aimed to explore perspectives on geriatric care among older adults living with HIV.

Methods: A qualitative study, informed by a community-based advisory team and using semi-structured interviews, was conducted. Participants (n=14) were from Ontario, aged 50 or older, and identified as HIV-positive. Thematic analysis followed the Qualitative Analysis Guide of Leuven (QUAGOL). Individuals with lived experience served as peer-researchers in analyzing the data.

Results: Four themes were identified in the interview data: 1) Lack of Knowledge and Access to Geriatric Care Among Older Adults with HIV; 2) Concerns about Healthcare Providers' Understanding of HIV and Aging; 3) Role of Social Support Networks in Older Adults' Health; and 4) Participant Recommendations for Improving Geriatric Care for Older Adults with HIV. While most participants desired geriatric services, many lacked knowledge to access care and their perceptions of geriatricians varied, with concerns around stigma. Social support is crucial, underlining the importance of community and peer networks for older adults with HIV. Participants provided recommendations for enhancing geriatric care delivery to older adults with HIV, including the need for more comprehensive education and training for healthcare providers and greater access to virtual care.

Conclusions: Understanding the role of geriatric care from the perspective of older adults living with HIV can inform the development of holistic healthcare services that includes the integration of social, mental, and physical health support, ultimately improving quality of care and overall well-being.

O53

Promoting effective communication for persons who are Deaf or Hard of Hearing and live in B.C. long-term care facilities: a scoping review

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Abstract / Résumé

Objectives: Effective communication is essential to person-centred care and resident quality of life in long-term care (LTC). For older adults who are deaf or hard of hearing (DHH) and reside in LTC, challenges in communication may make it difficult to understand others and articulate needs, leading to compromised care and poorer health outcomes. The objectives of this scoping review were to identify and summarize: the current state of knowledge on (a) barriers to effective communication for older adults residing in LTC who are DHH and (b) the behavioural, environmental, and technological strategies recommended to overcome those barriers.

Methods: Following a scoping review framework and the PRISMA approach, keyword and subject heading searches were conducted across academic (CINAHL, Embase, Medline) and grey literature (Google, Duckduckgo) databases. Data extraction and descriptive thematic analysis of included records were conducted using Covidence and NVivo, respectively.

Results: The search identified 1230 total records, of which 294 records met our inclusion criteria. Several major barriers to effective communication were identified: a) insufficient access to audiology services, b) lack of hearing care training for care staff, and c) environmental noise. Major strategies that emerged included a) care plans that address communication needs, b) use of assistive listening technology, c) environmental noise reduction, d) training and use of communication strategies, and e) interprofessional teamwork.

Conclusions: Supporting effective communication for older adults who are DHH and reside in LTC requires a unified, multi-level approach that addresses gaps in staff training, environmental design, assistive technology and access to hearing healthcare.

O54

Culturally-Guided Long-Term Care: Exploring the Intersection of Culture and Care in Quebec's CHSLD System

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Abstract / Résumé

In the context of Quebec's distinct sociopolitical framework as a nation-state within Canada, the provision of culturally-informed aging care in Centre d'hébergement de soins de longue durée (CHSLDs) reflects a unique interplay between political economy and cultural identity. This article argues that culturally specific CHSLDs, such as those serving Jewish, Chinese, and Middle Eastern Christian communities, are not merely filling a gap in care but are integral to the fabric of Quebec's long-term care policy, embodying both the challenges and opportunities presented by Quebec's approach to interculturalism and long-term care. This article posits that these facilities are pivotal agents of change within Quebec's long-term care landscape. They exemplify the dynamic interplay between interculturalism, healthcare provision, and economic considerations. By examining these facilities' roles in the broader system, the study showcases how Quebec's national identity and political-economic structures influence the provision and reception of aging care, highlighting both the achievements and the tensions that characterize the intersection of cultural specificity, care needs, and economic considerations.

O55

Long-term Care: a complex system stuck in a rigidity trap

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Abstract / Résumé

The experience in Ontario's long-term care (LTC) homes during the early waves of the Covid-19 pandemic was poor, along multiple measures including deaths, staffing, resident safety and care. Given this experience, one might expect transformational change; yet this has not occurred. Why has LTC proven to be resistant to adaptation, or in the terminology of complex systems theory "resilient", i.e., after a shock it reverts to its pre-shock state? In Understanding the Complexity of Economic, Ecological, and Social Systems, Holling (2001) proposed a four-state, three-dimensional, figure-eight analytical model. After briefly describing Holling's model, this paper maps the development of LTC onto Holling's model, placing it within the Ω or release state. Within a healthily adaptive system, the pandemic's dire effects would be expected to move the system to the α or reorganize state, which did not occur. Using Holling's model, one can conclude that LTC is a maladaptive system, which is in a rigidity trap. According to Holling, a rigidity trap may occur when all three dimensions of potential, connectedness, and resilience are high. The paper documents highness on these dimensions within LTC. It identifies intersecting discriminatory biases of ageism, ableism, racism, and sexism on which the care system is based, and suggests that these biases contribute to the strength of resilience to transformative adaptation. The paper draws from the literature suggestions on how LTC could be revised to reduce or eliminate such biases. The analysis performed is qualitative; although, some quantitative descriptive statistics are included.

O56

Long-Term Care Home Staff's Experiences of Moral Distress During the Pandemic: Findings from North Western Ontario

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Abstract / Résumé

With the greatest number of resident deaths internationally, the pandemic has disproportionately affected Canadian long-term care (LTC) homes. There is evidence to indicate that COVID-19 restrictions in LTC homes have led to an increase in ethical dilemmas and everyday ethical situations, resulting in moral distress among staff. While studies have been conducted in metropolitan centres and across provinces, we know little about the impact of COVID-19 restrictions in such places as north western Ontario (NWO), a region comprised of one small urban municipality that supports numerous rural and remote communities. The purpose of this study was to explore the experiences of moral distress among LTC home staff in NWO during the pandemic. Understanding these experiences is crucial to inform future pandemics and ongoing outbreaks.

For this qualitative study, we conducted semi-structured interviews via Zoom technology with NWO LTC home staff, including registered nurses (n=4); registered practical nurses (n=2); and personal support workers (n=9). Data were analyzed using a voice-centred relational approach to understand participants' perspectives in relation to social contexts

Participants reported incidents in which they enforced restrictions that were harmful to residents. They were reluctant to speak out as they feared they would be disciplined.   Some expressed deep remorse for not being able to advocate for residents. Collectively, these findings suggest that front-line staff should be included in policy development and organizational decision-making processes. They require ongoing support to help them the cope with the psychological distress incurred while working during LTC home COVID-19 restrictions.

O57

Worries about staff health take a mental health toll on unit managers in long-term care homes: the role of facility management's leadership

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Abstract / Résumé

Objectives: This cross-sectional study, first, examined the relationships of unit managers' (middle-level management) worries about staff's health and worries about staff's unhealthy coping behaviors with mangers' own mental health in long-term care (LTC) homes during the COVID-19 pandemic; second, investigated the moderating role of supportive leadership of top-level facility management on these relationships.

Method: We used manager survey data collected between August 2021 and February 2022 by the Translating Research in Elder Care program. The sample included 174 managers from 48 LTC homes across three provinces (AB, MB, and NS). The study outcomes included anxiety, stress, and post-traumatic stress disorder (PTSD) symptoms. We conducted linear regression analysis with interactions.

Results: Managers were extremely concerned about their staff's health (e.g., excessive fatigue, sleep difficulties), and somewhat concerned about staff's unhealthy coping behaviors (e.g., alcohol use, tobacco use). Managers' worries about staff's health were significantly associated with their own anxiety (B=0.11, p<.01), stress (B=0.12, p<.05), and PTSD symptoms (B=0.10, p<0.5). Similarly, worries about staff's coping behaviors were also associated with all three outcomes: anxiety (B=0.53, p<.01), stress (B=.35, p<.05), and PTSD symptoms (B=.06, p<.001). The interaction analysis showed managers' worries about their staff's coping behaviors had a stronger association with their own anxiety (B=0.64, p<.01) when they worked in LTC homes with less supportive leadership from the facility management.

Conclusions: Our findings highlighted the need for workplace interventions designed to address mental health of both managers and staff, especially in LTC homes where supportive leadership from the top-level management is lacking.

O58

Experiences of moral injury among long-term care healthcare providers during the COVID-19 Pandemic

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Abstract / Résumé

OBJECTIVES: The care of older persons across all sectors continues to be profoundly affected by the COVID-19 pandemic, which is especially true in long-term care settings. We explored how the care of older persons changed during the COVID-19 pandemic across a variety of care settings.

METHODS: This critical incident study included 40 Ontario healthcare providers' experiences of caring for older persons during the COVID-19 pandemic, eliciting both positive and negative care experiences and strategies utilized to facilitate care. A secondary thematic analysis of 52 critical incidents provided by 26 healthcare providers focused on themes surrounding moral distress and moral injury.

RESULTS: Healthcare providers reported guilt and (self-)blame, as they internalized perceived failings to safeguard the safety, physical and mental health, and values of older persons in care, which were largely a result of structural and environmental pandemic-related protocols. Our findings suggest that moral injury can be tied to healthcare providers' inability to provide relational care, and/or their encounters with structural/health systems constraints that affect the quality of care of older persons in long-term care settings. We developed a conceptual model that encapsulates the clinical and ethical pillars that support relational care delivery for older persons.

CONCLUSIONS: Addressing the structural factors of moral injury and building healthcare provider capacity for ethical knowing is critical to fostering people and systems resilience, and improve the quality of care for older persons.

O59

Resilience through Respite – A Critical Review of Design's Role in Grief and Bereavement for Long-Term Care

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Abstract / Résumé

Background & Objectives

Grief is seen every day in Long-Term Care (LTC) settings, but gaps exist in how grief is supported for everyone involved. Overlooked grief support for staff contributes to high burnout and turnover rates. Existing research in the physical environment of LTC is mainly resident-focused, but connections between staff grief experiences and the built environment are underexplored.

Methods

I conducted a scoping review of literature on grief, bereavement, staff support, and design of the physical environment in LTC homes within the context of Ontario, across Canada, and the United States. I also created an environmental scan of other high-mortality healthcare settings intended to support workers' experience and manage death and dying. Through this, I identified factors and gaps related to the role of design.

Findings

Peer-led social supports and reliance on hospice and spiritual care staff, are currently the only widespread established staff grief supports in LTC. Often, staff are expected to seek out support, adding an unhelpful barrier to grieving which can negatively impact resident care. The study revealed that the design of the physical environment is an important factor in creating supportive work settings for death and dying. Studies show connections between resident-focused designs and improved morale and satisfaction among staff, creating informal staff social support for grief and lower burnout rates.

Conclusion

There is opportunity to provide grief support in LTC through the built environment. Future co-design sessions with Ontario LTC homes are planned to vision ideas for more intentional grief and bereavement spaces.

O60

Factors affecting mental health outcomes for LTC staff: Assessing the impact of staffing role and jurisdiction.

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Abstract / Résumé

Objective. Long-term care (LTC) systems in Canada have provincial differences in regulation and operations. This study examines factors associated with mental health (MH) outcomes for LTC staff, particularly staffing roles and province.

Method. Care aides (CAs), registered nurses and licensed practical nurses (RNs/LPNs), and care managers were sampled in LTC homes in Alberta, Manitoba, and Nova Scotia (n=2118). We ran one regression model with each MH outcome as the dependent variable. Models controlled for identical sets of covariates, including staff demographics and job-related characteristics.

Results. In comparison to RNs/LPNs, CAs were more likely to have moderate/high levels of stress (p.<0.05) and anxiety (p.<0.01), and less likely to show high resilience than RNs/LPNs (p.<0.05) and managers (p.<0.05). However, CAs showed lower rates of burnout (both p.<0.01) and higher rates of compassion satisfaction (both p.<0.01) than RNs/LPNs and managers. Manitoban care staff showed lower rates of burnout than in Nova Scotia (p.<0.01) and higher rates of compassion satisfaction (p<0.01) than in Alberta, but higher rates of compassion fatigue (p.<0.01) than in Alberta. Being Canadian-born was associated with higher rates of moderate/severe anxiety (p<.0.01), PTSD warning signs (p.<0.05), burnout (p.<0.01), and compassion fatigue (p.<0.01).

Conclusion. Differences among LTC staff roles were mixed. Few differences between provinces were observed. CA's high stress and anxiety need addressing but equally concerning is higher burnout for RNs/LPNs/managers. Being Canadian-born was an indicator of poorer MH outcomes. Retention interventions will need to respond to diversity among staff in the probability of experiencing negative MH to be most effective.

O61

Achieving long-term effectiveness of nutrition counselling for indigenous older adults with type 2 Diabetes in remote Southwestern Ontario with a culturally safe nutrition plan

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Abstract / Résumé

Erie Shores Health Care serves the local Indigenous population and has noticed a persistent rise in type 2 diabetes (T2DM), especially in older adults. We identified several barriers in the target population, such as the absence of cultural sensitivity, deep-rooted distrust in power relationships, and accessibility to food, achieving the long-term effectiveness of nutrition counselling. This prompted us to take the initiative to create a culturally safe nutrition plan (intervention). This initiative is novel in this region. The expected outcome is behaviour change, a proxy for long-term effectiveness. Canadian Indigenous older adults are disproportionately affected by nutrition-related chronic diseases. Our intervention offers a promising strategy for improving their access to nutrition knowledge that may sustain a positive behaviour change. The continued focus on Indigenous control and ownership and incorporation of content specific to individual communities may enhance cultural relevancy and sustainability of interventions. The project will provide evidence for the need for such interventions to influence resource allocation decision-making. To achieve sustainability, we will engage with the target population to co-create the intervention rooted in behavioural change theory. We will also train the target population on the intervention so that they can implement it in their community, even when the project has ended. As we are committed to sustainably providing high-quality and compassionate care, we will continue nutrition counselling to the target population and validate the impact of the intervention periodically.

O62

Longitudinal relationship between lifestyle, physical health, and life satisfaction among Chinese community-dwelling older adults: Does mental health matter?

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Abstract / Résumé

Objectives: This study aims to investigate how lifestyle and physical health influence the well-being of Chinese older adults, focusing on the changes in their mental health over time.

Methods: Using data derived from the China Health and Retirement Longitudinal Study (CHARLS), the analytic sample of this study included 1068 older adults who had participated in the surveys in both 2011 and 2018. Multivariate regression was used to examine the longitudinal associations of lifestyle-related factors and physical health with the subjective well-being of older adults. Additionally, distinct trajectories of their depressive symptoms were considered.

Results: Multimorbidity was found to be significantly related to baseline and follow-up depressive risk in older adults. Short sleep duration was associated with baseline depression risk. Compared to non-drinkers, current drinkers reported significantly more severe depressive symptoms. At baseline, current smokers were more likely to have a lower degree of life satisfaction than nonsmokers. Among older adults with chronic depression at the 7-year follow-up, former smokers tended to have lower life satisfaction than nonsmokers.

Conclusions: Overall, the study indicates that alcohol consumption and inadequate sleep are modifiable lifestyle-related risk factors for depression in later life. Smoking is a detrimental factor for life satisfaction. The presence of multimorbidity was also a significant predictor of more depressive symptoms at the 7-year follow-up. Our findings have implications for future psychosocial interventions that target the alleviation of depressive symptoms and the promotion of life satisfaction of older Chinese people based on their different long-term mental and physical health conditions.

O63

Empowering Older Women Living with HIV through the Lens of the 5Ms with Geriatrician Guidance

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Abstract / Résumé

Objectives: To explore the intersectional experiences of living with HIV as an older women through the framework of the 5Ms (Mind, Mobility, Medications, Multicomplexity, and Matters Most) and to delineate the potential role geriatricians can play in addressing the unique needs of this population.

Methods: This study involved a rapid review of existing literature on HIV in older women, supplemented by semi-structured interviews conducted with six community-dwelling women living with HIV. These interviews provided valuable perspectives on their experiences, challenges, and needs related to HIV management in later life.

Results: The results of this study, framed within the 5Ms framework, reveal nuanced challenges faced by older women living with HIV. Mental health, declining mobility, medication complexities, comorbidity interactions, and personal priorities collectively underscore the multifaceted nature of their care needs. Geriatricians are well-positioned to address these complexities through comprehensive assessments, interdisciplinary collaboration, medication optimization, functional support interventions, and person-centered care approaches. Their involvement is pivotal in ensuring tailored, holistic care that respects the individual preferences and values of older women with HIV, ultimately enhancing their well-being and quality of life.

Conclusions: By leveraging the expertise of geriatricians, infectious disease specialists and primary care physicians can ensure comprehensive and tailored care for older women living with HIV. The incorporation of geriatric principles, such as comprehensive geriatric assessments, can enhance the quality of care provided to older women living with HIV, leading to improved health outcomes and overall well-being. Fostering strong liaison between infectious disease specialists, primary care physicians, and geriatricians is essential.

O64

The intersections of aging and (dis)ability: A critical reflection

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Abstract / Résumé

Historically, disability and aging studies have had limited cross-pollination. In many instances aging and disability have been conflated; in others they have been considered in isolation. This presentation explores how an intersectional understanding of aging and disability can help create a more nuanced understanding of the experiences of aging individuals, including those with and without disabilities. Comparing and contrasting disability and aging related theories, societal discourses, definitions of discrimination will reveal how people with disabilities and older adult are reproduced as the other, especially when the intersections of aging and ability are ignored. For example, people aging with disability may have very different life courses compared to those who experience disability later in life. Given high rates of under or unemployment, those aging with disability likely experience much greater economic hardship, which can have a cumulative and long-standing effect. Whereas, younger people who experience disability receive significantly more medical care and rehabilitation services, older adults who experience disability are more likely to be institutionalized. Ageist/ableist assumptions are also evidenced in governmental funding programs, including disability assistance, Old Age Security, and the Canada Pension Plan. The presentation concludes with suggestions to better integrate disability and aging studies. For example, a critical life-course perspective may be helpful to explore how structural forms of discrimination can influence biological, psychological, and social risk factor trajectories across the life span, and undermine neoliberal discourses that construct diseases associated with ageing, functional declines, and disability as personal, rather than societal, failures.

O65

Planning intergenerational programs for people living with dementia, care partners, and youth: lesson learned from the Supporting Inclusion through Intergenerational Partnerships project

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Abstract / Résumé

Objectives:

Supporting Inclusion through Intergenerational Partnerships (SIIP) was a five-year, collective impact project in Waterloo Region led by the Schlegel-UW Research Institute for Aging. The goal was to provide intergenerational opportunities for people living with dementia, care partners, and youth to connect in meaningful ways while reducing social isolation. A key output of the project was a resource focused on sharing lessons learned related to planning and implementing intergenerational programs to maximize their success and impact.

Method:

The resource is the collective learning across four different intergenerational programs implemented between November 2020 and October 2023. Key themes related to strengths and challenges of planning and implementation were compiled from quarterly reports, project lead interviews, sustainability assessment, and collective impact team meetings. Themes were verified with program leaders to clarify and capture additional insights.

Results:

Lessons learned will be shared related to: successful strategies for recruiting older adults and youth, considerations for program planning and logistics, and supporting the development of meaningful relationships between people living with dementia, care partners, and youth.

Conclusion:

Intergenerational programs can help both youth and people living with dementia gain social connections. Intergenerational programs are gaining recognition because of their ability to improve the wellbeing of all generations involved. These programs are feasible to plan and implement with proper consideration for anticipated challenges. The insights within the resource will help organizations looking to implement intergenerational programming avoid challenges, amplify the benefits of these programs and enable positive experiences for all.

O66

GIVE: Joining older adult volunteers and nursing learners through an intergenerational experience

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Abstract / Résumé

Background: Undergraduate nursing learners often encounter limited opportunities for meaningful interactions with older adults living in the community. This absence of exposure may perpetuate age-related stereotypes, hinder the development of person-centered care approaches, and may limit nursing learners' understanding of what growing older means. The objective of the Generating Ideas Via Engagement (GIVE) project was to provide a platform for older adults and learner participants to explore the diverse narratives and experiences associated with aging. Method: The GIVE program was established as a component of a third-year nursing course on aging. The GIVE sessions entailed three 45-minute Zoom virtual interactions. Each session was guided by a discussion question and resources. Older adults' perceptions regarding the GIVE program were explored at the end of the semester using surveys and focus groups. Descriptive statistics and thematic analysis were used for data analysis. Results: Over the past three years, 180 older adult volunteers were recruited through posters in the community. 37 older adults replied to the surveys, and three older adults participated in the focus group. Older adult participants found the experience valuable in informing the next generation of nursing practice caring with older adults. Conclusion: The GIVE experience is an intergenerational and innovative activity that contributes to experiential learning.

O67

Building Bridges Across Generations: The Intergenerational Classroom

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Abstract / Résumé

The issue of aging demands greater attention in education systems, and intergenerational approaches help to combat ageism and improve the lives of older adults, now and in the future. Taking an intergenerational approach to contextualizing the experiences of older adults within post-secondary classrooms settings is a novel approach towards building interest in the field of aging.

The University of Toronto (UofT) partnered with Christie Gardens, a retirement community and long-term care home, to launch an innovative experiential learning initiative: The Intergenerational Classroom. Half the learners were UofT undergraduate students (n=24); the other half were older adults residing at Christie Gardens (n=25). Through interactive seminar-style discussions, collaborative projects and mentorship, the course, which was held at Christie Gardens, provided a semester-long exploration on aging. To evaluate the program, pre/post-surveys were administered to all learners, and following the semester, students (n=6) and older adults (n=6) participated in focus group discussions.

Outcomes of program success were identified across domains, including meaningful friendships and bonds created, increased awareness of aging issues, reduced ageist attitudes, and greater sense of community and civic engagement. Evaluations revealed that 92% had an excellent learning experience, 95% found the course intellectually stimulating, and that 100% would recommend the course to others.

The Intergenerational Classroom explored aging from a viewpoint that considered the perspectives of both older and younger generations. Intergenerational approaches can help to create a brighter and more inclusive future for all generations, ensuring that individuals can grow up and grow older with dignity, rights, and opportunity.

O68

Intergenerational conflicts and opportunities for understanding: Interactions of young and older adults in Hong Kong

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Abstract / Résumé

Rapid shifts in social structures, cultural values, economic conditions, and technology have complicated communication between older and younger people, increasing the potential for widespread intergenerational conflicts. This study investigated the dynamics of these conflicts and explored opportunities for mutual understanding between young and older adults in Hong Kong.

Qualitative narrative interviews were conducted with 28 older Chinese individuals over 60 and 50 young participants in a multi-generational lifelong learning program. The interviews were audio-recorded, transcribed, and coded for thematic analysis.

The study highlighted significant shifts in the perceptions of participants from both generational groups. It explored the nature of intergenerational conflict and detailed the transformative process by which these tensions were transformed into platforms for promoting intergenerational understanding. Structured activities facilitated a platform for each age group to express their unique perspectives. While these interactions initially exposed latent intergenerational tensions, they also set the stage for resolution. Through carefully designed communication strategies and educational initiatives, participants enhanced their interactions and deepened their mutual comprehension. Consequently, these improved interactions allowed both younger and older generations to constructively address and resolve conflicts, promoting a more harmonious intergenerational dynamic.

Structured intergenerational learning and communication are crucial for improving understanding and cooperation across age groups. While such interactions may initially reveal conflicts, interventions that encourage different generations to share and reflect on both individual and shared perspectives could resolve existing conflicts and prevent future ones. This approach would help break down generational barriers and promote an age-friendly and harmonious society.

O69

Supporting equity between younger and older people through intergenerational connectivity

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Abstract / Résumé

Ageism against older adults is pervasive and harmful, creating an urgent need to understand how perceptions of older people can be improved. Young adults are the primary perpetrators of ageist stereotypes, and universities could play an important social role in reducing ageism among this demographic – recent literature shows that, after completing a lecture-based psychology course on aging, undergraduate students were more age-conscious: they more deeply understood the aging process, were less ageist/more aware of ageism, and were more personally connected to aging. Extending from this encouraging finding, and seeking to disrupt youth ageism, we created an intergenerational Psychology of Aging undergraduate course, which saw 13 older people (classroom volunteers) integrated within the class (alongside 60 students) all semester. Classroom volunteers and students listened to and engaged with lecture content and connected weekly through informal intergenerational group activities. Following course completion, we conducted 33 individual interviews (13 with classroom volunteers; 20 with students), assessing how ageism was impacted by the intergenerational classroom. Following an Iterative Collaborative Qualitative Analysis (ICQA), three major themes emerged. Specifically, the intergenerational classroom (1) facilitated age-conscious student development (including reduced ageism), (2) improved classroom volunteers' views on younger people and helped them feel a sense of hope for the future, and (3) highlighted the similarities (as opposed to the differences) between people of all ages. We will share these findings and expand upon how intergenerational connectivity, facilitated through an intergenerational university psychology classroom, can break down ageist stereotypes and humanize people of all ages.

O70

Building Capacity for Palliative Programs in Long-Term Care: Mixed Methods Evaluation of a Multi-Component Intervention

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Abstract / Résumé

Objectives: Few long-term care homes (LTCH) offer a formal Palliative Program like 'Strengthening a Palliative Approach' (SPA-LTC), to guide consistent processes and enable access to a palliative approach within the home. We aimed to build organizational capacity to implement/enhance a Palliative Program using SPA-LTC resources; and to evaluate the potential impact of an educational intervention in LTCHs in New Brunswick, CA.

Methods: A mixed methods approach and quasi-experimental design was used. Each LTCH in the province (N=71) was invited to select two nurses to participate in the study and become 'Palliative Champions' for their homes. Participants received virtual education and mentorship from two Provincial Palliative Leads hired for this project. Survey and focus group data was collected and analyzed using statistical and thematic analysis. Outcomes included the Palliative Program survey (designed for the study) and subscales from the End-of-Life Professional Caregiver (ELPC); Self-Efficacy for Palliative Care and Staff Preparedness to Provide End-of-Life Care surveys.

Results: Forty-one participants were included in the analysis representing 46.5% (n=33) of LTCHs in the province. Participant outcomes significantly improved for resident and family-centred communication and dealing with cultural and ethical values ($p<0.001$); end-of-life communication ($p=.004$) and preparedness to provide end-of-life care ($p=.04$). Formal Palliative Programs increased within LTCHs pre (n=3) and post-implementation (n=15) by 36.4%.

Conclusions: The results demonstrate potential effect of the intervention on LTC staff confidence and comfort for a palliative approach and potential impact on organizational capacity to offer a Palliative Program. Further research is needed to evaluate if change is sustainable.

O71

Towards the Development and Initial Validation of the Desire to Hasten Death Scale among Older Adults (DHD-OA)

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Abstract / Résumé

Background: Older adults have high rates of morbidity and mortality, including by suicide. Legislation exists in Canada and many nations worldwide regarding assisted dying; efforts are needed to enhance identification and understanding of factors that contribute to the Desire to Hasten Death (DHD) among older adults.

Objectives: To summarize preliminary findings of a multi-phase, mixed-methods study to iteratively develop and initially validate a multidimensional Desire to Hasten Death Scale for Older Adults (DHD-OA).

Methods: Scale development efforts involve: 1) qualitative interviews identifying factors associated with DHD among older adults receiving palliative care; 2) item feedback from experts in palliative care, psychometrics, and aging and mental health; 3) focus groups of caregivers of older adults receiving palliative care; 4) testing item content in a “think out loud” procedure; 5) assessing the factor structure, reliability, and validity of the DHD-OA with older adults. Phases 1-2 are now complete.

Results: Participants identified themes relevant to end-of-life considerations, including hastening death. Expert feedback was positive, and supported the face validity and multidimensional content of the initial DHD-OA items. Focus group planning is now underway. We anticipate the DHD-OA to be multidimensional, have acceptable internal consistency, and demonstrate construct validity via positive associations with depression, anxiety, and pain, and negative associations with meaning in life, satisfaction with life, and social support.

Conclusions: The rapid growth of the older adult population and increasing access to assisted dying necessitate understanding of factors that contribute to DHD. The DHD-OA is being developed to serve that need.

O72

A Holistic Approach to Supporting Older Adults to Die at the Home

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Abstract / Résumé

While most older adults desire to die at home or in a home-like setting, most die in acute care settings. In Canada, the interprofessional palliative care services have been offered since the 1970s however access to hospice palliative care remains fragmented and is not accessible to all older adults especially those who wish to die at home in rural and northern communities. To support individuals to die at home, a new community-driven home-based hospice program was developed in northern BC. This holistic Home Hospice care program, co-designed by hospice care staff, community end-of-life care providers, researchers, and health systems decision-makers, provides 24hour care to clients and their families. We conducted a mixed methods study, guided by a process evaluation framework, using secondary client and caregiver data, as well as primary interview data collected from caregivers at least three months post-death of the client and from hospice staff and volunteers involved in the Home Hospice program. Analyses included descriptive statistical analysis and thematic analysis. Bereaved caregivers described many benefits of the program including the ability to fulfill their loved one's wishes to die at home, the value of a holistic approach to care, and the compassionate and professional approach to care they received. Challenges to the program included lack of awareness of early program referral and time required to access medications delivery. Findings from the first year of the pilot have been integrated to inform program revisions. Community driven co-developed local solutions are paramount to address lack of equitable access to hospice palliative care so that individuals may attain the highest quality of life and have their wishes met at end of life.

O73

Family Involvement in Decision-Making Towards Palliative Care Goals for Long-Term Care Home Residents Living with Dementia: “Until I ask the questions, no one will”.

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Abstract / Résumé

Because of the progressive nature of dementia, family members of people living with dementia (PLwD) in long-term care (LTC) homes are often required to make decisions related to nutrition, mobility, or frequent infections in the last year of their relative’s life. These decisions shape the resident’s quality of life and can result in aggressive treatment, pain, or death in an unfamiliar place. Despite the importance of end-of-life decision-making, little research has explored decision-making processes related to palliative care goals for PLwD in LTC homes, the aim of this study. This presentation focuses on family involvement in decision-making.

Using critical ethnography, we conducted semi-structured interviews (face-to-face, online) with family members of PLwD in LTC homes (n=58) during and after COVID-19 restrictions. We also reviewed documents and conducted 477 hours of observation, which included on-sight interviews with LTC home staff (i.e., nurses, other support workers). During observation, we focused on seven residents and their family members. Using voice-centred relational analysis, we situated the participants’ perspectives within broader social contexts.

We found that family members needed to be actively engaged in the care of their relative to be involved in making and implementing decisions related to the comfort and dignity of their relative. This was a major concern for family members, and at times was in contrast to staff concerns. Most issues were discussed with managers. Findings demonstrate the urgent need for enhanced communication between family members and direct care workers regarding quality-of-life decisions for residents with dementia.

O74

Acceptance and Ethical Issues Related to the Use of Smart Technologies at Home: Crossed Experiences and Viewpoints of Older People, their Relatives and Healthcare Professionals

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Abstract / Résumé

Given the ageing population and the increasing complexity of homecare situations, the development of technologies for health and safety at home (i.e. smartwatches, sensors, cameras, robots) often appears to be a promising avenue. However, literature and practice show that the use of these technologies raises questions of acceptance and ethics, including possible violations of privacy and individual freedom.

To address these issues, this qualitative research aims to gain a better understanding of the experiences and viewpoints of older people, their relatives and healthcare professionals (30 semi-directive interviews within 10 triads) in relation to these technologies in French-speaking Switzerland and to formulate recommendations for their use. This study is part of a national mixed-methods research project, funded by the Swiss National Science Foundation (SNSF / NRP77 Digitization).

Putting the interviewees' voices into perspective within the triads shows that the divergence of viewpoints and the tensions relate more to care situations than to the technologies themselves. Discordance is more likely to arise in situations where there is conflict between members and/or great complexity in terms of care.

These results underline the importance of early communication, i.e. the need for the possible use of technologies to be discussed in advance in the form of a future care planning. This early approach would enable the older people to express what is important to them (values), which technologies are acceptable to them and under what conditions, before they find themselves in a situation in which they are no longer able to discern or in crisis (e.g. returning home after hospitalization).

O75

Using Self-Directed Virtual Home Tours to Explore Assistive Technology Access and Use among Older Adults

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Abstract / Résumé

Assistive technology and home modifications foster and promote independence and quality of life among older adults, especially those with disabilities; however, there is limited understanding of how assistive technologies are used and accessed in home environments. As part of a larger study, we had participants take us on assistive technology tours to show us the assistive technology and home modifications they had in place. When in person data collection was prohibited, we starting performing these tours virtually. Participants were asked to use their mobile devices to showcase areas of their homes where they utilize assistive technology or had made home modifications to facilitate their functioning. This presentation describes this methodology and reflects on its strengths and weaknesses both for participants but also for conducting research. Our 17 participants (11 women and six men; mean age= 59 ± 15 years) were demographically diverse and resided in Metro Vancouver, British Columbia, older adults with disabilities. Most virtual home tours went smoothly, with participants keen to showcase their bathroom and bedroom assistive technology setups, where the majority of home modifications and necessary assistive technology were located. Participants frequently relied on caregiver assistance to navigate their phones during the tours, allowing them to focus on demonstrating some of their newly invented items or setups effectively. This innovative method for exploring assistive technology and environmental barriers was generally easy for participants, facilitating the collection of good quality data. This approach is advantageous for its ability to minimize recall biases and enable in situ data collection.

O76

Identifying key elements to support the adaptation of the Sara Stedy® vertical lift to a home-based environment and promote aging in place

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Abstract / Résumé

Loss of mobility is a risk factor to institutional housing. For older adults (OA) living at home with loss of mobility, activities of daily living can rely greatly on caregiver support. Technical aids for mobility, such as vertical lifts, can promote aging in place. Thus, their adaptation to the needs and realities of OA living at home and their support network is essential. An action-research was led by the Centre collégial d'expertise en gérontologie of the Cégep de Drummondville in Québec to experiment with the Sara Stedy® vertical lift in a home-based environment and identify key elements to better support its adaptation to the needs and realities of OA and their support network. A review of the scientific literature combined with analysis of qualitative and quantitative data collected from 8 OA-caregiver dyads and 15 health care professionals or managers who experienced the Sara Stedy® revealed different barriers and facilitators to its use in a home environment. Aspects pertaining to its adaptation to users and home environments were identified: morphology and capacities of the OA and caregiver; comfort of the OA; spaces to move around in the house; and furniture in place. This research highlighted some recommendations to adapt vertical lifts such as the Sara Stedy® to better meet the needs of OA and their support network. Moreover, it promotes their optimal and safe use at home.

O77

Compassionate use of smart home technology: Understanding the needs and desires of informal carers of persons living with dementia in the community

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Abstract / Résumé

Objectives

The number of people living with dementia (PLWD) in Canada is expected to rise to 674,000 by 2031. Sixty-one percent of PLWD live at home, frequently supported by informal carers. Our objective is to understand the needs and desires of informal carers of PLWD living in the community with respect to the selection and use of smart home technology.

Methods

Informal carers of PLWD attended 40-minute semi-structured interviews to explore their experiences caring for the PLWD and ways in which smart home technology could support them. Areas of questioning included 1) issues caring for the PLWD; 2) current experience with technology; 3) components of smart home technology that might be useful; and 4) concerns with safety/security/privacy when using technology. Interviews were transcribed and coded by two independent coders. Codes were grouped into categories or themes, using thematic analysis.

Results

Nineteen participants were recruited. Common issues included problems with communication, memory and safety, and lack of time and support. Technology used included smart phones, computers, smart home devices, lights, cameras, alarm systems and tracking devices. Barriers to use included costs, privacy concerns, the complexity of technology and the difficulty of PLWD learning new things.

Conclusions

Technology of many types is often used by carers of PLWD, with mixed results. Carers identified real needs that could be supported by technology, along with barriers. This work adds to the literature suggesting that best practice is to include PLWD and carers in all steps of design and testing of smart home technology.

O78

Implementing bed sensor sleep technology : Perspectives from an Interdisciplinary team in a Geriatric Assessment Inpatient hospital setting.

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Abstract / Résumé

Objectives: Sleep is a critical aspect of a geriatric assessment for hospitalized older adults. However, there is dearth of comparative research on the effectiveness of paper-based sleep log versus technology-enabled sleep monitoring method. This study aims to explore the perspectives of an interdisciplinary team on these approaches by comparing the paper-based somnolog with bed sensor, its potential barriers and facilitators. Sleepsense is a digital bed sensor providing real-time information on sleep patterns and bed activity.

Methods: Using a mixed-methods approach, we conducted individual interviews and focus groups involving 27 staff members with diverse roles in interdisciplinary team including two family partners. Data analysis utilized an interpretative descriptive analysis and the Consolidated Framework for Implementation Research (CFIR) to identify barriers and facilitators of bed sensor use in an inpatient setting.

Results: Findings revealed that the use of a somnolog, was associated with clinical inaccuracy from subjective reporting and observed sleep disruptions, while use of bed sensor was perceived as a time saving, data-driven and evidence-based tool. Barriers to implementing bed sensors include resistance to change, consent issues, concerns about patient comfort and safety, and accessibility and familiarity of technology. Facilitators included orientation and training from technology partner, effective communication and the idea of collecting objective data.

Conclusion: The CFIR framework offers a useful implementation framework for analyzing barriers and facilitators in adopting technology in a hospital setting. Future research should prioritize examining effective strategies with interdisciplinary team to support innovations.

O79

Prolonged impact of the COVID-19 pandemic on the well-being and roles of family caregivers of older adults living at home

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Abstract / Résumé

Objectives: To examine the impact of the COVID-19 pandemic on Canadian caregivers of older adults living at home in Manitoba, Ontario, Quebec and New Brunswick, and to determine whether belonging to an official language minority community (OLMC) had an influence on caregivers' experiences.

Method: A mixed methodological approach was used to better understand the experience of these caregivers. 83 caregivers of older adults completed an online questionnaire between October 2021 and February 2022, and again 6 months later, regarding the assistance offered to their loved one, the support received and their psychological well-being. In addition, eight caregivers took part in a qualitative interview.

Results: The majority of home support services for older adults were maintained during the pandemic, with the exception of respite and transportation services, but some with restricted staffing. Caregivers reported that they provided more assistance during the lockdown, and that this higher level was maintained through 2022. Only a few differences were found between caregiver recipient dyads that belong to an OLMC compared to those that did not.

Conclusions: Caregivers felt that the pandemic had a prolonged impact on their physical and mental health, as well as on the physical, mental and cognitive health of their care recipients. While our quantitative data did not reveal differences between caregivers from OLMCs and those of the majority communities, findings from the qualitative data showed the precarity of French-language services when the only French-speaking care provider was unavailable.

O80

Quebec residents' and their unpaid informal caregivers' experiences in CHSLDs (long-term care homes) during the COVID 19 pandemic and their solutions for a better quality of life and wellbeing.

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Abstract / Résumé

Short statements of objectives: The problems in care quality in CHSLDs were exacerbated during the COVID-19 pandemic, but little is known about how these problems were experienced from the perspective of residents and their caregivers. The aim of this study was to better understand their experiences and as well as to solicit their solutions for improving their quality of life and well-being.

Method: A qualitative descriptive study was conducted, and 6 residents and 11 caregivers participated in focus groups and individual semi-structured interviews where photo-elicitation was used. A thematic analysis was applied.

Results: Residents and caregivers shared many commonalities. They described their experiences as negative and observed an egregious absence of care provision and uncompassionate care when it was provided. They feared retaliation if they complained, endured extensive forced isolation, double standards and ostracization. The solutions they proposed included providing adequate, stable and humane care, ensuring frequent and effective communication , promoting human connection through the physical environment and the use of technology, and offering appetizing and nutritious food. The most important solution cited was their inclusion in care plan decision-making.

Conclusion: The commonalities of residents and caregivers experiences demonstrate complexity and prevailing ableist, ageist and paternalistic societal attitudes. Their proposed solutions bring to the forefront the two major suggestions that form the recommendations for this study. First current care structures should be transformed to endorse social models of care. Second, residents and caregivers require representation and securing a place at decision-making tables whether at local, institutional or government levels.

O81

Residents and Family Members' Perspective on the Utilization of the inteRAI Long-Term Care Facilities Assessment to Inform Care Planning in Long-term Care in Nova Scotia – An Interpretive Qualitative Description Study on How, Where and Why.

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Abstract / Résumé

Background/Objective:

interRAI Long-Term Care Facilities(LTCF) assessments are routine evaluation of long-term care(LTC) residents' health, social and psychological status. Studies exploring how it has been used to inform individualized care are lacking. This study aims to understand, from the perspectives of residents and family members, why, where, and how the LTCF data are used in current care planning processes for LTC residents in selected homes in Nova Scotia.

Method:

We adopted the Interpretive Description approach to purposively select 15 LTC residents and 11 family members from 4 LTC homes in Nova Scotia. Participants took part in either a semi-structured individual interview (n=16) or focus group discussion (n=2) about their experiences with care planning lasting between 45 to 60 minutes. Data was analyzed using inductive content analysis.

Results:

The preliminary results revealed three key themes: a)awareness of data and care plans, b)experiences and perspectives regarding care conferences, and c)preferences for sharing care plan changes. Participants expressed limited awareness of how, when, and why the LTCF data are used in their care planning. They noted that when care conferences were conducted, they were staff-driven and there was limited ongoing communication. Participants emphasized the importance of having a consistent care provider present at care conferences and desired regular updates on care plan changes. every three months, delivered based on individual preferences via email, postal mail, or phone in a concise summary format~~.~~

Conclusion:

LTC facilities should prioritize patient and family involvement in using inteRAI LTCF data for care planning with tailored updates regarding their care.

O82

TRADITIONAL SYSTEM OF ELDERLY CARE IN GHANA: A MULTI-CASE PHENOMENOLOGICAL STUDY OF OLDER ADULT CAREGIVERS IN PATRILINEAL AND MATRILINEAL SOCIETIES IN GHANA

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Abstract / Résumé

In Ghana, the cultural context of caregiving is underexplored, highlighting the need for further investigation into the experiences of caregivers in different cultural contexts. This will help identify similarities and contrasts in their caregiving experiences, thereby guiding policies aimed at enhancing their well-being. Using a Multi Case phenomenological design in a typical patrilineal (Winneba) and matrilineal (Obuasi) settings, this study investigates primary caregivers' perspectives on their conceptualization of elderly care, their motivations to offer care, their negative and positive experiences in their cultural settings, their coping mechanism and support systems available to them. The study adopted purposive and snowballing sampling techniques and engaged twenty caregivers in one–on–one interview. The study found that caregiving and elderly care are experienced differently in matrilineal and patrilineal societies in Ghana, although specific experiences are similar in both cultures. This study found that caregivers perceived caregiving to the elderly as a culturally driven, reciprocal, and spiritually obligated commitment because of cultural norms although diversity exists in the way they offer care. The study concludes that culture and tradition do not only play a significant role in determining who offers care to older person but also determines the quality of care a person receives in old age in Ghana. Therefore, traditional leaders, religious organisations, and social workers should intensify awareness creation on the roles of culture and traditional institutions in strengthening Long Term Care for the elderly. This will enhance the cultural and religious significance of intergenerational care, particularly for the elderly in Ghana.

O83

Chronic sorrow and what it entails: The stories of aging twin sisters

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Abstract / Résumé

Objective: To describe the construct of chronic sorrow as described in the literature and how this construct has widened in understanding. We then describe how chronic sorrow has impacted both identical twin sisters: Rheumatoid Arthritis (M) and Stage 4 cancer (A).

Method: We begin with how this construct was coined by Olshansky in 1962, for parents who suffered episodic pain related to a disabled child not meeting developmental milestones. A description of how this term is still being used (e.g., for parents who have a child with a disability or illness) is offered. However, how this term is used for spouses providing care for adults with dementia, and those experiencing severe chronic illnesses such as multiple sclerosis, brain damage, and rheumatoid arthritis is provided. What chronic sorrow actually entails (grief, loss of future, loss of identity, loss of relationships, etc.,) will be fleshed out, both through the description of the construct as well as through the stories of the twin sisters.

Results: Chronic sorrow is a *living loss*. Individuals grieve the loss of the ideal situation (healthy child or healthy self/partner) and loss of expected future (milestones for children; expected life for the future). It is a *normal response* to living losses.

Conclusion: Living with chronic sorrow is challenging. More research needs to be conducted on what helps individuals as they age with chronic sorrow.

O84

"I am the keeper of all" but "It affects that friendship 100%" - Conversations on caregiver experiences of belonging and community

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Abstract / Résumé

With one in four Canadians providing unpaid personal and health care to friends and family, informal caregiving serves an essential social and health service in our communities. The main purpose of this project was to gain an understanding of how those who care connect to the world around them and where they find a sense of belonging both from the views of being in and out of the caregiver role. This ethnographic friendship method requires researchers and caregivers to navigate the continuum of insider and outsider viewpoints on meaning and context within this culture. How do caregivers gain a sense of connectedness and belonging while caring for others?

These slow, ongoing and personal conversations collect the longitudinal data expected of ethnography while being mutually beneficial. Friends conversed about the timeframes of their relationships and how caregiving impacts belonging and community. The themes are meshed into a complex tapestry that provides a social, financial, political and ethical critique. Caregivers described a sense of loss of self and future while being continually on call and doing it all themselves. Caring for themselves was challenging while caring for another, especially the noted decrease in socializing and personal activities tempered by adapting with wellness strategies and self-care. Throughout their care of their loved ones and themselves, caregivers often described feeling alone and misunderstood by those around them. While they lost friendships and social connections throughout their caregiving journeys due to the demands of caregiving, they also experienced a bond with those in their circle.

O85

Strategies to facilitate video visits for individuals with moderate and severe dementia living in a care home: A qualitative descriptive study

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Abstract / Résumé

Objectives: Individuals living with dementia in care homes are at risk for social isolation and loneliness, resulting in anxiety, depression and poor quality of life. This qualitative descriptive study explored the challenges and strategies involved in facilitating Connecting Today, a remote visiting program.

Method: In Connecting Today, a trained facilitator supports weekly video calls between a person living with dementia in a care home and their family member or friends, for 6 weeks. In 2020, residents (n=24, ≥ 65 years old and a dementia diagnosis) were recruited from two care homes in Alberta, Canada. The remote visitors (n=24, ≥ 18 years old and understands English) participated in semi-structured interviews. Facilitators took notes each session on strategies and challenges. Data were analyzed using conventional content analysis, with sub-group analyses by gender and dementia severity.

Results: Remote visitors and facilitators described: 'physiological factors' (e.g., decreased attention); 'technological factors' (e.g., impacting call quality); 'tailored engagement strategies' (e.g., personalized visits); and 'relational factors' (e.g., interpersonal dynamics). Most challenges and strategies were described similarly, regardless of gender or dementia severity. More physical challenges were reported for residents with moderate (as compared to severe) dementia. Challenges reported for women included struggling with emotional expression and regulation, while communication difficulties were more often reported as leading to shorter calls for men.

Conclusions: Facilitators used diverse strategies to promote people living with dementia, and their remote visitors, to engage in video calls. It is important to personalize strategies, with consideration for gender and dementia severity.

O86

Immersive virtual reality experiences to decrease pain and distress in patients living in complex continuing care

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Abstract / Résumé

Objectives

Many inpatients with complex and chronic non-urgent medical needs and receiving Complex Continuing Care (CCC) experience pain. We assessed the impact of immersive virtual reality experiences (IVRE) on pain, distress and quality of life, and the feasibility of using IVRE with CCC patients living with chronic pain or undergoing painful wound dressing changes.

Methods

Inpatients experiencing chronic pain, or acute pain during wound dressing changes received up to three sessions of IVRE weekly for three weeks. Customized experiences lasting between 8-50 minutes were presented using a Meta Quest 2 virtual reality headset. Three components of pain were assessed using a Likert scale before, during and/or after each session. Perceptions of nausea, discomfort, immersiveness and satisfaction were also assessed using a Likert scale.

Results

Nine participants received at least one IVRE between June – Aug. 2023. For participants with chronic pain (n=5), pre-post changes in average pain intensity (0.7/10), pain unpleasantness (0.7/10) and time thinking about pain (-0.3/10) were small, however they were reduced considerably <u>during</u> IVRE (3.5/10, 3.6/10, 4.3/10 respectively). For participants with acute pain (n=4), pre-during changes were substantial (2.7/10, 3.8/10, 1.3/10 respectively). For all participants, reports of nausea (average 2/10) and discomfort (average 2/10) were minimal. Satisfaction (average 9/10) and immersiveness (average 9/10) were high. Many participants wished to continue. Implementation challenges included scheduling IVRE sessions around wound dressing times.

Conclusions

This study shows high levels of overall satisfaction and the potential for decreasing perceptions of pain and distress in patients with complex needs during IVRE sessions.

O87

The effects of using telepresence robots on residents and family caregivers in long-term care

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Abstract / Résumé

Background: Robotic-assisted virtual care offers potential benefits for social connection in long-term care. This study evaluates the effects of using telepresence robots to support virtual visits between families and older people living in Canadian care homes. **Method:** Telepresence robots were implemented and placed in residents' rooms for four months; family caregivers virtually visited the residents through the robot anytime they wished to do so. The same group of 20 residents and 19 informal care partners were interviewed three times: pre-intervention, mid-intervention and post-intervention. We analyzed the Zarit Burden (ZBI-12) Scale (family caregivers), the DeJong Gierveld Loneliness Scale (residents), the Quality of Life in Alzheimer's Disease Scale (residents) and qualitative interviews. **Results:** The levels of caregiver burden at the second and third-time points are significantly lower than before robot implementation. The loneliness scale score has a decreasing trend but was not statistically significant. There was a significant difference in the results of the loneliness scale and quality of life in gender and ethnicity groups. The quality of life has an increasing trend, but the results were not statistically significant. Qualitative data offered useful insights to help explain the quantitative results. **Conclusion:** The results suggest that telepresence robots offer promising potential for reducing loneliness and improving the quality of life of residents living with dementia, as well as lessening informal care partners' caregiver burden. Further studies with a larger sample size and control groups are needed to explore the relationship between using telepresence robots and residents' loneliness and quality of life.

O88

Insights on Resident Inclusion in Technology-Based Innovations in Canadian Long-Term Care Homes During COVID-19: A Scoping Review

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Abstract / Résumé

This scoping review focuses on technology-based innovations introduced in Long-Term Care Homes (LTCHs) during the COVID-19 pandemic in Canada. This scoping review was done through six databases on innovation in LTCHs in Canada, the U.S., Brazil, and Switzerland. After a full-text review, 98 studies met eligibility criteria; 39 were in Canada, with 21 of those focusing on technological innovations.

Robotics appeared as one of the most often reported technologies (38%), the most common type being telepresence robots (14%). Many older adults embraced information and communication technologies (24%) such as phone and video calls. Virtual reality technology (4%) and wearable health monitoring (4%) were present but among the least recurring reported technological innovations. The introduction of technology was primarily the responsibility of researchers (76%), with an emphasis on involving staff (62%) and residents (43%) to understand the acceptance and adoption of these innovations.

These findings suggest that while researchers played a crucial role in introducing technology-based innovations in LTCHs, successful adoption, and acceptance relied heavily on collaboration with staff and residents. The focus on certain types of technologies, such as telepresence robots and communication tools, indicates a trend towards technologies that facilitate remote interaction and communication, and foster social inclusion, especially in times of crisis like the COVID-19 pandemic. To foster the comprehensive inclusion and well-being of older adults in LTCH settings, future initiatives should continue to research the role of inclusiveness in the implementation of novel technology.

O89

Technology Use and Social Isolation Among Older Immigrants in Toronto

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Abstract / Résumé

Background: Social isolation is common among older adults. Older immigrants are particularly vulnerable due to barriers, such as, language discordance, downward social mobility, and displacement from their loved ones back home. To overcome such challenges and engage in social connection locally and globally, many use information and communication technologies.

Objective: This paper investigates associations between loneliness, depression, proximity of social support, use of technology, and feeling of social isolation among Arabic-, Mandarin-, and Punjabi-speaking older immigrants in Toronto, Canada.

Method: Following research ethics approval, using a range of recruitment methods, older immigrants from these three communities were invited to complete a survey, which consisted of measures of social isolation and most pertinent micro, meso, and macro influencing factors. Descriptive and correlational analyses were run with hierarchical regression models.

Results: In total, 205 (116 Mandarin, 50 Punjabi, and 39 Arabic-speaking) older immigrants participated. Results showed a moderate to strong positive correlation between loneliness and depression, but no significant correlation was found between proximity of support and the use of technology. Support proximity was negatively associated with both loneliness and depression, suggesting social isolation is a contributor to negative emotions and mental illness. Older adults who use technology more frequently reported lower levels of loneliness.

Conclusion: This finding has implications for healthcare, social, and settlement service providers on how their resources, programs, and services can be modified to facilitate technology use and access among older immigrants to improve this population's social connectedness.

O90

Can a driving simulator identify driving styles of older adults?

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Abstract / Résumé

Introduction

As the population ages, there are increasing numbers of older drivers whose driving skills may decline, needing testing. On-road tests are costly and can pose safety risks. Cognitive tests are lower cost, but there is no agreement on which tests to use. Driving simulators could become a driving assessment tool. This project's goal was to determine if a simulator could identify driving behaviours of older drivers.

Methods

This study took place in an academic hospital in Ottawa, between March 1, 2023 and April 19, 2024. Participants were scored in five scenarios using a Virage™ VS500M-R simulator: pedestrians emerging unexpectedly, crossing uncontrolled intersections, single-task and dual-task reaction times, and a multidimensional driving assessment (MDA). Participants were grouped by age: young-inexperienced (YI: 20-35 years); young-experienced (YE: 36-55 years), young-old (YO: 56-70 years) and old-old (OO: 71+ years).

Results

91 healthy drivers (aged 23-91 years) participated in the study (YI: n=35, YE: n=19, YO: n=20, OO: n=17). The data demonstrated significant differences between age group driving scores: Older drivers (YO+OO) drove significantly slower than younger drivers (YI+YE, $p<0.001$), YO drivers completed the greatest number of safe crossings ($p<0.05$), and OO drivers had the slowest dual-task reaction times ($p<0.01$).

Conclusion

The study results have identified simulated driving behaviours aligning with current evidence about driving performance in older adults, suggesting potential validity for the driving simulator scenarios to evaluate driving fitness. Future work will compare simulated driving to on-road driving, with the ultimate goal of identifying driving risk in individuals with cognitive decline.

O91

Older Canadians’ Driving Status and Habits: A Comparison Across Cognitive Groups in the COMPASS-ND Study

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Abstract / Résumé

Driving is an important activity of daily living, often contributing to older adults’ autonomy and independent mobility. Older adults often engage in self-regulatory behaviour by making changes to their driving habits (e.g., driving shorter distances, restricting driving in bad weather or nighttime) when perceiving changes in their driving abilities. The goal of the present study was to describe the driving status and habits of older adults across a range of cognitive and functional abilities. Data was obtained from the Comprehensive Assessment of Neurodegeneration and Dementia study (COMPASS-ND), a large-scale Canadian cohort study. We compared individuals across four groups: Cognitively Unimpaired (CU), Subjective Cognitive Impairment (SCI), Mild Cognitive Impairment (MCI), and Dementia. Most participants reported having a driving license without restrictions, including approximately half the participants with Dementia. Measures of driving frequency, driving distance, and driving restrictions revealed that the group with Dementia differed from the three other groups; driving the least often, shortest distances, and with the greatest number of driving restrictions. Interestingly, the SCI group showed greater similarity with the MCI group than the CU group on measures of driving frequency and restrictions. Moreover, we also observed sex differences, with females driving less frequently, shorter distances, and with a greater number of restrictions than males. Together, these results reveal that both cognitive status and sex can have an influence on the driving habits of older Canadians, with potential implications for supporting overall independent mobility.

O92

Changemakers in British Columbia's Community-Based Seniors' Service Sector: The Transportation Supports and Innovations of Aging in Motion (AIM) Grant Recipients

Beverley Pitman
United Way British Columbia, Burnaby, Canada

Abstract / Résumé

United Way British Columbia Healthy Aging introduced its first provincial seniors' transportation grant stream in early 2024 and awarded funding to twenty-four community-based organizations for a range of locally designed services. Successful grant applications were analyzed for purposes of identifying the kind of transportation services the organizations proposed, either to enhance existing services or introduce new ones; and also, for informing the community of practice created to support the grant recipients, as well as a provincial working group on seniors' transportation and a systems-change project called Seniors on the Move. Significantly, older adults were in most cases involved in the process of service design (many were users of the organizations' existing volunteer driver programs, etc.), although the nature and extent of their involvement varied. As for the kind of transportation services designed and proposed, these were (in rank order) volunteer driver programs, services utilizing agency-owned vans and small buses, and services based on partner-owned or rental vehicles, usually small and mid-sized buses. Roughly half of the proposals addressed mobility challenges on the part of seniors (e.g., wheelchair accessible vehicles), and the same proportion offered door-to-door and door-through-door services. The majority of grant recipients were based in and proposed serving seniors in small town and rural settings. While concerns on the applicants' part about the sustainability of AIM Grant funding, including whether the grant will be offered again in 2025-26, may have entered into applicants' service-design decisions (AIM is a one-year grant), the analysis did not shed light on this possibility.

O93

Advancing the Design of Accessible Travel Environments for Aging Canadians – Adapted Design framework

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Abstract / Résumé

As the demand for air travel increases, infrastructure and technologies are being developed to enhance passenger experience, satisfaction, and well-being. However, the aviation sector has not focused on older adult experience to-date despite Canada's aging population. Our research team initiated a 3-year research program to develop an evidenced-based design approach to reduce risks and barriers in air travel for older adults.

We started with a rapid scoping of previous research documenting the experiences of older adults in air travel categorizing risks, barriers, and recommendations. These results will be published in *Contemporary Ergonomics & Human Factors 2024*. This review is followed by a nationwide questionnaire launched in Winter 2024 which aims to capture data on the air travel experiences of older Canadians, and an environmental scan of designs claiming to cater to older adults. Generative design sessions with older Canadians will follow in the Fall of 2024 to better understand the nuances of their air travel experiences to inform design requirements.

To synthesize these findings, we developed the 'first-of-its-kind' older adult air travel design framework by combining Czaja et al.'s (2019) designs for/with older adults with the International Classification of Functioning, Disability and Health (ICF) (CDC, 2012). This framework is the focus of the presentation as we feel it may be translated to other contexts (e.g., rail, marine) where the field of design (product, graphics, information, environment, systems, services) can contribute to better serve older adults.

O94

Geographies of Healthy Aging: Preliminary Findings of the Atlantic Observatory on Aging

Catherine Bigonnesse
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Abstract / Résumé

Easily accessible and comparable data on the aging population are essential for adequate policy design and implementation. However, policymakers rarely have the ability and time to process the relevant data for evidence-based policy. Health and many aging processes are also directly influenced by socio-physical environment factors that are difficult to track at the individual level. Geographic Information System (GIS) is commonly used in urban planning and public health to plan for public services or to tract disease outbreaks. The application of GIS data to better understand older adults' health and support needs in relation to their geographical context remains largely unexplored in gerontology and public policy. To address this gap, this presentation reports on the preliminary findings of the newly established Atlantic Observatory on Aging (AOA) at the University of New Brunswick and part of the Canada Research Chair in Healthy Aging. The AOA uses GIS database to monitor and map healthy aging indicators in Atlantic Provinces in order to create publicly available healthy aging community profiles. Using selected variables from the 2021 Census processed in ArcGIS Pro, a comparative geographic analysis of healthy aging in New Brunswick, Nova Scotia, Prince Edward Island, and Newfoundland and Labrador will be presented. The potential of GIS data for evidence-based policy will also be explored using the first map ever produced of Naturally Occurring Retirement Communities (NORC) in Atlantic Canada. A discussion about healthy aging measurement, GIS data advantages and limitations, and upcoming work of the AOA will conclude this presentation.

O96

Narrative Analysis of Exclusion from Social Participation and Loneliness among Black Older Adults in Ontario, Canada

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Abstract / Résumé

Social participation and connection are effective ways to reduce loneliness among older adults. However, little is known about Black older adults' (BOAs') poor participation in social programs. Guided by the representational intersectionality framework, this study explores the varied factors that shape Black older adults' participation in social programs and services and how their lack of social participation contributes to loneliness. This study utilized semi-structured interview grounded in a narrative inquiry methodology. 13 (n=5 Male and n=8 female) Black older adults were purposively selected to participate in two unstructured virtual/telephone interviews with mean age of 63.8. Using Thematic narrative analysis, *Misrepresentation of BOAs in social programs and services*, *lack of opportunity for employment engagement, affordability and accessibility* were identified as reasons for BOAs not participating in programs. These findings highlight the conditions that generate marginalization in social participations and provide insights into the factors that prevent BOAs from participating in existing social programs and services in Ontario. Finally, this paper demonstrates the need for programs and services that are targeted at promoting cultural diversity and inclusion of all older adults in Ontario, particularly racialized immigrant older adults, rather than adopting a one-size-fits-all approach. Therefore, future programs should integrate strategies to increase cultural appropriateness and participation of culturally diverse populations, including BOAs.

Keywords: Loneliness, Social participation, Exclusion, Black older adults, Qualitative Method, Thematic Narrative Analysis, Canada, Race and Ethnic

O97

Social Participation of Seniors Facing Dynamics of Marginalization and Exclusion: feasability and acceptability of a awareness-raising program for other users of community leisure environments

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Abstract / Résumé

Context: The benefits of social participation in aging widely demonstrated. Some seniors face stigma that leads to marginalization and exclusion that limit their participation within the community. Recreational environments are insufficiently equipped to support the participation of seniors with "invisible" conditions such as neurocognitive impairment, intellectual disability or mental health issues. It is important to put in place actions to act on dynamics of marginalization and exclusion related to this stigma to support the participation of all seniors. Awareness-raising tools have been developed based on a study of the needs of other users, volunteers, leaders and managers of leisure environments, as well as seniors with invisible conditions. **Objectives:** This research aim to 1) Identify and develop, in partnership with practitioners, intervention tools to counter exclusion and facilitate the inclusion seniors with "invisible" conditions; 2) Test the awareness-raising program for other users of community leisure environments tools developed to validate their relevance, acceptability and applicability. **Method:** A trial run was carried out at a community center and a seniors' club. Users attended an awareness-raising activity organized with the leisure management team. A focus group was then held with participants, and another with the management team in each of the centers. Qualitative data were analyzed using the questioning-analysis method. **Results:** This study validated the scope of the tools developed and identified ways of improving them. **Discussion:** This research is supportive in that it highlights the importance of better preparing community recreation settings for the integration of people with invisible conditions.The important thing now is to put in place mechanisms to support sustainable implementation of the tools developed. Study financed by a grant Action-concertée FQRSC

O98

"It's challenging to fit the participation in their tight schedule, it didn't used to be that way…": Social participation of baby boomers according to providers of services for older adults.

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Abstract / Résumé

As the aging population is increasingly diverse, an update knowledge of what influences their social participation, particularly for the new generation, the baby boomers. Witness or investigators of social and civil rights' advances, new social participation demands are expected with this cohort. However, little is known about how these new demands of participation are perceived from older adults' provider services, which limits the creation of meaningful opportunities to participate. This study thus aimed to explore the perceptions of older adults' services provider, according to baby boomers' social participation. Using a qualitative exploratory design, 6 groups discussion were carried out with 55 professionals or volunteers from 49 older adults' services provider (e.g., health public services, non-profit community organization) in Quebec. According to these 41 women (74.5%) and 14 men (25.5%), three themes were identified for baby boomers' social participation: 1) perceived demands, 2) current responses, and 3) future challenges. Regarding the **demands**, baby boomers prefer flexible forms of participation with a low level of commitment, while valuing the usefulness of their skills for the improvement of the community. The **responses** from service providers are perceived as insufficient, as they persist with forms of participation that respond to a less proactive vision of older adults. **Challenges** identified are the continued funding of social participation programs, involving older adults in the decision-making process and combating ageism globally. The consideration of service providers experiences favours a comprehensive view of baby boomers' social participation and contributes to reflex on the existing services targeting social participation.

O99

Older adults' experience with social and leisure activities in the post-pandemic era: A qualitative study

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University of Toronto, Toronto, Canada

Abstract / Résumé

Objectives: Given the significant and potentially lasting changes in how people engage in social and leisure activities after the COVID-19 pandemic, this study aimed to understand older adults' experience with social and leisure activities in the post-pandemic era. **Methods:** This is a qualitative study, using descriptive inductive thematic analysis. We performed in-depth semi-structured interviews with 21 community-dwelling older adults (age: 73.0 ±6.33 years) about the effects of the pandemic on their current participation in social and leisure activities. Data analysis is ongoing, following Braun and Clarke’s reflexive thematic analysis. **Results:** We developed the following themes (subject to revision as analysis progresses): (1) Technology - the land of (limited) opportunities: Technology offers access to an abundance of social and leisure activities, but does not substitute direct social interactions; (2) Rebuilding habits: Challenges in reestablishing activity routines, restoring former life-space mobility and breaking sedentary habits created during the pandemic; (3) Changing environments: Changes in activity dynamics (e.g., location, participant demographics) and/or individual priorities influences participation and experience of activities; (4) Lingering effects: Despite diminishing fear of infection, concerns persist and sometimes impact participation; (5) The impact of age and health: Age related changes and/or new health issues shape current activity participation, sometimes more than the pandemic. **Conclusions:** Older adults found ways to reengage in social and leisure activities post pandemic, both in real-world and virtual settings. Nonetheless, the pandemic has lingering effects on their participation, which should be addressed given the importance of social and leisure activities for health and well-being.

O100

The Interplay of Social Interaction, Positive Affect, and Subjective Age in Older Adults

Theresa Pauly
Simon Fraser University, Vancouver, Canada

Abstract / Résumé

How old people feel compared to their actual age, their so-called "subjective age", is a central predictor of health and well-being across the life span. Felt age can influence lifestyle choices such as attending a social gathering. On the other hand, spending time with other people can elicit feelings of engagement and positive emotions, which could in turn, make people feel younger. The current study aimed to examine the reciprocal association between everyday time spent in social interaction and subjective age in old age. For this purpose, a sample of 108 older adults aged 65–92 years took part in a daily diary study. Over 14 days, participants reported daily social interaction time, positive affect, and subjective age. Multi-level models showed that previous day social interaction time was related to next day subjective age, whereas previous-day subjective age was not related to next-day social interaction time. In addition, the same-day association between social interaction time and subjective age was fully mediated by positive affect. Findings suggest that social connections might foster a sense of feeling younger in older adulthood. Further research in this area may offer valuable insights into developing interventions aimed at enhancing subjective well-being and quality of life among older populations.

O101

Ageing in Canadian Federal Corrections Institutions, Challenges and Recommendations

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Abstract / Résumé

Caring for an ageing population presents varying challenges in Canadian Correctional institutions, and for communities not prepared for their reintegration on release. Currently, this population represents 25% of incarcerated persons.

The objectives were to identify completed reviews of health services in Canadian federal correctional institutions, extract health services related recommendations, and identify models of healthcare in correctional institutions in other countries. In this abstract the focus will be on recommendations related to ageing in correctional institutions.

Method: Searches of academic databases MEDLINE (Ovid) and CINAHL (EBSCO) were conducted and found no reports of reviews of healthcare in Canadian correctional institutions, therefore an environmental scan focused on relevant grey literature was conducted. Subsequently searches in MEDLINE (Ovid) and PsycInfo (EBSCO) were undertaken to identify models of healthcare in correctional institutions in other countries. These searches produced few reports that met the inclusion criteria; therefore, an environmental scan was conducted focused on relevant grey literature.

Findings/Results: Twenty (20) documents were retained for review and extraction of healthcare related recommendations. Models of healthcare were extracted from five documents emanating from five countries. The recommendations extracted were grouped under the categories of client rights, safety practices, care coordination and continuity and a healthy competent workforce.

Conclusions: Recommendations call for enhancement of accessibility of the built environment, training of corrections staff in the care of persons with dementia, amendments to the Corrections and Conditional Release Act, reallocation of existing institution resources to support community reintegration, and funding of a National Older Offender Care Strategy.

O102

Perspectives on Growing Older in Canada: The 2023 NIA Ageing in Canada Survey

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Abstract / Résumé

In 2022, the National Institute on Ageing (NIA), in partnership with the Environics Institute for Survey Research, launched a national survey research program to track, over the next decade, how Canadians feel about growing old in Canada. Designed to provide a set of indicators to annually measure the progress — or setbacks — Canada is making on key issues affecting older adults, the NIA Ageing in Canada Survey captures the perspectives of older Canadians across three dimensions of ageing: social well-being, financial security, and health and independence.

The 2023 NIA Ageing in Canada Survey is based on a representative sample of 5,875 Canadians aged 50 years and older living in the ten provinces and is the first follow-up to the inaugural survey conducted in 2022. Using 10 indicators of ageing well, the 2023 survey provides key insights into Canadians' experiences and expectations of growing old in Canada, how perspectives on key issues have evolved over the last year, and the unique experiences of particular population groups.

The results of the 2023 survey show that Canadians aged 50 years and older, as a whole, are generally doing well in terms of their social well-being, financial security, and health and independence. However, this latest research again confirms the important role of good health and adequate income for ageing well, with health and income consistently being the factors that lead to the most significant disparities across the population. This presentation covers selected research findings, key takeaways, and next steps to improve the social, financial, and health policy landscape for older Canadians.

O103

Agents of Change: Advancing the human rights of older persons through advocating for a United Nations convention on the rights of older persons.

Margaret Gillis, Kiran Rabheru
International Longevity Centre Canada, Ottawa, Canada

Abstract / Résumé

The International Longevity Centre Canada is a human rights-based organization focused on the needs of older persons. We have been working at the United Nations to enhance the rights of older persons by addressing gaps in their human rights, including advocating for a legally binding instrument called a United Nations Convention on the rights of older persons. Since 2020 we have enhanced this work through the creation of the Canadian Coalition Against Ageism (CCAA) a national social change movement to combat ageism against older persons. The method for this paper presentation is to explore how a Convention could transform the lives of older persons. It will review the human rights abuses experienced by older persons in Canada and examine the response by the Canadian Government, who have to date not supported the Convention despite having supported Conventions for women, children and persons with disabilities. An examination of the activism by Canadian Civil Society at the United Nations Open Ended Working Group on Aging in May 2024 and the outcomes for the human rights of older persons will be discussed. Conclusions of the paper presentation are to 1) review the impact of ageism on the human rights of older persons; 2) identify how members of the gerontology community can become agents of change by contributing to our work to enhance the human right of older persons and 3) provide an opportunity to discuss next steps as change agents.

O104

Intersections of Substitute Decision-Making, Dementia, and Elder Abuse: Case Studies from Alberta and Ontario

Celeste Pang
Mount Royal University, Calgary, Canada

Abstract / Résumé

How do people who are facing dementia alone become connected with substitute decision-makers? How are elder abuse and the elder abuse prevention sector part of these pathways?

This presentation reports back on findings from the Stranger Than Family study. This qualitative study (focused on Alberta and Ontario, Canada) explored how people who are facing dementia alone become connected with a substitute decision-maker and how social ideas about capacity, consent, and decision-making affect them. Using semi-structured interviews with (a) people facing dementia alone, (b) healthcare and social service workers and other professionals involved in connecting adult clients with a substitute decision-maker, (c) people who have been substitute decision-makers for someone living with dementia who is not a close family member or friend, and analysis of legal cases in Alberta and Ontario, this research identified a key intersection between facing dementia alone, elder abuse, and the elder abuse prevention sector. Grounded in specific case studies, this presentation will highlight the complexity of these intersections, explain the key role of social service professionals involved in elder abuse prevention in connecting people facing dementia alone with substitute decision-makers, and provide recommendations for systemic change.

O105

'Nobody Wants to Die in Prison': Limited Access to Healthcare and Obstacles to Early Release for Federally Incarcerated Persons in Canda

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Abstract / Résumé

The Canadian federal prison population is increasingly aging within institutions that were never intended or designed to meet the complex medical and mental health needs of older incarcerated persons. These individuals face challenges in accessing appropriate health services, as well as securing community placements upon release. This paper will present the results of the primary author's PhD research on the obstacles faced by this population.

Method: qualitative interviews with professionals (nurses, physicians, psychologists and correctional officers) working with aging incarcerated persons in federal institutions were conducted, with a critical discourse analysis methodology.

Results: healthcare services are limited within most federal institutions, and aging incarcerated persons frequently require access to community-based healthcare services, placing strains upon correctional service staff. Regional medical and psychiatric facilities offer improved services for aging individuals, but often take them far away from their 'home' institutions and potential family and social supports. If early release on medical or compassionate grounds is approved, correctional services staff face significant obstacles in securing placement in facilities such as long-term or palliative care. Concerns of risk and the stigma of criminality routinely result in requests for placement in these facilities being denied.

Conclusions: aging incarcerated persons in Canadian federal institutions face significant obstacles in accessing appropriate and timely healthcare services. Many are denied access to community facilities and, as a result, die in prison environments. Recommendations for improvements in services within prisons and expanded access to community services are provided, in addition to a call to reconsider previous held assumptions about this population.

O106

Music Wellness – A Model for Healthy Aging

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Abstract / Résumé

Objectives: In many cultures and across disciplines, people have noticed a connection between “music” and “wellness”. Unlike other terms that connect these two phenomena, “music wellness” has emerged in both academic and non-academic settings. However, when researchers conducted a search of existing uses of this term, they found that there is not a clear definition for music wellness. The objective of this two-part study was to develop a clear understanding of what music wellness means.

Method: Using the Delphi technique in part one of the study, 19 experts from numerous countries and disciplines came to a consensus on a definition of music wellness. In the second part of the study, semi-structured interviews with content experts provided validation of the four main applications of music wellness that emerged from the Delphi: as an act, a skill, a catalyst, and an outcome. Meanwhile, a widespread survey provided insight as to how music wellness is currently used in the adult population.

Results: A model for music wellness has emerged which includes definitions, and real-world examples provided from rich survey and interview data. The model also includes applications for different populations, including older adults. Part two of the study explored the model’s content validity. Survey demographics indicated a strong interest in using music wellness among older adults.

Conclusion: In combination with the abundant literature supporting the use of music for healthy aging, music wellness fulfills a need for an accessible means of leveraging the power of music among older adults.

O107

Contemplative training for mindful aging: Insights from a study of participants' experiences in a mind-body training course

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Abstract / Résumé

Expanding on the insights derived from a study of an eight-week course on mind-body training, this paper extends the discussion on healthy aging to underscore the relevance of mind-body approaches in relation to the conceptualization of successful aging and its efficacy in equipping individuals with tools to age well. Drawing from ten interview and focus groups (n=25), participants reported strong satisfaction with the program, with enhancements in both physical and mental health as well as interpersonal relationships. Particularly noteworthy, participants reported that the training engendered a shift in attitude towards themselves, with more kindness, openness, and curiosity reported. From a gerontological perspective, we suggest that this shift in values or ways of being is helpful in supporting individuals through life transitions—a crucial aspect of healthy aging. By imparting tools for self-awareness and self-regulation, the program offered valuable resources for naturalizing change and embracing vulnerability, as a fundamental component of aging. Participants reported a heightened ability to cope with challenges, make intentional life choices, and foster a positive attitude, highlighting the applicability of mind-body medicine in addressing the complexities of life transitions in the context of healthy aging, as an ongoing process throughout the life course.

O108

Healthy Aging and well-being of community-dwelling older persons in Greece (the HAiG study)

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Abstract / Résumé

Objectives

1. To understand community-dwelling older Greek peoples' experiences during multiple crises (i.e., economic, political, social, demographical, cultural) in the past 13 years.
2. To influence policy makers' development of relevant policies.

Methods

Universities of Thessaly and Athens (Greece) and Victoria (Canada) in collaboration with the Hellenic Association of Gerontology and Geriatrics (non-profit) conducted an exploratory descriptive qualitative study on a unique natural experiment. A convenience snowball sample of eligible older persons (>75) living in urban or rural communities within the Greater Area of Athens and Thessaly were interviewed. In total, 58 in-depth, face-to-face, semi-structured individual interviews (90-120 minutes each) and three focus groups of 5-7 persons per group were conducted. Content analysis of the de-identified data is performing.

Results

The preliminary study findings include:

- *Healthy aging* is feasible goal depending on personal habits, social engagement, and socio-political involvement.
- *Well-being* cannot exist in a vacuum; depends on socio-political environment, collective well-being, employment and financial security, health, optimism, relationships among family, social engagement, entertainment, and empowerment.
- Concerns: political international environment, financial difficulties, future of children.

- Advice for well-being: positive working environment, optimism, self-confidence, critical thinking, political involvement, solidarity, altruism, peace, sense of purpose, live the moment, and avoid defeatism.

Conclusions

Older persons can continue contributing to the society and engage socially, if they are healthy and their health needs met, empowered/self-confident, financially secured, engaged in political activities, and have a sense of purpose. Health policies may build a society for all ages to improve older persons' lives, their families, and communities.

O109

Nature, self, and creativity: Haiku-writing and aging in an adapted land of older Japanese immigrants in Canada

Miya Narushima
Brock University, St. Catharines, Canada

Abstract / Résumé

Objectives: This presentation will depict the findings of an ongoing pilot study that explores the meanings of writing “haiku” poetry as a cultural sharing and learning activity among older Japanese immigrants in Canada. The study also aims to analyze how continuously engaging in this creative activity affects their later life development, self-perceived health and well-being, and ageing in their adopted land. **Method:** Grounded in a narrative study approach combined with poetic inquiry, a semi-structured individual interview, and poems written and selected by older Japanese immigrants (approximately n=5-8) will be used as data collection methods. The interview will cover their life histories, motivations, benefits, and what writing haiku means to them in their personal, social, and cultural contexts, including their reflections on their own haiku. **Results:** Building on the knowledge found in previous studies – i.e. the therapeutic and positive effects on health and well-being of creative engagement in later life -- the results of this study will discuss the potential role and mechanisms of this specific form of creative and cultural expression, which requires close attention to nature and self, in later life development and aging process, especially for older immigrants. **Conclusions:** The findings of this study should contribute to further understanding of the power of creative, cultural, and social lifelong activities for promoting well-being and aging in place in later life. I also hope that the use of poetic inquiry will fit into the ongoing movement to advance the transformation of social gerontology by promoting interdisciplinary research.

O110

Perception psychologique et physiologique du vieillissement en RD-Congo: Eclaircir la complexité par la sensibilisation de la population et la formation

Ruffin MAKIONA WAKILENDILA
PROSAL, Kinshasa, Congo, the Democratic Republic of the

Abstract / Résumé

a. Objectifs

a1 Global

– Former le personnel de santé et sensibiliser la population à développer la connaissance de la personne âgée sous tous les aspects du vieillissement

a2 Spécifiques

- Comprendre les effets et les conséquences du vieillissement :

- Approfondir ses connaissances des troubles liés à l’âge,

- Faire prendre conscience que la vieillesse implique de nombreux changements, tant physiologiques, sociaux que psychologiques.

b. Méthodologie

- Organisation des conférences, des campagnes sur le vieillissement,

- Faire passer le message par la musique, médias, réseaux sociaux et divers lieux de culte..

- Introduction des modules de gérontologie et notions sur la prise en charge du sujet âgé dans des écoles d'infirmières,

Collaboration avec les ONG et associations travaillant sur la personne âgée

Création d'une plate-forme des spécialistes du domaine du vieillissement issus de diverses disciplines et professions

c. Résultats obtenus

Depuis la mise en place de l'apprentissage de la gérontologie par sensibilisation et conférences,

l'intérêt de la population à comprendre les effets du le vieillissement a augmenté de plus de 15 % depuis 2022,

30 % de la population est consciente que les troubles cognitifs ne sont pas les conséquences d'un fait de sorcellerie mais plutôt un processus continu et progressif d'altération de certaines fonctions cognitives.

d. Conclusion :

Ces résultats prouvent qu'il y a un besoin réel de s'informer sur le vieillissement afin d'en comprendre les effets.

O111

Quantifying personal support worker workload and care quality in complex continuing care using discrete event simulation

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Abstract / Résumé

Objective: With an aging population, demand for complex continuing care (CCC) is expected to rise, posing a challenge to the healthcare system. In CCC, much of the direct patient care is provided by personal support workers (PSWs). This research aims to develop and test a computer simulation model to quantify and analyze PSW workload and patient care quality in CCC.

Methods: An adaptable discrete event simulation (DES) was created using observational and interview data, combined with institutional information to simulate a typical PSW shift in a CCC unit. Work system factors (e.g., patient assignments, patient dependency level, and the addition of work tasks) were then systematically modified within the model to analyze their impact on workload and care quality.

Results: With a 6-patient assignment, PSW utilization approached 100% throughout the PSW shift, with tasks in queue (waiting) times of up to 101 minutes per shift. Increasing workload to 8 assigned patients resulted in 2 care tasks missed and PSW utilization increased by 6.2%. With a 10% increase in patient dependency, 1 care task was missed and patient waiting time increased by 17.8%.

Conclusion: It is feasible and practical to create DES models that allow for the analysis of healthcare system factors and their impact on PSW workload and patient care quality in CCC. Further analysis using this model should be considered to determine the optimal staff mix and patient ratio in other care settings such as long term care.

O112

Canada's Long-Term Care Home Landscape: A Jurisdictional Review and Comparative Analysis of Long-Term Care Home Government Documents with HSO's 2023 National Long-Term Care Services Standard

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Abstract / Résumé

Background: Long-term care (LTC) homes in Canada are governed by a range of government documents that support various processes and levels of care. This has garnered increased attention with LTC homes being negatively impacted by COVID-19 infections and deaths. The Health Standards Organization (HSO) developed a new National LTC Services Standard to address the delivery of high-quality LTC services across Canada. **Objective:** Our aim was to provide an overview of existing LTC-related government documents in Canada to contextualize the new standard. By gaining a better understanding of existing gaps and areas of alignment, government authorities can identify opportunities to incorporate the standard, thereby enhancing the delivery of high-quality care in LTC homes. **Methods:** An online search strategy across government websites was conducted to obtain provincial, territorial and federal LTC-related government documents (e.g., legislation, policies, directives, standards) across Canada. These documents were analyzed based on their alignment with the 117 criteria of the standard. Feedback on preliminary analysis was obtained from Health Canada, and representatives from nine provincial and territorial governments. **Results:** The standard's criteria were found to be aligned at varying levels across all jurisdictional documents – with strong alignment to criteria regarding resident assessment and care planning, whereas least alignment in criteria surrounding workforce data collection. **Conclusion:** This jurisdictional review highlights the varying standards of care that currently exist within Canadian LTC homes and how the HSO National LTC Services Standard can be used to enable a more consistent approach to the provision of LTC services.

O113

Unravelling the complexity of violence in long-term residential care and calling for change

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Abstract / Résumé

This symposium is the culmination of a nationally funded four-year comparative research study of violence in long-term residential care settings in two Canadian provinces (Manitoba and Nova Scotia). Data collection involved document analysis, provincial surveys, interviews, and observations in long-term residential. In line with the themes of this years' Canadian Association of Gerontology conference, we explore the complex social, cultural, and physical features that shape violence and responses to violence in long-term residential care and we discuss the changes that are required to recognize the rights of both older adults living in LTRC and those who provide care.

O114

Supervisory leadership and care aides' well-being in long-term care homes: the moderating effects of supervisor roles, the COVID-19 pandemic, and work environments

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Abstract / Résumé

Objectives: This repeated cross-sectional study, first, examined the relationships between immediate supervisors' leadership (specifically, resonant leadership focusing on emotional support, relationship building, and motivation) and care aides' job satisfaction, burnout (exhaustion, cynicism, reduced professional efficacy), and health in long-term care (LTC) homes; second, it examined if these relationships were moderated by supervisor role, the COVID-19 pandemic, or the work environment of care units.

Method: We used survey data from the Translating Research in Elder Care program collected: September 2019 – February 2020 (pre-COVID) and August 2021 – February 2022 (during-COVID). The study included 3,464 care aides from 51 LTC homes in Alberta and Manitoba. We used three-level random intercept linear regression with three interactions.

Results: Leadership showed positive associations with job satisfaction (standardized coefficient $\beta=0.29$), professional efficacy ($\beta=0.12$), mental health ($\beta=0.14$), and physical health ($\beta=0.06$), while being negatively associated with exhaustion ($\beta=-0.11$) and cynicism ($\beta=-0.13$), all at $p<0.01$. These associations remained consistent across time periods. The supervisor role moderated the relationship between leadership and mental health, with stronger association observed when care aides reported to managers than to frontline nurses. Work environments moderated the relationship between leadership and physical health: a positive and significant relationship was observed for care aides in more favorable environments, while no such relationship was evident for those in less favorable environments.

Conclusions. This study underscores the significance of the supervisor's leadership as a key intervention target to enhance care aides' well-being. In particular, tailoring interventions to different supervisor roles or work environments may be beneficial.

O115

Modèle d'habitat et de soins intégrés orientés vers l'environnement social : étude et développement d'un outil d'auto-évaluation pour les institutions

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Abstract / Résumé

Face au vieillissement de la population, une approche d'habitat et de soins intégrés orientés vers l'environnement social représente une voie prometteuse pour répondre de manière flexible et individualisée à la diversité des besoins et attentes de la population âgée et à la complexification des situations d'aide et de soins. En Suisse, de plus en plus d'institutions souhaitent se développer dans cette direction. Elles ne disposent toutefois pas de modèles et d'outils pratiques sur lesquels s'appuyer.

Pour répondre à ce manque, CURAVIVA (association suisse de branche des prestataires au service des personnes âgées), la Haute Ecole de la Santé La Source (HES-SO) et le senior-lab ont conduit en 2020-2024 un projet – co-financé par Promotion Santé Suisse – visant à analyser les expériences d'organisations se développant dans une perspective d'habitat et de soins intégrés orientés vers l'environnement social en Suisse, puis à créer – sur la base de ces expériences de terrain – un outil d'auto-évaluation en ligne disponible gratuitement en français, allemand et italien.

L'analyse a mis en évidence les barrières et éléments facilitant le développement dans une perspective d'habitat et de soins intégrés. Douze dimensions, organisées en quatre quadrants, ont été identifiées. Chaque dimension a été déclinée en huit questions permettant à l'organisation de se situer. Les résultats sont présentés sous forme d'un diagramme en radar établissant un profil de l'organisation. En fonction des réponses à certaines questions, des recommandations sont également proposées pour aider l'organisation à aller plus loin dans son développement. L'outil est disponible depuis début 2024 : https://elia-assessment.ch/

O116

Patterns of rushed and unfinished care among care aides in nursing homes: A latent class analysis

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Abstract / Résumé

Objectives. Rushed care and unfinished care (also called missed care, care rationing) are common in nursing homes. Although the two phenomena are interrelated, most researchers have studied them separately and used a variable-centered approach. We took a person-focused approach and aimed to identify patterns of rushed and unfinished care at the individual care aide level.

Methods. This cross-sectional analysis used survey data from 3546 care aides working in a random sample of 87 urban nursing homes collected from September 2019 to February 2020 in three provinces in western Canada. We presented to care aides a list of physical and social care tasks (e.g., bathing, talking with residents). They answered whether or not they rushed or left a care task unfinished in their previous shift of work. We performed latent class analysis to identify patterns of rushed and unfinished care and verified the identified patterns with a different wave of data.

Results. A 4-class model emerged as the best-fit model for our data. Group 1 reported high levels of rushed and unfinished care, and Group 2 was low on both rushed and unfinished care. Group 3 reported high rushed care and Group 4 reported medium rushed care; both groups reported low unfinished physical care and medium unfinished social care.

Conclusions. Our findings suggest the complexity of rushed and unfinished care among care aides. System-level support for this workforce is urgently needed to develop targeted interventions for sub-groups of care aides to reduce rushed and unfinished care in nursing homes.

O117

The Self-Administered interRAI Check-Up Assessment: Digital Applications and Risk Communication in Older Adults

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Abstract / Résumé

Objectives

Digital health tools can significantly contribute to the continuum of care and support for persons with their self-management role. Despite increasing adoption of digital health tools, little is known about the uptake and comfort of use among older persons. The interRAI Check-Up is a comprehensive self-reported assessment that is embedded with risk algorithms. The purpose of this study was to understand the barriers and facilitators to implementing a self-administered health Check-Up assessment to support self-management in community settings.

Methods

A mixed methods design was used to assess feasibility and utility of an online self-administered health check-up assessment for older persons. For the older person, qualitative interviews and de-identified check-up assessment data were collected. A focus group was held to gain the health provider perspective.

Results

A total of 32 online Check-Up assessments were completed and 17 individuals participated in interviews. Three main themes were identified: digital literacy and accessibility, communication of risk and role within the circle of care. For older adults, navigation support may be needed for both accessing information technologies, interpreting results of the self-assessment, and understanding how self-assessment information can be used and shared with health practitioners.

Conclusion

Self-administered digital assessments are feasible for older adults. Communication of assessment results that include health risk requires language, resources, and directions appropriate to the risk. Strategies for adoption should focus on accessibility and collaboration with health professionals to maximize utility and understanding of assessment results.

O118

Critical educational gerontology with Older Immigrants: Possibilities of Online Storytelling

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Abstract / Résumé

This presentation introduces an exploratory case study focused on immigrant older adults' engagement with digital storytelling formats during the COVID-19 pandemic lockdowns. Our study adopts a critical gerontological perspective to examine how digital storytelling serves as an innovative medium for constructing empowering anti-ageist narratives. By facilitating a collaborative online workshop, we aimed to explore the intersection of ageing, immigration, and digital literacy, highlighting the role of educational participation in fostering community connection and individual agency. Our primary objective is to underscore the significance of empowering educational experiences for older adults, particularly those from immigrant backgrounds, through digital storytelling. Through a participatory design, the workshop encouraged participants to share their stories, leveraging their imagination and sense of belonging. The findings of this study are crucial for researchers, educators, and practitioners working to develop educational services for older adults. Understanding the potential of digital storytelling can inspire more inclusive and effective educational practices, catering to the unique needs and strengths of this demographic. This research advocates for a broader application of digital storytelling in educational settings, emphasizing its capacity to foster a sense of community, connection, and empowerment among older adults.

O119

AgeTech, Ethics, and Equity: Creating a sound ethical foundation for age-specific technological innovation.

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Abstract / Résumé

Objective: AgeTech, age-specific technology-based solutions, potentially offers support for older adults to age in the right place by improving health, wellbeing, independence, and quality of life. However, unintended impacts of technology and equity of access should be considered. This study aims to explore stakeholder perspectives on ethical issues related to AgeTech research, design, development, and implementation.

Method: Six workshops conducted from June 2023 to April 2024 (3-Scotland, 3-Canada) explored ethical and equity considerations regarding AgeTech. Participants were drawn from different stakeholder groups, including older adults and family members, service or care professionals, engineers, and academics. Thematic analysis focused on understanding the culture of AgeTech research, design and development.

Results: Analysis highlighted the diversity of older adult perspectives, including ethical and equity challenges related to access and use of technologies, the ambiguity surrounding technological responsibility, and the vulnerability felt by older adults living in an increasingly technology dependent world. Participants advocated for ongoing and evolving collaborative involvement with AgeTech processes to produce desired, ethical, and equitable AgeTech products, services, and solutions.

Conclusion: This study underscores the importance of addressing ethical and equity issues of older adults to mitigate unintended negative consequences of AgeTech, and positively shift the cultural context in which AgeTech is conceived, designed, developed, and implemented. If older adults feel confident and able to engage with the development and implementation process, then ethical AgeTech becomes an achievable outcome.

O120

It's All Relative: Mid/Later Life Amateur Family Genealogists Finding "Long Lost Family" Using DNA Home-Based Kits

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Abstract / Résumé

A rapidly growing number of mid/later-life Canadians are finding 'long-lost relatives' using online historical and archival records and databases, family stories, and DNA evidence. However, we know little about how this popular recreational/leisure activity shapes evolving meanings of aging and the life course, family, self-identity, and family relationship dynamics. The primary objective of this paper is to provide an exploratory analysis of the motivations and experiences of over 100 diverse mid/later life 'amateur' family historians/genealogists (aged 55+) who have reunited with a previously unknown immediate genetic relative or proxy. Data were collected through an online national survey and follow-up qualitative interviews with a diverse subset of this sample. Preliminary results show that most individuals had positive experiences, although a minority reported negative/mixed reactions. Moreover, these discoveries can shift personal, family, and socio-cultural identities and present moral/ethical dilemmas. Implications of these findings for theorizing contemporary aging families and recommendations for community supports, professional practice, and policy are also discussed.

O121

Co-creating a Virtual Reality Program with People Living with Dementia in Long-Term Care

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Abstract / Résumé

People living with dementia in long-term care (LTC) are a diverse group with varied physical and cognitive abilities and backgrounds. Previous research has shown that virtual reality experiences can bring joy and foster the health and well-being of people living with dementia. A tailored approach based on cultural preferences, needs, abilities, disabilities, and contextual limitations is needed to foster practical implementation, uptake, and sustainability. This qualitative study harnessed the experiential knowledge of people with dementia, care partners and frontline staff to co-build a novel Virtual Reality Program in two Canadian LTC homes. We conducted focus groups and interviews with 10 residents living with dementia, 10 family care partners and 12 staff to explore their preferences on the video content and delivery methods. We also explored participants' experiences in the co-creation process. Our interdisciplinary team, including people with dementia and family partners, researchers, clinicians, and trainees, analyzed the data thematically. We identified four themes: 1) Significance of culturally relevant and diverse videos to address heterogeneous population, 2) Acknowledgement of residents' autonomy and choice in the co-creation process, 3) Feelings of satisfaction and motivation through contributing and learning, and 4) Appreciation of a respectful co-design environment. The results offer useful insights to inform future directions in co-designing safe and accessible virtual programs with people living with dementia in LTC research.

O122

Enhancing Urban Accessibility: Evaluating The Stakeholders' Walkability/Wheelability Audit In Neighbourhoods (SWAN) Tool For Individuals With Disabilities

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Abstract / Résumé

Background: Canada's shifting demographics, with an aging population and rising disability rates, underscore the need to explore how environmental factors affect mobility and participation, especially for individuals with hearing disabilities, cognitive impairments, and those using mobility assistive devices.

Objectives: This study aims to assess the inter rater reliability and construct validity of the Stakeholders' Walkability/Wheelability Audit in Neighbourhoods (SWAN) designed to assess the environmental factors affecting mobility and social participation for individuals with disabilities. Using a mixed-methods approach, it examines agreement between secondary RAs and individuals with disabilities and explores correlations with complementary tools for construct validity.

Method: Participants, including individuals with mobility, hearing, and cognitive disabilities, as well as older adults, were recruited from relevant communities and organizations. Inter-rater reliability (IRR) analysis, using Cohen's Kappa, measured agreement between RAs and participants across SWAN tool domains. Construct validity was assessed by correlating SWAN results with complementary tools, like HACE, SI, and Walk Score.

Results: IRR analysis displayed substantial agreement between RAs and individuals with disabilities across SWAN tool domains, with Cohen's Kappa coefficients ranging from 0.47 to 0.73. Correlations with complementary tools indicated moderate to high construct validity, notably in areas such as street crossings and traffic safety.

Conclusions: The findings suggest the SWAN tool holds promise in reliably assessing how environmental factors affect mobility and social involvement for those with disabilities. This highlights its potential to improve urban accessibility and inform policies enhancing the quality of life for this demographic, urging further validation and implementation in community planning.

O123

Cycling Without Age: Innovative Access to the Natural Environment

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Abstract / Résumé

Older adults are faced with increasing mobility challenges as they age. These individuals often spend much of their time indoors with limited access to the outdoors. While social isolation has been identified as a risk for older adults, it is important to recognize that many are also isolated from the natural environment. To address this, the University of the Fraser Valley established a Cycling without Age (CWA) chapter aiming to address inequities by providing access to the natural environment for older adults as “cycling” passengers in a “trishaw”.

In this presentation we share results from a study highlighting the role that access to the natural environment had on the experiences of older adult Trishaw passengers. We drew on Interpretive Description methodology and were guided by a person-centred lens in conducting interviews with ten participants living in a local supportive housing complex. Access to the natural environment was identified as a strong motivation to participate in Trishaw rides. The Trishaw route following a local river trail allowed the passengers to see the tree canopy change colour in the fall, to watch local fishers line the river in the spring, and to check the snowpack in the local mountains. These observations created strong connections to their local community, and important scenes and experiences from their pasts.

Engaging with the natural environment, to the blue and green and spaces, provides mental health benefits supporting quality of life. CWA provides an innovative way of providing this access for older adults with limited mobility.

O124

‘I'm Really More Alert to Things Around Me Now’: Exploring Changing Outdoor Mobility Constraints, Goals, and Adaptations of Older Adults Living With Dementia in Metro Vancouver, British Columbia

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Abstract / Résumé

Getting diagnosed with dementia prompts shifts in the way older adults perceive themselves and how they perform routine activities while negotiating functional changes. The outdoor environment imposes a disproportionately high cognitive demand on people living with dementia, challenging their ability to maintain outdoor mobility over time. Seeking to understand how people living with dementia deal with the growing cognitive demand and risk associated with outdoor mobility highlights their agential capacities, goals and preferences. This study aims to understand how older adults with dementia navigate changing mobility constraints and goals over time, specifically those related to safety and comfort while walking in the neighbourhood. Sequential semi-structured sit-down and video-documented walk-along interviews were conducted with 14 people living with mild to moderate dementia and their care partners in Metro Vancouver, British Columbia. Thematic analysis of interview transcripts and videos helped identify different cognitive, psychosocial, and environmental factors underlying adaptations to maintain outdoor mobility, which involves continuously learning and applying different strategies over time. Participants spoke about building competency to contend with issues of focus, confusion, fear, social anxiety, stress, and challenges of multimorbidity. Becoming aware of dementia-related vulnerability over time led participants and care partners to become attuned to specific ‘problem spots’ while walking outside. Participants drew parallels between the evolution of their outdoor mobility and their changing approach in life post-diagnosis, highlighting mobility as an integral part of their sense of self. Understanding how older adults with dementia perceive and navigate dementia-related changes in mobility is necessary to foster dementia-inclusive neighbourhoods.

O125

Early changes in mobility as experienced by older adults

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Abstract / Résumé

Background: Mobility can reflect and demand a range of skills from ambulating to driving and using public transportation. The onset of mobility impairments has been linked to losses in physical functioning, reduced social participation, health status and quality of life. To prevent health-related decline and optimize everyday function in later life, a concerted effort is underway to identify the earliest markers of changes in mobility.

Objectives: In this study we explore older adults' perceptions of: 1) early changes in mobility and how these may be experienced; and 2) how intrinsic factors (e.g. pain, anxiety) and extrinsic elements (e.g. ice, traffic) shape perceptions of one's level of mobility in older adulthood.

Methods: We conducted semi-structured interviews with 25 community-dwelling older adults. Participants were asked to share two photos as discussion prompts: one illustrating mobility in their life in the past and one illustrating mobility in their life today. Participants were furthermore asked to perform sit-to-stand movements during the interview to promote discussion about their experience of mobility. Thematic analysis (Braun and Clarke, 2006) was conducted.

Results: Through preliminary analysis, five themes were identified: 1) Everything takes more energy now; 2) I have to be mindful of the risks; 3) Are the conditions adequate for participation?; 4) If I don't use it, I lose it; and 5) Comparisons and connections.

Implications: The results of this study will help to inform approaches to discussing changes in mobility to help identify what early changes should be noted and how these might be addressed.

O126

Being and feeling seen in the neighbourhood: Older adults' experiences of in/visibility while aging with and into vision loss

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Abstract / Résumé

Objectives: To present preliminary findings from a critical ethnographic study exploring the community mobility of older adults with vision loss (OAVL). Existing studies suggest that older adults' community mobility is restricted by vision loss (VL), adopting biomedical understandings of disability. In contrast, our study approaches VL from a relational/political model of disability to better understand how environmental factors shape the community mobility of OAVL.

Method: A collective comprised of LV, Blind, and sighted academics and older adult community members collaboratively developed and implemented qualitative research methods with 20 OAVL in London, Ontario. Each participant participated in a spatially informed narrative interview, go-along interview, and semi-structured in-depth interview. We analyzed the data using thematic analysis. Our analysis is informed by the theoretical insights of the aging-disability nexus, critical access studies, and disability justice.

Results: Participants expressed a strong desire to be visible to others in their communities. This manifested in two ways. First, participants described wanting to *be* seen by others as a strategy to support their community mobility. In anticipation of an accident and/or disorientation, participants preferred places and times of day with ample and diverse pedestrian activity. Second, participants described experiences of invisibility when out in their communities and a need to *feel* seen. An invisible disability, VL was often misrecognized in older adult participants; however, when recognized, this did not equate to participants feeling understood and/or included by others.

Conclusions: Our findings indicate that OAVL experience dynamics of in/visibility that both enable and restrict their community mobility.

O128

Barriers to and facilitators of aging in place amongst immigrant and racialized older women living in Edmonton neighborhoods

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Abstract / Résumé

Objective: Neighborhoods play a vital role in older adults' ability to age in place. The Edmonton Neighbourhood Study (ENS) aims to (a) address gaps in understanding of aging in place for immigrant and racialized older women, and (b) engage a sub-group of women in co-designing a community-level intervention to enhance social engagement and mobility in their neighborhoods.

Methods: This study adopts a community-based participatory research design informed by an intersectionality lens. Phase one of the study commenced between March 2023 and January 2024 where we recruited 54 South Asian and Arabic-speaking immigrant older women from 37 neighbourhoods in Edmonton. Participants engaged in semi-structured at-home interviews and photo-elicitation neighborhood walking tours with one to three data collection sessions for each participant. Reflexive thematic analysis was used to identify barriers and facilitators to aging in place.

Results: Immigrant and racialized older women foster social cohesion with family and neighbors and form meaningful connections to urban greenspaces and communal areas. Barriers to outdoor walking and limited access to amenities in their neighborhoods lead to exclusion and isolation. Challenges such as lack of accessible transportation, discrimination, safety concerns, and poor social support are prevalent and limit neighborhood-level engagement. This population may seek ethnolinguistic and/or religious spaces outside their neighborhoods when local amenities do not meet their needs.

Conclusion: Municipalities and community-based organizations should make concerted efforts to facilitate neighborhood-level inclusion for marginalized older adults. Phase one findings will inform intervention co-design activities in subsequent stages of the ENS.

O129

Enhancing Perspectives: Employing Digital Storytelling to Investigate Aging in the Right Place among Older Adults with Experiences of or at Risk of Homelessness

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Abstract / Résumé

Utilizing digital storytelling (DS) as a qualitative method provides a fresh avenue to explore the intricate narratives surrounding Aging in the Right Place (AIRP) among older adults with experiences of homelessness (OPEH) or at risk of homelessness. This study engages participants from our AIRP research initiative in a collaborative effort to co-create a comprehensive depiction of their life-course narratives. Through participation in a photovoice study followed by the creation of a digital storytelling video, these individuals, currently residing in affordable rental housing with onsite supports in Metro Vancouver, Canada, contribute to this endeavor.

At the core of our digital storytelling methodology is the co-creation framework, wherein coresearchers shape the narrative trajectory through qualitative interviews, photographic documentation, and video footage capturing the socio-spatial dynamics of their housing situations, thereby highlighting the multifaceted dimensions of AIRP. The integration of photovoice images within the digital storytelling framework offers nuanced insights into participants' lived experiences and aspirations regarding their current and ideal living environments.

The narratives reveal the interplay of social, environmental, and organizational factors, along with the fusion of objective and subjective dimensions of their housing and service encounters, influencing their stability, social integration, and overall well-being as they pursue AIRP. This collaborative effort not only facilitates knowledge dissemination but also fosters dialogue and reflection among coresearchers, service providers, and community stakeholders. The transformative potential of digital storytelling extends to amplifying the voices of marginalized older adults, shedding light on their unique housing experiences and advocating for inclusive policy measures prioritizing their diverse needs.

Keywords: Digital storytelling, aging in the right place, homelessness, photovoice, cocreation

O130

Fostering healthy aging in naturally occurring retirement communities (NORCs): Characteristics and physical function of caregiving and non-caregiving older adults.

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Abstract / Résumé

Background: Although frailty and the decrease in mobility has been clearly associated with age, there is a dearth of research examining how the provision of care impacts the physical function of older caregivers living in naturally occurring retirement communities (NORCs). Since NORCs are communities with 40% or more residents being older adults, they have potential to support individuals including older caregivers.

Objective: To describe the demographic characteristics and physical function of caregiving and non-caregiving older adults living in NORCs across Ontario.

Methods: This study is a secondary analysis of baseline data from the Oasis Study, an ongoing multiple explanatory case study of NORCs with and without supportive programming (Oasis). Participants included 205 adults (>55 years) living in eighteen NORCs across Ontario. Assessments included: Tilburg Frailty Indicator (TFI), Life Space Questionnaire (LSQ), and Short Physical Performance Battery (SPPB).

Results: Fifty-five participants (26.8%) reported having engaged in caregiving activities within the last seven days. Compared with non-caregivers, caregivers were younger (mean 71.8 vs 77.8 years, p<0.001). On assessment, caregivers performed better on the SPPB (mean 10.5% vs 8.70%, p<0.001). After applying a >60 cutoff, caregivers performed better on LSQ (mean 47.8% vs 39.1%, p=0.03). There were no significant between-group differences on the SPPB and the cutoff LSQ after adjusting for age, or any analysis of the TFI assessment.

Conclusions: It is crucial that future research examines how caregiving as an older adult may impact physical function over time to inform the development of community support for older adults living in NORCs.

O131

Asset-Based Community Development for Successful Aging in Place

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Abstract / Résumé

By now, we know that most older adults want to age in place in the comfort of their home. Although most provinces and territories lack efficient service delivery models, some have piloted and successfully adopted programs that support aging in place. One such program is the Nursing Home Without Walls (NHWW) approach in the province of New Brunswick. This innovative model was developed and piloted for four years (2019-2023) and adopted as a provincial government program in 2023. The program aims to ensure that older adults and their families have access to appropriate services and information related to aging in place, provide social health initiatives to counter social isolation and loneliness, increase knowledge of health-related issues and empower the local community to respond to the needs of an aging population. The program is flexible and person-centred; however, the success of the program is based on the underpinnings of an approach known as asset-based community development (ABCD). An ABCD approach builds on the assets found in the community and mobilizes key members to come together. The community becomes an “agent of change” as per the conference theme. This presentation will define and demonstrate how ABCD influenced the development of NHWW and its continued guidance in keeping NHWW a community-based model. Examples will be provided to illustrate the importance of having the local community at the centre of the program throughout the development phase, implementation, and evaluation of NHWW.

O132

Identifying and Understanding Food Insecurity in Longer-living Older Adults Aging in Place in Rural Eastern Ontario Canada

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Abstract / Résumé

Objectives: To explore food insecurity in old age from the perspective of rural community-dwelling older adults (aged 70+) and use findings in the co-design of a food insecurity screening and assessment tool for use by community paramedics during home visits with high-risk older adults.

Method: We interviewed 11 community-dwelling older adults and their caregivers to capture their lived experience of food access and risk of food insecurity in old age using macro- and micro-thematic reflections to create composite phenomenological texts. We conducted 13 semi-structured interviews with staff from a rural Family Health Team to understand their different approaches to informally assessing food insecurity in this older adult patient population. The data were analyzed using reflexive thematic analysis and used to co-design a food insecurity screening and assessment tool that was pilot tested and evaluated.

Results: Interviews with older adults identified key barriers to food security as transportation and mobility challenges, proximity to grocery stores, cognitive decline, and low income. The tool we developed collects information on these key domains. Tool evaluation revealed that screening for food insecurity creates opportunities for community paramedics to have meaningful conversations with older adults at key transition points in old age that might trigger food insecurity (e.g., losing one’s driver's license or illness/loss of the spouse that prepares meals).

Conclusions: By incorporating the lived experience of older adults into a tool that has been co-designed with community paramedics we have created an acceptable and effective way of systematically identifying food-insecure older adults in rural areas.

O133

A Coherent Breathing Toolkit for Long-Term Care Staff

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Abstract / Résumé

Objectives: To develop, validate, and implement a free online toolkit that includes resources for long term care (LTC) staff to learn and practice Coherent Breathing, an effective stress management strategy. The toolkit is based on a successful intervention study conducted during the COVID-19 pandemic.

Methods: To validate the toolkit, we met with care aides from three Alberta LTC homes for in-person focus groups. They provided feedback on toolkit components (e.g., on videos, infographics). Care aides practiced coherent breathing using the toolkit for 4 weeks after which they participated in follow up in-person focus groups.

Results: Twenty care aides from 3 LTC homes participated in the initial focus groups and described that they found the toolkit beneficial. The videos were especially useful for first-time learners. In follow-up focus groups, 18 care aides reported practicing coherent breathing when they were able to. Care aides who had been part of the original study expressed their willingness to use the toolkit to teach individuals unfamiliar with coherent breathing. Care aides incorporated coherent breathing in their workplace and home life, sharing the technique with others, such as children and other family members, co-workers, and LTC residents.

Conclusions: The toolkit was well-accepted by the care aides who found it helpful in managing mental health, stress and sleep. Next steps include a wide dissemination of the toolkit, starting with LTC homes in Alberta, then national webinars, social media, and outreach to organizations connected with LTC.

O134

Using the meaning ascribed to individual behavioral categories to develop behavioral care plans in advanced neurocognitive disorders (ANCD).

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Abstract / Résumé

Background. Expressions in ANCD viewed as *mode of communication* and ascribing *meaning* to them a key next step. Existing dementia care philosophies (PIECES™, GPA™) offer general directions but fail to assist in ascribing *meaning* to, individual or clustering of the constellation of, varied phenotypic presentation.

Methods. First step to ascribing *meaning* was to posit a *biopsychosocial* model for the generation of expressions: existing models dichotomized along *biological* and *psychosocial* lines. The next step was classification of various phenotypic manifestations of expressions. This involved collecting 'alike' symptoms into individual categories and each represented by a title, adequately represented the symptoms therein. Five psychological theories used to justify existence of, and ascribe *meaning* to each behavioral category: *Information Processing Theories, Motivational Theories, Emotional Regulation Theories, Developmental Theories* and *Theories on Compliance and Aggression*. This framework, titled, LuBAIR™ Paradigm was structured in the form of an evaluative framework, both quantitative and qualitative, and presented as full day workshops, between 2017 to 2019, to frontline staff trained in existing dementia care philosophies.

Results. 92% of the attendees affirmed this paradigm's ability to offer *Better assistance in "Behavior care planning"*.   Qualitative thematic analysis: *An innovative, simplified, enhanced, and comprehensive approach to understanding the reasons for the occurrence and recognition and labeling of behaviors in PwNCD. This approach offers increased insight into the understanding of "meaning" of behaviors in PwNCD.*

Conclusion. M*eaning* ascribed to individual behavioral category, and derived from their *personhood,* offers a framework for developing an individualized behavioral care plan.

O135

Developing a peer-led intervention to slow down and/or prevent progression of frailty in older adults.

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Abstract / Résumé

Objective

To develop a peer-led program to slow down and/or prevent the progression of frailty in older adults.

Methods

Three sequential studies that investigated feasibility, viability, and effectiveness of a peer telephone delivered self-management program to prevent progression of frailty.

Results

The first longitudinal study (2017-2019) found that a pragmatic low-cost telephone self-management peer coaching intervention assisted persons with type 2 diabetes to improve healthy behaviors. The second study (2019-21), a RCT, evaluated the relative effectiveness of using peer coaches compared to using coaches where participants were also provided with three assistive devices, namely: a wristwatch; a scale which tracked weight, heart rate, body composition and environmental data; and a sleep pad that tracked sleep cycles. Results were that participants with a coach (alone) reported improvements in seven areas, but participants who also had devices showed similar improvements in these measures, with even larger improvements. These results held for all participants and were not impacted by the COVID-19 interruption. The third study, a waitlist RCT (2023) that evaluated effectiveness of peer coaches using self-management strategies and components of the Canadian Frailty Network AVOID Strategy found that two thirds of the experimental group decreased by one or two levels on the Clinical Frailty Scale and significant improvements in General Health, Physical Functioning, and Emotional Well-Being.

Conclusion

An inexpensive, easy to implement peer-delivered telephone Self-Management Health Coach Program was effective in helping people with chronic conditions to manage their health outcomes, slow down and/or prevent the progression of frailty in older adults.

O136

Exploring Health Care Aides' Perspectives on Work Life in Long-Term Care

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Abstract / Résumé

This inquiry sought to promote positive change in work life for health care aides (HCAs) in long-term care. Participatory action research (Reason & Bradbury, 2008) methodology was used to engage 10 HCA participants in a virtual focus group. The study explored the primary research question: How can we improve health care aides' work life from their perspective? Thematic analysis revealed five themes:(a) medically complex residents, (b) personal safety at work, (c) communication with leadership, (d) staffing concerns, and (e) training needs. The conclusions were that an ideal work life is characterized by: 1. enhanced supports for providing care to residents with increasingly complex medical profiles, 2. personal safety at work, 3. improved communication and connection with leadership, 4. adequate staffing, and 5. training tailored to HCA needs. Recommendations included: implementing initiatives to enhance HCAs' work life, such as strengthening supports for delivering care to medically complex residents, prioritizing employee safety, enhancing communication channels with leadership and establishing a feedback mechanism, improving staffing allocation, customizing staff training, and supporting employee well-being.

The findings of this research can be used by leaders within long-term care to help positively transform the work life of health care aides, who are the largest group of health care providers within long-term care. By improving the work life of this key group of care providers, the quality of care for residents also has the potential to be transformed, making long-term care a better place to live and work.

O137

Analyzing Thirty-Four Years of Scientific Grants Funded by The Drummond Foundation

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Abstract / Résumé

For over thirty years, the Drummond Foundation has been funding Scientific Research Grants from scientists across Canada. This funding has been designed principally to provide one-time, short-term funding to early-stage research projects aimed at improving the health and well-being of seniors. Our objective has been to fund innovative projects through the critical early stage testing phase of their development and to allow those holding sufficient promise to benefit from longer-term funding from government, universities and larger foundations.

We have funded 57 research projects representing an investment in gerontology and geriatric research totalling $4 million dollars. We are proud of this longstanding legacy and of the contributions made by the scientific and medical communities.

The health care crisis faced by seniors, brought into sharp focus by the pandemic, has led the Foundation to engage in a process of profound reflection. How can we best support the research necessary to effectively— in the words of the original 1893 Drummond Trusts— “*provide relief from suffering and distress…”* for seniors both now and in the future?

We are actively engaged in the redesign of our funding process. Our objective is to determine the shape and form the Foundation’s funding should take over the next ten years. By reviewing our funded projects over the past 3 decades for patterns, successes and failures and by engaging with the research community at large, we aim to build a new funding model that will result in more effective and agile research in geriatrics and gerontology.

O139

Mid study reflections on experiences conducting an explanatory longitudinal multiple case study evaluating programing co-designed by and for naturally occurring retirement communities

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Abstract / Résumé

Background: The Oasis Program (Oasis) was developed in 2011 with older adults living in an apartment building in Kingston and has expanded to various naturally occurring retirement communities (NORCs) across Canada. Oasis community members direct and engage in group-based programming to address important determinants of healthy aging, such as isolation, nutrition, physical fitness, and sense of purpose. Although the prevalence of co-designed research has increased in the wake of pursuing equitable and inclusive practice solutions, there is a need to better understand the complexities that arise when facilitating longitudinal evaluations on co-designed programming with NORCs.

Objective: To describe the experiences and complexities that arise when facilitating longitudinal evaluations on co-designed programming with NORCs.

Methods: In partnership with Oasis members, this ongoing longitudinal study utilizes a multiple explanatory case study design with mixed methodology. Participants include older adults (>55 years) living NORCs with and without Oasis. Oasis sites include multi-building complexes (3), high (2) and low-rise (1) apartments, and a mobile home community (1) across Ontario. Non-Oasis sites matched Oasis sites on resident age, marginalization index, size, location, and amenities.

Results: This presentation will focus on: (a) our team's experiences conducting the Oasis study during the first two years, including complexities and facilitators and (b) the strategies we have employed to navigate these complexities.

Conclusions: It is hoped that these discussions will provide insights to better equip future researchers, practitioners, and communities when evaluating complex, co-designed solutions that aim to meet the evolving needs of our aging population.

O140

Strengths, challenges, and strategies for implementing pragmatic multicenter randomized controlled trials: example of the Personalized citizen assistance for social participation trial

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Abstract / Résumé

Rationale: Although randomized controlled trials (RCT) are rigorous scientific research designs for evaluating intervention effectiveness, implementing RCTs in a real-world context is challenging. This study thus aimed to explore the strengths, challenges, and strategies for improving the implementation of a pragmatic multicenter, prospective, two-arm RCT evaluating the effects of the Personalized citizen assistance for social participation (APIC; weekly 3-hour personalized stimulation sessions given by a trained volunteer over 12 months) on older adults' health, social participation, and life satisfaction.

Method: A mixed methods multiple case study was used with 14 participants (7 coordinators and 6 managers of 6 community organizations and 1 research assistant) who implemented the APIC during an RCT between 2017 and 2023. 24 group meetings and 7 semi-directed interviews were conducted to collect data.

Results: Aged between 30 and 60 (44.0±6.3), most participants were women from organizations already offering social participation interventions for older adults and working with the public sector. Strengths were the RCT relevance in assessing an innovative intervention and shared goals with community organizations. Challenges included recruitment difficulties, resistance to randomization and design complexity. The COVID-19 pandemic exacerbated some challenges and required adapting the intervention for remote delivery, including via telephone or videoconferencing. Strategies to overcome these difficulties involved reducing sample size, simplifying recruitment procedures, extending partnerships, and better recognizing and supporting volunteers.

Conclusion: Knowing the strengths and challenges of pragmatic RCTs can help develop strategies to facilitate implementation studies and better evaluate health and social participation interventions delivered under real-life conditions.

O141

Beyond translation: Adapting Our Dementia Journey Journal with and for South Asian communities in Canada

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Abstract / Résumé

OBJECTIVES: Our Dementia Journey Journal (ODJJ) was co-designed to enable relationship-building and negotiation among caregivers and care providers of persons living with dementia (PLWD). However, caregiving experiences vary, including in culturally diverse communities like the South Asian diaspora. Recognizing the cultural and linguistic barriers faced by South Asian Canadians in accessing dementia resources, ODJJ underwent adaptations through a participatory process to better serve this community.

METHODS: ODJJ adaptation followed a two-stage approach guided by the Participatory Research to Action Framework (PR2A) (SE Research Centre, 2022). In Stage 1, initial interest and feedback were assessed through community-based consultation with South Asian community members (n=4). In Stage 2, three feedback workshops with South Asian caregivers and care providers of PLWD (n=6, n=4, n=2) led to further adaptations.

RESULTS: The community-based consultation confirmed interest in adapting ODJJ. Initial adjustments focused on formatting (e.g., bolder colour scheme), language (e.g., Hindi and Punjabi translation) and culturally inclusive content. In the Stage 2 workshops, participants provided guidance on language (e.g., culturally relevant terminology for “journal,” i.e., “diary”), imagery (e.g., diverse photos) and content (e.g., adding a care circle diagram), resulting in adapted versions of ODJJ in English, Hindi and Punjabi.

CONCLUSION: Adapting resources to meaningfully meet the diverse needs of aging Canadians is a complex process that goes beyond translation. The PR2A Framework facilitated meaningful engagement, resulting in ODJJ adaptations that resonate more authentically with the South Asian diaspora. Next, we will implement and evaluate the uptake and use of adapted ODJJs with South Asian communities.

O142

The essential, expanding and evolving role of personal support workers in end-of-life care in a Canadian long-term care home

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Abstract / Résumé

Background: The provision of end-of-life care within long-term care (LTC) homes is a crucial aspect of healthcare. Personal support workers (PSWs) are the largest workforce in the Canadian LTC sector as they provide 80% or more of the direct care for older adults in LTC, including care at the end of life. However, the role of PSWs in end-of-life care is reported as unclear and evolving due to the unregulated nature of PSWs' role and the increasing demands in the LTC setting.

Purpose: To explore nurses, PSWs, family members, and residents' perspectives on the role of PSWs in end-of-life care in an LTC home in Ontario, Canada.

Methods: A qualitative case study was conducted virtually. We developed and applied a role behaviour framework-to guide the study design, interviews, and analysis.

Results: LTC staff, family members and residents acknowledged that PSWs performed tasks outside their job description, referenced as extra-role behaviours when providing end-of-life care. PSWs engaged in extra-role behaviours, such as spending personal time with residents, ensuring residents do not die alone and providing food, clothing, and personal or religious items to residents, because of the close familial-like-relationship PSWs develop with residents. The extra-role behaviours were perceived to improve the quality of end-of-life care provided by PSWs in LTC.

Conclusions: Findings underscore the need for changes in practice and policy. Understanding the evolving and expanding role of PSWs in end-of-life care is crucial for providing quality end-of-life care in the LTC setting and sustaining the PSW workforce.

O143

Palliative Programs in Long-Term Care: A Review of Documents Guiding Palliative Care in Long-term Care Homes in New Brunswick, Canada

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Abstract / Résumé

Objectives: In long-term care (LTC) homes, policies, procedures, manuals, assessment tools and forms drive palliative programs. However, little is known about documents guiding palliative programs in LTC homes in New Brunswick (NB). This study aimed to consider how documents guiding palliative programs in LTC in NB address the national-model-informed palliative approach described in the NB Framework on Palliative Care.

Methods: A systematic search was conducted through surveys and interviews with LTC administrators, staff, and community partners to collect documents. A data extraction template was created to assess if priorities in the NB Framework were addressed. Each team member independently evaluated and compared 2 documents to establish inter-rater reliability.

Results: Eighty-one documents were collected, 46 analyzed and 35 excluded. Overall, the documents addressed limited aspects of the NB Framework. Preliminary findings indicate strengths by mention of physical, psychological, and spiritual care, use of multidisciplinary teams, and communication between staff, residents, and families. Most do not indicate a need for standardized assessments or processes for education of residents, families, and providers, or define primary and palliative care teams. No documents indicate organizational evaluations or outcome indicators for quality monitoring. A limitation is that some homes may have been unable to share documents due to time constraints and confidentiality.

Conclusions: These findings may indicate that despite national and provincial calls to use standardized assessments, deliver palliative education, and monitor outcome indicators for palliative programs, limited numbers of LTC homes in NB have processes to address these functions.

O144

Content and Use of End-of-Life Order Sets in Long-Term Care Homes

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Abstract / Résumé

Objectives: The use of a standardized end-of-life order set is associated with high quality of care and positive outcomes for residents who are imminently dying and their families. To better understand current protocols guiding palliative care in long-term care homes (LTCH) in the province of New Brunswick, we explored the use of end-of-life order sets and evaluated the extent to which order sets reflected recommended practices.

Methods: We used a qualitative approach with direct-content analysis to analyze end-of-life order sets collected from administrators in LTCH through an electronic survey.. Data was extracted by two independent reviewers using a template that reflected criteria on a new standardized end-of-life order set currently under review for province-wide use. Descriptive statistics were calculated.

Results: Administrators from 79% of LTCHs who responded to the survey reported having an end-of-life order set. A total of 24 end-of-life medical order sets were collected and 19 were analyzed. Five were excluded due to missing data. On average, order sets addressed 40% (M9.21, SD 4.84) of the 23 recommended prescriptions and safe practices. Two recommendations missing from all order sets were: midazolam as a treatment for respiratory distress without agitation; rationale for prescribing morphine versus hydromorphone.

Conclusion: Our review indicates that the majority of LTCHs have access to an order set, however the order sets do not adequately address recommended practices. This review is timely as it provides evidence for the implementation and uptake of a standardized end-of-life order set currently under review.

O145

Exploring the Role of Food as Part of Person-Centred Palliative Care at the Bruyere Hospital in Ottawa, Ontario.

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Abstract / Résumé

Objectives: This project identifies the importance of, and facilitators and barriers to, providing person-centred, culturally appropriate food to palliative patients at the Bruyere Hospital in Ottawa, Ontario.

Methods: Using rapid, team-based ethnography, we conducted 10 days of field observations and interviews on the Bruyère Palliative Care Unit. We observed food preparation, delivery, and consumption; menus and menu selection; and conducted informal chats and formal interviews with patients, caregivers, clinicians, food services staff, and hospital administrators. We recruited patients (n=5) and caregivers (n=5) for individual or dyadic half hour interviews using purposive sampling aiming for ethno-cultural diversity to understand their perceptions of the role of food in palliative care. We also conducted 1-hour interviews with hospital administrators and food services decision-makers (n=5) to understand how patients' food choices and preferences are accommodated. Transcripts were analyzed using reflexive thematic analysis, informed by an equity lens.

Results: This project will be complete by August 2024. Based on preliminary findings, we have found that the role of food in palliative care differs based on how close the patient is to the end-of-life. We have also found that there is significant engagement on the part of food services workers and management to overcoming institutional and financial barriers to customizing meals based on cultural preferences.

Conclusions: This study provides evidence that meeting patients' food preferences is a priority for patients, caregivers, and staff at Bruyère and shares promising practices in providing culturally informed palliative care through the lens of food based on experiences at Bruyère.

O146

Understanding the Factors Driving the Epidemic of Social Isolation and Loneliness among Older Canadians

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Abstract / Résumé

Social isolation and loneliness are increasingly recognized as pressing public health issues, particularly among older individuals across the globe. As the older population grows rapidly in Canada, so does the concern regarding isolated or lonely older Canadians, suggesting an impending exacerbation of individual and societal repercussions. This paper presents findings from the first NIA Ageing in Canada Survey conducted in 2022, examining social isolation and loneliness among Canadians aged 50 and older across the ten Canadian provinces. Results reveal alarming rates, with up to 41% at risk of social isolation and 58% experiencing loneliness. Analyses further highlight demographic disparities, with older women reporting slightly higher levels of loneliness than men, and socioeconomic factors such as educational attainment and income security playing pivotal roles in mitigating social isolation and loneliness. Notably, family ties emerge as significant protective factors, underscoring the importance of partnerships and children in older age. Health status was also found to influence social connectedness, with better health correlating with lower isolation and loneliness levels. Additionally, living independently in one's own home appears to buffer against these issues compared to residing in other settings, such as the home of someone else or a care home. This paper strongly advocates for the development of a national strategy and investments in research to address social isolation and loneliness among older Canadians. We emphasize the importance of age-friendly communities, social prescribing programs, and technological innovations in fostering social connections and enhancing well-being among older adults nationwide.

O147

A Cross-Sectional Survey on Risk Factors for Loneliness in Older Immigrants in Toronto

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Abstract / Résumé

Objective: Older immigrants can experience unique post-migration and social integration challenges that can place them at an elevated risk for loneliness, which in turn can lead to negative health consequences. An investigation into the risk factors that are associated with loneliness in this population is warranted.

Method: A cross-sectional survey was administered in-person, by phone, or via Zoom to 205 Mandarin (n = 116), Punjabi, (n = 50), and Arabic (n = 39) speaking older immigrants in Toronto who self-reported experiencing loneliness. We sought to answer two research questions: 1) Which loneliness measures are related to mental health outcomes? and 2) What individual and family factors predict older adults' loneliness?

Results: For the first research question, the feeling of loneliness and a measure of quality of family relationships are the strongest and consistent predictors for emotional well-being, psychological distress, and depression. However, for the second research question, individual and family factors such as marital status and number of people in the household did not predict loneliness.

Conclusion: The number of older immigrants is growing globally. This calls for evidence-based interventions to be implemented to prevent loneliness in this population, and in turn, prevent or reduce negative mental health outcomes.

O148

Social Exclusion of Older Adults Living in Sub-Saharan Africa: A Scoping Review of Aging in Place.

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Abstract / Résumé

Objective: To review the scope, range, and quality of evidence on social exclusion among older adults in Sub-Saharan Africa and to explore policy, practice, and research implications. Aging in Sub-Saharan African is a neglected area of research despite the presence of 50 million older adults with projections that growth will eventually outstrip any region of the world.

Methods: This review uses Arksey and O'Malley's five-stage scoping review framework. A systematic search was completed of electronic databases, including PubMed, Medline, CINHAL Plus, and Google Scholar, and grey literature in January 2024. Search terms included 'older adult', 'sub-Saharan Africa', and 'social exclusion/inclusion'. There were no restrictions on study type or year of publication. A total of 12 literature sources met inclusion criteria after full-text screening in Covidence and a dual-reviewer approach was used for data extraction. A reflexive thematic analysis guided the interpretation of findings.

Results: Social exclusion is multifaceted in Sub-Saharan Africa with key factors including barriers to accessing healthcare services, lack of social support networks, and gender inequalities. The review also highlights successful policies that have been introduced in the region to support healthy aging and prevent social exclusion.

Conclusion: There is an urgent need for policymakers, healthcare providers, and community stakeholders to address the issue of social exclusion among older adults in Sub-Saharan Africa. As Canada welcomes higher numbers of immigrants from this region, it is also imperative that stakeholders are aware of transnational influences on Sub-Saharan older immigrants' well-being.

O149

Living the dream or living in limbo: Lived experiences of social isolation for older Mandarin-speaking immigrants in Montreal, Canada

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Abstract / Résumé

Older immigrants are at higher risk of social isolation due to their experiences of structural, cultural and language barriers. Older immigrants now comprise over 40% of all older people in Montreal. Mandarin-speaking immigrants constitute the 4th largest immigrant population, having arrived in Canada since 2000, and are one of the top groups of recent immigrants to Quebec. However, little is known about their experiences in Quebec. To our knowledge, this is the first in-depth study on social isolation among older Mandarin-speakers in French-speaking Montreal, addressing a significant gap in the current literature on older immigrants, the integration process and social isolation.

Drawing upon the Montreal sub-sample of a multi-site SSHRC-funded project (Inclusive Community for Older Immigrants), this paper explores older Mandarin-speakers' settlement experiences, perceptions of social connectedness, and views on how their social needs could be met. The Montreal data stems from the analysis of an online or in-person survey (n=45) and semi-structured qualitative interviews (n=10) with Mandarin-speakers aged 60+ who have been living in Montreal. Results highlight the hope of having a better quality of life when facing the uncertainty of the social care system, revealing a series of key themes influencing and shaping the lived experiences of social connectedness for older Mandarin-speakers, including difficulties related to migration and settlement in a foreign country; family separation; poor economic prospects; and the cultural understanding of social connectedness. The paper concludes with a discussion of how these results can help inform interventions reinforcing social connectedness for older Mandarin-speakers in Montreal.

O150

Looking back and looking forward: Reporting on Manitoba's Aging Well Together Collective Impact Project on Social Connection

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Abstract / Résumé

There are multiple innovative programs and services across Canada that are aimed to enhance social connection among older adults. The purpose of this presentation is to report on Manitoba's Aging Well Together Collective Impact initiative, a 5-year Collective Impact project funded through the Federal Government of Canada's New Horizons for Seniors Program. This project brought together organizations focusing on transportation (TONS-Transportation Options Network for Seniors), active living and recreation (AAIM-Active Aging in Manitoba), social and educational opportunities (MASC-Manitoba Association of Senior Communities), research, evaluation, and training (University of Manitoba), and specialized services and programs such as for low-income, newcomers, and caregivers (A & O: Support Services for Older Adults). Here we look back over the last five years and report on select planned and unexpected (due to COVID-19) programs and activities that organizations developed or augmented to enhance social inclusion. In addition, we explore the ways we aimed to capture the impact of programs and services including through interviews with: participants, partner organizations, program coordinators, and volunteers. Discussion will include a consideration of potential 'ripple effects' of the project.

O151

"We don't want to sit on the shelf. We want to be equal": Insights from conducting a participatory evaluation of older adults engaged in the McMaster Collaborative for Health and Aging

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McMaster Collaborative for Health and Aging, Hamilton, Canada

Abstract / Résumé

Objectives:

The McMaster Collaborative for Health and Aging (herein, the Collaborative) is dedicated to building capacity for patient-oriented research to improve the health and well-being of older Canadians. This study assessed the engagement experiences of older adult partners working with the Collaborative to achieve their mandate.

Methods: A participatory, multiple-methods design examined the perceptions of the older adult partners' engagement and contributions to the Collaborative using the following approaches: 1)A survey (The Public and Patient Engagement Evaluation Tool [PPEET]) including quantitative and open-ended responses. 2)Photovoice, where older adult partners took pictures that addressed: "What would the ideal partnership/engagement of older adults be in the Collaborative?" 3)A virtual focus group exploring partners' experiences within the Collaborative.

Results:

Of the seven partners invited to participate, seven completed the PPEET, five completed photovoice, and six participated in the focus group. In the PPEET, there was 100% agreement among the partners that they can share their opinions freely and their opinions mattered to the Collaborative's work. Photovoice themes included the importance of supportive environments, diversity, personal growth, celebration, and that lived experience was highly valued. The focus group findings suggest that self-awareness, community building, and advocacy skills were benefits, whereas self-doubt, stigma, intimidation, jargon, and physical and cognitive impairments challenged their participation as partners in research and the work of the Collaborative.

Conclusions: This project exemplifies the importance of using multi-modal techniques when examining the experiences of older adults involved in an advisory capacity, which can both inform and transform partnerships.

O152

"It was like a death sentence": Lived experiences of black populations in the Greater Toronto and Hamilton Area.

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Abstract / Résumé

Background: There is a growing body of USA dementia literature which alludes to the differences in the experiences of racialized populations. Black people have been found to have a higher prevalence of the risk factors. However, to date, there is limited literature on dementia among black populations in Canada. This study explored the experiences of black Canadians living with dementia in the Greater Toronto and Hamilton Area (GTHA).

Methods: Qualitative in depth interviews with 24 participants from the GTHA: 12 Black individuals living with moderate or middle stage dementia and 12 care partners. Data were analyzed thematically.

Results: Most of our respondents reported having had no dementia knowledge prior to the diagnosis. Fear, and disbelief were the most commonly discussed experiences. However, these dissipated with time. Most of them felt deprived of life, independence and social networks. Many described losing their identities and being sad. While some felt understood and supported by their providers, many reported experiencing intersectionalities of marginalization. They advocated for cultural sensitivity/ awareness among care providers. However, all respondents talked about stigma as one of the main issues they face within the black community.

Conclusion: To the best of our knowledge this is the first black focused dementia study. Limited awareness of the disease within this community contributes to the negative experiences for those living with dementia. Health providers need to be aware of the intersectionalities of racial and cognitive vulnerabilities to ensure that black people living with dementia are treated appropriately. The paucity of literature on this topic necessitates more research to provide a more detailed understanding of this condition among black communities living in Canada.

O153

The carrier of traditional wisdom: International experiences of older adults' roles in economic development in Indigenous communities

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Abstract / Résumé

Many of the hurdles encountered by Indigenous older adults are rooted in their economic marginalization. Building upon the authors' previous research on *active aging* among Indigenous older adults in Taiwan, this study delves into the challenges, experience, and strategies that this demographic group have in community and economic development in contemporary Taiwan. Qualitative data were collected through one-on-one and focus group interviews between January and June 2022. Twenty-one participants (15 females, 6 males), including Indigenous seniors, Elders, community leaders, Indigenous social service workers, and experts, were interviewed either in person in Pingtung County or virtually.

The study identified several key themes: 1) Shifts in social dynamics driven by the capitalization of tribal economics and changes in land policy; 2) Evolving roles of older adults in tribal economics, development, and public affairs; and 3) The significant contributions of older adults in agriculture, tourism, and traditional crafts and art. Drawing on the *community capitals framework* (Emery & Flora, 2006), the authors will further analyze the various forms of capitals available in the community, with older adults recognized as pivotal in cultivating, mobilizing, and strengthening these capitals for the betterment of the community. The presentation will conclude with recommendations for culturally appropriate policies, underscoring the importance of intergenerational collaboration in community economic development.

O154

Making visible the invisible: 2SLGBTQ+ older adults and E/elders re-story queer and trans aging

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Abstract / Résumé

Objectives: To present preliminary findings from a critical qualitative study exploring the significance of cultural representation (e.g., film, literature, newspapers) for Two-Spirit, lesbian, gay, bisexual, trans, and/or queer (2SLGBTQ+) older adults and E/elders living in Ontario, Canada. Existing research has demonstrated how multimedia representations, as products of culture, shape dominant understandings of 2SLGBTQ+ and aging communities; however, 2SLGBTQ+ older adults have been minimally involved, if at all, in explicating the significance of such representations and developing recommendations to address their cultural misrepresentation and/or exclusion. This study seeks to better understand how 2SLGBTQ+ older adults aspire to re-story representation.

Method: I conducted semi-structured narrative interviews with 27 participants and analyzed the data using thematic analysis. My analysis is informed by critical aging, queer, trans, and media studies scholarship.

Results: Participants described seeing increasing mainstream cultural representations of 2SLGBTQ+ communities. However, even as such representations of 2SLGBTQ+ people become more abundant, participants expressed feeling generally invisible in broader culture and within subcultural 2SLGBTQ+ communities as aging persons. In the absence of meaningful representation now and in the past, participants described a vital need for 2SLGBTQ+ older adults and their histories to be seen and pursued opportunities to become the representation and role models they desperately sought. They positioned themselves as ambivalent advocates for multiple generations of 2SLGBTQ+ communities.

Conclusions: These findings indicate that 2SLGBTQ+ older adults, though generally unseen and/or misrepresented, are key contributors in their communities. Their stories are crucial to confronting the cultural invisibility of 2SLGBTQ+ older adults.

O155

Crafting a Competency Framework for Dementia Care from Lived Experience

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Abstract / Résumé

Objectives:

In 2017, the Ontario Ministry of Health and Long-Term Care announced a 10-pillar provincial dementia strategy including investments in partner training and education. Currently no overarching framework exists to describe requisite competencies in guiding dementia education to unify local, regional, and provincial training efforts. Informed by literature, and a scoping review validating core principles for dementia care, we initiated the development of a 'Competency Framework for Dementia Care' to include behavioural statements reflecting perspectives of persons with lived experience (PLE).

Method:

Semi-structured focus groups with 21 PLE and caregivers were conducted to explore the relevance of identified core principles to their lived experiences. Focus group findings were used to generate behavioural statements for inclusion in the Competency Framework that best describe expectations of members of the lay public and professionals who provide services and deliver care to people living with dementia.

Results:

Preliminary findings underscore importance of competencies related to assessment and diagnosis, communicating sensitively and safely, knowing the early signs of dementia, supporting living well with dementia through promotion of independence and activity, and working as part of a multi-agency team to provide support. End of life care, while recognized as important, was the least discussed principle.

Conclusions:

These results will assist in generating behavioural statements for inclusion in a CF for dementia care; this work will address gaps highlighted in previous consultations with people living with dementia and inform future developments of education and training for dementia care.

O156

Inclusion of older adults with mental health challenges in recreation centres: it takes a village!

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Abstract / Résumé

Introduction: Older adults living with mental health challenges (MHC) often experience social exclusion. A health promotion program, developed to support this group's participation within their communities, was identified as a relevant program to foster inclusion within community recreation centres (RC). An action research project aimed to adapt and implement this program in RC. **Objective**: To explore the needs, obstacles, facilitators and strategies for an inclusive implementation of the program, as identified by older adults with MHC, older adult members of RC and RC facilitators. **Method**: A descriptive qualitative approach was followed. Focus groups were conducted with older adults with MHC, older RC members and RC facilitators. A thematic data analysis was initially conducted. Afterwards, matrices were constructed and further analyzed using the Simplican et al. (2015) ecological inclusion model as an analytical framework. The Simplican model proposes that inclusion involves individual, interpersonal, organizational, community and socio-political factors or levels. **Results**: Strategies as well as the needs, obstacles/facilitators for the inclusion within RC (as reported by participants) were distributed among actors at the various levels of the Simplican model. Furthermore, interrelationships were observed between the needs/obstacles and the facilitators/strategies at all system levels (individual, interpersonal, organizational, community, socio-political). For example, an obstacle at the organizational level could be overcome by a facilitator at the community level. **Conclusion**: Collaboration and partnership between the different levels of the system, in an intersectoral perspective, is essential to the successful inclusion of older adults with MHC.

O157

Advancing point-of-care interactions in home and community care settings: Co-designing mental health conversations with health and social care providers across Canada

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Abstract / Résumé

Objectives: Home and community care is delivered by a diverse group of health and social care providers who are challenged with providing holistic care to aging Canadians within a resource-constrained health system that focuses on physical needs. Providers may hesitate to address older adult mental health concerns due to a lack of structured support, training and resources to support discussions. As part of a national study, we aimed to co-design evidence-based mental health conversations at the point of care with home and community care providers across Canada.

Methods: We engaged health and social care providers (n=84; 51.5 yrs ±11.4) from 15 organizations in seven co-design workshops in six rural and urban communities across three Canadian provinces. Through interactive 'gamestorming' activities, participants worked to ideate, prototype and role-play various applications of an evidence-based visual model of aging-focused mental health to structure point-of-care conversations. Workshop artefacts and transcripts were analyzed using framework analysis.

Results: Three outputs emerged: 1) A Conversation Guide to support provider decision-making for personalized mental health conversations; 2) A Mental Health Conversations Toolkit that includes physical, digital, and allegorical tools and resources to support conversations; and 3) An Implementation Framework with guidance for participating organizations for both foundational (i.e., training) and unique (i.e., linkages to local services) requirements.

Conclusion: Authentic engagement of health and social care providers in co-designing discipline-agnostic, non-clinical mental health conversations is anticipated to support more direct attention to the mental health needs of aging Canadians at the point of care in home and community settings.

O158

Connecting People & Community for Living Well - Identifying key factors that support multi-sector collaboration in rural community teams.

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Abstract / Résumé

Objective

Understanding the factors which supported the positive results achieved by multi-sector community teams in developing new or adapting existing local supports through the implementation of the Connecting People & Community for Living Well model. These results addressed the evolving needs of older adults, and other local underserved populations (i.e., persons living with dementia, carers) in rural areas.

Positive impacts from the implementation of the Connecting People & Community for Living Well model was demonstrated through significant Return on Investment (ROI) results, Social Return on Investment (SROI) results, development, and delivery of over sixty activities, and positive feedback from participants.

Methods:

Multiple methods to collect data were used including principle-focused evaluation, case studies, a Return on Investment (ROI), a forecast Social Return on Investment (SROI), data from completed Wellbeing Guides, and community specific information describing impact.

Results:

Eight areas were identified as supporting the positive impacts:

- Engaging those with lived experience is essential.
- Wellbeing approach ensures the work focuses on those who are the intended recipients of support.
- Trust and relationship building are key to achieving results.
- Consistent resourcing is needed.
- Leveraging existing resources contributes to sustainability.
- Multifaceted evaluation approach is needed.
- Evidence base built through broad sharing of learnings.
- Multi-sector team composition supports sustainability and accountability.

Conclusion:

Implementation of the Model positively impacts collaboration across health, social, and community sectors resulting in increased supports for local underserved populations, including those affected by dementia.

O159

Fostering Collaboration and Connection: United Way BC Healthy Aging's New Program and Service Model

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Abstract / Résumé

United Way British Columbia (United Way BC) works in partnership with the Province of BC to administer and manage seven Healthy Aging grant programs that support older adults to stay Active, Connected and Engaged! Healthy Aging funded programs are delivered locally by community-based seniors' services (CBSS). In 2023, we worked with the CBSS sector to transform our service delivery model to meet the evolving needs of communities, and in this presentation, we report on the results of this work. United Way BC's work is informed by the community, in service to the community. Building upon what we have learned from over a decade of partnership with the CBSS sector, including findings from program evaluations, communities of practice, and community consultations, we designed an updated Healthy Aging Program and Service model. In fall 2023, members of the CBSS sector (n=315) attended 9 regional and 1 virtual consultation where they engaged in small group discussions and provided feedback on the model. In 2024 we launched our new model and key innovations include the formation of Healthy Aging Community Collaboratives to encourage collaboration within communities and across sectors; the expansion of social prescribing through a phased rollout of community connectors; and redefining our target population with a health equity lens. Our new model represents over a decade of work with the CBSS sector towards the vision that in every area of BC vulnerable community-dwelling older adults will have access to low-barrier, locally coordinated, healthy aging programming and services.

O160

Responding to COVID-19 with integrative health and sheltering models for persons experiencing homelessness: Exploring implementation and sustainability in Southwestern Ontario

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Abstract / Résumé

Throughout the COVID-19 pandemic, persons experiencing homelessness in Canada were disproportionately put at high risk for infection and adverse health outcomes, which prompted many regions to respond by adopting integrative health and sheltering programs to address the unique health inequities faced by this population. We aimed to understand the experiences and processes related to the adoption of integrative health and sheltering programs in two regions in Southern Ontario. A multiple case-study design was used to investigate how different regions responded and implemented integrative health and sheltering models during the pandemic. Using a purposive sampling strategy, we recruited program staff from varying levels of leadership (i.e., front-line health and social care providers, program managers, regional executives) across both regions (n=16) to participate in semi-structured interviews. Data analysis included emergent coding, and directed coding in alignment with domains from the Consolidated Framework for Implementation Research (CFIR). Multiple themes emerged including: poor integration between service sectors; limited funding and staffing resources; differing organizational philosophies; and prioritizing immediate solution-oriented approaches. Although integrative health and sheltering programs were implemented to reduce disease transmission among persons experiencing homelessness during a global health crisis, uniting both health and social care in a collaborative model consequently fostered a shared sense of responsibility across diverse stakeholders. This highlighted the importance of simultaneously targeting multiple social determinants of health to improve overall health outcomes for this population. Using our findings, we will collaborate with project partners to co-design implementation guides for other regions interested in developing similar integrative programs.

O161

Utilizing the Determinants of Healthy Aging to Guide the Choice of Social Prescriptions for Older Adults

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Abstract / Résumé

Objective

Canada's population age is increasing, which necessitates innovation in assessment methods as well as social and clinical prescribing practices. In Alberta, a community-based, senior-serving organization undertook to develop and pilot the Healthy Aging Asset Index, an assessment tool and social prescribing guide to be used across community settings and by multiple types of service professionals.

Methods:

The HAAI was developed to facilitate a more in-depth comprehensive assessment of older adults' risk factors for functional decline, as there is a lack of clarity regarding how to respond to older adults who present with complex health and social needs. Tool development was rooted in medical complexity assessment and social work practice and adhered to the Determinants of Healthy Aging established by the World Health Organization and Alberta's Healthy Aging Framework.

Results:

Results show improvement in the functionality of seniors within the determinants over time, as they were supported to address areas of personal vulnerability. A statistically significant reduction in HAAI score was observed for clients at the 12-month assessment when compared to their intake score.

Conclusion:

Adopting tools such as the Healthy Aging Asset Index can bring cohesiveness to the support that seniors receive across the care continuum and has the potential to shift the balance of care towards the community, thus improving the capacity of health systems and government to meet the needs of Canada's seniors.

O162

Impact of care-recipient relationship type on quality of life in caregivers of older adults with dementia over time

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Abstract / Résumé

Background: Dementia caregiving is a dynamic and multidimensional process. However, there is a lack of longitudinal studies that investigate whether and how the types of relationship predicts caregivers' QoL over time. **Objective:** To evaluate whether the care-recipient relationship type predicts changes in the QoL of informal caregivers of PLWD over a two-year period. **Methods:** This was a secondary analysis of longitudinal data. The data were drawn from two waves of linked data from the National Health and Aging Trends Study (NHATS) and the National Study of Caregiving (NSOC) (2015: NHATS R5 & NSOC II; 2017: NHATS R7 & NSOC III). Caregivers were categorized into spousal, adult-child, "other" caregiver (e.g., siblings, friends, etc.), and "multiples". QoL was assessed through negative emotional burden, positive emotional benefits, and social strain. Generalized estimating equation modelling was used to examine changes in caregivers' QoL outcomes across types of relationship over time. **Results:** 882 caregivers were included who were linked to 601 PLWD. After adjusting caregivers' socio-demographics, "other" caregivers had lower odds of negative emotional burden and social strain than spousal caregivers (OR=0.34, p=0.003, 95%CI [0.17, 0.70]; OR=0.37, p=0.019, 95%CI 0.16, 0.85]; respectively), and PLWD's dementia status would not change the significance (OR=0.33, p=0.003, 95%CI [0.16, 0.68]; OR=0.31, p=0.005, 95%CI [0.14, 0.71]; respectively). **Conclusions:** The study demonstrates that spousal caregivers face higher odds of negative emotional burden and social strain over time, underscoring the pressing need to offer accessible and effective support for informal caregivers of PLWD, especially those caring for their spouses.

O163

Narratives of Caregiving in the Dementia Context: Audio Diary Recordings and Shared Storytelling for Caregivers and People Living with Dementia

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Abstract / Résumé

Background: Informal caregivers play an critical role in society in supporting individuals living with dementia. Existing research has shown that heightened social support can decrease caregiver distress. In addition, the sharing of personal narratives within supportive environments has been linked to enhanced wellbeing and strengthened social connections.

Objectives: This qualitative study, currently underway, explores the impacts and benefits of audio diary recordings and supported storytelling for caregivers and people living with dementia. Key objectives include establishing a platform for caregivers and their loved ones to share audio recordings, creating a safe space to discuss the impact of shared storytelling, and developing a podcast series to share insights.

Methods: Over a period to 12 weeks, dyads of caregivers and individuals with dementia (n=16) will record audio diary entries focusing on caregiving and living with dementia. Participants will also engage in virtual group storytelling sessions. Thematic analysis will focus on the benefits and impacts of shared storytelling for caregivers and people living with dementia. Findings will be disseminated through a 4-part podcast series developed from the collected audio diary entries and recorded storytelling sessions.

Results: Findings will focus on the impact of supported storytelling for people living with dementia and their caregivers. The podcast series aims to foster connection and support, while increasing empathy about caregiving and the dementia experience.

Conclusions: Supporting caregivers and people living with dementia necessitates innovative solutions, including leveraging accessible technology and finding new ways of fostering connection. Through the use of audio diary recordings and supported storytelling, this study aims to enhance caregiver wellbeing and promote a more supportive and inclusive community for those living with dementia.

O164

Perceptions of Family Carers Engaging in the Strategic Guiding Council for an International Study on Dementia and End-of-Life

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Abstract / Résumé

Objective: The importance of engaging family carers in all aspects of research studies is critical to ensure that the direction and products of research are meaningful to them. The purpose of this study was to explore the perceptions of a family carer advisory group for the MySupport study, which included advance care planning, family education, family meetings across five countries.

Methods: This project used a qualitative interpretive design to explore family carer perceptions about engaging in an international family carer panel, named the Strategic Guiding Council (SGC). We interviewed 14 carers from five different countries after they participated on the SGC for a year. Interview data was analysed using thematic analysis.

Results: Participants appreciated the social connections within the group and highlighted how they learned about both the similarities and differences that existed among the various countries. They recognized the 'tokenism' that sometimes exists on such panels to meet requirements of funding agencies but stated that they felt they contributed in meaningful ways and that the researchers listened to their comments. They described how they felt like valued team members. Still, they would have appreciated more in-person meetings to get to know other SGC members better and found language was sometimes a challenge since all members were not fluent in English.

Conclusions: Engaging family members throughout a research project helps create richer team experiences and produce more meaningful interventions to meet the unique needs of family members. However, challenges exist when engaging a group of family members from different countries.

O165

Longitudinal Reflections on Emotion Work and Caregiver Identity: Insights from the Diaries of Family Caregivers of People Living with Dementia in British Columbia, Canada

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Abstract / Résumé

Family caregivers provide a majority of care to people living with dementia and play a key role in filling in for shortcomings in the health and social care system. The types and level of care and support needed varies over the course of dementia progression and care trajectories vary significantly between care dyads. The diversity and evolving nature of caregiving experiences necessitate in-depth exploration of dementia caregiving journeys across families, over time. Noting the lack of longitudinal qualitative research on family caregivers' experiences of dementia progression and shifting support needs over time, we conducted a multi-method study employing unstructured monthly diaries and quarterly-to-semi-annual semi-structured interviews over two years (i.e., during May 2021–September 2022), with fifteen people caring for family members with mild-to-advanced dementia in British Columbia, Canada. This presentation is based on 61 unstructured diaries written by five of the participants (i.e., three spousal and two adult child caregivers) that were thematically analyzed through an interpretive approach to explore the emotional and relational aspects of their caregiving experience. Our analysis helped us longitudinally track a) the psychological and emotional impacts of caregiving and dementia progression felt by participants over time and how they manage these emotions, and b) how they navigate being a caregiver and negotiate their caregiver identity alongside familial and social relationships and their sense of self. Longitudinal diaries provided access to private, untold aspects of caregiving as they were being experienced, revealing opportunities for policy and practice to improve formal supports for family caregivers.

O166

Experiences of family caregivers of persons living with dementia participating in an innovative Extended Hours-Adult Day Center program

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Abstract / Résumé

Objective: Current research on adult day centers operating during daytimes has demonstrated benefits for both clients and family caregivers. However, there is limited research on Extended Hours-Adult Day Centres (EH-ADCs), which cater specifically to persons living with dementia (PLWD) requiring services outside regular hours (e.g., evenings). The objective of this study is to gain an in-depth understanding of the perspectives of family caregivers of community-dwelling PLWD who attend an innovative EH-ADC co-located in an assisted living community in British Columbia.

Methods: Focused ethnography included 15 in-depth Zoom interviews (mean 61 mins) with family caregivers of people with moderate to advanced dementia with complex care needs, who were currently and/or previously enrolled in the EH-ADC. Nine out of 15 family caregivers lived with a PLWD. Data were analyzed using thematic analysis.

Results: Three preliminary themes are: 1) trust and confidence in the EH-ADC staff, 2) sustained caregiving ability, and 3) enhanced quality of life through overnight respite. Family caregivers expressed significant trust in the EH-ADC staff members, resulting in relief during caregiving breaks. Multiple consecutive evenings of overnight respite enabled participants to sustain their caregiving roles, potentially delaying the long-term care placement of their relative. Overall, family caregivers experienced better sleep, mood, social engagement, relaxation, and newfound activities, resulting in an improved quality of life.

Conclusion: This innovative EH-ADC fills a critical gap in support for family caregivers of PLWD. By fostering trusting relationships, this program offers much-needed relief and enhances the well-being of both PLWD and family caregivers.

O167

Gaining a better understanding of how older adults use online services and the obstacles and facilitators they encounter in order to support the development of their digital competency

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Abstract / Résumé

To remain at home for as long as possible, older adults need access to services that contribute to their health, safety and well-being. However, they face difficulties in accessing these services. Digital technology can help. However, using online services can be difficult for them, and organizations can't provide support when it implies confidential information.

This presentation is based on the preliminary results from an action research. The aim of this research is to support the development of a digital competency in older adults through the design of a sandbox, i.e. a protected, isolated and user-friendly software environment where online services will be replicated.

The Digital Competency Framework and the User Experience Design framework guided the mixed thematic qualitative content analysis of data collected in 10 semi-structured group interviews, each composed of 5 to 10 older adults; 15 individual meetings, involving use of an online service and response to a service appreciation form and semi-structured interview questions.

The focus will be on how older adults use online services (e.g. services they use, would like to use or don't dare to use), as well as the obstacles and facilitators to their use (e.g. digital competency, user experience, digital ageism).

Digital inclusion is a shared responsibility. Collective changes (e.g., improving the user experience of online services, reducing digital ageism) are needed to foster it.

O168

Older Adults' Strategies in Navigating Misinformation and information overload

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Abstract / Résumé

O

Objectives

Information overload, encompassing both trustworthy and misinformation, has become inherent in our contemporary informational ecosystem. The COVID-19 pandemic, characterized by an abundance of information, highlighted this phenomenon. While the impact of misinformation on attitudes and behaviors remains underexplored, studies suggest that older adults are particularly susceptible to its influence, contributing to their vulnerability. The aim of this study was to explore the information practices of older adults during the COVID-19 crisis.

Method

Through 36 semi-structured interviews with older adults in Quebec, Canada, we explore the sources of information, information appropriation, information reflexivity as well as information overload and misinformation management. The interviews were fully transcribed and subjected to a thematic content analysis.

Results

Despite their capacity in discerning misinformation online, participants recounted feelings of fear, stress, and anxiety induced by misinformation and information overload. Moreover, misinformation-induced polarization strained relationships, with instances of friendship breakdowns. Participants also lamented the information overload perpetuated by the media, prompting them to devise information consumption routines targeting specific sources and times.

Conclusion

This study challenges prevailing notions of older adults' vulnerability by spotlighting their agency in navigating misinformation and information overload. It underscores the need to

refine communication strategies, distinguishing between information overload and misinformation.

O169

Digital health information readiness of older adults with frailty and their caregivers in southwest Ontario

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Abstract / Résumé

The COVID-19 pandemic forced older adults with frailty and their caregivers to regularly engage with digital health information, a change from their preferred engagement through in-person or phone-based interactions with healthcare providers. Insights into these groups' current digital health information needs is needed to best support ongoing health service development. A cross-sectional survey study design was used to understand how three groups in Southwest Ontario (frail older adults, caregivers to frail older adults, and frail older adults who were also caregivers to other frail older adults) use the Internet and digital technologies to look for health information. Surveys consisted of scale-based and open-ended questions and inquired about participants' online health information seeking and trusted sources of online health information. The PRE-HIT scale was used to determine readiness to engage with digital technologies for health information. 258 participants completed the survey (34% frail older adults, 32% caregivers, 34% frail caregivers). ANOVA revealed that caregivers engaged in online health information seeking significantly more frequently than frail adults and frail adult caregivers [$F(2, 255)= 10.89$, $p < .05$; Tukey's HSD, $p < .05$]. PRE-HIT scale analysis indicated: a) caregivers had significantly greater readiness to engage with digital technologies for health information, and b) there was no difference in readiness between frail adults and frail adult caregivers [$F(2, 222)= 12.80$, $p < .001$; Tukey's HSD, $p < .001$]. These results suggest digital health information campaigns may be able to target frail older adults and frail caregivers simultaneously given their similar readiness to engage with health-related digital technologies.

O170

Talking data: Tracing older Canadians' understandings of data

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Abstract / Résumé

Older adults' experiences and embodied interactions with technologies and data are currently flattened amid a focus on the functionalities (successes or failures) of purported techno-fixes for their various problems, whether loneliness, depression, risk of falling, or otherwise (Peine & Neven, 2019; 2021). They are often framed as a 'population' awaiting technologies or in need of support in using data, rather than one that is already actively engaging, debating, and discussing them. Drawing on the results of an online, qualitative survey with 70 older adults from across Canada, our aim in this paper is not to suggest that older adults do not have specific technology needs or desire support in utilizing technologies; rather, we contend that there are other stories to be told about older adults and data. Specifically, in order to begin to think toward the everyday and mundane uses of digital devices and data by older people, our study focuses on the diction, images, metaphors, and concepts that participants articulated when prompted to think about their own engagements with data and data technologies. We draw on data collected from the online survey to argue that rather than being passive agents amid datafication and the proliferation of digital devices (as much of the existing literature on the 'digital divide' would have it), older adults are agentively theorizing, tinkering with, and engaging with data and digital devices. So too are they actively vernacularizing and making meaning in and through data/datafication and circulating discourses around them.

O171

A quest for digital agency: Addressing digital competence amongst Canadian immigrant and racialized older adults

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Abstract / Résumé

Objectives: This pilot study investigates how immigrant and racialized (IR) older adults engage with technology and address their unique learning needs in using information and communication technologies, filling a gap in understanding the intersection of migration, aging, and technology for this understudied demographic.

Methods: A community-based qualitative study was guided by the DigComp 2.2 framework. The research team recruited participants in partnership with two community organizations that facilitated our connection with the target demographic. 31 IR older adults in Edmonton, Alberta, who spoke Arabic, Farsi, and Kurdish participated in co-designing a learning program and shared their experiences throughout the process. Data collection included semi-structured interviews, focus groups, and observation during 17 digital learning sessions with 19 participants who attended at least five to six sessions of the program. Data were analyzed concurrently using a reflexive thematic analysis approach.

Results: The ability of IR older adults to effectively use digital technology depends on their access to information, engagement in digital communication, and ability to troubleshoot issues. Participants made efforts to actively use information and communication technology but faced challenges in meeting their needs and exercising agency to overcome barriers to digital competence. Peer support and tailored instruction through group digital learning sessions were found to be important mechanisms in increasing their digital agency and bridging digital competence gaps.

Conclusion: Governments and organizations serving IR older adults should make efforts to remove barriers, facilitate easier access to information, and increase support to enhance digital literacy through interactive and engaging means.

O172

Identifying Novel Risk Factors of 3-year Cardiometabolic Multimorbidity Using Data from the Canadian Longitudinal Study on Aging.

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Abstract / Résumé

Introduction: Cardiometabolic multimorbidity (CM), a diagnosis of ≥ 2 of stroke, heart disease and diabetes, is associated with a multiplicative mortality risk and numerous poor health outcomes. Using data from the Canadian Longitudinal Study on Aging (CLSA), we used the International Classification of Functioning, Disability and Health as a guiding framework to investigate salient functioning and disability risk factors of 3-year CM onset.

Methods: This secondary-analysis utilized an observational, case-control research design. The CLSA is a national research study collecting data from a stratified random sample of approximately 51,000 Canadians aged 45 to 85 at the time of recruitment. Logistic regression analyses were used to investigate the association between the independent variables (depressive symptoms, eyesight, pain, blood pressure, activity limitation, and participation) and 3-year CM onset.

Results: After adjusting for covariates (age, sex, marital status, household income, education, smoking, alcohol use, nutrition risk, physical activity, social support, personal assistance and location), having high depressive symptoms (OR: 1.29, 95% CI: 1.04 – 1.58), experiencing pain (OR: 1.31, 95% CI: 1.11 – 1.55), having fair vision (OR: 1.74, 95% CI: 1.35 – 2.22), having high blood pressure (OR: 3.19, 95% CI: 2.69 – 3.79), and mild activity impairment (OR: 1.66, 95% CI: 1.28 – 2.12) were all statistically significant ($p<0.05$) predictors of 3-year CM onset.

Discussion: We identified novel risk factors of CM, highlighting areas for targeted interventions to prevent CM. The social and psychological predictors underscore the necessity of comprehensive approaches that go beyond biological medical management in developing prevention interventions.

O173

Bidirectional longitudinal relationship between multimorbidity and depression in middle-aged and older adults: A cross-lagged panel analysis

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Abstract / Résumé

Objectives: This longitudinal study aims to investigate the bidirectional relationship between depressive symptoms and multimorbidity over time in middle-aged and older Chinese adults.

Methods: Using five-wave data from the China Health and Retirement Longitudinal Study (CHARLS) from 2011 to 2020, the analytic sample included 8692 middle-aged and older adults. Depressive symptoms were measured using the Center for Epidemiologic Studies Depression Scale (CES-D), and multimorbidity was conceptualized as having two or more chronic physical diseases. When adjusting for covariates, the Cross-Lagged Panel Models (CLPM) were used to examine the associations between multimorbidity and depression over the nine years. In-depth subgroup analysis was conducted by gender and hukou: urban males, urban females, rural males, and rural females.

Results: Of the 8692 participants, a significant trend was observed in longitudinal associations between multimorbidity and depression, with gender and rural-urban variations. Specifically, rural males and females demonstrated a significant bidirectional relationship between multimorbidity and depression, with rural females showing a more pronounced trend. After adjusting for sociodemographic and other control variables, a higher frequency of depressive symptoms at the follow-up (2020) was found to be significantly associated with an increased risk of multimorbidity at baseline (2011).

Conclusions: Having multimorbidity significantly predicted depression over time in middle-aged and older adults in China, especially in rural areas. Depression significantly increased the risk of developing or worsening multimorbidity. These findings provide important insights into the bidirectional relationship between depression and multimorbidity, which can help healthcare providers design interventions to mitigate the impact of chronic diseases.

O174

Older Adults' Engagement in Diabetes Self-Management Using the General Ecological Model of Aging

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Abstract / Résumé

Abstract

This discussion paper examines strategies for promoting older people's engagement in diabetes self-management in Ghana through the lens of Lawton and Nahemow's General Ecological Model of Aging (GEMA). With the increasing prevalence of diabetes among older adults in Ghana, effective self-management is critical for improving health outcomes and quality of life. GEMA provides a comprehensive framework for understanding the dynamic interaction between individual capabilities and environmental factors influencing engagement in self-management activities.

Drawing upon GEMA, existing literature, and empirical evidence from CINAHL, Google Scholar, Medline Ovid, PsycINFO and Scopus for relevant articles published between 1970 and 2024, this paper explores how factors such as health literacy, self-efficacy, and cultural beliefs intersect with environmental factors, including access to healthcare services, social support networks, community resources and socioeconomic status, to influence older people's engagement in diabetes self-management. This paper identifies vital intervention strategies tailored to the Ghanaian context, including targeted health education programs, community-based support groups, and policy initiatives to improve healthcare access and infrastructure. Applying GEMA, this paper contributes to developing evidence-based interventions adapted to the unique needs of older adults with Diabetes in Ghana, aiming to enhance their engagement in self-management activities and improve health outcomes.

Keywords: Older people, older adults, elderly, diabetes, self-care, self-management, ecological model, ecological theory, barriers, facilitators, predictors, determinants, Ghana

O175

Living Amplified: An Autoethnographic Exploration of Living with Hearing Aids

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Abstract / Résumé

This autoethnography delves into the personal experience of navigating the world with hearing aids as a critical social gerontologist. Drawing on daily life observations and reflections, the narrative explores the practicalities, social dynamics, and emotional complexities that accompany hearing loss and its technological solutionism. The account begins with the initial diagnosis and the revelation of a previously unnoticed soundscape. The process of selecting and adjusting to hearing aids becomes a central theme, highlighting the challenges of recalibrating auditory perception and confronting the design and distribution of auditory devices. Social interactions take center stage, exploring the interconnected abelist and ageist conversations yet also the anxieties of others surrounding decline, potential malfunctions, or misinterpretations. The impact on emotional well-being is examined, from the initial frustration of dependence on technology to the eventual sense of empowerment. Through self-reflection and critical analysis, the autoethnography unpacks the social dynamics inherent in experiencing hearing loss and perceptions that question the societal assumptions of age, "normal" hearing, and the stigmatization associated with deafness. Finally, this work offers a nuanced perspective on living with hearing aids, celebrating the restored connections to sound while acknowledging the ongoing negotiation between ageism, human experience, and interventionist logic.

O176

Does sarcopenic dysphagia exist? A study on swallowing muscles using ultrasound imaging.

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Abstract / Résumé

Introduction and objectives. It is agreed that sarcopenia in older adults may cause swallowing disorders and the entity of “sarcopenic dysphagia” exists clinically, research studies and diagnostic tools are nevertheless lacking. Especially for those related to the examination of swallowing muscles. The present study aimed to preliminarily compare the swallowing muscle morphology in ageing adults with that in their younger counterparts. *Method.* Ultrasound images on suprahyoid swallowing muscles (i.e. geniohyoid, mylohyoid and digastric) were acquired from three young adults (aged 21 to 25 years) and three ageing adults (aged 61 to 64 years). The muscles were examined when the subjects were at rest and performing swallows using a linear ultrasound transducer placed on the subjects’ coronal plane. The mass (measured by cross-sectional area CSA)) and quality (measured by averaged echogenicity) of the swallowing muscles were extracted and compared between the two age groups. *Results.* In general, ageing subjects showed reduced CSA and higher averaged echogenicity (i.e. less dense muscles) in during swallows. They also showed a lower rate of change in CSA as compared to the younger subjects. This suggested that the older adults’ swallowing muscles are weaker in contractions and may lead to reduced airway protection and swallowing safety. *Conclusions.* Findings from the present study suggest the differences in swallowing muscle morphology between young and ageing adults. It is also confirmed that ultrasound imaging may be used clinically to examine swallowing muscles and potentially complete the missing piece of the current diagnostic algorithm for sarcopenic dysphagia.

O177

Comparing subjective and objective sleep quality characteristics in community dwelling older adults at risk for dementia

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Abstract / Résumé

Background: Older adults frequently report experiencing sleep difficulties. Adequate sleep is an important contributor to preserving cognitive function and poor sleep quality is a risk factor for dementia. However, evaluating sleep quality is a challenging task. Previous research recommends including subjective and objective sleep measures when evaluating sleep quality characteristics in older adults, as evidence suggests that perceived sleep measures differ from objective sleep measures.

Methods: This contribution describes a secondary analysis of data from the SYNERGIC@Home/SYNERGIE~Chez soi randomized controlled trial. This was a home-based feasibility study that targeted older adults at risk for dementia to evaluate if they will adhere to a 16-week in-home, multidomain, supervised exercise and cognitive intervention. Baseline sleep measures included a subjective (Pittsburgh Sleep Quality Index (PSQI)) and an objective measure (wGT3X-BT, Actigraph). Partial Pearson correlations were calculated for the three sleep measures: sleep efficiency, sleep disturbance and sleep duration, while adjusting for covariates age and cognitive status (MOCA).

Results: Seventy-two participants with average age 69.2 (55.9, 92) comprising 56 females and 16 males were included in this study. For all comparisons between the subjective and objective measure of sleep, for each of the three sleep characteristic measures, the correlation values ranged from r(59) = –0.16 to 0.12 (N=60) and no significant correlations were found ($p \geq 0.05$).

Conclusion: These data provide further evidence that objective and subjective measures of sleep quality characteristics differ in older adults. This suggests that when assessing sleep quality in older adults at risk for dementia, it is necessary to use subjective and objective measures, as these indicators do not seem to capture the same characteristics of sleep quality.

O178

How does cognitive impairment impact tasking sequencing?

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Abstract / Résumé

Completing everyday activities such as cooking, shopping and laundry is a key element of independence and autonomy. Cognitive impairment can undermine individuals ability to maintain everyday activities, placing demands on family or services to support or provide these. Finding ways to maintain everyday activities could promote independence and delay or reduce demands for care among older people living with cognitive impairment. This study examines the impact of cognitive impairment on completion of three household tasks: making a hot drink, changing bedding and folding laundry. Thirty older adults with (n=15) and without (n=15) cognitive impairment are completing these tasks under the same conditions in a HomeLab environment. To assess the impact of cognitive impairment we are video recording task completion, collecting physiological measures and eye tracking data, and measuring task completion time. Individual variability in completing each task is apparent, with changing the bed taking longest to complete. Video and eye-tracking data are providing important insights into the ways individuals cue themselves through these household tasks and where these fail. The results will inform future strategies for individuals with cognitive impairment to improve self-cueing through household tasks.

O179

Assessing cognition remotely: Determining the sensitivity of three cognitive tests administered to older adults at risk for dementia.

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Abstract / Résumé

Physical and cognitive exercise may delay dementia onset in at-risk older adults. Less is known about interventions delivered remotely. There is no consensus on evaluating cognition remotely and which instruments are sensitive to change in this population. This study compared the sensitivity of the Telephone Mini-Mental State Exam (T-Cogs), Montreal Cognitive Assessment (MoCA) (Version 8.1 Audiovisual), and Cognitive Function Composite-2 (CFC2). SYNERGIC@Home/SYNERGIE~Chez soi (NCT04997681) is a home-based clinical trial targeting older adults at risk for dementia. Participants were randomized to one of four physical/cognitive exercise intervention arms for 16 weeks. Cognitive tests were completed remotely via Zoom™. The sensitivity of the T-Cogs, MoCA, and CFC2 was analyzed using the interquartile range (IQR) and measuring ceiling and floor affects. Fifty-two participants completed cognitive testing at baseline and post-intervention. Approximately 79% were female with a mean age of 68.8 (*SD*=5.74) years. The IQR for the T-Cogs was 1 point compared to 4 points for the MoCA, and 7.9 points for the CFC2. At baseline, 62% had the best score on the T-Cogs, 11.5% had the best score on the MoCA, while no one achieved the best score on the CFC2. The T-Cogs (*p*=0.281), MoCA (*p*=0.076), and CFC2 (*p*=0.053) were not statistically significantly different following intervention. This study demonstrates that these cognitive tests can be done remotely and the CFC2 was most sensitive to change. While the MoCA and T-Cogs are most often used clinically, they do not appear to be sensitive enough to change in older adults at risk for dementia.

O180

Efficacy and Acceptability of a Reading-Based Cognitive Stimulation Intervention for Older Adults with Subjective Cognitive Decline

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Abstract / Résumé

Neurocognitive disorders significantly impact cognitive functions and cause the deterioration of individuals' abilities to maintain autonomy in activities of daily living. An important precursor to the onset of neurocognitive disorders is age-related normative cognitive decline. Cognitive stimulation (CS) interventions promoting cognitive function and social connections are increasingly being recognized as a promising approach to protect against normative cognitive decline.

The purpose of this study was to 1) evaluate the efficacy of a reading- and discussion-based CS intervention on cognitive function and loneliness and 2) determine the acceptability of the implementation of a CS intervention in a retirement community with individuals with subjective cognitive decline.

In this one-group, pre-test post-test, quasi-experimental study, participants completed measures of overall and specific cognitive function and loneliness before and one month following the intervention period. The intervention consisted of eight bi-weekly reading and discussion sessions. Following the intervention period, participants completed a measure of program acceptability and participated in focus groups, sharing their thoughts about the club.

Measures of cognitive function and loneliness were not significantly different before and after participation in the book club. However, participants described that their participation in the club was associated with their perceived cognitive function and loneliness. Overall, this study demonstrated that this reading- and discussion-based CS intervention is a promising approach to promoting cognitive function and social relationships, and it is well-accepted by older adults. Future research is warranted to examine if CS interventions may prevent the decline of cognitive skills and delay the onset of neurocognitive disorders.

O181

Replicating Changes in Fluid Intelligence Across the Lifespan using Cognitive Assessment Games

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Abstract / Résumé

Objectives

Cognitive assessment can or should be used to diagnose mild cognitive impairment and dementia, identify harms caused by medical interventions, and identify risk or presence of delirium. Measures of fluid intelligence such as working memory, cognitive speed, and executive functioning are of particular interest because they typically decline with age. The goal of our research was to show that BrainTagger cognitive games, designed to measure fluid intelligence, show variations in performance across the lifespan that are consistent with expected changes in fluid intelligence.

Method

Over 500 participants aged between 4 and 100 played five games measuring different aspects of fluid intelligence in a variety of settings including trade shows, libraries, and retirement homes. Age and sex were collected for each participant.

Results

Data were split into three age groups (4-25, 26-50, >50). Separate linear regressions were carried out for each age group on each game. For all five games significant increasing relationships between game performance and age were found for the younger group, and significantly decreasing relationships were found for the older group. As expected, people in the middle age range showed no significant change of performance in any of the games.

Conclusions

Previously each of the BrainTagger cognitive assessment games has been shown to be significantly correlated with the psychological tasks that measure the same construct (e.g., response inhibition and working memory). In this research we show that BrainTagger games act like measures of fluid intelligence, showing the inverted U-like increase in performance during development (0-25 years), maintenance of performance during the middle years (26-50) and declining performance in later life (>50).

O182

Nursing Retention Framework for Long-Term Care: A Delphi Study

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Abstract / Résumé

Building upon findings from a recent staffing stability project, this study explores how differing workplace factors influence retention of Registered Practical Nurses (RPN), Registered Nurses (RN), and Personal Support Workers (PSW) that will help to co-create a long-term care (LTC) retention framework. This mixed-method study uses a Delphi Survey Technique to identify potential key factors for workforce retention in LTC. Beginning with findings from an integrative review of the literature, online surveys are developed to gain consensus from Nurses and PSWs (n=80 to 100). Following each survey round, the data is summarized, and a subsequent survey is designed from the questions from Round 1 that did not achieve 70% consensus. Workplace factors that achieve >50% consensus are retained for Round 3 where participants will be asked to rank the factors in order from 1- highest priority to 10 with respect to staff retention. Preliminary results will be presented to senior leaders (n=10 to 15) in a focus group session where they will be asked to rank the order of importance of each workplace factor for retention. Content analysis of qualitative data, and descriptive statistics will be used to evaluate survey and focus group data. Findings will help to gain a better understanding of workplace factors that promote retention of LTC staff. New resources and framework will be co-developed with LTC partners to provide guidance and direction for transforming LTC into a place where staff want to work, with the aim of optimizing the continuity and quality of resident care.

O183

Measuring Staff Workload and Care Quality Using Computer Simulation: A Proposed Tool for Long-Term Care Workforce Planning

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Abstract / Résumé

Objectives: 1) To describe an innovative use of computer modeling tools to objectively quantify staff workload and resulting care quality parameters in healthcare systems. 2) To propose this tool as an approach in designing and managing care systems for older adults to ensure safe workloads for staff and high-quality care for patients and residents.

Methods: Discrete Event Simulation (DES). a computer modeling technique from engineering (DES), has been used to simulate and quantify nurse and PSW workload in medical-surgical, emergency department, and complex, continuing care units. The models are based on observed and measured operational conditions and quantify the impact of unit design and management decisions on staff workload and patient care quality.

Results: We have developed and validated an approach to simulating nurse/PSW care delivery processes to quantify nurse workload and care quality in a computer model. Missed care is linked to excess workloads under usual operational conditions and can be further intensified by the use of infection prevention and control routines. Nurse-patient ratios, unit architecture and bed assignment location can increase workloads contributing to missed care and poor care quality as workload exceeds 100% of staff capacity.

Conclusion: Workload quantification tools, like a DES approach can be applied to help nursing and healthcare leaders predict and manage staff workloads by providing quantitative data and workload estimates under various clinical scenarios. This approach can now be applied in designing and managing long-term care systems to enable better work environments and better care for residents.

O184

Key collaborator perspectives on nursing bridging programs as a strategy for retention in the long-term care and home and community care sectors

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Abstract / Résumé

Objective: To explore the perspectives of nursing educators, supervisors, and students on the use of nursing education bridging programs as a strategy for recruitment and retention of nurses in the long-term care (LTC) and home and community care (HCC) sectors.

Method: An interpretive description design guided virtual focus groups with nursing educators, LTC/HCC supervisors, and semi-structured interviews with bridging nursing students involved with the Registered Practical Nurses Association of Ontario (WeRPN)'s Bridging Educational Grants in Nursing (BEGIN) program. Thematic analysis guided interpretation of the data.

Results: A total of four nursing educators, six supervisors and fifteen students were interviewed. Three themes were identified: (1) Preconceived notions shape nurses' perspectives of working in LTC/HCC (including societal perspectives and biases based on lived experiences); (2) Suggested supports for nurses through role transition (e.g. fostering a safe environment); and (3) Finding the balance in developing and delivering nursing education bridging programs for working nurses. Underlying systemic tensions were evident in all three themes.

Conclusions: The findings suggest that work experience, intertwined with stigmatization of sectors, can affect nurse retention efforts in LTC/HCC. Supervisors in these sectors can support their staff by accommodating their work schedule so that they may bridge from one level of educational preparation to another, thereby, encouraging longevity of career. Although LTC placements are offered in the undergraduate curriculum, educators can further integrate gerontological content into nursing curricula and highlight the benefits of working with older adults to assist recruitment and transitioning to work in LTC/HCC settings.

O185

Retirement and Canadian Registered Nurses: Lifecourse Theory as a Frame to Evaluate Health Canada’s Nursing Retention Toolkit

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Abstract / Résumé

In Canada, a shortage of registered nurses is of serious concern, with an aging population and inadequate supply of new workers. Older nurses make up a significant percentage of the Canadian workforce, and represent a two-fold risk in loss of both workers and accumulated expertise. Although Health Canada released the Nursing Retention Toolkit in March 2024, it is unclear if it addresses the unique needs of late-career nurses. The aim of this discussion is to utilize Lifecourse Theory to examine workforce engagement of older registered nurses in Canada, and evaluate the alignment of strategies outlined in Health Canada’s Nursing Retention Toolkit.

Of the factors described in research on the needs of older nurses, and organized through lifecourse themes, flexible work and scheduling, opportunity for new or changing roles, ongoing training, and improvement of workplace conditions are key priorities in workforce engagement and retention. The Nursing Retention Toolkit addresses all these factors, with three themes demonstrating strong alignment – flexible and balanced ways of working, safe staffing practices, and decreased administrative burden. Overall, our findings indicate most modifiable factors in older nurses’ engagement in employment can be addressed by employers when implementing the toolkit recommendations.

O186

Changing trends in job satisfaction and burnout for care aides working in long-term care homes: the role of care unit work environment

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Abstract / Résumé

Objective: This retrospective longitudinal study examined the association between work environments in long-term care (LTC) homes and changing trends of care aides' job satisfaction and burnout (exhaustion, cynicism, reduced professional efficacy) from 2014 to early 2020. We focused on the work environment at the care unit (clinical microsystem) level.

Method: We used care aide survey data collected by the Translating Research in Elder Care program over three periods: Sept 2014-May 2015 (T_1), May 2017-Dec 2017 (T_2), and Sep 2019-Mar 2020 (T_3). The sample consisted of a linked cohort of 631 care aides from 84 LTC homes in three Canadian provinces (AB, MB, and BC). Mixed effects linear regression with a "time by work environment" interaction was used for data analysis.

Results: Between T_1 and T_2, care aides in care units with less favorable work environments experienced a decline of 0.17 standard deviation (SD) in job satisfaction, along with a 0.15 SD increase in exhaustion, an 0.27 SD increase in cynicism, and a 0.20 SD decline in professional efficacy ($p<0.05$). However, those in more favorable work environments exhibited no significant changes in these variables during the same period. Moreover, care aides in less favorable work environments continued to experience a 0.16 SD increase in exhaustion from T_2 to $T_{3.}$

Conclusions: A positive work environment at the clinical microsystem level may have mitigated the deterioration in care aides' work-related well-being over the period studied. Targeted interventions to improve work environments show promise in sustaining the resilience of the care aide workforce.

O187

The risks of workplace ageism for an ageing labour force

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Abstract / Résumé

Ageism in the workplace represents a growing concern in Canadian society and productivity risk for the ageing labour force. Previous studies have demonstrated the detrimental effects that workplace age discrimination can have on worker engagement, a positive psychological state wherein individuals experience high levels of energy and dedication to the work they do. This exploratory research study provides insight into this important issue by asking the following three questions: What percentage of workers in Canada experience workplace age discrimination? Do job factors that contribute to worker engagement vary by worker age? Is the experience of workplace age discrimination having a negative effect on worker engagement in Canada?

Using a nationally representative sample of 6,956 Canadian workers, this study examined the state of reported workplace age discrimination and job factors associated with worker engagement. Overall, 2% of all part-time and full-time workers aged 25 and older experienced at least one instance of workplace age discrimination in the past 12 months. Correlation and regression analysis indicated that workplace age discrimination was not having a negative impact on worker engagement. Extending the working lives of older workers is viewed by policymakers as a way to retain skills in the labour force and help sustain contributions to government programs, yet ageism remains a persistent barrier to the labour force participation of older workers. Future research will want to better monitor trends on workplace age discrimination as the actual prevalence in Canada is likely higher than the proportion estimated in this study.

O188

Investigating the Lived Experiences of Those with Cardiometabolic Multimorbidity

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Abstract / Résumé

Introduction: People with multimorbidity face unique challenges. Cardiometabolic multimorbidity (CM), which is a diagnosis of ≥ 2 of stroke, heart disease and diabetes, is a key health concern due to its association with mortality and disability. Yet, there have been limited qualitative investigations on the experiences of CM. Thus, the objective of this study was to explore the lived experiences of those with CM.

Methods: We used a qualitative description study design to elucidate the lived experiences of those with CM. Data from the interviews were transcribed verbatim and analyzed thematically to generate codes and subsequent themes in a systematic fashion. The initial categories and themes were sent to participants as part of the member check process.

Results: Thirteen participants described the complex nature of living with CM. Analysis identified three themes; there is a common denominator, I just want a vacation, and complications beyond individual conditions. Participants felt a heavy burden from living with their conditions, and this was emotionally draining. Interestingly, some participants noted that one of their conditions made managing another more difficult, highlighting how multimorbidity is complicated beyond what would be expected for managing singular conditions.

Discussion: These findings align with previous reports of the difficulties people have due to their multimorbidity. Participants grapple with the complexities of their conditions, often not having a clear awareness about the connections between their conditions, highlighting a need for more integrated healthcare approaches.

O189

You're doing what? Understanding the joy and the complexity of patent-oriented research with older adults

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Abstract / Résumé

Objectives: To learn about individual experiences of patient-oriented research with older adults and to share the potential and complexity of “doing” patient-oriented research.

Methods: As members of BetterLTC, researchers and trainees, we came together to talk about what patient-oriented research meant to us by responding to open ended questions developed by the team. We were at varying points in our journeys with patient-oriented research and we each came with different understandings.

Results: Our conversation yielded several threads that were shared experiences. These included: the idea that doing patient-oriented research with older adults can be easy and hard at the same time; through storytelling we found meaning by listening to the voices of people who were most affected by the research; and the importance and value of building relationships in doing patient-oriented research.

Conclusions: Patient-oriented research, in all its complexity, is not for everyone. However, for some of us who are prepared to engage in this relational research, it is an opportunity to develop a richer understanding by attending to all voices, especially persons who might otherwise be silenced or overlooked.

O190

Fostering partnerships and promoting awareness: Advancing equity-informed research for people who are aging on the fringes.

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Abstract / Résumé

By 2046, Canada is projected to have **2.5 million individuals aged 85 or older**, with **23% of the population over 65**. This demographic shift highlights the **urgent need to address inequities** faced by aging Canadians living with chronic health issues, such as poverty, mental health challenges, and substance use. These are individuals who are aging on the fringes of society.

Our project, led by an **Early Career Researcher with over 15 years of healthcare provision experience** and funded by the **CIHR Institute of Aging**, focuses on **marginalized aging populations**. By applying an **intersectionality framework**, we aim to achieve several critical outcomes:

1. **Establish a shared language and conceptual framework** for stakeholders engaged in policy and programming related to the health of marginalized older adults.
2. **Support stakeholders to scrutinize social inequalities** faced by these individuals.
3. **Inform the identification of research priorities** and the development of tailored prevention and intervention strategies to address the unique health needs of marginalized aging populations.

To address existing gaps and inequities, we must undergo a **paradigm shift in how we perceive aging**. Moving forward, we must **organize interdisciplinary and intersectoral knowledge exchange sessions** and build capacity for planning, implementing, and establishing new partnerships. **Forming a Canada-wide multi-stakeholder research network**, which includes individuals with lived/living experiences, researchers, clinicians, and service providers, is **critical to meeting the needs of older adults who are aging on the fringes**.

O191

How vision loss affects older adults' narrative listening experiences

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Abstract / Résumé

Vision loss affects about 10% of adults over 65, often reducing the ability to engage with printed narrative materials. This necessitates different modes of accessing, interacting with, and enjoying narratives, including listening to audiobooks and podcasts. Little is known about the transitions to new forms of media and related technology and the narrative experiences of older people with vision loss. Positioned at the intersection of gerontology, social studies, and narrative psychology, the current qualitative study aimed to answer the following research question: *How do older adults with vision loss engage with and experience narratives?* Eleven in-depth interviews were conducted with adults aged 61-80 years with varying degrees of acquired vision loss. Interviews documented the personal trajectories of vision loss that uniquely impacted engagement and experiences with narrative materials, adaptation strategies, and the emotional and psychological implications of transitioning from visual reading to listening. Five themes were identified: *Narrative Experiences During Listening, Technological Adaptation and Accessibility, Narration Quality, Social and Cultural Aspects of Reading,* and *Personal Development and Independence.* The results show that while listening to audiobooks emerges as a profoundly positive experience, participants also report challenges that affect their listening engagement. This underscores the importance of understanding changes in narrative engagement and the adaptive capacities required to navigate the transition to auditory materials. Findings suggest the need to advocate for more inclusive and accessible reading technologies and services by outlining how narrative engagement can play a major role in enhancing the quality of life for older adults with vision loss.

O192

Intersectionality and Heart Failure Care

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Abstract / Résumé

Background: Heart Failure Disease Management Interventions (HFDMIs) enhance self-care and quality of life as well as reduce hospital readmissions. HF telehealth interventions are complex with multi-layered complexity attributed to the telehealth technology as well as to the complex patient population of frail older adults suffering with HF. Complexity is added when HFDMIs are developed and implemented for vulnerable patients with intersecting social identities.

Purpose: This dissertation is aimed at utilizing the meta-theory of CR to ground intersectionality-based HF telehealth research with vulnerable groups of HF patients.

Methods: This literature synthesis utilized a scoping review to map the existing body of literature around HF telehealth interventions for marginalized patient populations (such as racialized minorities, rural patients, gender minorities, poor or deprived etc.). The studies then went through an intersectionality-based analysis utilizing an intersectionality-informed checklist by Ghasemi et al., 2021.

Findings: A total of 22 studies were selected to be included in this review. As per the quality appraisal, the overall body of studies included in the review was of high quality. A few specific populations have been involved in most studies as participants, such as, African Americans, Hispanics, and rural low-income populations. Very few studies included in the review involved stakeholders including vulnerable populations as part of the problem identification and implementation of the intervention.

Conclusion: Future research with vulnerable populations should be underpinned by the critical/ intersectionality theory, and should apply the principles of intersectionality at all stages of the research process, including evaluation and analysis.

O193

A Moderation Analysis of Reimagine Aging: An Intervention to Reduce Internalized Ageism in Older adults

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Abstract / Résumé

Internalized ageism can have severe consequences on the well-being of older adults. Reimagine Aging, a six-week program to reduce internalized ageism was designed and implemented virtually, using tools of education, acceptance and commitment therapy, and attributional retraining. Previous research has demonstrated that this program was seen as feasible among participants, and it effectively reduced internalized ageism in older adult participants (N = 72, age range = 58 to 85 years). Furthermore, this reduction was mediated by increases in theoretically-related variables (psychological flexibility, mindfulness, perceived control). Internalized ageism was assessed through measuring change in self-perceptions of aging and perceptions of other older adults across baseline, post-intervention, and two-month follow up time points. The objective of the present study was to examine the effectiveness of the Reimagine Aging program across age, subjective age, and perceived health. We utilized ordinary least squares regression to probe for interactions between the reduction of internalized ageism and age, subjective age, and perceived health. Participants who were older, who felt older than their chronological age, and who perceived their health as poor, relative to other participants benefited most from the program. These results are important, as internalized ageism negatively impacts the beliefs, behaviours, and health of older adults. Older adults who are older, who feel older, and who perceive their health as poor, may be most likely to be impacted by the negative effects of internalized ageism. Thus, the program appeared to benefit those most at risk to suffer the consequences of internalized ageism.

O194

Advisory group development and evaluation: Insights on connecting older people and gerontological experts in the Awakening Canadians to Ageism project

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Abstract / Résumé

Background: Meaningful involvement of older people in health research is increasingly acknowledged as necessary in the advancement of knowledge. We formed an advisory group that brought together older people, academic gerontological experts and advocacy organizations to guide a study on combating ageism in healthcare and the public. Over the course of three years, the advisory group met on a bi-monthly basis to identify issues related ageism, interpret study findings, and advise on knowledge translation strategies. We focus on the perceptions of advisory group members on their experience.

Methods: Individual interviews were conducted with eight older adult participants and six gerontological experts who participated in the advisory group. One of the gerontological experts also represented an advocacy organization. Data were examined using content analysis.

Results: Four overarching categories were identified: establishing the group; group experience; organization and management; and moving forward. Overall, older people and gerontological experts enjoyed the collaboration and learning from one another. Reasons for participating and group members' perceptions were variable. The frequency and length of meetings was perceived as acceptable. Active facilitation enabled expression of diverse views and prevented conflict. At least two older participants continued their discussion on ageism into their social networks. Recommendations for improving future groups included enhancing social diversity and mitigating technological challenges.

Discussion: Researchers who aim to involve community members and key interested groups in research can use our findings to optimize advisory group experiences and outcomes.

O195

Intimate Partner Violence among Older Couples in Switzerland: Improving Access to Support Services

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Abstract / Résumé

Statistics indicate that seniors make little use of domestic violence help services in Switzerland (victim support centers, emergency shelters, police, etc.). Older people are also generally absent from prevention campaigns.

To address these issues, this national applied research project - co-financed by the Federal Office for Gender Equality - aims to improve the prevention of violence among older couples in Switzerland, and to promote access to help services. To gain a better understanding of these situations, 86 semi-structured interviews were conducted with former victims (senior at the time of the incident), older people from the general population, relatives, and professionals in the fields of aging and domestic violence, as well as three focus groups and three workshops, in the three main linguistic regions of Switzerland.

Data analysis shows that the dynamics of intimate partner violence among seniors are largely like those of younger couples (pervasiveness of psychological violence and coercive control, often accompanied by physical and sexual violence). The transition to retirement plays a decisive role. Problems associated with advancing age (e.g. reduced mobility, dependence on intimate partner in daily life), shame, unfamiliarity with support services and their non-adaptation to the needs of the older population, fear of consequences and generational norms all add to the violence and complicate access to support services.

Based on these findings, awareness-raising material in French, German and Italian (flyer, poster, video clips, manual for professionals) was developed in a participatory way. It is disseminated as part of a year-long national awareness campaign.

O196

La Valise de Lise: Co-Creating a Culturally Adaptive Game for Addressing Older Adult Mistreatment

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Abstract / Résumé

The imperative to address older adult mistreatment is evident, yet the lack of research on effective tools and approaches, particularly for younger demographics, presents a critical gap. La Valise de Lise (French for Lise's Luggage) is an interactive game experience created through collaborative efforts involving researchers, health and social services professionals, community organizations and artists in a process of iterative and intergenerational co-design. Rooted in escape-room principles, the game addresses older adult mistreatment by inviting all ages and all knowledge levels to learn through engagement in the game experience. As players manipulate objects within a piece of luggage and solve puzzles, they are drawn into a scenario where they uncover different forms of mistreatment (e.g., financial or physical) occurring within a family dynamic. A subsequent debrief session led by a trained facilitator then invites critical reflection and dialogue on mistreatment.

Our presentation explores our collaborative adaptation of the La Valise de Lise initiative with and for diverse communities. We delve into questions regarding working with older adults and health and social services professionals to promote culturally appropriate game design and intergenerational co-creation within the province of Quebec. Through co-design workshops with various groups, we highlight four key elements pivotal to redefining and adapting the game: tailored design and mechanics for accessibility and engagement; a narrative reflecting the diverse and complex experiences of mistreatment in the community; the incorporation of objects resonating with local material histories and practices; and an adapted debrief component to foster meaningful discussions.

O197

Older incapacitated adults and protective measures in Quebec: The social workers' perspectives on the clinical challenges they face during psychosocial assessment

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Abstract / Résumé

In Quebec, a new law came into force in November 2022, modifying protective measures (tutorship, mandate, etc.) for incapacitated adults, aiming to optimize respect for their rights, promote their participation in decision-making and support the expression of their wishes and preferences. To this end, the law modifies the nature of the professional assessments that must be produced as part of the legal process of opening or re-evaluating a protective measure. One of those clinical assessments, the psychosocial assessment (PA), must be carried out by a social worker.

This paper presents the results of the qualitative component of a research project carried out in partnership with the professional board of social workers in Quebec. Using a comprehensive, non-evaluative approach, the study aims to document social workers' perspectives on their professional PA practices. The qualitative component of the project is based on a dozen semi-structured individual interviews with social workers from different clinical settings (public institutions, private practice), working with incapacitated adults with different profiles (older adults, adults with an intellectual disability, etc.). Interviews were centered on a "case study" chosen by the social workers themselves.

Preliminary analyses of the interviews allow to document the concrete impacts of the new law, and to describe the challenges it raises for social workers. Our results also attest to the strategies deployed to best deal with said challenges. The paper also provides a reflection on the particularities of psychosocial assessment practice with the elderly, in contrast to other incapacitated adults.

O198

Unveiling dementia through mobile gaming engagement patterns among older adults users

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Abstract / Résumé

The prevalence of dementia is anticipated to escalate alongside the aging demographic, highlighting the urgent need for accessible early detection methodologies. Serious gaming has emerged as a potential avenue for cognitive screening, offering both an interactive platform for assessing cognitive function and insights into cognitive health through observed engagement levels during gameplay.

This study aims to scrutinize variances in engagement-related behaviours between older adults with and without dementia during serious gaming sessions.

Throughout an eight-week duration, fifteen older adults (10 cognitively sound, 5 with Alzheimer's) partook in a serious gaming intervention. Their engagement behaviours were meticulously examined, with 1774 data points categorized into 47 behaviour codes, bolstered by an additional seven features encompassing personal attributes and environmental factors. These codes underwent one-hot encoding and processing via Machine Learning classifiers to discern participant group distinctions.

Raters analyzing behaviours using the coding system demonstrated high inter-rater reliability across codes, with a Cohen's Kappa coefficient of 0.87. The findings revealed disparities in 64% of engagement-related behaviours between the two groups, notably in torso movements, vocal modulation, facial expressions, and concentration. Integration of engagement-related behaviours, environmental disruptions, technical glitches, and personal attributes yielded the most adept model for dementia prediction, yielding an F1 score of 0.91 (95% CI: 0.851-0.963) and an AUC of 0.99 (95% CI: 0.984-1.000).

In conclusion, engagement-related behaviours observed during serious gaming sessions serve as crucial indicators for dementia identification. ML models incorporating these distinct behavioural markers propose a promising, non-intrusive avenue for early dementia screening across diverse settings.

O199

Developing an Electronic Memory Support System for Individuals with Mild Cognitive Impairment

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Abstract / Résumé

Objective: Mild cognitive impairment (MCI) can impact daily life and increase caregiver burden. The paper-based Memory Support System (MSS) has been effective in training people with MCI to complete personal goals and daily tasks independently. With the increasing use of electronic devices, our clinical and design team developed an electronic MSS (eMSS) prototype based on several 'stores' of interdisciplinary evidence. The next stage involves input from individuals with MCI, caregivers, and MSS trainers to better inform its usability and uptake.

Methods: The eMSS prototype has been iteratively developed by MSS, Human Factors, User Experience Design and Computer Systems Engineering experts. The current design draws from the paper-based MSS planner, familiar features of existing calendar support systems, and digital design principles for older adults. The eMSS will be analysed and refined through preliminary testing with individuals with MCI, caregivers, and MSS trainers using cognitive task analysis.

Results: The eMSS prototype is ready for pilot testing with end users. The prototype includes features such as a 'calendar', 'notes section', and a 'to do list' that reproduce the fidelity of the original paper-based MSS planner.

Conclusion: The eMSS prototype holds promise for improving the daily activities and quality of life for individuals with MCI and reducing caregiver burden using personal electronic devices. This study aims to enhance the eMSS' usability and acceptance based on user feedback. Future research will evaluate and refine the eMSS to explore wider dissemination of the platform and commercialization to make 'daily planning' more accessible for individuals with MCI.

O200

Role of technology in supporting accessible workspaces for employees with Mild Cognitive Impairment or Young Onset Dementia (MCI|YOD)

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Abstract / Résumé

Objectives: This study explores the challenges large organizations face when balancing strict policy enforcement and standardization related to workplace accommodation to ensure fair and reliable outcomes, with the individual needs of employees, particularly those identified with mild cognitive impairment (MCI) or young onset dementia (YOD). We interviewed employees from two Canadian organizations in the government and healthcare sectors each employing 40,000 to 100,000 employees, to explore their perspectives and the technologies available and/-or needed to create sustainable and inclusive workspaces for employees with MCI/YOD.

Methods: N=96 semi-structured interviews were collected, and we conducted an abductive thematic analysis rooted in socio-technical systems theory (STS) to contrast employers' perspectives and the technological and social supports available to them.

Results: Organizational support including tools, technologies, and training were identified as essential for successfully accommodating employees with MCI/YOD. Structural elements were recognized as either facilitators or barriers to organizations fulfilling their duty to accommodate to comply with Canadian legislation. Despite having financial and technological resources, large organizations face challenges providing accommodations that are tailored to individual needs and flexible enough to adapt over time, while ensuring timely support and mitigating risk.

Conclusions: Technology offers the potential for personalized support that can be quickly updated to optimize the performance of employees with progressive conditions like MCI/YOD. However, the rapid adoption of technologies can pose risks to security, privacy, and the well-being of employees and organizations. We explore technological solutions that meet the needs of both the employer and their employees identified with MCI/YOD.

O201

Leveraging app technology to advance gerontological nursing competencies and improve the care of older persons with responsive behaviours: Creating the *GeriConnect* App

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Abstract / Résumé

OBJECTIVES: Gerontological best practices have been greatly disrupted by the COVID-19 pandemic, as a result of seismic shifts in health human resources, including the rapid onboarding of new graduate nurses across many care settings. As a team of Advance Practice Nurses caring for older persons, it was imperative to integrate teaching interventions that promote gerontological nursing competencies in frontline practice settings. This resulted in the conceptual design of our innovative delirium management app, *GeriConnect.*

METHODS: Literature found that digital technology has not been utilized to address responsive behaviours, which led to our conceptualization of *GeriConnect.* Using the app, clinician users are guided through a structured assessment of behaviours, needs, triggers and preferences. Collected data then outputs both virtual programming recommendations tailored to the client's selected preferences, but also a customized care plan that embeds strategies reflective of gerontological nursing and delirium prevention best practices.

RESULTS: In this presentation, we highlight our process to mapping *GeriConnect's* conceptual design and prototype development. We also summarize preliminary findings from our first phase of prototype testing with clinician users within an acute care medicine unit. Participants who interfaced with the app reported ease of use with *GeriConnect* and a willingness to test the app on admitted patients.

CONCLUSIONS: The *GeriConnect* app design aims to be a teaching tool to guide responsive behavioural management from a person centered and gerontological nursing lens, which will hopefully lead to a cultural shift in the care of older persons.

O202

GPA Bathing: An online dementia education program enhancing bathing care in two Ontario long-term care homes

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Abstract / Résumé

Introduction: Bathing can be distressing for people living with dementia, and care providers often feel uncertain about addressing responsive behaviours during bathing. Gentle Persuasive Approaches (GPA) Bathing is an online education program that builds confidence and skill in evidence-informed best-practice bathing competencies. In this novel implementation of GPA Bathing in two Ontario long-term care homes (LTCHs), we assessed its impact on staff bathing self-efficacy and knowledge.

Methods: 62 staff completed six GPA Bathing units and pre- and post-intervention quantitative measures of bathing self-efficacy and knowledge. Pre-GPA Bathing, participants also described past experiences and approaches in bathing and their learning goals. Post-GPA Bathing, participants reported planned future approaches and in focus groups shared experiences with implementing GPA Bathing strategies.

Results: Pre-GPA Bathing, participants often encountered high-risk behavioural escalation while assisting residents with bathing and felt fear, frustration, incompetence, and guilt during these episodes. Participants' baseline approaches followed general principles of person-centred care but often lacked specific and purposeful bathing interventions. After GPA Bathing, participants showed significant improvements relative to baseline in both bathing self-efficacy (p<.001) and knowledge (p<.001). Participants reported increased confidence and described specific, actionable approaches they planned to use in future, including bathing histories, documentation tools, bathing adaptations, towel bath kits, personalized props, and increased family involvement.

Conclusion: GPA Bathing is an effective online education program for enhancing self-efficacy and knowledge among staff in Ontario LTCHs. The program's person-centred, evidence-based, and practical strategies have the potential to significantly improve the quality of bathing care for people living with dementia.

O203

Enhancing Teaching and Learning in Gerontology: A Holistic Approach

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Abstract / Résumé

As the global population continues to age, the field of gerontology becomes increasingly pertinent in addressing the diverse needs of older adults. This paper explores key themes in enhancing teaching and learning within the realm of gerontology, advocating for a holistic approach to education in this discipline. The research delves into the importance of interdisciplinary collaboration in gerontological education. Recognizing the multifaceted nature of aging issues, educators must embrace collaboration across various disciplines such as healthcare, sociology, psychology, and economics to provide comprehensive training for students. Furthermore, it emphasizes the significance of experiential learning methodologies in gerontology education. By incorporating practical experiences such as internships, fieldwork, and simulation exercises, students gain invaluable insights into the real-world challenges faced by older adults, fostering empathy and enhancing their problem-solving skills. It study highlights the necessity of culturally sensitive approaches in teaching gerontology. Given the diversity of aging experiences across different cultures and regions, educators must employ culturally relevant curricula and teaching methods to ensure inclusivity and effectiveness in their instruction. Lastly, it discusses the integration of technology in gerontology education. With advancements in healthcare technology and telemedicine, educators must equip students with the necessary digital literacy skills to navigate and leverage these tools effectively in addressing the evolving needs of older adults. In conclusion, this abstract underscores the importance of adopting a holistic approach to teaching and learning in gerontology, encompassing interdisciplinary collaboration, experiential learning, cultural sensitivity, and technological integration. By embracing these themes, educators can empower future professionals to make meaningful contributions to the well-being and quality of life of older adults globally.
Keywords: Gerontology, experiential learning, cultural sensitivity, technological integration.

O204

Field trips: Agents of change for transformative learning

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Abstract / Résumé

Background: Transformative learning changes us. It changes how we *perceive* the world, how we *inhabit* the world, and how we *engage* with the world. I set this bar for every course. I want transformation. I want all of us in the classroom to leave different than when we arrived. Better. I know its ambitious. And maybe naïve. I don't care, it's still what I aim for.

Method & Objectives: The metrics for success are change. I interrogate course evaluations, student reflection journals and my teaching field notes kept throughout the semester for language that illustrates this. I find phrases such as '*I see things differently now*', '*I never thought of this before*' and '*I'm going to do something about that'*. I relax, I've done my job. Then I re-enter the data asking the more important question: '*what fosters this change*?"

Findings: Field trips. Good old fashioned field trips. Those times when you get out of the classroom and enter a different space, often one you have never visited before. There may or may not be snacks involved.

Discussion: Embodied cognition – with its emphasis on the role of bodily experiences, sensorimotor interactions, and situatedness - helps explain how and why field trips foster transformative learning.

In this presentation we – myself and previous students - share how field trips act as agents of change, the ways in which trips are selected, where we go, and what may be the 'secret sauce' to their success in gerontological education.

O205

Integrated knowledge translation in research on ageing and health – four Swedish research centres' approaches and activities

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Abstract / Résumé

Objectives: The goal of this project is to develop a new checklist for Integrated Knowledge Translation (IKT) that captures the peculiarities of partnership approaches and activities in research on ageing and health.

Methods: This project was based on efforts to link research to action from the perspective of four Swedish research centres and their non-academic partners. Multiple sources were used for a self-evaluation – websites, previous evaluations, publications, structured interviews, referrals, workshops, and feedback seminars in various constellations. A fundamental starting point was the WHO Framework on Knowledge Translation on Ageing and Health and the constituent seven elements. Based on the results, a checklist for self-evaluation with features to consider for effective structuring for IKT was developed, tested, and evaluated.

Findings: The research centres need to strengthen and structure their approaches and activities to a greater extent to enhance the transfer of knowledge between researchers and interested parties. They need to act more long-term and adapt the organization, resources and processes to real-world contexts and the non-academic partners' needs, interests, and commitments. To bridge the gap between research and practice, it is of great importance to systematically follow up and adopt partnership initiatives and learn from impact evaluations.

Conclusions: The checklist is developed to be a basis for learning evaluation and may be used for peer learning. It is intended to be a practical tool to support research environments and individual researchers to strategically develop their approaches and activities for IKT.

O206

Using Intergenerational Connections to Bring Gerontology Nursing Education to Life

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Abstract / Résumé

Nursing students are required to learn content and skills related to the care of older adults; this typically includes experiential learning opportunities with community living seniors. In this presentation we share our experiences developing gerontology nursing education highlighting strategies centred around intergenerational connections.

Our nursing students partner with senior “companions” in the first month of their BSN programme. These partnerships provide the foundation for a gerontology course in the second semester of first year. Thus, students can draw on their experiences with their senior companions as ageing content/concepts are introduced culminating in presentations of capstone projects at our Ageing Gala. The senior companions are guests at the Ageing Gala providing another opportunity for meaningful intergenerational connections. The projects are student directed with few restrictions, resulting in a range of creative presentations that have included podcasts, paintings, and musical pieces. The senior companions engage with the students providing important lived experience to challenge and support the students’ understandings of ageing.

These learning opportunities have led to increasingly positive attitudes among the students; reflections on their companion connections highlight important understandings of gerontology content/concepts. Students describe assuming a “gero lens” when caring for older patients and supporting patient autonomy and dignity through a “person-centred approach”. These positive gerontology views have also translated into increased numbers of students volunteering to participate in intergenerational events and studies through our ageing research centre. We argue that the positive outcomes related to innovations in our gerontology curriculum highlights the importance of opportunities for meaningful intergenerational connections.

O207

Developing and evaluating an intergenerational university classroom: Challenges and opportunities

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Abstract / Résumé

Providing intergenerational learning opportunities in university has much to offer in terms of reducing youth ageism and facilitating intergenerational connectivity between students and older people. With this goal in mind, we developed, ran, and evaluated a pilot intergenerational Psychology of Aging classroom – a third-year undergraduate course that was previously taught in a typical lecture-based format (i.e., no intergenerational component). Our pilot project integrated 13 older community members (classroom volunteers) into the classroom fabric, alongside 60 students. Specifically, classroom volunteers and students alike attended and participated in all lectures and connected through informal intergenerational group activities. Following course completion, we conducted 33 individual interviews (13 with classroom volunteers; 20 with students), evaluating practical and educational outcomes of the pilot project. Following an Iterative Collaborative Qualitative Analysis (ICQA), we found that the course was positively received. Despite logistical and operational challenges, students reported that course content was reinforced by listening to the lived experiences of aging from classroom volunteers, while classroom volunteers benefited from learning the science on aging as people themselves age 65+. Both groups immensely enjoyed connecting with each other in a formal classroom setting, and the success of this pilot project supports the development of other intergenerational university classrooms. Suggestions for future intergenerational university classrooms include implementing a diverse range of group activities, both academic and non-academic, as well as fostering informal group sharing opportunities. Informed by our program evaluation, our presentation will share best practices and further recommendations (including challenges and opportunities) for creating intergenerational university courses.

O208

Connecting good treatment practices within senior centres with active aging

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Abstract / Résumé

Quebec's second Action Plan against the Mistreatment of Older Adults (2017-2022) drew attention to the concept of "bientraitance" (good treatment) of older adults. With an aim to understand how good treatment practices contribute to the active aging of older adults in Quebec, the purpose of our research project was to promote active aging through the identification of how senior centres contribute to the good treatment and how these centres might improve their practices, approaches and procedures to contribute to active aging. For this project, we invited older adults, their family members or caregivers, and service providers from four senior centres to participate in discussions using a World Café (WC) method. In total, 163 participants contributed to one of four World Café discussions. These discussions centred on what it means to be treated well as an older person and what being treated well as an older person looks like within senior centres. We used thematic analysis to generate three main themes in relation to good treatment within these centres. Specifically, we found that senior centres are considered to be spaces of good treatment that support active aging when older adults feel valued by receiving personalized approaches to care; experience welcoming and inclusive spaces; and can participate in a variety of interesting programs. We consider these themes in relation to common assumptions being made in the literature about active aging and conclude by sharing insights related to connections between good treatment practices and active aging while discussing some important considerations for practice.

O209

The social reproduction of "bientraitance": English-speaking women in Quebec and senior centres

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Abstract / Résumé

Introduction: Research on "bientraitance" (good treatment) of older adults is growing in Quebec, with a new focus on the community sector. While conducting our project on "bientraitance" in senior centres that serve older English-speaking adults, we observed that these are highly feminized spaces, both in terms of participants and program providers.

Objectives: In this presentation, we explore how the "bientraitance" provided through the senior centres can be understood using the feminist concept of social reproduction.

Method: Using data collected through demographic questionnaires and four world cafés with older adults, family members/caregivers, and service providers (163 participants), and through individual interviews with executive directors and coordinators of the four senior centres, we address the following questions: What is the "bientraitance" *work* being done at the senior centres, and who is doing the work? And what are the barriers to accessing the "bientraitance" available to older, English-speaking women through the senior centres?

Results: Our results demonstrate that the older, English-speaking women in our study identify senior centres as exceptional sites of "bientraitance," and that analysing the "bientraitance" *work* being done at the senior centres as social reproduction provides insights into how to address the structural barriers they face accessing "bientraitance."

Conclusions: Applying the concept of social reproduction to understand the "bientraitance" *work* performed through senior centres for older English-speaking adults in Quebec is a novel approach that offers explanations of the feminization of these senior centres, and how to improve access to them.

O210

The role of seniors' organizations as agents of change to strengthen laws and policies related to human rights of older people in Canada

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Abstract / Résumé

Seniors are mobilizing across Canada to fight ageism and ensure their human rights as older adults are entrenched in the proposed UN Convention on the Rights of Older People (UNCROP). Seniors' organizations such as the Council of Senior Citizens' Organizations in British Columbia (COSCO) and the National Pensioners Federation (NPF), are at the forefront of this action.

We will document the urgent need for this UN Convention as part of collaborative efforts to counter ageism. We will explore the efforts of grass roots seniors' organizations to compel governments to implement binding legislation and policies to protect the rights of the ever-increasing population of seniors.

We will explore key networks in British Columbia and Canada supported by the active participation of COSCO and NPF in the Canadian Coalition Against Ageism (CCAA), which is led by the International Longevity Centre – Canada (ILC) in collaboration with organizations across Canada, and in liaison with the Global Alliance on the Rights of Older People (GAROP). We will discuss the roles and community development actions taken by COSCO and NPF including webinars and in-person consultations to mobilize their memberships to ensure that human rights of older people are entrenched in legislation, as governments have previously done for women and persons with disabilities.

We will further report on the May 19-24 meetings of the Open-Ended Working Group on Ageing at the United Nations in New York and the role of grass roots seniors' organizations in conveying the interests of older adults to UN decision makers.

O211

“It’s like a blur ”: Understanding the educational needs of community organization workers and volunteers related to mistreatment in the context of caregiving

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Abstract / Résumé

A 2019 study reported that 5.9% of adults aged 65 years and older living at home in Quebec have been mistreated within the last year, mostly by a family member. This could partially be explained by the multiple risk factors for mistreatment, both for the caregiver and care receiver, which can manifest in the caregiving context, such as low social support or shared living environment. Community organization workers and volunteers offering services to caregivers can be important actors in the identification of mistreatment occurring in the caregiving context. Educational programs for service providers have been associated with increased knowledge, identification, and reporting of mistreatment situations. To better understand the training needs of these workers and volunteers, a descriptive mixed methods research design (quantitative and qualitative) was used. Questionnaires and individual semi-structured interviews were used to collect data on the subject. More than 30 representatives of organizations offering direct services to caregivers participated in the needs assessment. Results showed a need to better understand the mistreatment of caregivers, and how to consider both members of the dyad in the management of the situation. Participants wanted more information about tools for identification and reporting, as well as existing laws and resources. They also requested additional information about building trust and dealing with service refusal and emergency situations. This study is the first step in developing an educational program to help increase knowledge about older adult mistreatment in community organizations and to improve identification and reporting of mistreatment in the caregiving context.

O212

Older Adults in Flux: Using Friendship as Method to Explore Experiences of Transition

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Abstract / Résumé

According to the 2021 census profile, there are roughly 197,980 individuals in Saskatchewan aged 65 and older (17.5% of the population), many of whom are experiencing transition. While transition, the experience of change or moving from one experience to another, is a continued reality in today's world, little is understood of the process of transition and the decisions surrounding change in older adult's lives. This research study focuses on the experience of transition in older adults in Saskatchewan. We explore not only where older adults live but also how they live and how they navigate change. The research questions guiding the study are, what does supportive care look like for older adults and how can that care bring about a sense of home? How does supportive care influence changes in circumstance (physical, emotional, mental, spiritual, or financial) and how does that care create or inhibit a sense of home?

Our patient-oriented research team used friendship methodology to explore older adult's experiences of transition. Participants were friends, family, and acquaintances with rich sources of lived experiences. Data was gathered within relationship, using the practices, pace, place, and ethics of friendship from Tillmann's Friendship as Method. The result was a description of the experience of transition for older adults. These experiences identify gaps in information, services, and care so that we can move forward in a foundational understanding of how supportive care contributes to a sense of home for older adults.

O213

Unraveling the role of hospitalizations in health care trajectories of people living with dementia

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Abstract / Résumé

Hospitalizations often play an important role in a person's health care trajectory, as they typically coincide with significant changes in the person's health status and care needs. Our study investigated the impact of hospitalizations on the health care trajectories of people living with dementia, focusing particularly on the transitions before home care and long-term care admissions.

Method: We followed a cohort of people living with dementia from 4 provinces (Alberta, British Columbia, Ontario and Newfoundland and Labrador) over a 5-year period, by linking their initial record of dementia in 2017 with data from acute care, long-term care and home care sectors. Dementia was identified using primary care, hospital and pharmaceutical data. We used descriptive analysis and logistic regression to examine hospitalizations, alternate level of care (ALC) for people living with dementia following different health care trajectories.

Results: Hospitalizations frequently preceded home care and long-term care admissions among people living with dementia. Within three months prior to starting home care, 37% were hospitalized at least once, 60% had hospitalizations within three months before transitioning to long-term care. While in the 3 months after they moved to long-term care, only 12% were hospitalized. Those transitioning from home care to long-term care had 50% higher odds of being hospitalized after home care compared to those who stayed in home care. Additionally, people living with dementia and concurrent mental health disorders were more likely to be designated ALC patients, and have more ALC days, suggesting challenges in accessing home care and long-term care.

O214

A content analysis of decision-making tools in healthcare to support a long-term care home to hospital transition intervention for older adults

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Abstract / Résumé

Objectives: This study assesses existing tools designed for use with older adults to facilitate meaningful discussions about serious illness and decision-making about transitions from long-term care to hospital at the end-of-life.

Method: A content analysis of existing conversation tools and decision-making aids was guided by an intersectional health equity framework. The review involved an exploration of the aids in use at our three long-term care home sites and a systematic literature search to identify other tools currently in use with older adult populations. The content of the selected tools (n=12) was analyzed with a focus on accessibility, cultural sensitivity, and effectiveness in capturing the values and preferences of older adults regarding care transition decisions.

Results: This project will be complete by September 2024. Based on preliminary findings we have identified the need for improvement in how equity considerations are integrated into serious illness conversation tools and decision-making aids. Linguistic, ethnic, and cultural differences among older adults and their care providers impact how conversations about illness, including the need for transitions across care settings, are framed and how decisions are made. Barriers such as lack of human resources, lack of time for in-depth conversations, and lack of structure on "how" to ask important questions are also relevant.

Conclusions: The results of this content analysis will inform the development of a tool to improve long-term care home to hospital transitions for older adults with a focus on prioritizing staff to resident communication and information sharing to support informed decision and resident-centered care.

O215

What are nurses' and managers' perceptions of the transition of older adults from long-term care facilities to the emergency department? A mixed methods study.

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Abstract / Résumé

Problem: The transition of older adults from long-term care facilities (LTCFs) to the emergency department (ED) presents many challenges, and nurses play an important role.

Objective: To describe the perceptions of frontline nurses and managers regarding the transition of older adults from LTCFs to the ED.

Methodology: Using a mixed-method sequential explanatory design, an online questionnaire was administered to LTCF and ED nurses in phase 1 (quantitative), and individual semi-structured interviews were conducted with LTCF and ED managers in phase 2 (qualitative). Descriptive statistical analyses and t-tests were used. Qualitative data were analyzed using inductive thematic analysis.

Results: Nurses (n = 38) shared similar perceptions, viewing the transition of older adults from a LTCF to the ED as inefficient and inter-institutional communication as ineffective. Following interviews with the managers (n = 7), four themes were developed that reflected the limitations of LTCFs in caring for older adults, barriers to information transfer, the impact of the ED stay on older adults, and the contribution of caregivers.

Conclusion: Four findings emerged: 1) transitions are influenced by the human and material resources of the LTCFs; 2) information transfer is inefficient; 3) ED environment is not adapted to the needs of older adults; and 4) caregiver involvement is important but challenging.

O216

Challenges of Racialized Older Adults with Dementia and Caregivers in Acute Care: A Scoping Review

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Abstract / Résumé

Introduction:

Racialized older adults living with dementia face triple the burden of disability, ageism, and racism in various healthcare settings. Biomedical healthcare practices in acute care settings are more Eurocentric, and individuals from racialized groups struggle to voice their concerns. Race, ethnicity, and gender intersect in ways that lead to discrimination in healthcare practices around dementia care. Despite some evidence on the hospitalization experiences of racialized older adults, scant research exists on this population's access to dementia care. Therefore, the aim of this scoping review is to understand the scope and range of evidence on the experiences of hospitalization of racialized older adults with dementia and their caregivers.

Method: We used Arksey and O'Malley's (2005) framework to conduct this scoping review. Searches were performed in five databases (PubMed, Scopus, Medline, PsycINFO, and CINAHL), and the reference lists from chosen literature were hand-searched for additional literature. The grey literature was searched using Google and the Alzheimer Society websites. Seven articles were included in the review. A thematic analysis was used to identify key findings relevant to dementia and hospitalization.

Findings: Our findings generated several themes that describe racial disparities in clinical care practices, financial barriers to care access, challenges in navigating care services, and lack of culturally sensitive care practices towards racialized older adults living with dementia. Key gaps in evidence are identified and discussed in light of dementia care practices and policies in the Canadian context.

*This scoping review is still in progress, and data will be analyzed by summer 2024.

O217

Home Care clients with dementia – clinical characteristics, caregiver factors, and trajectories in Manitoba and Nova Scotia

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Abstract / Résumé

Background. Home care services support aging in place for adults with cognitive or functional limitations. This study compares clinical characteristics, caregiver factors and care trajectories between clients with and without dementia, early versus late diagnosis and mild versus severe cognitive decline.

Method. We retrospectively analyzed clinical assessments and discharge information of long-stay home care clients aged 60+ in Nova Scotia (NS) and Winnipeg Regional Health Authority (WRHA) admitted between 2011-2013 and followed for four years (~5300 clients per jurisdiction). Dementia was measured as a clinical diagnosis and via the Cognitive Performance Scale.

Results. In NS, 23.9% of home care clients (n=1252) had dementia, compared to 18% in WRHA (n=950). Clients with dementia compared to those without had fewer comorbidities like heart failure or lung disease but exhibited more responsive behaviors and incontinence. They were more likely to use antipsychotic medications, while antidepressants, anxiolytics, and hypnotics differed by jurisdiction. Around 80% of clients with advanced dementia lived with their primary caregiver, with 92% of NS caregivers providing >14 hours of care weekly versus 71% in WRHA. Clients with dementia received more daily home care hours but less nursing. WRHA clients had more frequent general practitioner visits (average 4.14 vs. 2.87 in NS). Most transitioned from home care to long-term care, with higher overall long-term care placement in NS.

Discussion. Understanding characteristics of clients aids in planning home care caseloads and improving services for persons with dementia and their caregivers. Managing dementia using psychiatric medications and home care services varied by jurisdiction and dementia severity.

S1

Exploring generativity among culturally diverse older adult volunteers

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Abstract / Résumé

Generativity, the desire to look beyond the self, and teach and guide the next generation, has been described by researchers as an important component of successful aging and a key part of why older adults choose to engage in activities such as volunteering. Recent research on generativity, including Rubinstein et al's generativity framework (2015), describes how the expression of generativity can be influenced by cultural context, including traditions, sense of heritage, and family relationships. Despite this, so far little research has focused on generative expression among older adults with diverse cultural backgrounds, such as those belonging to ethnocultural minorities. Using Rubinstein's framework and life history interview as a guide, this study explores generativity among older adult volunteers who belong to ethnocultural minority communities in Vancouver, British Columbia, Canada. 14 participants aged 65 and over participated in in-depth interviews about various life course experiences, in order to bring contextual understanding to their generativity and volunteer activities in later life. Preliminary findings suggest the unique ways in which generative action can develop over the life course, and how it can potentially be influenced by a sense of belonging to an ethnocultural group. Results also speak to the contributions that are made by ethnocultural minority older adults as volunteers in their communities.

S2

Academic for Life: Perspectives of Retirees from Colleges and Universities in Canada

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Abstract / Résumé

Background: A conversation occured among the members of the Later-Life Learning Committee (LLL) of the College and University Retiree Associations of Canada (CURAC/ARUCC) about the need to inform current and soon-to-be retirees, current academics, administrative and related staff in post-secondary educational settings in Canada about the post-retirement world. The conversation emerged into an bimonthly online column hosted by University Affairs named *Academic for Life* beginning in October 2022.

Column Mandate: This column series provides commentary about the variety of activities of retired academics and employees from Canadian universities and colleges.

Outcome: As members of the LLL Committee, we wondered about the views of the authors for the columns published to date.

Objective: Were there lessons that we could share with the larger community of retirees within CURAC/ARUCC?

Method: We retrieved the ten published columns. Each column was read and re-read to obtain a sense of the whole. We identified demographic data (gender, professional field) when available, focus of the column, and suggestions for others.

Findings: Two themes emerged: (1) the importance of togetherness and social connectivity; and (2) the use of technology to promote social connectivity. The former is defined as the experience of belonging and relatedness between people. Technology within the context of this exploration describes the ability to maintain virtual connections with others through online tools, such as Zoom, Skype, and Teams.

Conclusion: Retirement from full-time employment in post-secondary educational settings is a defining moment that marks the beginning of a life transition.

S3

Retiree Perspectives: Preparation for the Retirement for Older Workers

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Abstract / Résumé

There continues to be an increase in older workers in the workplace. In Canada, one in five Canadians over 65 continues to work (Federal, Provincial and Territorial Forum of Ministers Responsible for Seniors, 2021). In the United States, labor force participation of people over 75 will increase to 11.7% in 2030, up from 8.1 % in 2020 (The Economics Daily, 2021). This increase is significant and requires attention, since many organizations are not prepared for this demographic shift (Heisler & Bandow, 2018). The objective of this study is therefore to explore organizational preparedness for the aging workforce, through the lens of retirees.

To conduct the study, interviews were conducted with retirees to explore their experiences with organizational preparation for retirement, employee retention and unretirement (Young & Babchuck, 2019). A purposive sampling technique was used to source participants, specifically snowball sampling. Thematic data analysis was conducted following the interviews (Braun & Clarke, 2012) utilizing the following process (i) organization and familiarization of the data (ii) coding and reducing (iii) interpreting and representing the data (Ary, Jacobs & Sorenson, 2010).

Findings from the study indicate that strategies have been implemented to prepare for the aging workforce, however they are deemed inadequate. Findings also indicate that strategies differ if retirement was initiated by the organization or the employee. These findings can advance the literature on workplace aging in terms of informing organizational practice and policy development. The study can also inform best practices on unretirement, considering the increase in reentry in various capacities.

S4

Working in Place

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Abstract / Résumé

Objectives: As the proportion of older adults increases and more people of traditional retirement age struggle financially to afford to stop working, academic and general interest in later life work, labor processes, and retirement experiences has grown. This study examines how retirement is experienced by academics including factors that help and hinder decisions to retire by focusing on perceptions about later life work and retirement trajectories. *Methods*: Repeated interviews were conducted with an international sample of academics for nearly a decade between 2015-2024. Findings: Participants described a sense that they were continuing their life's work regardless of whether they received financial compensation for their work, something that might be described as "working in place". Analyses of the longitudinal data point to three emergent themes: 1) academics are acculturated to view their work and personal identities as intertwined; 2) strong work identity can lead to intergenerational tensions and complicate retirement planning; 3) the autonomy and financial stability participants experienced fostered a general interest in finding ways to continue working regardless of official or financial status, general health, and geographic location. *Discussion*: This study examining the later career and retirement experiences of an international sample of academics has implications for the sustainability of institutions of higher education and more generally for mature workers in other settings.

S5

Harnessing the Potential of Young Foreign Employees as an Alternative Solution to Rapid Aging Population in South Korea

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Abstract / Résumé

South Korea is facing a profound demographic challenge characterized by a rapidly aging population. This demographic shift poses significant economic and social implications, including labor shortages, increased healthcare costs, and strains on social welfare systems.

To address these challenges, exploring alternative solutions is imperative. This study focuses on investigating the potential of young foreign employees as a viable solution to mitigate the impacts of South Korea's aging population.

In recent decades, South Korea has experienced remarkable economic growth and modernization, leading to demographic changes such as declining birth rates and increasing life expectancy. These trends have resulted in an aging population and a shrinking workforce, presenting pressing challenges for sustaining economic growth and maintaining social stability.

Qualitative research revealed insights from stakeholders, emphasizing the potential benefits and obstacles of integrating foreign labor. Quantitative analysis of government data highlighted labor shortages and economic impacts. Results indicate that young foreign employees can alleviate shortages in critical sectors, fostering economic growth and diversity. However, language barriers and cultural differences pose significant challenges. Strategies such as language education and cultural training are essential for successful integration. Reforming immigration policies is crucial for facilitating entry and employment.

The findings of this study highlight the need for comprehensive strategies to overcome the challenges associated with employing young foreign workers in South Korea.

In conclusion, employing young foreign workers presents a promising solution to South Korea's demographic challenges. Addressing barriers through targeted policies can unlock the potential of foreign labor, ensuring long-term prosperity and competitiveness.

S6

They can speak for themselves: Methodological insights on institutional ethnography with older adults living with dementia

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Abstract / Résumé

Background and objectives. The voice of people living with advanced dementia residing in long-term care homes (LTCH) is still scarcely represented in literature. While ethical considerations and gatekeepers might restrict access to this population, the use of tailored methodologies appears to mitigate those barriers by providing safe and inclusive research environments. The aim of this paper is to offer methodological insights on collecting data, through institutional ethnography (IE), with older adults living with dementia residing in LTCH.

Methodology. Institutional ethnography allows for a dive into people's everyday lives and aims to explore and understand the influence of institutional forces on them. An IE was conducted in a Québec LTCH with older adults living with dementia over the course of six weeks. Data were collected through participant observation and leisure-based interviews.

Results. While collecting data with people living with advanced dementia is a challenging undertaking, researchers may limit obstacles by adapting their methods and approach. Institutional ethnography proved to be a suitable methodology with this population in the context of LTCH. Extensive participant observations and activity-based non-directed interviews have shown success in opening dialogue and connecting with residents. Researchers' flexibility, social skills, engagement, and experience also appear to contribute to effective fieldwork.

Conclusion. The perspective researchers hold regarding older adults living with dementia may impact their inclination to incorporate them as participants. Researchers should exhibit creativity and innovation in their methodologies, focusing on participants' strengths and potential, thereby allowing traditionally marginalized individuals in scientific inquiries the opportunity for inclusion and representation.

S7

The Comprehensive Approach to Dementia Data Monitoring in Canada (CADDM)- Cognitive Ability Life course Model (CALM)

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Abstract / Résumé

The Comprehensive Approach to Dementia Data Monitoring in Canada (CADDM) project is funded by the Public Health Agency of Canada to enhance and expand the national dementia surveillance system. CADDM created a Cognitive Ability Life Course Model (CALM) comprised of factors that can influence dementia risk and experience that will direct future data collection in Canada.

CALM incorporates a life-stage approach, illustrating potential changes in cognitive function over a person's lifetime. By acknowledging the diverse cognitive abilities that evolve through different life stages, CALM aims to capture risk factors contributing to changes in cognitive ability and the varying experiences of individuals living with dementia. The model emphasizes diversity in age, ability, and ethno-racial identity.

CALM was 1) developed from a realist synthesis of literature on factors affecting the risk and experience of dementia, 2) refined through 28 focus groups/interviews involving 17 persons living with dementia and 78 care partners, and 3) validated by stakeholders. Factors influencing dementia risk and experience are categorized into three levels of evidence: established, potential, and theoretical. Established factors, supported by strong evidence, include, e.g. physical activity, obesity, and smoking. Potential factors, supported by individual observational studies, encompass, e.g., sleep disturbance and frailty. Theoretical factors, based on hypothesis or theory, include, e.g., microbiome and genetics. These factors are further classified into domains: Individual, Social, Community, and Cultural Networks, Structural Living and Working Conditions, and General Socio-Economic, Policy, and Environmental Conditions. This information will enhance dementia surveillance in Canada and inform more person-centred planning and service development.

S8

Developing a dementia-inclusive participatory co-analysis approach

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Abstract / Résumé

Decades of interdisciplinary scholarship in gerontology, health studies, and planning have emphasized the importance of community members as equal partners in research. Participatory involvement in research can range from defining questions to directing methodologies and interpreting results, but less is known about direct involvement of community members as co-analysts. Further, additional efforts are needed to ensure participatory analysis is accessible to the needs, strengths, and abilities of people living with dementia (PLWD) and their care partners. We describe our participatory co-analysis method used to analyze interviews with PLWD and their care partners in the Region of Waterloo, Ontario. Embedded within a participatory action research (PAR) project, this co-analysis identified barriers and supports to inclusion, and envisioned a dementia-capable community. Our co-analysis was informed by reflexive thematic analysis and PAR principles and occurred over eight months. PLWDs, care partners, and community partners participated. Interview excerpts were selected by the research team to represent a holistic view of the data. Co-analysts were briefly trained on qualitative interpretation, and subsequently participated in four co-analysis sessions wherein excerpts were discussed and coded. Participants attended a final in-person 'theming' session where we reviewed quotes and co-constructed the final themes as a group. This co-analysis empowered PLWD and partners to actively participate in knowledge creation and interpretation which resulted in a richer and more nuanced understanding of project data. Insights from this process have the potential to inform dementia-inclusive strategies and actions at all levels, and guide future participatory research efforts with PLWD and their communities.

S9

Co-Designing a Mobile Application with Caregivers to Support Adults with Early Onset Dementia

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Abstract / Résumé

Introduction: Dementia rates are forecasted to increase dramatically over the next few decades, with its global prevalence expected to increase threefold by the year 2050. With mobile technology use rising, mobile applications have the potential to support individuals with dementia. Although design recommendations are available for individuals with dementia, knowledge of considerations for individuals with early onset dementia is limited.

Objective: To describe design considerations for mobile applications intended to support individuals with early onset dementia.

Methods and Analysis: Five semi-structured interviews and a co-design activity were conducted with caregivers of those with early onset dementia. The caregivers shared their opinions toward mobile app adoption, discussed designing their ideal solution, then implemented them by drawing mock-ups of their ideal solution. Data was analyzed using a reflexive thematic analysis with a two-member coding team.

Results: Results aligned with findings from background literature, favouring simplicity as a key component of application design. Participants also reported the need for multifaceted apps, including tracking features to manage daily activities and entertainment features as their most common functions.

Conclusion: Developing design considerations for a mobile application to support individuals with early onset dementia furthers knowledge of their needs and supports the development of effective interventions for those with early onset dementia. Findings also provide the opportunity for future applications to effectively cater to adults with early onset dementia.

S10

Access to Appropriate Care Across the Heath Care Continuum: An Environmental Scan Exploring the Unique Needs of Older Adults Living With HIV

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Abstract / Résumé

Canadians living with HIV are aging as well because of improved diagnoses and treatment. In fact, it is estimated that by 2025, one of every six people in Canada living with HIV will be over the age of 50 years. As a result, the intersection of HIV and aging is becoming more important. There may be specific physical and psychosocial issues related to HIV and aging that present particular challenges to effective treatment and support.

Thanks to the advent of medications like antiretrovirals in the mid-1990s, improvements in the treatment of HIV have meant that this disease has shifted to a chronic and somewhat manageable condition. However, the long-term effects of living with HIV and being on antiretroviral treatment have begun to emerge. For many older adults with the virus, HIV is no longer their primary health concern; instead, many of them are dealing with the early onset of multiple comorbidities

Many older adults living with HIV may be disconnected from traditional informal support networks and may not be able to rely on family members. This is especially true of gay men with HIV, many of whom have been rejected by family members. As a result, the relationship between older adults receiving care and the informal/formal care that they receive often is systematically different from the relationship in the general population of older adults receiving care, making the need for home care important.

The specific aim of this study was to explore this relationship and develop a better understanding of the unique needs of older adults who are living with HIV.

S11

The Importance of 2SLGBTQIA Rights Over the Life Course: Highlights on Employment and Healthcare Access from Egale Canada's Aging and Living Well Study

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Abstract / Résumé

Rights and social inclusion for Two Spirit, Lesbian, Gay, Bisexual, Trans, Queer, Intersex, an Asexual (2SLGBTQIA) communities in Canada have been hard-won. With growing anti-trans and anti-queer social sentiments and policies being platformed and passed across provinces, there are many lessons to be learned from past organizing and from the experiences of 2SLGBTQIA older adults.

This presentation highlights key lessons learned about employment and healthcare access from the lived experiences and perspectives of queer and trans older adults interviewed as part of Egale Canada's Aging and Living Well study. This qualitative study included semi-structured interviews with 48 queer and trans older adults (over age 64) from across Canada focused on their conceptualizations of "aging and living well" and how these are entwined with key factors of employment, housing, social connection and disconnection, healthcare access, and death and end-of-life wellbeing. Drawing on specific examples this presentation will highlight key findings around the impact of employment discrimination and discrimination in healthcare access, tracing the implication of this discrimination over life courses, discussing queer and trans people's navigation strategies, and identifying key lessons and implications for understanding and responding to the contemporary socio-political landscape.

S12

Moderators of internalized stigma of seeking mental health services in distressed older adults

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Abstract / Résumé

Background & Objective: Older adults are the least likely age group to seek professional help for mental health problems for a variety of reasons, including stigma. Vogel and colleagues' internalized stigma posits that public stigma can be internalized as self-stigma, negatively impacting help-seeking attitudes and intentions. We conducted three studies exploring experiential avoidance (EA), perceived control (PC), and mental health literacy (MHL) as moderators of the internalized stigma model in distressed OAs. **Methods**: We conducted moderated mediation analyses with cross-sectional self-report survey data from 350 distressed older adults (M_{age} = 71.9 years, SD = 5.41 years). **Results**: Consistent with our hypotheses, the association between self-stigma and negative help-seeking attitudes and intentions became stronger as EA increased and MHL decreased. Further, the overall negative indirect effect of the model became stronger as PC decreased. **Conclusions & Implications:** Findings from our studies suggest that distressed older adults who are higher in EA and lower in MHL and PC may be more vulnerable to the effects of public stigma on help-seeking intentions through internalized self-stigma and negative help-seeking attitudes. These findings provide a more nuanced understanding about psychosocial risk factors which affect the internalized stigma model and suggest targets for anti-stigma interventions that could increase the likelihood that distressed older adults will seeking professional help for mental disorders.

S13

Perte d'autonomie, consommation de substances psychoactives et précarité sociale : perspectives des personnes concernées sur les défis actuels et les avenues de bonification des services

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Abstract / Résumé

La perte d'autonomie liée à l'âge se retrouve de plus en plus associée à des enjeux sociaux et de santé comme la consommation de substances psychoactives et le vécu de la précarité sociale. Ces profils complexes posent un défi important aux services, qui ne sont souvent pas en mesure d'accompagner adéquatement cette clientèle spécifique. En partant du point de vue des personnes concernées par ces situations, cette présentation abordera les écueils actuels et les avenues potentielles de bonification de l'intervention et de l'organisation des services.

Nous avons réalisé et analysé thématiquement 57 entrevues individuelles à Montréal, impliquant 28 usager(e)s de programmes d'hébergement offerts par le réseau communautaire, et 29 intervenant(e)s et gestionnaires au contact de cette population.

Les participant(e)s soulignent l'importance d'améliorer l'accès à une expertise multidisciplinaire correspondant aux problématiques vécues (p. ex., dépendances, santé mentale, désaffiliation sociale). Ces dernier(e)s mentionnent aussi le fait de mieux tenir compte des limitations fonctionnelles liées à la perte d'autonomie dans l'organisation des services. La création d'établissements ou d'unités dédiées est aussi souhaitée. D'autres propositions de fond sont aussi nommés, comme l'amélioration de la formation du personnel, un ratio intervenant(e)/client(e) réduit, le renforcement de la collaboration entre le réseau de la santé et des services sociaux et le réseau communautaire.

Les avenues partagées font écho aux difficultés rencontrées au quotidien dans les milieux de pratique. Cette étude souligne également comment la mobilisation de diverses expertises et paliers décisionnels est cruciale pour offrir un accompagnement adéquat, soutenant l'autonomie et le bien-être de cette clientèle.

S14

Transnational healthcare: A concept analysis

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Abstract / Résumé

Objectives: Immigrant older adults are increasingly engaged in transnational healthcare (TH) practices with significant implications for health and migration policies. However, the concept is often shrouded in ambiguity due to its diverse manifestations and potential contextual variations. This paper aims to present the results of a concept analysis on TH.

Methods: Utilizing the Walker and Avant (2019) concept analysis framework, we conducted an in-depth examination of the concept of TH. We began with preliminary searches in online dictionaries to establish foundational definitions. We then searched the Social Science Citation Index (Clarivate), PsycInfo, and CINAHL databases for scholarly articles using key terms associated with TH. The DistillerSR software was employed to select and filter articles for inclusion in our analysis.

Results: A total of 390 articles, not restricted to publication years or location, were screened based on titles and abstracts; 50 were identified for full-text screening, and 40 were chosen for final data extraction to develop a conceptual definition of TH, and its defining attributes, cases, antecedents, consequences, and empirical referents. In this presentation we share the conceptual definition that was developed based on the concept analysis. We will discuss how this concept manifests at a local as well as a transnational scale.

Conclusions: Clarifying and comprehending the concept of TH is vital for addressing potential disparities across international boundaries in accessing and utilizing healthcare information and services, and for enhancing healthcare delivery and health outcomes for all, especially for immigrant older adults living in another country.

P1

Usability and Workload of Medication Adherence Devices (MATech) in Older Adults with Diverse Limitations

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Abstract / Résumé

Objective: To evaluate the usability and workload associated with various MATech among older adults facing five types of limitations (cognitive, physical, visual, hearing, motivational, and environmental) to medication self-management.

Methods: A prospective observational study using cognitive walkthrough was conducted with 80 participants aged over 60 years. Participants were assessed for all five types of limitations in medication self-management with validated measures. Participants tested up to four MATech, from a total of 13 products, with a standardized mock medication regimen. After testing each product, they completed the System Usability Scale (SUS) and NASA Task Load Index (NASA TLX) to assess usability and workload respectively.

Results: Usability and workload varied significantly according to participant limitations. Mean SUS scores ranged from 42.87 to 47.45 ($(p<.0001)$, and NASA-TLX scores from 56.32 to 65.93 $(p<.0001)$, indicating variability based on participant limitations. SUS scores were notably lower for participants with visual impairments (42.87), indicating less favorable usability in this group. Similarly, NASA TLX scores were higher for those with visual (65.93) and physical (61.44) limitations, suggesting these higher workloads for participants with vision impairment.

Discussion: The results highlight the importance of considering user-specific limitations in designing MATech. Products that are more user-friendly and require less effort can significantly enhance medication management for the elderly, potentially improving medication adherence. This study offers valuable insights into how different devices perform under various user conditions, providing crucial guidance for product selection and user-centered design in healthcare technology.

P2

Association Between Frailty and Self-reported Dysphagia in Community-dwelling Older Adults.

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Abstract / Résumé

Frailty and dysphagia (swallowing difficulties) are highly prevalent in older adults. The objective of this study was to explore the association between frailty and self-reported dysphagia in community-dwelling older adults.

This cross-sectional study included older adults between 60 and 89 years of age from Hamilton, Ontario and Halifax, Nova Scotia, who were community-dwelling, English-speaking, and categorized as pre-frail or frail on the FRAIL scale. The Fried Physical Frailty Phenotype (FPFP) assessment was used to assess physical frailty based on five categories: unintentional weight loss; weakness; self-reported exhaustion; slow walking speed; and low physical activity (prefrail:1-2 traits, frail: 3 traits). Self-reported dysphagia was identified using the Eating Assessment Tool (EAT)-10 questionnaire. Multiple linear regression was conducted to determine the association between frailty and self-reported dysphagia while controlling for age, sex, and race.

A total of 114 older adults (mean age = 72.2±7.8; 81 (71%) females) participated in the study. Mean FPFP score was 1.5±1.2 with 21 participants (18%) presenting as frail. Mean EAT-10 score was 3.9±6.2, with 38 participants (33%) with scores ≥3, indicating risk of dysphagia. An association was found between FPFP and EAT-10 scores, when controlling for age, sex, and race (b = 0.085, p<0.0001, 95%CI = 1.4, 3.2).

These findings suggest that physicians should screen frail older adults for dysphagia using the EAT-10 and make referrals to speech-language pathologists to identify and triage those with dysphagia. This will allow for proactive care to avoid or minimize the effects of dysphagia in older adults presenting as frail.

P3

Accès aux soins de santé : l'expérience des personnes aînées de communautés francophones en situation minoritaire au Nouveau-Brunswick

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Abstract / Résumé

Malgré le fait que le Nouveau-Brunswick est la seule province officiellement bilingue, l'accès aux soins de santé dans la langue officielle de la minorité demeure un grand défi. En plus de la question de la langue, la province est l'une de celles avec la plus grande proportion de personnes âgées de 65 ans et plus, et dont 35 % de ces dernières sont francophones. Les études antérieures confirment que les personnes aînées dans les communautés francophones en situation minoritaires sont réticentes à demander pour leurs soins en français. Le but de cette étude qualitative de type théorisation ancrée était d'identifier le processus qu'entreprenne les personnes aînées francophones en situation minoritaire pour accéder aux soins en français. Après l'approbation éthique, 13 entrevues semi-dirigées avec 16 personnes entre 68 et 90 ans et provenant des trois communautés francophones minoritaires au N-B furent réalisées. Les résultats révèlent le processus de « L'identité contre la vulnérabilité » avec six étapes : 1) nécessiter des services de santé dans une région majoritairement anglophone; 2) appréhender avec pressentiment la demande de service en français; 3) s'identifier comme francophone et faire la demande du service en français; 4) faire face au refus des services en français; 5) se soumettre contre son gré à recevoir les soins nécessaires en anglais; et, 6) vivre le désespoir de ne pas recevoir les soins dans sa langue. Le processus est sous l'influence constante de facteurs intrinsèques et extrinsèques. En conclusion, les résultats démontrent que les personnes âgées demeurent vulnérables face à un système de santé non accessible dans une des langues officielles au Canada.

P4

Prevalence of unmet healthcare needs in aging Canadians with chronic back pain: A population-based cross-sectional study using Canadian Longitudinal Study on Aging data

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Abstract / Résumé

Background: Older Canadians with back pain experience complex limitations in functioning and barriers to accessing care; however, prevalence of unmet needs in this population is not well known. Understanding the burden of unmet healthcare needs informs healthcare and resource planning.

Objective: Determine the 12-month national-, province-, gender- and age-specific prevalence of unmet healthcare needs in aging Canadians (aged 45-85 at enrolment) with chronic back pain between 2015-2018.

Methods: We conducted a population-based cross-sectional study using Canadian Longitudinal Study on Aging (CLSA) data at follow-up 1 to assess unmet healthcare needs in aging adults with chronic back pain (n=8949). Unmet healthcare needs refer to self-reported unfulfilled needs in the past 12-months. We calculated overall 12-month prevalence estimates, and those stratified by province, gender, and age, incorporating CLSA sampling weights in analyses.

Results: Prevalence of unmet needs in aging Canadians with back pain was 11.5% (95%CI: 10.2-12.8) compared to 5.9% (95%CI: 5.4-6.5) for those without back pain. Province-specific prevalence ranged from 6.0% (95%CI: 3.1-11.4) in Saskatchewan to 14.9% (95%CI: 9.9-21.7) in Nova Scotia. Prevalence varied by gender: males 10% (95%CI: 8.4-11.9), females 12.8% (95%CI: 11-14.9) and gender-diverse (transgender men, transgender women, genderqueer, other gender) individuals 42.3% (95%CI: 15.9-72.5). Prevalence was the same at 11.5% for those between ages 45-59 and ≥60 years.

Conclusion: Canadians with back pain report unmet healthcare needs more commonly than those without back pain. We observed differences across genders and provinces. This underscores the importance of addressing disparities and provincial variations to ensure equitable access to healthcare services.

P5

Family Experience in Using Telepresence Robots With Residents In Long Term Care

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Abstract / Résumé

The provision of informal care, which is predominantly provided by family members or friends, has long been an underappreciated aspect of long-term care (LTC) settings. The transition to LTC often entails a shift in the caregiving roles of informal caregivers, who must relinquish primary caregiving responsibilities and assume the role of a visitor. The resultant loss of control and involvement in their loved one's care can be a challenging experience for caregivers. The COVID-19 pandemic exacerbated this situation by introducing new challenges: health risks, changing care home protocols, and government policies.

Telepresence robots have emerged as a tool for easing the transition for informal caregivers. This study aims to examine the experiences of informal caregivers who utilized telepresence robots to communicate with loved ones residing in LTC settings during the COVID-19 pandemic. The study took place between May 2021 and August 2023 in five urban LTC facilities located in British Columbia, Canada. The researchers employed purposive sampling to recruit a total of 20 informal caregivers, who participated in semi-structured interviews.

The researchers utilized thematic analysis to identify four overarching themes characterizing caregivers' experiences with the telepresence robot. These themes include 1) decreased caregiver burden, 2) facilitated caregiver-staff relationships, 3) created relational autonomy, and 4) expanded the scope of what is achievable. The findings highlight the ability of the telepresence robot to enhance the caregiving experience. However, to ensure the sustainability of telepresence robot implementation, further research is warranted, particularly regarding its efficacy in diverse geographic regions and care home compositions.

P6

Using evidence-based resources to support decision making about end-of-life nutrition care within long-term care: A scoping review

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Abstract / Résumé

Clinical nutrition and hydration practices change at the end-of-life (EOL), shifting to a focus on quality of life. Communicating about this transition is challenging, and resources are needed to aid healthcare providers in facilitating decisions about EOL nutrition care with residents living in long-term care (LTC) and their relatives. This scoping review explored literature on resources to support decision-making about nutrition and hydration at EOL in LTC. Search terms and strategy were developed in partnership with a local LTC network (persons with lived experience, clinicians, researchers). Four databases (MEDLINE, CINAHL, Web of science, Embase) were searched for research published from 2003 to 2023. Articles included peer-reviewed human studies published in English that reported research examining resources used to support decision making about EOL nutrition care in LTC homes. After de-duplication, 1038 abstracts were screened for inclusion, 274 full-text articles were examined for inclusion and appraised for quality, resulting in 15 papers for review. Findings indicated that use of resources resulted in higher reported frequency of conversations about EOL nutrition, increased participant knowledge on options for care, and less decisional conflict for family members. Five themes emerged from thematic analysis of the included articles: conversations about care, evidence-based decision-making, a need for multidisciplinary perspectives, honouring residents' goals of care, and cultural considerations for adapting resources. Resources can facilitate conversation and decision-making about EOL nutrition care by providing evidence-based knowledge that helps to guide the provision of care to meet resident goals and wishes.

P7

From Development to Implementation: a Novel Clinical Post-Fall Assessment Tool in Long-Term Care

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Abstract / Résumé

Objective: The study aims to: (i) develop a clinical post-fall assessment tool for older adults in long-term care (LTC) settings; (ii) validate the tool's effectiveness and usability; and (iii) assess the practical application and impact of the tool within LTC units.

Methods: Employing a sequential exploratory mixed-method framework, this study has three phases. Tool development (Phase I) capitalized on a comprehensive literature review and semi-structured interviews with nine healthcare professionals to inform tool development. Validation (Phase II) employed an embedded design, where qualitative insights from 18 professionals via two focus groups informed iterative improvements and a quantitative questionnaire evaluated the tool's effectiveness and user experience. Implementation (Phase III) encompassed a retrospective and prospective longitudinal study, focusing on key metrics: fall incidence, communication efficacy, and usability, to gauge the tool's real-world impact.

Results: From Phase I, we developed a mnemonic checklist, structured into five key sections: patient characteristics, fall description, primary and secondary assessments, and post-fall management—selected for clinical practicality. In Phase II, feedback from the two focus groups informed modifications to the tool, and subsequent questionnaires (showing 71% high usability and 76% satisfaction rates) assisted in evaluating the tool's functionality and transferability, identifying implementation facilitators. In Phase III, the tool shows greater utility for identifying fall-related complications, managing falls, and communication improvements between doctors and nurses, among all nurses, irrespective of their experience.

Conclusion: Our tool demonstrates promise in enhancing systematic post-fall assessments for older adults in LTCs, improving communication between nurses and physicians, and informing decisions to optimize patient outcomes, with the potential for broader application across healthcare facilities.

P8

Factors associated with transition to a nursing home in older adults living in naturally occurring retirement communities

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Abstract / Résumé

Background

Naturally occurring retirement communities (NORCs), buildings or neighbourhoods that have a high concentration of older people, present opportunities to better support aging residents and delay nursing home (NH) admission with on-site services. To tailor these supports, we aimed to examine individual- and neighbourhood-level factors associated with NH waitlist status in NORC residents in Ontario.

Methods

We conducted a population-based, cross-sectional study of Ontario adults 65 years of age or older living in a NORC building as of January 1, 2020, by linking a provincial registry of NORC high-rise buildings with health administrative data. Older adults were classified as being on the NH waitlist if they had an open application for a NH home on the index date. We conducted a multilevel logistic regression analysis using generalized estimating equations (GEE) to determine individual- and neighbourhood-level factors associated with NH waitlist status, including sociodemographic, clinical, healthcare use, and building factors.

Results

Among 220,864 NORC residents, 4,710 individuals (2.1%) were on the NH waitlist. Female sex, older age, immigrant status, dementia diagnosis, receiving current homecare, multimorbidity, and polypharmacy were associated with nursing home waitlist status, as were several neighbourhood-level factors, low income and residential instability, high dependency and ethnic diversity, and being classified as a building with supports or as a non-market NORC building.

Conclusion

NORC supportive service programs can be tailored to account for the factors associated with NH waitlist status, allowing NORC residents who are living in the community to age in their desired place and achieve optimal health outcomes.

P10

Pilot Project Expansion: Co-developing and Evaluating a Community Paramedic-driven Food Insecurity Screening and Assessment Tool for Older Adults in Ontario, Canada

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Abstract / Résumé

Objectives: Expansion of pilot testing of a food insecurity screening and assessment tool to community paramedicine programs in Renfrew County and Ottawa, Ontario. This tool is used during community paramedic home visits to systematically identify food insecure older adults.

Method: The tool was co-designed, pilot tested, and evaluated with community paramedics in West Carlton, Ottawa and has now been adapted for use by two neighbouring paramedic services that serve more dense and diverse catchment areas. De-identified data from participants in the pilot project expansion has been collected and analyzed to capture the number of individuals screened and identified as food insecure, and the causes of their food insecurity. Community paramedics partnered in the adaptation of the tool and in two evaluation workshops (mid-term and end) to assess its feasibility, effectiveness, and scalability.

Results: Pilot testing and evaluation will conclude in September 2024. Based on findings from our original pilot testing and evaluation study, we anticipate that screening will create opportunities for meaningful conversations with older adults regarding their food intake and preferences, meal preparation capabilities, and barriers to accessing healthy food including cognitive impairment, mobility, transportation, cost, and stigma.

Conclusion: Pilot testing a co-designed food insecurity screening and assessment tool for use by community paramedics is a first step in systematically identifying and understanding food insecurity in high-risk older adults and locally implementable approaches for addressing it. Next steps include tool validation, spread to primary care settings, and a trial of use by home care providers.

P11

Site selection for programming in naturally occurring retirement communities in Toronto: An equity-driven methodology

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Abstract / Résumé

Naturally Occurring Retirement Communities (NORCs) are geographical areas (often high-rise buildings in cities), not originally planned for but have come to house a high proportion (~30%) of older adults. Implementing onsite programming in NORCs can efficiently support older adults' desire to age in place, thus more information is needed on how to equitably identify sites that could benefit.

Objective: The objective of this paper is to describe an equity and data-driven approach in selecting sites for a NORC program.

Method: We (1) created a data-driven shortlist of buildings using Census and health administrative data, (2) prioritized buildings with high health needs and diversity, and (3) assessed intangibles by connecting with building management, and residents to assess their interest and fit for this program.

Results: Steps 1 and 2 generated a shortlist of 31 candidate buildings from an original list of 350 that had the highest health needs (i.e., top quartile of buildings in terms of number of chronic conditions, emergency department visits, homecare use, or non-attachment to a family doctor) and that maximized diversity (i.e., varying age and gender distribution, building size and type, neighbourhood income and ethnic diversity). Step 3 was then used to identify 5 sites that scored highly on interpersonal traits (e.g., the ability to self-organize, group cohesion).

Conclusion: This process contributes a novel, data- and equity-driven approach for selecting sites for NORC programming that could be used to inform site selection for similar enhanced support programs in diverse contexts, with equity positioned at the core.

P12

Best Practices for Shared Site Intergenerational Programs: A Scoping Review

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Abstract / Résumé

Shared site intergenerational programs (SSIPs) are an innovative approach to fostering social contact between children and older adults. SSIPs create opportunities for multiple generations to engage in mutually beneficial activities provided at a shared location, most typically co-located residential programs for older adults and daycare or educational programs for children (Radford et al., 2018). This integrated service model represents an important social care innovation that can yield multiple social, economic, educational, and community benefits (Martin et al., 2010). However, SSIPs face several challenges that impact their effectiveness and long-term sustainability (Campillo et al., 2020; Henkin & Patterson, 2017; Martin et al., 2010).

This scoping review aimed to synthesize existing knowledge of SSIPs and identify best practices for program design and implementation. Utilizing Arksey and O'Malley's (2005) scoping review method, a search was conducted across nine databases for empirical literature. The review included articles focused on SSIPs involving children from birth to 8 years and older adults ages 60 and over.

Thirty-six studies met the inclusion criteria and were included in the scoping review. Through this review, SSIP best practices regarding program planning and development, physical and social environment, staff training and collaboration, program facilitation, and participant roles were identified.

Findings from this review contribute to the broader evidence base by elucidating best practices that can enhance the sustainability and effectiveness of SSIPs to achieve desired outcomes for children and older adults. These findings can support researchers and practitioners in implementing long-term, high-quality, and effective SSIPs.

P13

Exploring Workplace Harm Policies and Staff Protection for Personal Support Workers (PSWs) in Ontario's: An Environmental Scan of Long-Term Care Websites

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Abstract / Résumé

Objectives: Workplace harm is a common experience for professions that provide direct, essential care (like, personal support workers (PSWs)), particularly for genderacialised and migrant workers[1]. The purpose of this project was to scan long-term care homes (LTCH) websites to gather information on workplace harm policies and procedures in Ontario. The objective of this presentation is to discuss existing workplace harm policies and identify areas of improvement in relation to protection, and care of LTCH workers.

Methods: An environmental scan[2] of Ontario LTCH websites (628 LTCH websites[3]) was conducted (January to April 2024). We gathered insights on home-specific policies and procedures, diversity and equity considerations, and organization values and mission statements. Relevant content was populated into a spreadsheet for analysis.

Results: Analysis of the scan identified three common themes related to LTCH website and care workers (like, PSWs). First, many websites lacked user-friendly interfaces, posing challenges for staff to access organizational policies. Second, worker-focused information and resources were limited, compared to that for residents. Third, care workers and care labour were not often acknowledged and or valued.

Conclusion: The absence of accessible and transparent communications on workplace harms and reporting across LTCH websites for workers underscores a broader issue related to underreporting in LTCHs. The findings from this scan emphasize an urgency of *creating change* around LTCH workplace harm policies. This presentation is a part of the Free-from-Harm research project that is, advocating for policy-level changes to ensure safer environments for *all* workers.

P14

A scoping review of social and ethical processes of AgeTech adoption among older adults from minority groups in Canada

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Abstract / Résumé

As the Canadian population increasingly becomes diverse, access to AgeTech among older adults from minority groups will assume complex dimensions. The positionality of older adults living with dementia and are from minority groups concerning access to and use of AgeTech is a vital area of research with less emphasis. However, there are three essential viewpoints to explore. First, there is evidence of health disparities among migrant groups. Second, the decision-making process is sensitive and requires attention to ethical principles. Third, cultural differences complicate their interaction with the health system. Therefore, for major stakeholders in these situations (caregivers and older adults), there are questions about filial and familial decision-making, power relations, trust, and the ethical mandates of acting in the best interest of the care recipient. So, the research question of this scoping review is how do caregivers and older adults from minority groups manage these social and ethical processes? The review aims to identify interaction patterns and develop a pathway for addressing these issues among minority groups in Canada. The review was conducted using Ageline, PsychInfo, PubMed, Scopus, and grey literature sources – (using google scholar). Exactly 37 references were retrieved, and 18 relevant articles were subject to textual analysis using Atlas ti 8.4 qualitative analysis software. There were five critical issues in the patterns of interaction – gender roles, privacy, functionality (user-friendliness, stability, and flexibility), and information science knowledge/skills. These patterns provided insights into policy recommendations for addressing AgeTech adoption among minority groups in Canada.

P15

Examining the Moderating Role of Coping Style in the Association Between Perceived Stress and Allostatic Load in Older Adults

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Abstract / Résumé

Allostatic load (AL) is a multisystem index of biological wear and tear that occurs through chronic activation of stress-sensitive systems. AL is also understood to increase with age. Extant literature demonstrates that while greater stress predicts higher AL, adaptive coping styles may buffer this relationship and maladaptive coping styles may exacerbate it. The current study sought to address gaps in the literature to determine specifically whether rumination or acceptance coping moderate the relationship between perceived stress and AL in older adults. It was hypothesized that greater perceived stress would predict higher AL and that this relationship would be more prominent with greater rumination coping and less prominent with greater acceptance coping. Blood and urine samples were collected from 181 community-dwelling older adults (Mage= 68.8, 60% female) who completed the *Perceived Stress Scale* (PSS) and the *Cognitive Emotion Regulation Questionnaire* (CERQ). A sex-based AL index was calculated using a count-based approach for 16 biomarkers associated with AL. Contrary to the study hypotheses, generalized linear models revealed no significant relationship between perceived stress and AL (ß = . -.003, p = .67). Neither coping style was found to moderate this relationship, including rumination (F(2, 176) = .05, p = .94, $R2$ = -.01) and acceptance (F(2, 176) = < .001, p = .99, R^2 = -.01). Given the low mean stress level of this sample (M=12.05/32), this study offers insight into the role of low perceived stress on AL in community-dwelling older adults and provides insight for future research on the moderating role of coping.

P16

The Health Implications of Social Isolation and Loneliness Among Older Adults During the COVID-19 Pandemic

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Abstract / Résumé

During the COVID-19 pandemic, governments around the world implemented stringent public health measures to limit the spread of the virus. While these measures were necessary, they exacerbated levels of social isolation and loneliness among older adults. Using the Joanna Briggs Institute's PRISMA-ScR checklist, a scoping review was conducted to examine the extent, range, and nature of research that focused on social isolation and loneliness and its implications on the overall health and wellbeing of older adults during the COVID-19 pandemic. An intersectional lens was selected to capture the status across diverse groups of older adults during this time period. CINAHL, Medline, and Emcare databases were searched for empirical literature published in English between March 2020 to August 2023. A hand search of key journals and reference lists of included studies was executed. Studies underwent a multi-level screening process. A total of 26 studies were included and appraised, and relevant data were extracted. Thematic analysis revealed four themes: Adverse effects on physical health; Decreases in mental health; Decline in social health; and Positive coping strategies used to overcome social isolation and loneliness during the pandemic. Community health nurses working with older adults can implement targeted interventions to address social isolation and loneliness among older adults. Resources to improve accessibility to technology and digital literacy skills for this population are paramount. Future research is needed to analyze how diverse individual, family, neighborhood, and systemic-level factors have affected older adults' experiences of social isolation and loneliness, and, in turn, their health.

P17

An intersectional analysis of older Vietnamese immigrants' health and healthcare experiences

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Abstract / Résumé

Background and Objectives

Although previous research has investigated the healthcare barriers faced by older Canadians, to date few studies have focused on older Vietnamese immigrants. Drawing on an intersectional framework, the present study examined older Vietnamese immigrants' experiences of accessing healthcare and managing their health and chronic condition(s).

Methods

We recruited and conducted multiple, in-depth, semi-structured interviews with eight Vietnamese immigrants, aged 53-70, residing in Metro Vancouver. Interviews with individuals and/or couples were conducted in Vietnamese. Participants were diverse with respect to their levels of education and income, immigration histories, health status, and English language proficiency. Interviews were audio-coded and thematically analyzed.

Findings

The majority of participants had access to Vietnamese speaking family physicians whom they described as patient and kind. However, they reported that their complex healthcare needs were not being met due to wait times and the limited time allotted to medical appointments. Participants additionally reported that their financial needs and familial responsibilities post immigration had precluded them from engaging in health promotion, learning English, and building a supportive community, which collectively negatively impacted their health, access to healthcare, and ability to manage their chronic conditions in later life. Despite these challenges, participants often minimized their concerns as they emphasized that the Canadian healthcare system was superior to that of Vietnam.

Implications

We discuss our findings in terms of how intersecting identities and forms of exclusion amplify health and social inequities as well as access to healthcare in later life, particularly for vulnerable, marginalized groups.

P18

From social isolation to a new normal: examining older adults' post-pandemic social and leisure participation

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Abstract / Résumé

Objectives: As the world is transitioning towards a post-pandemic era, this study explores the extent to which older adults have returned to their pre-pandemic social and leisure activities. The aims are to describe reported changes in older adults' social and leisure participation from pre-pandemic to present; and technology use for these activities.

Methods: This is a cross-sectional study. We present preliminary data from 26 community-dwelling older adults (age: 72.9±6.2 years). We used the Activity Card Sort (ACS), an interview-based tool, to document reported pre-pandemic and present participation in 69 social and leisure activities. We also asked whether technology was used for the activities performed. Data were analyzed using descriptive statistics.

Results: Older adults reported retention of 87.5% (±14.5) of their pre-pandemic participation level. They reported retention of 80.2% (±16.2) of their social activities and 95.0% (±16.5) and 82.2% (±21.1) of leisure activities with low or high physical demands, respectively. They reported an increase of 16.7% in technology use; more for social activities (28.2%) than for leisure activities with low (12.7%) or high (11.1%) physical demands.

Conclusions: The reported decrease in older adults' social and leisure participation from pre-pandemic to present is similar to decline previously reported using the ACS with healthy older adults and may be attributed to age-related processes rather than the disruption in participation during the pandemic. Nonetheless, the increase in technology use for social and leisure activities offers a potential avenue to enhance older adults' social/leisure participation, which are crucial for their health and well-being.

P19

Médecine traditionnelle chinoise pour les comportements réactifs de personnes âgées vivant avec un trouble neurocognitif majeur : une revue de la portée

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Abstract / Résumé

Introduction. Les comportements réactifs (p.ex., d'agitation, vocaux) des personnes vivant avec un trouble neurocognitif majeur (TNCM) représentent un défi. La médecine traditionnelle chinoise (MTC) pourrait contribuer à atténuer ces comportements. Toutefois, il est difficile de dégager des conclusions sur sa pertinence, aucune revue systématique n'ayant été réalisée.

Objectif. Cartographier l'état des connaissances sur les cinq spécialités de la MTC pour les comportements réactifs des personnes âgées vivant avec un TNCM.

Méthodes. Une revue de la portée a été réalisée (Levac et al., 2010) à partir de neuf bases de données, d'une recherche rétrospective et prospective, ainsi que de la littérature grise. Les publications ont été incluses par une sélection en double par deux personnes indépendantes à l'aide de la plateforme Covidence si elles concernaient des personnes âgées de 65 ans et plus vivant avec un TNCM et présentant des comportements réactifs traités par au moins une spécialité de MTC. Les données ont été extraites, puis synthétisées quantitativement et avec une analyse de contenu.

Résultats. Il existe peu d'écrits et ils portent uniquement sur deux spécialités : 1) la pharmacopée et ses effets secondaires et 2) divers types d'acupression. Ils semblent avoir des effets positifs sur certaines comportements, dont l'agitation et l'agression. Peu d'études abordent la faisabilité.

Conclusion. Les résultats démontrent qu'il existe peu de connaissances sur la MTC pour atténuer des comportements réactifs et aucune sur l'utilisation concomitante des spécialités comme recommandé. Des pistes de recherche sont offertes afin de favoriser l'intégration de ces approches dans les pratiques cliniques

P20

"A Turning Point in my Education": The Impact of International Experiential Learning in Gerontology on Career Trajectories

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Abstract / Résumé

In today's global and dynamic employment landscape, preparing undergraduate students for success beyond local context is crucial. Recent studies reveal that knowledge acquisition blended with experiential learning is vital for career development. This is particularly true in healthcare, where labor shortages are exacerbated by population aging. The objective of this study was to measure the impact of an international experiential learning (IEL) course in gerontology, Aging Globally: Lessons From Scandinavia on future career trajectories. This longitudinal exploratory mixed-methods study involves annual surveys between 2023-2027. The first wave of data collection from four cohorts (2018, 2019, 2022, 2023) was completed in 2023. The survey included demographic and open-ended questions on the impact of IEL. Data was analyzed using descriptive statistics and thematic analysis of the open-ended questions. Out of the 120 eligible course alumni, 42 completed the survey (35% response rate). 13 participants were undergraduate students while 29 had graduated from Western University. Of the 29, 15 were employed full-time, three were employed part-time, seven were graduate students, one was unemployed and two not disclosing. The IEL course was described as transformative, igniting new career interests, and boosting confidence. Five students looked abroad for schooling or employment opportunities such as the University of Queensland. Six described developing interest in gerontology, while 24 highlighted their experience in job applications. Findings underscore the profound impact of IEL on students' career aspirations, personal growth, and professional opportunities. This study emphasizes the essential role of IEL in shaping global ready graduates in gerontology.

P21

Defining consensus building skills: A visual narrative mapping process

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Abstract / Résumé

Objective:
As part of a pan-Canadian Delphi study focused on revising the national home health nursing competencies, researchers at the SE Research Centre engaged in consultations with an advisory workgroup composed of home health nursing leaders. Facilitating effective collaboration within these sessions is important for integrating diverse perspectives within the increasingly complex field of home health for aging Canadians. This project explores my experience as a nurse and graduate student supporting these consultations, focusing on development of the required knowledge, skills, and attitudes for consensus-building .

Method:

The visual iterative process of narrative mapping will be used to create a framework communicating a core set of knowledge, skills, and attitudes required of novice researchers to support effective consensus-building. Narrative mapping supports a holistic representation of my practice-based learning and reflexive process, while supporting exploration of the sociopolitical contexts shaping the Delphi process and my reflections on skill development as a novice researcher.

Results:

A visual narrative map will be presented which illustrates recommended learning goals related to the development of the knowledge, skills, and attitudes which support high-yielding teamwork and consensus-building in aging discourse.

Conclusions:

Graduate student nurse researchers are well-positioned to facilitate productive dialogue among nursing leaders engaged in advisory workgroups. Discussions surrounding healthy aging are becoming increasingly nuanced, demanding refined competencies in building consensus. Applying reflexive practice through visual means offers an innovative approach to share best practices for collaboration within applied health research.

P22

Identifying Barriers to Care for Older Adults from Linguistic and Ethno-Cultural Minority Groups Leading to Potentially Avoidable Emergency Department Visits

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Abstract / Résumé

Objectives: As part of a multi-phase, multi-province study, we sought to understand how barriers to care experienced by older adults from linguistic and ethno-cultural minority groups contribute to potentially avoidable emergency department (ED) visits in Ottawa, Ontario and Saint John, New Brunswick.

Method: Using semi-structured interviews (n=20) with older adults (65+) who belonged to a minority group and had an ED visit classified as potentially avoidable (in Phase 1), we explored older adults and caregiver experiences of linguistic and culturally discordant care and their perceptions of how their minority status is connected to their unmet care needs, ED visits, care experiences, and health outcomes. Data were analyzed using reflexive thematic analysis guided by an intersectionality theoretical framework.

Results: Barriers experienced by older adults from linguistic and ethno-cultural minority groups involved challenges receiving care in both the ED and in primary care settings in the community. Key barriers included transportation, limited access to care in their primary language or by a provider who understood their cultural preferences, and a lack of access to their family doctor in what they considered a reasonable time. Older adults strongly preferred same-day access to care and were willing to wait hours in the ED to receive it.

Conclusions: Our findings offer insight into how social and structural inequities shape care experiences for older adults leading to potentially avoidable ED visits and will be used to co-design hospital-based interventions to offer more equitable care to older adults from linguistic and ethno-cultural minority groups.

P23

How are Nurses Providing Sexual and Reproductive Health to community-dwelling older people: An Integrative Review

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Abstract / Résumé

Objective: To explore the barriers and facilitators of nurses providing sexual and reproductive health care to community-dwelling older people.

Background: Sexual health remains essential for older people, although stigma and misconceptions frequently can influence their encounters with nurses. For optimal sexual health, a positive and respectful attitude toward sexuality and sexual relationships and the ability to have joyful and safe sexual encounters free of compulsion, prejudice, and violence is needed.

Methods: An integrative literature review was conducted using Whittemore and Knafl's method. Three databases were searched for research between 2012 to 2022 and the Mixed Methods Appraisal Tool was used to determine the quality of included studies.

Results: Nine studies were included and the themes included barriers and facilitators. The barriers included: nurses limited knowledge about older adult's sexual health; their discomfort in discussing sexual topics; and their age-related stereotypes about older adult's reluctance to initiate discussions. Facilitating factors include nurse education on effective communication strategies; encouraging open dialogue to challenge ageist perceptions and; providing sexual health education for older adults.

Conclusion: The findings underscore the impact of stigma and negative ageist assumptions about older people on whether or not discussions about sexual health occur between nurses and older people. There is a need for comprehensive nursing education for nurses and older people

about sexual health to recognize sexual health needs and to promote open and constructive conversations.

P24

Developing actionable insights: considerations for training in data-driven applied health research from a health systems perspective

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Abstract / Résumé

Background: The Consortium on Analytics in Data-Driven Decision-Making (CAnD3) fellowship program aims to equip population researchers with skills in data analysis and knowledge mobilization to support decision-making in aging societies. In 2024, a CAnD3 Fellowship was undertaken to examine the use of therapeutic recreation in long-term care.

Methods: This retrospective population-based cohort study leveraged health assessment data routinely collected in Canadian long-term care facilities to generate important insights related to the allocation, receipt and influence of therapeutic recreation on client outcomes. Our approach incorporated clinical practitioners and subject matter experts as study co-investigators to develop a deeper understanding of the context and application of this data.

Results: Challenges encountered during the project which demonstrate the complexity of leveraging routinely collected data to understand health system phenomena will be presented. Notably, we found disparities in how therapeutic recreation is defined, understood, and potentially coded within long-term care contexts across Canada and internationally. These insights highlight the value that applied research placements have in providing students with experiential learning opportunities that link data to practice, better preparing them to support the development of actionable and relevant evidence for health system decision-making.

Conclusions: Regardless of robustness in statistical analyses, contextualization of data within everyday practice is necessary for generating meaning and supporting use for health system learning. Training and educational opportunities in applied health research must equip students to understand evidence from a health systems perspective to support the meaningful translation of data into practice.

P25

A qualitative investigation of *ikigai*: How Japanese Canadians live well with dementia

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Abstract / Résumé

Background: There is a lack of diversity in current research that explores how people live well with dementia. One vastly underrepresented population are Japanese Canadians. At the same time, there is a need for more relational and culturally nuanced examinations of living well. Thus, this study explored how Japanese Canadians live well with dementia through the conceptual lens *of* ikigai, a Japanese construct that can be understood as what makes life seem worth living.

Methods: We conducted a qualitative and bilingual study using narrative and arts-based methods. Our participants included 4 people living with dementia and 3 their care partners from the Japanese Canadian community in British Columbia. First, we conducted in-depth individual and dyadic narrative interviews. Then, we held a group art-making workshop for participants to identify and express what they wanted others to know about how they live well with dementia. Finally, we held an arts exhibition located in a Japanese Canadian community space to facilitate dialogue with the public and stakeholders. Transcripts from audio recordings, fieldnotes, and artworks were analyzed through narrative inquiry.

Findings: Participants articulated many ways that they live well with dementia and maintain their *ikigai*, including notions of balance, continuity, and gratitude. These findings offer insights into how culture intersects with experiences of living well with dementia. Furthermore, our study demonstrates the use of arts-based and narrative methods to understand meanings of living well with dementia.

P26

Digital health interventions for chronic disease management among older adults in developed countries: A scoping review

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Abstract / Résumé

Globally, around eighty percent of older adults aged 65 years and more at least have one, and sixty-eight percent have two or more chronic conditions that require greater accessible healthcare services. In this scoping review, we identify available evidence regarding digital health interventions to improve chronic disease management for older adults in developed countries.

We reviewed Medline, JBI EBP Database, PsycINFO, and Scopus. Studies were eligible if they included (a) older adults (i.e., at least 65 years) (b) living with at least one chronic disease, and (c) residing in at least one developed country (e.g., Australia, Canada). Moreover, studies needed to present evidence regarding digital health interventions (i.e., emails, text messages, voice messages, telephone calls) for chronic disease management.

Our search strategy resulted in 9892 records followed by 41 records after screening at the title and abstract levels. The most common outcome was improved health outcome (n=15), followed by feasibility of intervention (n=11) and health-related quality of life (n=10). Most of the studies focused on Tele homecare (n=16), Web-based platforms (n=11), and mobile health (n=8). Few studies highlighted Telephone-based interventions such as phone, text message (n=4), and Video-based intervention (n=3). Limitations of studies have also been discussed that need to be considered when designing digital health interventions for older adults living with chronic diseases.

Findings from this scoping review provide an overview of empirical evidence regarding digital health interventions and urge the need for evidence-based research to understand the feasibility and limitations of using digital health interventions for this population.

P27

A meta-analysis of pain self-management programs for older adults

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Abstract / Résumé

Pain self-management programs for older adults have been developed to deliver knowledge and improve pain and quality of life (QOL).

As part of a larger program of research focusing on knowledge mobilization, we conducted a meta-analysis of studies focusing on pain self-management programs for older persons. We searched CINAHL, MEDLINE, PsycInfo, and Web of Science from inception to July 2023. Original research articles focusing on pain self-management for older adults (mean age of 65 years or higher) were included. Pain and quality of life (QOL) means were extracted to calculate Hedge's *g* using a random-effects model analysis.

Seven studies met our inclusion criteria. These studies reported sufficient information from 319 participants to evaluate pain outcomes. Changes in pain outcomes as a result of self-management were minimal (Hedge's g = -0.19, 95% CI 0.54 to 0.20). Five studies with 224 participants reported sufficient information to evaluate QOL outcomes. Changes in QOL outcomes were moderate (Hedge's *g* = .501, 95% CI -0.025 to 1.028). There was substantial heterogeneity across studies in pain and QOL outcome analyses (pain: I^2 = 67.7; QOL: I2 = 77.4).

This is the first investigation to quantitatively examine the effectiveness of pain-related self-management programs for older adults with a focus on pain and QOL. The evidence suggests that self-management programs have a limited impact on improving pain but lead to moderate improvements in QOL. Future research should focus on optimizing the content and delivery of pain self-management programs for older adults to improve their effectiveness and accessibility.

P28

Exploring the impact of Osteoarthritis on life-space mobility among South Asian Older immigrant women in Canada

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Abstract / Résumé

Introduction: Osteoarthritis (OA) primarily affects the hips and knees, leading to reduced life-space mobility among the aging population. Older South Asian immigrant women navigating the intersection of age, gender, and cultural diversity face unique challenges associated with OA. This study aims to understand the impact of OA on their physical limitations and life-space mobility. By delving into their perspectives, this research not only sheds light on the challenges faced by older South Asian immigrant women but also enriches the broader discourse on health disparities within immigrant populations.

Methodology: Participants meeting the eligibility criteria of (women aged 60 years or above, South Asian, immigrant, living in Edmonton, Canada, and suffering from hip/knee OA were included. For data collection, a combination of walk-along interviews and home-based interviews were completed in their communities (Edmonton). Thematic Analysis was done to organize the findings.

Results: The following themes emerged from the data; (1) participants' beliefs in health/disease management, (2) osteoarthritis's influence on daily living and socialization and, (3) immigration status as a barrier to management of osteoarthritis. The broader impact of OA on daily life included household activities, religious practices, and social interactions. The burden of high medical costs such as multivitamins and taking some medications which is not covered by health insurance further compounded their challenges.

Conclusion: Unique challenges were expressed by South Asian immigrant women with OA that dealt with cultural and health beliefs, and access to healthcare barriers which emphasizes the importance of culturally sensitive healthcare interventions.

P29

The Hidden Burden: Quantifying the Economic Impact of Alternate Level of Care Designation on Patients and Care Partners

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Abstract / Résumé

In Canada, ALC patients unnecessarily occupy acute care beds, straining resources and increasing emergency wait times. This study aims to analyze the economic burden of prolonged hospital stays in the Niagara Region, including out-of-pocket costs for families and health system expenses.

This study implemented a mixed methods approach to identify and analyze the economic impact of ALC patients. Qualitative interviews identified cost drivers and productivity losses due to delayed discharge. Furthermore, quantitative analysis of secondary data from the Ontario Care Costing Initiative (OCCI) database reflected trends in ALC status, identifying major functional groups regarding resource utilization, and estimate ALC costs relative to the total acute care.

Initial analysis of the OCCI data yielded significant insights. Among 4,367 encounters from November 2018 to September 2022, sex and age disparities influenced mean costing of prolonged hospitalizations, demonstrating males and those aged <65 years as incurring higher ALC-related costs (average of CAD$11,120 and CAD$11,546, respectively). Expense calculations for post-discharge destinations varied significantly, with patients transferred for continuing rehab care in acute-level hospitals incurring significantly highest average costs (CAD$24,224, $p \leq 0.001$). Conversely, those receiving care in specialized facilities reported lower mean costs (CAD$4,451, $p \leq 0.001$). The next steps in this research aim to understand costing differences between non-ALC and ALC patients.

This study bridges knowledge gaps by highlighting information regarding the economic impact of an ALC designation. Additionally, our research seeks to lay the groundwork for future studies on improving interventions and management strategies for patients requiring chronic-level care within acute-care settings.

P30

Exploring Views on Aging Among Personal Support Workers

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Abstract / Résumé

As the proportion of older adults in the population with complex care needs continues to rise, so does the demand for more personal support workers (PSW). PSWs contribute approximately 80% of the direct care provided to older adults in settings such as home care, long-term care, and assisted living. Gerontological and health researchers have called for an increased understanding of aging and the prevention of ageism within the health care sector; however, there is a dearth of research on PSW perspectives despite their essential role in delivering care as part of multi-professional care teams. As such, the objective of this study was to examine views on aging and ageism among PSWs who have provided care to older adults. Semi-structured interviews were conducted with PSW's in Ontario who have at least one year of experience working with older adults in the past five years. Reflexive thematic analysis was used to analyze interview transcripts to identify themes within and from these data. Findings demarcate some of the existing gaps relating to views on aging and ageism among PSWs and the potential implications that these gaps have on the care provided to older adults. Results also indicate that quality of training and education on aging and ageism are necessary and needed factors to support the care PSWs deliver to older adults. Understanding the impact of age-related bias on care delivery among PSWs may improve the care received, which may, in turn, result in better quality of life for older care recipients.

P31

Examining the association between memory, functional social support, and depressive symptoms: Protocol for a mediation analysis of the Canadian Longitudinal Study on Aging.

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Abstract / Résumé

Background: The presence of memory impairment and depressive symptoms can lead to severe morbidity and mortality in aging populations. The extent to which depressive symptoms emerge in aging adults with memory impairment may be affected by one's perceived level of functional social support (FSS). **Objectives** This research will utilize an analytical sample of complete cases drawn from 21,241 individuals aged 45 to 85 years who were enrolled in the Canadian Longitudinal Study on Aging (CLSA) Tracking Cohort at baseline. Aims include: 1. examine the association between memory and depressive symptoms across three time points of data (baseline, three-year follow-up, and six-year follow-up), controlling for health, lifestyle, and sociodemographic covariates; 2. examine whether FSS mediates this association. **Methods:** Participants' aggregate memory scores will be computed using z-transformed raw scores from a modified version of the Rey Auditory Verbal Learning Test. Depressive symptoms will be measured using continuous scores from the 10-item Center for Epidemiological Studies Short Depression Scale. FSS will be measured using the 19-item Medical Outcomes Study – Social Support Survey. The lme4 and mediation packages in R version 4.3.3 will be used to implement multilevel modelling and mediation analyses, respectively. **Relevance:** This research will be one of the first longitudinal studies in middle-aged and older adults that will explore the relation between memory and depressive symptoms while simultaneously examining the potential mediating effect of FSS. Findings may help inform initiatives to lessen the adverse outcomes associated with memory impairment and depressive symptoms in aging populations.

P32

Does the interacting role of social factors contribute more to predicting Nigerian older adults' gait speed and life space?- a cross-sectional Study

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Abstract / Résumé

Background:

Among other mobility factors, social factors have consistently performed better in predicting older adults’ mobility, warranting the need to explore the interactive role of several social factors on mobility. This study aimed to determine the interactive effects of social network (SN), participation (SP), support (SS), isolation (SI), and loneliness on gait speed and life-space mobility in community-dwelling older adults.

Methods:

A cross-sectional study involving 359 older adults (mean ± SD=67.92±6.79 years) in Nigeria. The participants completed the social factors questionnaires- Lubben Social Network Scale, Keele Assessment of Participation, Multidimensional Scale of Perceived Social Support, Social Isolation Scale and UCLA Loneliness Scale, self-reported Life-space Questionnaire for life-space mobility, and performed the 10-Minues Walk Test for gait speed. Regression analysis examined the interactive effects of the social factors and covariates on life-space mobility and gait speed.

Results:

Age (**β**= -0.002, p=0.018), SN (**β**=0.004, p=0.003), SS (**β**=0.001, p=0.039), SI (β=0.006, p=0.001) and loneliness (**β**= -0.002, p=0.007) predicted gait speed while female sex (**β**= -0.571, p=0.007) and SN (**β**= -0.037, p=0.010) predicted life-space mobility. However, no significant interaction effects were found in both regressions.

Conclusions:

The study concludes that no significant interaction effects of social factors on gait speed and life-space mobility among Nigerian older adults were identified. However, it is essential that further studies be conducted to either support or challenge these findings.

P33

Caring with Confidence - Delirium

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Abstract / Résumé

Delirium is a medical emergency that is highly prevalent and underrecognized among older adults. This calls for the need to raise delirium awareness and empower anyone who cares with older adults to apply interventions that will improve the health outcomes of people who experience delirium and decrease their risk of mortality. The literature was examined, and a review of existing delirium e-learning modules and materials was completed. It was identified that there is a lack of education for healthcare professionals, older adults, and caregivers that is harmonious in terms of content, language used, and delivery. A co-design method was used to develop Caring with Confidence – Delirium, an e-learning module for delirium care with older adults. This e-learning module promotes person-centred care and access to delirium care information that is consistent for anyone who is caring with older adults. The active participation and partnership with clinicians, researchers, and patient-family partners of the BetterLTC team were instrumental in the development of this module. An overview of our experiences with using a co-design method to build this module will be discussed and our vision for the implementation of this module will be shared.

P34

Feasibility and Cost-Effectiveness of Virtual Reality Technology Use for Recreational Programming in Long-Term Care

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Abstract / Résumé

Emerging evidence surrounding the use of virtual reality (VR)-based interventions shows improvement in quality of care and quality of life outcomes. There is paucity of information regarding costs and cost-effectiveness of VR technologies within the context of long-term care (LTC).

In partnership with Niagara Region Seniors Services, this study employs a quasi-experimental design embedded with economic evaluation to investigate the feasibility and cost-effectiveness of VR-technology use in LTC compared to status quo (i.e., recreational programing without the use of VR-technologies) for dementia care. Qualitative semi-structured interviews are conducted with care providers, management, and residents to explore program-level facilitators and/or barriers. Economic analyses are undertaken to estimate incremental cost relative to outcomes pertinent to mood, behaviour, and activities of daily living among residents in LTC.

This study reports on a preliminary literature review as the data collection is underway. The short-term benefits associated with VR-technologies include enhancement of recreational engagement, autonomy, mood, and communication. The long-term benefits include the improvement mental health; cognition; pain management; and physical health. Importantly, previous literature indicates that VR has the potential to offer cost-effective, non-pharmacological means of treatment within a healthcare setting. Specifically, VR therapy has been shown to be a cost-effective method of reducing pain perception and administering cognitive behavioural therapy.

The use of VR-technologies appears to be low costly and has potential for cost-savings to health system, residents, and family members. Findings from this study will inform the scale-up and spread of technological innovation in LTC homes in Niagara and elsewhere.

P35

The Education Needs of Palliative Care for Older Adults

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Abstract / Résumé

Objectives: This study examines misconceptions and educational needs around palliative care for older adults and caregivers. It aims to design and evaluate an effective, tailored online educational program addressing identified knowledge gaps to better meet palliative care needs for older adults.

Method: A systematic literature review will identify major misconceptions and knowledge deficits related to palliative care in this population. Findings will inform the development of an innovative online curriculum by an interdisciplinary team, specifically designed to educate older adults and caregivers. Rigorous evaluation methodologies, including surveys and interviews, will assess the program's impact on improving palliative care literacy and service utilization.

Anticipated Results: This tailored intervention is anticipated to significantly increase palliative care understanding among older adults and caregivers, including eligibility, services, and benefits, eliminating common misconceptions. Addressing knowledge gaps is expected to facilitate appropriate palliative care utilization when needed.

Conclusions: By enhancing palliative care literacy through an accessible, tailored online program, this study aims to improve quality of life for older adults. Filling educational gaps ensures informed care decisions and timely access to beneficial palliative services, meeting unmet needs.

P36

Learning stories of a music care facilitator: fostering wellness in a virtual music making space

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Abstract / Résumé

This proposed presentation will spotlight a study on the virtual modality of a "Musical Movements" singing collective offered as a course through the BC Brain Wellness Program (www.bcbrainwellness.ca) at the University of British Columbia's Djavad Mowafaghian Centre for Brain Health (www.centreforbrainhealth.ca). While previous research has shown that group singing has clear benefits for mental and physical well-being, there is less inquiry into such benefits when a collective sings online. The course sessions entail group singing, movement, musical knowledge acquisition, and supportive interaction. Encompassing a multi-strand participant population, its specialized content design centers around individuals living with diverse neurological conditions, care partners and third age learners in the program's community. Standard virtual technology allows those with isolation or other access challenges to participate in a variety of creative activities, but high-latency audio lag has precluded synchronous music making practices. Through a mixed-method range of research we are chronicling the transition to low-latency audio in which all participants can hear each other synchronously and sing together in unity. I am engaged in the analysis of my creative non-fiction learning stories, intended to spark dialogue with other educators of life span learners, as a musician-researcher-teacher. I explore my creative and practical experience of attempting to ease the loneliness of older adults through virtual music making, informed by qualitative participant reflections expressed in group and individual conversations. This art-based research methodology reveals the experiential impact of online group singing sessions for life-span learners on their social connectedness, enjoyment, confidence and music wellness.

P37

Exploring Esk̓étemc Palliative Care Needs and the Nav-CARE Intervention

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Abstract / Résumé

Indigenous Peoples are the fastest aging population in Canada. Among the Indigenous Peoples, First Nations communities are experiencing vast gaps and barriers to support palliative and end-of-life care in community. Esk̓étemc and our research team partnered to explore how the rural and remote community care for one another through advanced chronic illness and the potential of an emerging intervention to support gaps in care. After hosting Talking Circles in community, we identified challenges the community experiences and answered the question: "How may Nav-CARE be adaptable with or suitable for Esk̓étemc based on the Indigenous perspectives and practices shared?"

P38

Understanding dementia-friendly communities and initiatives across Canada: An environmental scan

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Abstract / Résumé

People living with dementia should feel included and supported within their environments, and dementia-friendly initiatives aim to do so by ensuring that physical and social environments are fully accessible. Little is known about how municipal governments, provincial governments, and advocacy-based organizations discuss and implement dementia-friendly initiatives. Thus, our specific objective was to conduct an environmental scan of government and advocacy-based organizations' reports on dementia-friendly communities and initiatives to identify how dementia friendliness is defined and enacted, the types of initiatives being implemented, and available outcomes. To locate grey literature, we used relevant keywords (e.g., "dementia-friendly," "dementia friendly") in a Google search that limited results by file type (i.e., PDF) and location (i.e., Canada). We also searched provincial government websites to locate relevant reports. The search strategy identified a total of 167 records. After reviewing records, 69 records were retained for further analysis. Dementia friendliness was often defined as understanding, respecting, and supporting those living with dementia. Examples of enacted dementia friendliness included dementia-friendly cafes, workplaces, and technology. Limited outcomes suggested that dementia-friendly initiatives led to an enhanced public awareness of dementia, decreased stigma around dementia, and improved support for those living with dementia. Given the predicted increase in the number of people living with dementia across Canada, and the adverse economic, political, and social effects associated with dementia, dementia-friendly communities and initiatives are greatly needed. This environmental scan provided insight into what is being done and what could be done to further improve the lived experience of dementia for Canadians.

P39

"Unraveling Mental Health Challenges Amidst Aging: A South Korean Perspective"

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Abstract / Résumé

Objective: This study meticulously investigates the intricate interplay between mental health and aging within the South Korean context. With a burgeoning elderly population, understanding the multifaceted dimensions of mental well-being becomes increasingly vital. Employing a mixed-methods approach, this research rigorously examines the prevalence, determinants, and consequences of mental health disorders among older adults.

Quantitative analysis draws from robust national databases like the Korean Longitudinal Study of Aging (KLoSA) to meticulously dissect trends and patterns in mental health outcomes among aging Koreans. Additionally, qualitative insights are gleaned through insightful interviews and focus group discussions with older adults, caregivers, and healthcare professionals, providing nuanced perspectives on mental well-being in later life.

The findings unveil a considerable burden of mental health disorders among older adults in South Korea, encompassing conditions such as depression, anxiety, and cognitive impairment. Socioeconomic factors, including income inequality and social isolation, exacerbate vulnerability to mental health challenges in this demographic.

Moreover, entrenched cultural attitudes and stigma surrounding mental illness impede access to care and exacerbate the difficulties faced by older adults seeking support.

In conclusion, this study underscores the pressing need for targeted interventions and policy reforms to comprehensively address mental health issues among older Koreans. Initiatives aimed at enhancing mental health literacy, bolstering social support networks, and integrating mental health services into primary care settings are imperative. By prioritizing the mental well-being of older adults, South Korea can endeavor towards constructing a more resilient and inclusive society that adeptly supports the holistic health needs of its aging populace.

P40

: "Navigating Intimacy: Exploring Challenges and Opportunities for Sexual Health in Aging Korean Adults"

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Abstract / Résumé

Objective: This study fervently aims to delve into the intricacies of sexual health among older adults in Korea, unveiling the formidable challenges they face in maintaining deeply satisfying sexual lives and rigorously identifying potential barriers to sexual well-being.

Method: Employing an uncompromisingly qualitative research approach, intensely probing in-depth interviews were conducted with 20 older adults (aged 60 and above) to capture their raw, unfiltered perspectives on the profound complexities of sexual relationships in later life.

The results dazzlingly illuminate a vivid spectrum of challenges encountered by older Korean adults in their sexual lives, ranging from the inevitable physical changes associated with aging to cavernous communication gaps with partners and the suffocating weight of prevailing societal attitudes towards sexuality in older age. Many participants painfully and bravely expressed feelings of shame or embarrassment regarding their sexual desires and experiences as they age, underscoring with poignant clarity the desperate and urgent need for more open, candid, and honest discussions about sexuality within Korean society.

In conclusion, this study ardently advocates for a more inclusive and empathetic approach to addressing sexual health in older age in Korea. By resolutely acknowledging and actively working to overcome the myriad challenges faced by older adults in maintaining satisfying sexual lives, we can pave the way for healthier and more profoundly fulfilling relationships among this demographic. This groundbreaking research contributes to the broader conversation on aging and sexuality, emphatically emphasizing the paramount importance of fostering nurturing environments that unconditionally support sexual well-being across the lifespan.

P41

Navigating the Aging Landscape: Challenges and Opportunities in South Korea"

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Abstract / Résumé

This study delves into the multifaceted aspects of aging in South Korea, aiming to uncover the challenges and opportunities inherent in this demographic shift. Employing a mixed-methods approach, it scrutinizes aging trends, healthcare utilization patterns, and socioeconomic factors while probing potential policy interventions for fostering inclusivity and age-friendliness.

A mixed-methods approach was adopted for this study. Quantitative data were collected from reputable sources such as the Korean Statistical Information Service (KOSIS) and the National Health Insurance Service (NHIS) to analyze population aging trends, healthcare utilization patterns, and socioeconomic indicators. Additionally, qualitative data were gathered through in-depth interviews and focus group discussions with key stakeholders, including policymakers, healthcare professionals, and older adults. Thematic analysis and statistical techniques were utilized to analyze the data, ensuring a comprehensive exploration of the aging landscape.

The findings underscore the strains on familial support structures, economic apprehensions arising from workforce shrinkage and burgeoning healthcare costs, and the mounting need for geriatric care services. Nonetheless, amidst these challenges, the study identifies opportunities for proactive policy interventions, emphasizing initiatives promoting active aging, fortifying social support networks, and nurturing intergenerational bonds

In conclusion, the findings of this study not only illuminate the challenges posed by the aging demographic in South Korea but also underscore the immense potential for proactive interventions to shape a more resilient and inclusive society. By heeding the insights gleaned from this research and embracing a forward-thinking approach to policy formulation, South Korea can chart a course towards a future where aging is met with dignity.

P42

Comparing Multi-Sensory and Olfactory Stimulation in the Well-Being of Individuals with Advanced Stages of Dementia.

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Abstract / Résumé

Residents living in long-term care homes are often sensory deprived. Long-term sensory deprivation may lead to impairment in the processing of stimuli. Introducing multi-sensory stimulation may help with that problem. Stimulating the primary senses is presumed to increase well-being and reduce agitation, pain and negative emotions. Instead of stimulating all the senses, one may focus on olfactory stimulation. Evidence shows that olfactory stimulation can trigger memory and modify mood, emotions and behaviour. However, little research has been done on those with advanced stages of dementia. The primary purpose of this study is to examine the differences in well-being after administering multi-sensory stimulation and olfactory stimulation to advanced dementia participants. This study will use an ABAB study design. This includes multiple treatment phases following the baseline phase. The data collected through the measurement scales will be used to interpret the results. The measurement scales I will use include Quality of Life in Late-Stage Dementia (QUALID), The Cohen-Mansfield Agitation Inventory (CMAI), Pain Assessment in Advanced Dementia (PAINAD), Observable Well-being in Living with Dementia and the Snoezelen Assessment Scale. Past studies on sensory stimulation have failed to take into account individual variation. In this study, more focus will be placed on the design of the treatment with more personalized programs in place. Results from this study will provide caregivers and public health with more information on how to improve the well-being and quality of care for individuals in later stages of dementia.

P43

Perspectives from Key Stakeholders on Facilitators and Barriers of the Innovation Implementation Process in Ontario Long-Term Care Homes during COVID-19.

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Abstract / Résumé

Background: The innovation implementation process in Long-Term Care homes (LTCHs) is complex and multidimensional. Understanding the facilitators and barriers associated with the innovation implementation process can significantly contribute to the success of innovations within LTCHs given their unique environment.

Aims: To explore perspectives and experiences of key stakeholders (staff, residents, and family caregivers) on facilitators and barriers of the innovation implementation process in Ontario LTCHs during COVID-19.

Methods: In this qualitative descriptive study, semi-structured virtual interviews were conducted in Ontario with key stakeholders (n = 11), including staff (n = 5), family caregivers (n = 5), and a resident (n = 1). Thematic analysis was conducted to understand facilitators and barriers that were identified by participants related to innovation implementation in LTCHs during COVID-19.

Results: The facilitators of innovation implementation were identified as positive inclusive culture of the LTCHs, relational leadership styles, timely and effective two-way open communication, trust relationship, and collaboration between LTCH management team, staff, residents, and family caregivers. Family councils and resident councils were important to facilitate innovation implementation within LTCHs. The identified barriers to innovation implementation in LTCHs included residents' physical and cognitive limitations, ineffective communication between staff and residents and family caregivers, time-sensitive constraints, heavy staff workload, staff resistance to change, and limited human and financial resources.

Conclusion: Collaboration among various stakeholders, involvement, inclusiveness, and effective communication are essential to create a supportive environment for implementing innovations in LTCHs.

P44

Experiences of physical activity pleasures in later life: a systematized scoping review

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Abstract / Résumé

Physical activity (PA) offers several benefits that promote the health and well-being of older adults; however, PA participation remains low overall within this population. As such, supporting PA participation is a priority. Gerontological and PA researchers have called for more attention be given to identifying the typologies of pleasure elicited through PA, as a motivational force, to increase or sustain PA participation among older adults. The aim of this study was to synthesize the existing definitions of pleasure used in older adult PA research and to describe how PA pleasures can be experienced in later life. This knowledge synthesis adhered to the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA, 2020) Guidelines. Eligible studies included peer-reviewed primary research that directly assessed experiences of pleasure in relation to the PA of older adult participants (i.e., 60 years and greater). A search was conducted across eight databases, yielding 1,058 results. Of this total, 28 articles were eligible. Findings highlighted the important role of pleasure as a motivator of PA in later life and identified various typologies of PA pleasure (e.g., sensual, documented, habitual action, immersion, emplacement, community). These findings help clarify the role of pleasure in future PA research and support the extension of pleasure to PA applied practice. Future PA studies and interventions may benefit from the inclusion of PA pleasures as a meaningful component to enhance PA participation in later life.

P45

Reflecting on career and identity development for advanced practice nurses in gerontology: An arts-based autoethnography

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Abstract / Résumé

Objective:

With the number of individuals aged 85 and above rapidly increasing, Canada must be prepared to address complex population-specific health concerns such as multimorbidity through high-quality care delivery guided by research. Advanced practice nurses (APNs) can support this, with evidence suggesting their expertise in research and practice improves gerontological service delivery. My objective was to explore how to better support APNs within gerontology in navigating career development.

Methods:

Following autoethnographic methodology, weekly reflective journals were used to document learnings throughout my Master of Nursing practicum from January to March 2024. This included insights from speaking with 11 interdisciplinary advanced practice professionals. Prominent themes were used to create an art piece representing APN identity and compared to a portrait representing undergraduate nursing student identity to identify underlying processes within APN career development.

Results:

In transitioning to APN roles, prospective APNs must develop core career skills identified by Krumboltz's Planned Happenstance theory (e.g., curiosity, persistence). Ongoing reflections on authenticity and entrepreneurship in creating suitable APN roles, especially amongst mentors and spaces that allow for growth and flexibility, facilitate easier career and identity navigation as novice APNs.

Conclusions:

Reflections on the unique qualities one brings to their APN role and working to envision a role for themselves is an important part of professional career development that could support the next generation of APNs. Nursing educators and APNs are invited to promote the exploration of identity narratives in preparation for stepping into and defining their APN practice roles to better support aging Canadians.

P46

Building Community and Connections Through the ICER Award: Identifying the Agents of Change

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Abstract / Résumé

Intergenerational residency programs aim to create a sense of community, foster intergenerational relationships, and provide mutual support and care. Research suggests these programs can reduce social isolation and loneliness, increase social support, improve mental and physical health, and enhance the quality of life for older and younger participants (Andreoletti, & Howard, 2016; Counts, *et al.,* 2021; Kahlbaugh & Budnick, 2021).

The Intergenerational Community-Engaged Residency (ICER) Award is a unique experiential living and learning opportunity provided by a partnership between Brock University and Niagara Regional Housing (NRH). The awardee, a Master of Applied Gerontology (MAG) student at Brock University, spends a year living in a community social housing building putting classroom learning into practice. In exchange for a furnished apartment in the building, the student contributes to the residence by providing 30-40 hours per month of informal and formal community engagement.

In this study we ask "*Is the ICER Award an agent of change*" by exploring the experiences of people involved in the project through in-depth interviews and participant observation. Key informants interviewed include current and past ICER awardees, NRH tenants, a professor in the MAG program, and NRH staff. The analysis team included the PI (co-lead on the ICER Award), the current ICER student, and the ICER Award Coordinator. In this poster presentation we highlight the ways in which participants observed processes and people that fostered change as well as how they came to see themselves as agents of change.

P47

The LOVOT social robots in the community: A critical reflection of our experiences with community engagement

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Abstract / Résumé

Background: With technological advancements, robotics and aging has garnered interest in academic spaces. However, a large science-practice gap remains, pointing to a need for more community engagement to exchange knowledge with older adults, family members, and health care providers in our community.

Methods: Between July 2023 to January 2024, our team initiated and attended numerous community engagement activities to exchange knowledge and perspectives about how the LOVOT social robot could enhance the quality of life of older adults in long-term care (LTC) homes. These initiatives ranged from visits to LTC homes to public seminars with audiences of over 100 people and included both structured and non-structured activities. To critically reflect on our community engagement experiences, we followed the reflection framework by Rolfe et al. (2021) and asked ourselves three key questions: *What?* (i.e., What are we reflecting on?), *So what?* (i.e., Why is it important?), and *Now what?* (i.e., What will we do next?). We conducted thematic analysis on our individual and group reflections and performed constant comparison. These reflections and community engagement initiatives occurred in parallel with a research study that explored the potential of the LOVOT social robot to address loneliness and foster joy among older adults in LTC settings.

Findings: Several themes emerged from our reflections, such as facilitators and barriers to meaningful engagement with social robots and increased awareness of public perceptions of technology and aging. Importantly, our reflections highlight the value of community engagement to foster mutual learning across diverse populations.

P48

Awareness of Actions to Reduce Dementia Risk Among First Nations People in File Hills Qu'Appelle Tribal Council: A Review of the Brain Health PRO Platform

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Abstract / Résumé

Background: The Brain Health PRO platform aims to reduce cognitive decline through online modules designed to educate older adults on preventative health measures for modifiable risk factors. The platform has not included First Nations perspectives in its program development, and therefore does not reflect the needs of First Nations communities. Together with First Nations community members in File Hills Qu'Appelle Tribal Council (FHQTC), we reviewed Brain Health PRO content and approach.

Objective: We aim to improve the existing Brain Health PRO platform and develop a guideline on creating a First Nations adaptation of the platform for FHQTC communities.

Methods: Ten sequential focus groups were held with eleven community members to review Brain Health PRO content and approach, and to identify areas for improved cultural and contextual relevancy.

Results: Community members highlighted the lack of relevancy of the content presented, such as the exclusion of Indigenous Traditional Knowledge and medicines, land-based teachings, and spirituality. Online program delivery was not the preferred method of sharing information for community members; instead, tangible educational materials and opportunities for in-person gatherings were recommended.

Limitations: The knowledge shared in focus groups is intended to create a Brain Health PRO adaptation for FHQTC communities specifically; therefore, it may not be culturally relevant for other First Nations communities.

Conclusion: Meaningful improvements to the cultural relevance of the Brain Health PRO Platform for FHQTC communities cannot be achieved with minor revisions; instead, larger foundational changes that reflect the interests, concerns, and worldviews of these First Nations communities are required.

P49

The association between communication impairment and receipt of physiotherapy and occupational therapy for long-term care residents with dementia: a cross sectional study

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Abstract / Résumé

Introduction: Most long-term care residents live with dementia. Reduced physical function is prevalent in residents with dementia. However, they often receive limited amounts of physical or occupational therapy. Communication impairment is a common characteristic for people with dementia, and impaired communication has been found to decrease a person's healthcare participation.

Objective: To examine the association between communication impairment and receipt of physiotherapy and occupational therapy in long-term care residents with dementia.

Methods: A cross-sectional study was conducted using data from the Resident Assessment Instrument 2.0 from Ontario long-term care homes between 2015 and 2019. Adjusted odds ratios and 95% confidence intervals were obtained from multiple logistic regressions, examining the association between communication variables and receipt of physiotherapy or occupational therapy.

Results: Residents with dementia were less likely (odds ratio, 95% CI) to receive physiotherapy or occupational therapy if they had an impaired ability to make oneself understood (0.73, 0.69-0.78), understand others (0.68, 0.63-0.72), hear (0.88, 0.80-0.98), or produce speech (0.76, 0.58-0.99). Conversely, residents with dementia were more likely to receive physiotherapy with intervention techniques in place, including using a hearing aid (1.41, 1.34-1.49), other receptive communication techniques (e.g., lip reading) (1.21, 1.02-1.44), and other modes of expression (e.g., flash cards) (1.27, 1.04-1.56).

Conclusion: Residents with dementia and communication impairments were less likely to receive physiotherapy or occupational therapy. When interventions to aid communication were put in place, residents with dementia were more likely to receive physiotherapy. Therefore, communication impairments are a barrier to be addressed to improve receipt of rehabilitation.

P50

Caregivers across Canada: Surveillance data from the Alzheimer's Society of Canada

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Abstract / Résumé

Dementia is a growing public health concern in Canada, with an estimated 733,000 Canadians living with the condition in 2024. As the population ages, this number is projected to rise to 1.7 million by 2050. The impact of dementia extends beyond the individual living with the condition and places a significant responsibility on informal caregivers, who provide the majority of care and support. Caregivers, often spouses or adult children, may experience considerable physical, mental, emotional, and financial strain. Currently, there is a significant lack of nationwide data on caregivers and their specific demographics and well-being.

The Alzheimer Society's First Link® program provides customized support to approximately 200,000 clients across the nation. The program recently started to collect detailed quantitative data from individual caregiver clients in seven provincial and regional societies. This initiative used a collaborative approach, involving provincial Societies, experts, and people with lived experience, to create a standardized data collection framework. Pilot sites were trained in consistent data collection and sensitivity towards health equity.

The collected data encompass a range of variables including demographic details (such as race, gender identity, sexual orientation), health status, stress level, caregiving confidence, and health system usage of the person living with dementia. Using these data, we present findings on over 20,000 caregivers across Canada.

Long-term data collection will allow the Alzheimer Society to develop data-informed and evidence-based caregiver resources for clients. These data offer valuable insights into the demographic make-up of current caregivers and will deepen our understanding of caregiver needs across Canada.

P51

Dementia care education: Transformation through storytelling

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Abstract / Résumé

In providing dementia care, due to time constraints and other factors, a focus on tasks or assignments often influences the nature of care provided. In contrast, the Possibilities by Baycrest™ Memory Care model believes that care is based on relationships: between people with dementia, their families, the staff providing care, and the community. For staff, this model can be a paradigm shift in their roles and their daily work and may disrupt the dominant assumptions about their professional identities. The Centre for Education at Baycrest developed a continuing education curriculum to challenge staff assumptions about how to care for people with dementia, to foster dialogue and discussion, and to enable staff to adopt a new relationship-centered model of care. The curriculum co-design process captured vivid detail of an older adult's interests, hobbies, values and future goals to create a simulated persona. This persona guided curriculum development and implementation engaging staff learners to ask questions about the people they work with. Through case-based learning, simulation, and critical reflection, staff learners considered experiences and relationships. Critical reflection also enabled the educators to make connections and build relationships by sharing stories as a teaching practice. Learners had the opportunity to dive deep into their own stories and the stories of the simulated persona. This process led to rich dialogue, critical thinking and knowledge application of concepts to case scenarios. As learners explored their own stories, they discovered what they bring to this new model of caring for people with dementia.

P52

Testing a new approach to monitor mild cognitive impairment and cognition in older adults at the community level

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Abstract / Résumé

Population trends indicate that the number of individuals aged 65 years and older is growing faster than those aged 20 or younger [1]. Shifting demographics, paired with known barriers to healthcare, drive a need for resources and solutions to address these challenges and develop innovative remote health monitoring technologies.

Sheridan College's Centre for Elder Research, in partnership with the Ontario Brain Institute, collaborated in a 6-month mix-methods observational study to explore the use of a community testing site using a digital human data collection platform (DH) to monitor changes in mental health and cognition in adults aged 65 or older.

Sixty adults, aged between 65 and 96 (mean 75.1 years of age, 70% female, 30% male) completed multiple in-person assessments, engaging in dialogues with the virtual human to collect audio/video data while also completing standard paper and pencil questionnaires.

Close to three-quarters of the participants reacted positively to the DH, explicitly commenting on the usefulness of this technology for older adults experiencing barriers to healthcare, while approximately 13 percent found the technology disconcerting. Challenges with the community testing site included distance, transportation, discomfort with audio/video recordings, time commitments, and scheduling conflicts. Participants also shared feedback about the approach and testing experience, relating to the control of test settings and the mitigation of technology-related challenges.

This research highlights the growing importance and value of remote health monitoring technologies in addressing the healthcare needs of an aging population and offers practical recommendations for community-based implementation of these approaches.

P54

Promoting Healthy Cognitive Aging Through Lifestyle Interventions: Exploring the Efficacy of a Community-Based Walking Program

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Abstract / Résumé

Background: Considering limited treatments for Alzheimer's Disease and related dementias, and documented connections amongst gait, cerebrovascularity and cognition, it is imperative to explore the potential preventive benefits of lifestyle interventions. The present study explores the modulating influence of a walking intervention for initially sedentary, but otherwise healthy, older adults on improvements in both cognitive and physiological function.

Methods: Participants ($M_{age}=71.07$, $SD_{age}=5.28$, $range_{age}=65$-87) were recruited from the longitudinal burst study "Healthy Bodies Healthy Minds – A Supervised Walking Program for Older Adults" (Kowalski, 2014). Improvements in physiological and cognitive health were examined at baseline and at 6, 9, 12 and 16-weeks, along with the moderating influence of overall attendance. Physiological health was indexed using heart rate recovery (HRR), and gait velocity derived from the GAITRite® instrumented walkway. The cognitive battery consisted of the Trail Making Test part A (TMTA), the phonemic fluency (PF) test, and the Groton Maze Learning (GML) test.

Results: Employing multilevel models of change, results showed significant decreases in time to completion for the TMTA and GML test, an increase in words produced for the PF test, faster HRR, and decreased intraindividual variability in gait. Time-varying covariation was found between changes in physiological and cognitive measures, whereby within-person improvements in gait were linked to corresponding improvements in cognition, with change in HRR significantly mediating these longitudinal associations between gait and cognition.

Implications: These findings support the promise of individual and group interventions and self-monitoring strategies for improving cognitive function with increasing age.

P55

Bridging the Gap: Reflexivity as a tool to Bridge Generational and Cultural Divides for New Researchers in Dementia Care

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Abstract / Résumé

Objective: Previous research by the SE Research Centre identified a communication gap between caregivers and healthcare providers of persons living with dementia. Consequently, the Our Dementia Journey Journal (ODJJ) paper-based tool and mobile application were designed to bridge these gaps in diverse populations and settings across Canada. As a white undergraduate student in her 20s supporting the design, implementation, and evaluation of the ODJJ, I encountered a challenge: a generational and cultural divide with the end-users of the intervention.

Method: The Participatory Research to Action framework was used to co-design the ODJJ which will be implemented and evaluated from March to December 2024 in three settings using qualitative research methods: 1) Alberta continuing care homes, 2) South Asian communities in Ontario, and 3) First Nations communities across Canada. Throughout the implementation, I will complete a weekly reflexive journal to document how my positionality impacts engagement.

Results: At the conference, I will present my learnings about how my biases and assumptions shaped data collection and interpretation of findings from diverse aging communities implementing the ODJJ tool. I will identify methodological lessons for my peers to bridge generational and cultural divides that can arise in dementia research.

Conclusions: As my generation enters the field of gerontology, unraveling complex generational and cultural divides is necessary to support our engagement in participatory research methodologies that are essential to transformative impact-oriented research. Using reflexive techniques throughout innovative dementia-related projects can help identify strategies to bridge these gaps while advancing the project's objectives.

P56

Advancing Community-Based Dementia Initiatives: Identifying Impactful Strategies & Interventions using the Dementia Interventions Playbook

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Abstract / Résumé

Objectives: This comprehensive knowledge mobilization resource summarizes, shares, and showcases the work of the Dementia Community Investment projects to allow individuals and organizations to learn about and from their work, their successes, and the end products created through their projects, to guide others wanting to engage in similar work.

Method: The Playbook includes two main sections 1) foundational knowledge for any dementia initiative, and 2) Plays summarizing project specific information. The foundational knowledge section was informed by the network of DCI-funded projects and affiliated researchers, staff, and advisors, including people living with dementia and care partners. Members shared approaches that were found to be critical to the success of their initiatives, resulting in seven identified common themes that were paired with supportive resources, frameworks and examples to support others in their application of this knowledge. The Plays were developed using a framework to capture the crucial information, outcomes and products related to each completed DCI project, with the goal of making the knowledge from the DCI projects readily available and actionable for anyone involved in community-based dementia work.

Results: The resulting product is robust and comprehensive, designed for easy navigation. Resources and knowledge products generated by DCI projects are easily accessible in one resource, allowing users to easily discern initiatives and resources that meet their needs and leverage the lessons learned, including challenges and strategies to overcome them.

Conclusions: The Playbook is an impactful central resource for project outcomes and products to guide others engaging in community-based dementia work.

P57

Person-Centered Dementia Care in Hospitals: Buzzword or Reality?

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Abstract / Résumé

Introduction: Individuals living with dementia often find hospitalizations overwhelming and stressful, and they face several barriers to receiving dignified care that values their personhood. These obstacles include a shortage of staff, a lack of dementia-specific training for nurses, and task-oriented hospital care practices. Due to these barriers, older adults with dementia may experience increased hospitalizations, negligence, worsening health conditions, and even mortality. In order to improve care practices in acute care settings for dementia patients, nurses need to develop a practical understanding of person-centered dementia care practices and reform how care is delivered in hospital settings.

Objective: This paper advocates enhancing dementia care in acute care settings by proposing person-centered strategies to overcome current challenges. The aim is to ensure that person-centered nursing care meets the needs of older adults with dementia.

Methods: In this reflective analysis and literature review, we reflected on our clinical experiences working with dementia patients in acute surgical care settings.

Results: Based on clinical nursing experiences and current literature, clinical-based strategies can overcome challenges in dementia. These strategies focus on revitalizing nursing education, developing personalized care plans, involving additional healthcare team members, and addressing dementia on a systemic level.

Conclusion: To improve dementia care, nurses need to rethink how they deliver person-centered care and evaluate whether it is actually being implemented in their practice or if it is just a buzzword. Nurses must possess the necessary knowledge and skills to provide person-centered care tailored to the specific needs of individuals living with dementia.

P58

Associations between body mass index (BMI) and cognitive performance among older adults: An analysis of the Canadian Longitudinal Study on Aging (CLSA) database

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Abstract / Résumé

Objectives: (1) To determine the cross-sectional association between body mass index (BMI)/ obesity classification and (a) memory performance, and (b) mild cognitive impairment (MCI) indication/ classification among older Canadian adults (age 45+) using baseline data from the Canadian Longitudinal Study on Aging Database (CLSA). (2) To determine whether 3-year changes in BMI were associated with changes in memory performance.

Methods: Data from 31,178 CLSA participants (Canadians aged 45-85) were used for Aim 1 and 26,501 participants for Aim 2. Data were analyzed using linear and logistic regression modelling (Objective 1a and b) and chi-square tests (Objective 2).

Results: BMI classification (underweight, normal, overweight, obesity class I, II and III) was a significant term ($p<.001$) in the final ANOVA model of Rey Auditory Verbal Learning Test delayed recall (REY-II) performance after controlling for other significant effects of age, sex, race, and education. Normal BMI was associated with better REYII performance compared to underweight ($p=.01$), overweight ($p<.001$), obesity I ($p<.001$) and II ($p<.001$) categories. BMI classification was similarly significant ($p=.009$) in the final logistic regression model predicting odds of MCI after controlling for other significant effects of race, age, and sex. Underweight and obesity I BMI categories had significantly higher odds of MCI (OR=2.18 and 1.27, p=.002 and .005 respectively) as compared to Normal BMI. There was no association demonstrated between change in BMI (more than 5%) and changes in REY-II/ memory performance (z-score change more than 1.645) after 3 years ($X^2=6.65$, $p=.16$)

Discussion: Maintaining a normal BMI is important for preserving cognitive health among older adults, particular compared to being underweight and Class I obesity.

P59

Dementia rehabilitation: A novel approach to a dementia diagnosis and follow-up

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Abstract / Résumé

Dementia is one of the most feared diagnoses to receive. It also stands in contrast to receiving a diagnosis of other terminal or chronic diseases. Generally following a serious diagnosis, providers develop and present an individual with a treatment plan, which may include additional specialty appointments, rehabilitation (cardiac, cognitive), physio or occupational therapy, or even hospice or palliative care. In the case of dementia, despite evidence based intervention that show some promise of slowing the decline or reducing the risk of poor secondary outcomes in dementia (e.g., isolation, frailty/falls, depression), when one receives a dementia diagnosis, they are often given a list of recommendations and a follow-up appointment to track progress in 6-12 months. This is a pilot study examining the feasibility and acceptability of connecting newly diagnosed individuals with a treatment planning coordinator. Patients are then paired directly to a treatment plan of evidence based practices including physical, emotional, and cognitive interventions, based on the individual's history and values. We review how the dementia rehabilitation team was developed and how we designed the pilot study to measure acceptability and feasibility with a hope to scale up the rehabilitation team in the future.

P60

Item Pre-Learning in Memory for Face-Occupation Associations Among Older Adults

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Abstract / Résumé

Intro: Older adults have more challenges remembering associations (i.e., face-name pairs) relative to items (i.e., faces), according to the associative deficit hypothesis. Previous research suggests that older adults may benefit from the use of item pre-learning and high-schematic materials (e.g., occupations instead of names) for associative memory.

Methods: An a priori power analysis showed that 76 participants will be required to ensure a power of .80 to detect a moderate to large within-between interaction (f = .33) based on a 2 (age: younger vs. older) X 2 (memory type: item vs. associative) design**.** Participants will be recruited through social media, community, and participant pools. They will complete an associative memory task with a trial-by-trial item pre-learning component at encoding. At each trial, participants will be presented with a face followed by an occupation (i.e., item pre-learning), and then the face-occupation pair where they need to encode the association. After a 2-minute filler task following the encoding phase, participants will complete a pair recognition (both intact and rearranged as “OLD” to index item memory) and associative recognition (i.e., only intact as “OLD”, to measure associative memory) test.

Results: Data will be analyzed in RStudio using a 2 (age) x 2 (memory) mixed model ANOVA. We anticipate that the associative memory deficit in older adults would be minimal or even absent considering the employment of both item pre-learning and occupations.

Implications: The results will contribute to the literature on item pre-learning approach for promoting older adults’ associative memory.

P61

Investigating Dreaming in Cognitively Diverse Older Adults

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Abstract / Résumé

Dreaming changes across the lifespan. While our understanding of how dreaming relates to aging and well-being has developed with respect to the early and middle phases of the lifespan, the dreams of older adults remain under-studied. This point is underscored when considering that virtually no literature exists regarding the effects of secondary aging on dreaming in older adulthood. Recent studies observe a relationship between increased frequency of bad dreams and increased risk of onset and acceleration of cognitive decline—begging a closer examination of how dreaming contributes to understanding health and functioning across the lifespan. This study, currently in data collection, will recruit approximately 30 adults aged 65 and older with or without mild cognitive impairment, as indicated by a cognitive screener. Participants will record their dreams over a period of one month. Dream content will then be analyzed using the Hall/Van de Castle coding system, with particular attention to dream content related to characters, social interactions, emotions, success and failure, misfortune and good fortune, and settings. Additional data related to health, mood, sleep quality, mental imagery, lifestyle, and executive function will be gathered for analysis. The study aims to contribute to the literature on the dream frequency and content of cognitively diverse older adults while also exploring the feasibility of studying the dreams of older adults with mild cognitive impairment.

P62

Evaluation of Active aging condition in the elderly in Tehran and its relative factors

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Abstract / Résumé

Objectives:

The primary objective of this cross-sectional descriptive study conducted in June and July 2018 in Tehran is to assess the active aging condition in the elderly population and identify the relevant factors. The study aims to evaluate the level of active aging among elderly individuals in Tehran's Shemiranat area and to understand its determinants.

Methods:

The study sample comprises 131 elderly adults aged >60, selected using a two-stage cluster-sampling method. Data was collected using the "active aging" and "life satisfaction in elderly" questionnaire and demographic information of the participants. Data analysis was conducted using SPSS software, employing descriptive statistics, t-tests, and Pearson correlation to interpret the findings.

Results:

The findings reveals 9.2% of participants were at high level of active aging. Across six indices of active aging, the respondents demonstrated weakness in "active-mind maintenance" and "social-institutional participation," while showing average status in "agent attitude," "physical-functional activity," "social contacts," and "productive engagement." The study indicates a negative significant relationship between age and number of children with active aging, while positive and significant relationships were found with education, occupation, income level, and life satisfaction.

Conclusion:

The study underscores the low level of active aging among the elderly in Tehran and emphasizes the need for intervention by authorities to address this issue. It suggests the necessity of devising and implementing tailored solutions to enhance active aging and provide specialized services for this demographic in future national planning. Furthermore, the study advocates for more extensive research efforts in the domain of active aging.

P63

Psycho-neuroprotective Effects of Early Perscribing Citalopram in Stroke in the Elderly (PEACE): Randomized Clinical Trail

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Abstract / Résumé

1. Objectives:

The objective of the study was to investigate the effects of early treatment with Serotonin Reuptake Inhibitors (SSRI), specifically citalopram, on elderly patients aged 60 years and over who had suffered a stroke. The study aimed to assess the potential anti-depression, motor system enhancing, antithrombotic, and neuronal protective effects of SSRI when administered early after a stroke.

2. Methods:
The study included 46 elderly stroke patients who were divided into two groups: one receiving early treatment with citalopram in addition to standard stroke treatment, and the other receiving only standard stroke treatment without citalopram. The patients were followed up for three months and evaluated with functional examination, memory test, depression assessment, and motor function tests. The data collected were analyzed using SPSS software.

3. Results:
The study found that the administration of citalopram did not significantly impact the functional, memory, and mood tests over the three-month period. However, improvements were noted in the motor function tests after three months. Additionally, the study observed that the patient's medical history of heart disease, diabetes, and hypertension did not affect the outcomes of the stroke.

4. Conclusion:
Based on the results, the study concluded that the administration of citalopram did not significantly improve various aspects of stroke recovery in elderly patients. Therefore, due to the lack of effectiveness and potential side effects, the study does not recommend the use of citalopram without therapeutic indications in stroke patients.

P63B

Building capacity of service providers and care partners to manage risks of getting lost and going missing among persons living with dementia: An interactive workshop featuring knowledge resources

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Abstract / Résumé

Persons living with dementia are at risk of getting lost and going missing due to wayfinding challenges. Yet, we know little about missing incidents among this population in Canada. Our study provides new data showing prevalence ranges from 2.4 to 34% depending on data source. We collaborated with partners to create resource products to raise awareness and offer strategies to manage risks of going missing. The purpose of this workshop is to showcase four resources to build capacities of persons living with dementia, care partners, service providers, and first responders. These include: 1) a *video synopsis* of the prevalence and characteristics of Canadian missing incidents based on the analysis of data from police, search and rescue, InterRAI, and MedicAlert; 2) nine *dementia-friendly first responder videos* in English, French; two with Objibwe and Mohawk subtitles*;* 3) a *toolkit* that includes strategies used by people living with dementia in their homes; 4) eight *personas and scenarios* that depict contextual factors within missing events informed by content analysis of missing person cases. Workshop facilitators will present the resources and their development. Participants will explore the resources in groups and discuss implementation. By the end of the workshop, participants will: 1) Be familiar with the learning resources and where to access them; 2) Understand how the resources can be used with various audiences including police and search rescue organizations, persons living with dementia, care partners, and health and social service providers.

P64

Conducting multilingual cross-cultural research with limited funding, time, and labour capacity

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Abstract / Résumé

Background: There is a pressing need to design and assess culturally appropriate health promotion interventions for equity-deserving communities, such as racialized immigrant older adults. However, cross-cultural research in multilingual settings is typically more expensive and time-consuming than non-cross-cultural research with only English-speaking participants. This is often one of the reasons why researchers exclude non-English-speaking immigrants from their studies.

Objective: We aimed to: (1) identify barriers that commonly arise in studies that involve equity-deserving groups for whom English is not the first language (2) examine facilitators that can enable a pragmatic approach to mitigate challenges that arise with the conduct of multilingual research with ethnocultural communities.

Methods: This study is part of a large community based participatory action study with South Asian older women (55+) in British Columbia. We employed a multilingual cross-cultural qualitative approach; interviews were conducted in Punjabi and English. We used team-based line-by-line analysis and an iterative coding strategy, aided by NVivo-12 software.

Results: Cost, time, recruitment, and translation method challenges were key barriers that emerged. Barriers include the cost of translation services and time required to recruit participants, particularly with few team members fluent in the participants' languages. Key facilitators to engaging this group were use of technology to translate interviews, hiring personnel who are “cultural insiders” (e.g., a South Asian research coordinator), and going door-to-door to speak with community members as an engagement strategy.

Conclusion: Our work contributes to our knowledge of feasible approaches to multilingual cross-cultural qualitative methods.

P65

Factors Associated with Receiving Therapy in Long-Term Care (LTC) Homes for Residents

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Abstract / Résumé

Objective: Majority of the LTC home residents could benefit from therapy services such as physiotherapy, occupational therapy, and recreational therapy to improve quality of life. The purpose of this retrospective analysis was to examine factors associated with therapy use in LTC homes by assessing: 1) How are therapies used in LTC homes? (occurrence and duration), and 2) What factors are associated with therapy usage?

Methods: We used Residential Assessment Instrument-Minimum Data Set version-2.0 (RAI-MDS 2.0) data for assessment of occurrence and duration of therapy (7-day-look-back) and surveys on facility, and unit characteristics that Translating Research in Elder Care collects from the homes. We included 2878 residents from 49 units within 22 urban homes in Alberta from the third quarter of 2019. Units less than 40 beds and facilities with no therapy record were excluded. We also had informal conversations with therapists for better interpretation of results.

Results: Physiotherapy had the highest levels of therapy occurrence (on 42 units covering 22% of residents) and duration (14.1± 35.3 minutes). Preliminary multilevel logistic regression modeling with therapy use (Yes/No) as an outcome showed that LTC home characteristics such as case mix index, unit characteristics such as unit type, and residents characteristics such as CHESS score, ADL hierarchy, Cognitive Performance Scale score <3 and receiving physiotherapy services inside the LTC home were significantly associated with the overall receipt of therapy.

Conclusion: While RAI-MDS is informative for therapy usage, information such as therapists' availability are not captured in this dataset which requires further exploratory studies.

P66

Exploring ageism in Brazilian Public Healthcare System: insights from an educational intervention

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Abstract / Résumé

This study aimed to 1) provide continuing education to confront ageism in Brazilian Primary Healthcare and 2) understand whether healthcare professionals experienced or engaged in ageist behaviors during the covid-19 pandemic. We conducted an exploratory qualitative study with 54 professionals from various public services across the city of São Paulo who participated in the “Psychosocial Care of Older Adults” online training course in 2020. Through thematic analysis of their written narratives, we examined their perceptions of ageism in the healthcare system and potential changes following the training. The awareness of age stereotypes and prejudices, along with the challenges in addressing commonplace institutional, interpersonal, and self-directed ageism were widely identified. Participants described instances of modifying their own paternalistic and infantilizing language towards older adults, enhancing information accessibility for older adults, reevaluating ageist beliefs about their own aging process, and forming informal support groups with colleagues to address difficulties like impatience and stress. However, work precariousness and overexploitation during the covid-19 pandemic limited the extent and depth of critical-reflexive processes of revising technical and social practices among healthcare professionals. The findings suggest that critical examination of reality has helped professionals recognize the complexity of ageist conceptions and practices and healthcare's broader significance beyond biomedical-centered practices, affecting their interactions with older adults. This underscores the importance of research focused on educational interventions considering historical, political, and sociocultural contexts, and may contribute to inform policies and advance the transformation of healthcare assistance for older adults.

P67

Testing a System Level Indicator of Quality in the Residential Long-Term Care System

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Abstract / Résumé

Objective: In 2016, our team in the Translating Research in Elder Care (TREC) began developing a system-level quality indicator (QI) driven from the Residential Assessment Instrument Minimum Data Set version 2.0 (RAI-MDS 2.0). This indicator was named Canary and aimed to help provincial and regional leaders with decision making. During the proof-of-concept stage, we consulted with stakeholders in Alberta concerning the potential usefulness. The Canary successfully showed sensitivity to community outbreaks of influenza. The purpose of this study is to refine and further validate the Canary model developed in 2016.

Methods: Using ten practice-sensitive QIs (e.g., pressure ulcer) from the RAI-MDS data, we used statistical process control to capture both common cause and special cause variation in the system indicator using facility-level data from 2008-2022. Analytic steps included defining cut-offs for each QI to capture worsening of the QI over time. We calculated a composite score for each quarter for each facility based on the cut-offs, and displayed our findings using control charts.

Results: While our facility-level analysis is underway, preliminary results show significant signals as Alberta homes entered the COVID-19 period. In particular, it appears Canary is sensitive to the mass changes to the system due to COVID-19. We intent to further refine this work by using a mixed method approach and presenting the results to the critical policy makers in Alberta for refinement and feedback.

Conclusion: We are excited about the early promising results that Canary may offer as an important senior system tool for monitoring the system.

P68

Informal and formal caregiver challenges with oral drug administration when working with older adults with dysphagia: A scoping review

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Abstract / Résumé

Effective drug administration is critical in older adults. Dysphagia (swallowing difficulties) adds complexity, increasing risk of errors. Both formal (e.g., home health aides, nurses, physicians, speech-language pathologists) and informal (i.e., families) caregivers play a crucial role in managing medications for older adults with dysphagia. Both groups also encounter challenges that require attention to develop strategies and interventions for better medication management. As such, this study aimed to identify the challenges caregivers face in administering oral drugs to older adults with dysphagia.

Five databases were searched. Articles were included if they discussed challenges faced by caregivers in administering drugs to older adults with dysphagia. Exclusion criteria were: non-oral drug administration routes; patient self-reports; non-observational studies; non-English articles; or not peer-reviewed. Two independent reviewers completed screening and data extraction.

Six studies were included from an initial pool of 1078 articles. While only one study addressed challenges of informal caregivers, all six studies discussed challenges faced by formal caregivers. Three common challenges were reported by both groups: inadequate and inconsistent information and strategies in drug administration (n=5); financial constraints and availability issues (n=5); and misunderstanding medicine formulations with modified administration (n=3). The most commonly reported challenge by formal caregivers was inefficient and ineffective communication processes (n=5).

This study outlines challenges in oral drug administration to older adults with dysphagia. Common concerns emphasize the importance of multidisciplinary collaboration between industry, caregivers, and scientists to create specific guidelines and resources to improve oral medication management. Redesigning process for better communication is also recommended.

P69

Wisdom and wise leadership through the eyes of Elder women

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Abstract / Résumé

Wisdom is often associated with older adults due to its connection to lived experience. Being a wise Elder is a status that a community confers on those with certain qualities and talents, and who offer wise leadership, guidance, and solutions.

Some researchers try to measure wisdom using instruments that elicit and score participants' responses to a controlled set of problems or questions. These methods assume that wisdom can be captured by a certain type and length of verbal discourse, or by the numbers on a Likert scale. However, Indigenous values like connectedness to the environment, to a spirit world, or to ancestors are not usually a part of such studies, nor how wisdom is lived out as action or felt in the heart or gut.

My dissertation research used a photo- and artifact-elicitation methodology, informed by Indigenous ways of knowing, that allowed for a more multi-modal image of wisdom. Participants had control over the modality of self-expression, thereby maximizing their own communicative strengths. Respect and reciprocity were emphasized.

Several wisdom-related themes emerged from my conversations with seven women, all nominated as wise Elders. These themes can inform the development of resources, policies, and programs that can impact the well-being of family and community members of all generations. Learning how to listen to and share this wisdom can help forge stronger intergenerational bonds, plus help older adults reflect on their life experiences and come to a place of ego integrity and self-esteem before moving on to the next world.

P70

Mental Health and Substance Use Issues Among Home Care Clients in Winnipeg, Manitoba

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Abstract / Résumé

Canadian research has identified a rising demographic of older adults with mental health and/or substance use (MH/SU) conditions. This has implications for home care programs in Canada, which typically serve older adults but were not established for MH/SU concerns. A mixed-methods study was undertaken in Winnipeg, Manitoba, with the primary purpose to examine the prevalence of mental illness and substance (ab)use amongst adult recipients in the Winnipeg Regional Health Authority's (WRHA) public home care program and to examine the implications for the provision of home care service to this population.

This presentation focuses on results from the qualitative sub-study of the larger research project. This component involved interviews and focus groups with WRHA Home Care staff and external service partners. In total, 33 individuals were interviewed between September 2021 and June 2023, including WRHA home care management, care coordinators, direct service staff, agency directors, and addiction counsellors.

Findings from the qualitative data analyses underscored the escalating complexity of cases, the inflexibility of existing programs and services to meet needs, and short-staffing and significant housing issues with MH/SU clients. Insights garnered from these interviews/group discussions advocate for policy change at micro and mezzo levels, as well as enhanced recruitment and training initiatives for new staff, along with ongoing professional development to address the evolving needs of clients in home care. Other social factors, such as hospital discharges and the legalization of marijuana, will be discussed as well.

P71

Exploring Attitudes & Challenges Among Older Adults Using Digital Health Technology

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Abstract / Résumé

Introduction: The emergence of digital health technology has had significant impacts on health management and health monitoring. Since COVID-19, there is a growing digital health use among older adults. Yet, the challenges and attitudes older adults hold toward adopting digital health technologies require further exploration.

Objective: To describe the challenges that older adults face using digital health technologies as well as their general attitudes towards digital health.

Methods and Analysis: This scoping review is in line with the PRISMA-ScR reporting guidelines and Arksey and O'Malley's scoping review methodology. We searched four electronic databases: APA Psych Info, CINAHL, MEDLINE, and Web of Science. Two reviewers screened all title/abstracts and full-text studies. Any digital health technology-related study that includes older adults (60+) and an attitude/challenge-focused outcome from March 2020 to the present was included.

Results: From an initial pool of 1,018 articles, 26 studies met the inclusion criteria. 65% of studies shared mixed attitudes (n =17) towards digital health technology. 54% of studies shared technological literacy (n =14) as the greatest challenge. The most studied digital health technologies were smartphone devices (n = 9), computers (n = 5), and telehealth (n = 5).

Conclusion: Findings from the scoping review will be agents of change and support further research integrating user-friendly designs, comprehensive training programs and inclusive technology to support the unique needs of older adults.

P72

Barriers and Facilitators to providing rehabilitation for long-term care residents with dementia: A qualitative study

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Abstract / Résumé

Objective: Long-term care (LTC) residents with dementia are less likely to receive rehabilitation than those without. This study explored the barriers and facilitators associated with providing rehabilitation services for residents with dementia.

Methods: Using a qualitative, phenomenological design, individual in-depth semi-structured interviews and a focus group were conducted with rehabilitation providers (n=6), LTC staff (n=3), family members (n=4), and residents with dementia (n=3) in LTC homes in Halifax, Nova Scotia. Data were analyzed using thematic content analysis and mapped onto the socioecological framework and the central component of the Behavior Change Wheel.

Results: The identified barriers encompassed limited access to resources such as financial resources, equipment, and space, complex admission procedures, high resident turnover, and restraint policies. Additionally, they comprised challenges with limited family involvement, interdisciplinary collaboration, and lack of volunteers, communication difficulties, comorbidities, and lack of motivation. The mapped intervention functions were education and training of staff and family members, restriction, and environmental restructuring. These functions could be implemented through policy categories such as regulation and guidelines, communication and marketing, fiscal measures, and environmental and social planning.

Conclusion: The study underscores the importance of addressing systemic challenges such as resource constraints, staffing issues, and admission processes to improve rehabilitation provision for LTC residents with dementia. Potential policy categories should focus on enhancing funding, promoting family involvement, improving communication strategies, and supporting interdisciplinary collaboration. Future research should explore innovative interventions, longitudinal outcomes, cultural considerations, and cost-effectiveness in rehabilitation care for this population.

P73

Addressing mental health for older adults living with kidney failure in Canada: A scoping review

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Abstract / Résumé

Objectives: Almost half (47%) of the people living with kidney failure in Canada are older adults. They experience mental health burden that remains under-addressed. We looked to four chronic illness groups closely aligned with kidney failure (hypertension, diabetes mellitus [DM], multiple myeloma, and renal cell carcinoma) to identify how mental health care for older adults is provided in Canada.

Methods: We conducted a scoping review to identify mental health assessment instruments, mental health interventions, and mental health care providers all contributing to the care of Canadian adults living with the four chronic illnesses. We searched 7 databases and Google search engine. Paired reviewers included peer-reviewed literature and websites.

Results: Thirteen articles (4 DM clinical practice guidelines [CPGs]; 9 research articles) and 1 website (replicating 1 CPG) were identified. Five articles addressed an older adult population (mean age between 55 and 60); 2 articles' populations were ≥ 60 and 65. All articles addressed DM and one addressed both DM and hypertension. Mental health assessment instruments included 12 generic and disease-specific patient-reported outcome measures; mental health interventions included single or multiple pharmacological and psychosocial interventions, with recommended follow-up. Mental health care was provided diversely by clinicians, trained personnel, patients (self-assessed/peers), and non-therapists with counselling experience.

Conclusions: In Canada, mental health care is scarce for older adults living with the four chronic diseases. Nevertheless, leveraging evidence from these other chronic illnesses may provide us with insights to develop person-centred mental health care for older adults in Canadian kidney care.

P74

Examining the Acceptability of a Pedometer-Based Walking Intervention among Aging South Asian Women in Toronto

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Abstract / Résumé

Background: Women experience post-menopausal symptoms well into their mid-50s. Research indicates that pedometer-based walking is effective in reducing these symptoms and improving quality of life. It is unclear if this intervention is acceptable to aging South Asian women. South Asians are among the largest immigrant groups in Canada.

Objectives: This paper presents the results of a study that examined the acceptability of a pedometer-based walking intervention in managing cardiovascular, musculoskeletal, vasomotor, psychological (post-menopausal) symptoms in aging South Asian women.

Methods: A convergent concurrent mixed-methods design was used. South Asian women with any of the above-noted symptoms were recruited using convenience and snowballing sampling strategies. Individual interviews were conducted with 60 participants; 64 participants completed a validated measure to rate the acceptability of the interventions. Almost half of the sample was 50 years of age or older.

Results: Aging South Asian women participants found the pedometer-based walking intervention acceptable. The factors that potentially affect their ability to engage in it included: lack of knowledge about the importance of exercise in managing post-menopausal and age-related changes; and challenges related to gender roles and employment obligation that result in lack of self-care. The participants, however, were willing to make changes in their lifestyle to engage in this intervention.

Conclusion: South Asian women appear to face several challenges related to aging, immigration and settlement, and gender roles. There is a need for sharing information about and promoting

walking as an acceptable physical activity that can improve health outcomes of aging South Asian women.

P75

Organizational crises in residential aged care facilities: A scoping review

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Abstract / Résumé

Background: Residential aged care facilities (RACFs) encounter various events (e.g., natural disasters, epidemics) that can trigger a critical situation considered an organizational crisis. These crises can lead to serious health consequences for older people. Information on this topic is scattered, preventing a clear overview of the state of knowledge. Therefore, this scoping review (ScR) aimed to map existing knowledge on organizational crises faced by RACFs.

Methods: The Joanna Briggs Institute (JBI) ScR method was used. Data were collected from multiple sources (databases, retrospective and prospective searches, grey literature). Publications were selected if they targeted older people living in RACF offering nursing services and were focused on an organizational crisis. Data selection, extraction and quality assessment were performed in duplicate by two independent persons using the Covidence web application. Quality was assessed using JBI's critical appraisal tools. Content analysis was carried out to synthesize data, along with tables and graphs. Two experienced RACF managers were consulted to identify additional publications.

Results: Our results describe the events that can trigger organizational crises in RACFs, their consequences, and the factors that influence preparation, prevention, and management. We identified organizational approaches to address these events before they escalate. These results revealed knowledge gaps, including how quality of care is managed during organizational crises in RACFs.

Discussion: We provide a clearer perspective on what is known about organizational crises in RACFs and identify a research agenda for optimal preparedness and management response in these contexts to ensure the safety of a highly vulnerable population.

P76

Co-Creating a Virtual Reality program in hospital with patient and family partners and staff for older adults with dementia

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Abstract / Résumé

Emerging evidence suggests that Virtual Reality (VR) technology has the potential to improve the wellbeing of older adults living with dementia in hospital care units. However, older patients are often excluded from VR opportunities. Meaningful engagement of patient partners, family caregivers and staff in co-creating VR program is promising in addressing unique needs of older patients, supporting staff in implementation, and enhancing understanding the complex clinical settings. However, literature describing fulsome partnership with patient and family partners and staff in the co-creation process is absent.

The objectives of this study are to understand psychosocial needs of older adults living with dementia in hospital and how VR could be best implemented in the care delivery of complexity.

Drawing principles of Collaborative Action Research (CAR), we conducted qualitative focus groups, co-design workshops and interviews with 46 partners (7 patient partners, 8 family caregivers, 19 frontline staff members and 12 organizational leaders) in hospital. Consolidated Framework for Implementation Research (CFIR) informed our data collection and analysis.

We identified three key themes to co-create a VR program for older patients with dementia in hospital to address their psychosocial needs and facilitate staff's usage of VR, acronymized as **AIM**: 1) **A**pproach matters; 2) **I**nteractiveness; and 3) **M**ulti-sensory stimulation.

This study advances transformation towards a novel approach in formulating new knowledge with patient and family partners and staff to contribute valuable insights into the future development and deployment of VR in geriatric care settings with equity, inclusiveness and diversity.

P77

Pet and robotic pet therapy for older adults living with dementia and histories of psychological trauma: A systematic review

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Abstract / Résumé

Objectives: Responsive behaviours of dementia and mental health concerns, including psychological trauma and resulting PTSD, are becoming increasing concerns for older adults living in long-term care. Pet and alternative pet therapies (i.e., robotic animals) are promising interventions to help address these concerns. This review aims to identify if pet or alternative pet therapies improve the mental and physical well-being of older adults living with dementia and/or histories of psychological trauma.

Methods: Mixed-methods systematic review including peer-reviewed empirical papers from 2003 onward. Eight databases were searched. Eligibility criteria: 1) **Participants:** Older than 65 years, history of dementia or psychological trauma; 2) **Intervention:** Pet or alternative pet therapy; 3) **Outcomes:** Physical or mental well-being; 4**) Language:** English. The analysis included data extraction and quality assessments, followed by data synthesis methods to analyze and combine the results of qualitative and quantitative studies.

Results: Out of 12,148 studies identified, 56 met our inclusion criteria. All included studies focused on older adults with dementia. No studies addressed psychological trauma. Thirty (53.6%) used alternative therapies, and 26 (46.4%) used live therapy. Improvements in depression, socialization, sleep, and other health outcomes were identified. Most studies included had small sample sizes or were pilot studies.

Conclusions: Pet and alternative pet therapies can help improve the well-being of older adults with dementia. However, further research is needed and should address the benefits and feasibility of these interventions for individuals living with dementia and histories of psychological trauma, as well as rigorously evaluate the interventions using controlled trial designs.

P78

Rural older adults' health technology attitudes, readiness, and intentions to use smart home technology and needed supports.

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Abstract / Résumé

Background: The pervasive use of healthcare technology has raised growing concerns for rural communities, and the proportionately larger rural older adult sector. Despite evidence of their health technology acceptance, older adults remain comparatively lower users.

Objectives: To understand older adults' digital readiness, health technology attitudes and intentions, and the needed supports.

Methods: From fall 2023 to winter 2024 rural older adult British Columbians completed a cross-sectional survey with measures of health technology attitudes, digital readiness, and intention to use smart home technologies and described the supports they required for using health technology.

Results: Of 301 survey respondents, 149 were age 50-64, and 152 were 65 years or older. Digital readiness, health technology attitude and self-efficacy scores were modest with no age or gender differences. Smart home technology intention was related to higher health technology attitudes ($r = .17$, $p = .003$) and digital readiness ($r = .35$, $p < .001$). Higher health technology self-efficacy among those age 50-64 was related to lower smart home technology use intention ($r = -.174$, $p = .040$) . Both age groups described similar training and support needs. However those 65+ used a range of health technologies for chronic disease management and had support needs specific to these technologies.

Conclusion: Results highlight variation in health technology attitudes and digital readiness but overall more similarities than differences between age groups. The negative relationship between self-efficacy and smart home technology intention use among age 50-64 may reflect little intention to use until there there is a need.

P79

The Association between Religious Participation, Depression and Memory in Middle-Aged and Older Adults: A Moderated Mediation Analysis of the Canadian Longitudinal Study on Aging

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Abstract / Résumé

Religious participation has been shown to be positively associated with memory function. However, little is known about the effects of depressive symptoms on this association. We used baseline (T_0), three-year follow-up (T_3), and six-year follow-up (T_6) data from the Canadian Longitudinal Study on Aging to examine whether depressive symptoms at T_1 mediates the association between religious participation at T_0 and memory at T_2 in middle-aged and older adults.

Using linear regression with complete cases (n = 7804), we obtained the effect of religious participation at T_0 on depressive symptoms at T_1 ('a' path) and the effect of depressive symptoms at T_1 on memory at T_2 while adjusting for religious participation at T_0 ('b' path). The a and b path models were adjusted for sociodemographic, health, and lifestyle covariates. We then utilized the mediation package in R v4.3.3 to obtain mediated, direct, and total effects for the association of interest.

We have little to no evidence to conclude that religious participation is associated with memory (β= 0.0019, 95% CI [-0.05, 0.06]), nor do we have strong evidence to conclude that the association is mediated by depression symptoms (β= 0.0015, 95% CI [-3.66×10^{-6}, 0.00]).

Our findings are contrary to some previous research, perhaps because we employed a longitudinal analysis across three timepoints of data in a population sample. Previous research was often cross-sectional or limited to highly-selected sample frames. Further research is needed to assess the mediating role of depressive symptoms in the link between religious participation and memory.

P80

Psychological determinants of community-mobility among older adults in Nigeria: a cross-sectional study

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Abstract / Résumé

Background: Previous studies have shown the impact of biophysical decline on mobility limitation among community-dwelling older adults, but psychological impacts are less researched. This study estimated the association between psychological factors and life-space mobility among community-dwelling older adults.

Methods: The cross-sectional design involved 359 older adults aged 60 years and older. Life space mobility and psychological factors: anxiety, depression, and fear of falling were assessed using the Life Space Questionnaire, Geriatric Anxiety Scale, Geriatric Depression Scale, and Falls Efficacy Scale-International, respectively. Data were analysed using descriptive statistics and hierarchical linear regression.

Results: The participants aged (mean±SD) 67.92±6.79 years were 85% females, 50.7% middle-income earners and 38.7% attained secondary education. The average life-space mobility, anxiety, depression, and fear of falling scores were 3.96±1.38, 17.03±1544, 4.93±3.93, and 30.94±15.91, respectively. The unadjusted model showed that anxiety (β=-0.237, *p*<0.001), depression (β=-0.141, *p*=0.046), and fear of falling (β=0.137, *p*=0.047) predicted life-space mobility. After controlling for age, gender, education, income, and chronic diseases, anxiety (β=-3.939, *p*<0.001) and depression (β=-2.026, *p*=0.044) remained the only significant predictors of life-space mobility.

Conclusion: Anxiety and depression significantly influenced life-space mobility; the influence was retained after controlling for sociodemographic factors and the presence of chronic diseases. This finding espouses the need for health practitioners and social workers to pay attention to the psychological well-being of older adults when planning mobility interventions. Future research should explore interventions that mitigate these psychological barriers to improve life-space mobility.

P81

Bridging health gaps: a pilot study of a digital falls prevention program for older adults living in low-income housing

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Abstract / Résumé

Background: E-health presents a promising avenue for adapting preventive services, including falls prevention initiatives, to address society's healthcare challenges. However, this shift creates inequities for older adults with limited digital access or literacy. Considering these issues, a digital adaptation of the *Vivre en Équilibre* (VEE) falls prevention program for older adults living in low-income housing was co-created with multiple key stakeholders.

Objective: This study is part of a larger research program and aims to assess the feasibility and acceptability of the digital version of VEE program.

Methods: A mixed-methods pilot study was conducted in two low-income housing buildings. Data on participants' attendance and implementation fidelity were collected to evaluate program feasibility. Satisfaction and perceived benefits were surveyed to assess the program's acceptability for participants. Individual interviews were held with facilitators to identify factors influencing program implementation and acceptability.

Results: The program was offered to 17 older adults, with a 91% attendance rate. After the program, 94% of participants said they were very or fairly satisfied. All participants reported benefits, including learning about how to prevent falls (100%) and feeling more confident in their ability to avoid falls (81%). Facilitators highlighted the activity design and the training they received as key factors for implementation and acceptability of the program.

Applied implications: The co-creation process fostered the development of a digital falls prevention program that is feasible and acceptable. This innovative program holds great promise for improving falls prevention services for older adults living in low-income housing, ultimately contributing to health equity.

P82

"It's like a visit from a good friend in animal form": A feasibility study of pet therapy as an intervention for residents living in Long-Term Care

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Abstract / Résumé

Objectives: Pet therapy is a promising intervention that may help improve the stress and well-being of older adults living with dementia in long-term care (LTC). This project aimed to determine the feasibility of delivering and evaluating a live dog therapy program for individuals living with dementia in LTC following the COVID-19 pandemic.

Methods: In this interview-based feasibility study, we completed qualitative interviews with pet therapy experts (n=2), as well as residents (n=2) and staff (n=14) from 1 LTC home in Alberta. Experts included a pet therapy trainer and an older adult living with dementia who had experience with pet therapy research. The included residents did not have a cognitive impairment and lived in the LTC home for over a year. Staff included care aides, allied health professionals, managers, and nurses.

Results: All participants described pet therapy as an exciting and feasible intervention with multiple benefits including reductions in stress and the facilitation of conversations between family and residents with dementia. Participants also described potential barriers to implementation, including allergies and fears of resident safety. Most participants provided recommendations on how to overcome these barriers. Recommendations for future interventions were also identified, including intervention dose and frequency and how to involve LTC staff in intervention planning.

Conclusions: Pet therapy is a promising intervention with many potential benefits for LTC residents. This project has assisted in identifying pet therapy as potentially feasible in LTC and will guide a pilot study (2024-2025) that will be done in anticipation of a larger clinical trial.

P83

The association between functional social support, marital status and memory in middle-aged and older adults: An analysis of the Canadian Longitudinal Study on Aging

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Abstract / Résumé

Functional social support (FSS) is positively associated with memory. However, no studies have examined whether this association differs by marital status, which is a source of FSS and linked to memory. This study examines whether marital status impacts the association between FSS and memory in community-dwelling, middle-aged and older adults. Data at three timepoints spanning six years were analyzed from the Tracking Cohort of the Canadian Longitudinal Study on Aging (CLSA) (n = 10,318). Memory was assessed using the Rey Auditory Verbal Learning Test (RAVLT). Overall FSS and each subtype (positive interactions, affectionate, emotional/informational, and tangible support) were measured. Linear mixed models were used to regress RAVLT scores onto FSS across all timepoints, adjusting for sociodemographic, physical health, mental health, and lifestyle covariates. An interaction term was added to assess the impact of marital status. Although we found a positive association between FSS and memory, we did not find any significant interaction between FSS and marital status. The association between overall FSS and memory was not significantly different between single versus widowed, separated, and divorced individuals (β = 0.05, 95% CI = -0.07-0.16). Similarly, the association between overall FSS and memory was not significantly different between single versus married and common-law individuals (β = 0.06, 95% CI = -0.05-0.17). Findings were substantively the same for all FSS subtypes. From a policy perspective, these findings do not provide evidence to recommend targeted social support interventions based on one's marital status as a means of enhancing memory in middle-aged and older adults.

P84

Relationship between working environment and care aides' compassion fatigue, burnout and compassion satisfaction in LTC homes in Alberta

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Abstract / Résumé

OBJECTIVE

Severe staff shortages, sustained stress, low compassion satisfaction, high compassion fatigue, and serious levels of burnout among the health care workers are frequently reported in the literatures. We aimed to examine how the LTC working environment influences compassion fatigue, burnout, and compassion satisfaction among care aides during COVID-19.

METHOD

In a cross-sectional study with 760 care aides working in a stratified random sample of 28 LTC homes in Alberta between August 2021 and February 2022, we used a two-level multilevel regression analysis using the Professional Quality of Life (ProQOL-9) scale and Alberta Context Tool (ACT).

RESULTS

Care aides in smaller facilities reported higher levels of compassion fatigue (B = 0.764, p = 0.008) compared to those in larger facilities. Higher compassion satisfaction (B = 1.009, p = < 0.001) and lower burnout (B = -0.909, p = < 0.001) were observed when care aides perceived more supportive working cultures. Care aides reported higher compassion fatigue when there was a lack of structural (B= -0.149, p =0.019) or staffing resources (B= -0.253, p = 0.007). We also found that perceptions of not having enough staff (B = -0.469, p = < 0.001) or enough time (B = -0.337, p= 0.019) to complete tasks was significantly associated with higher levels of burnout.

CONCLUSION

Compassion fatigue and burnout among care aides were associated with modifiable factors in the working environment. These findings offer direction on which elements of the working environment may be promising for improvement efforts and intervention development and testing.

P85

The Comprehensive Approach to Dementia Data Monitoring in Canada (CADDM)-Experiences of Care Partners and People Living with Dementia

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Abstract / Résumé

Dementia poses challenges for both care partners and individuals living with the condition. The Comprehensive Approach to Dementia Data Monitoring in Canada (CADDM) is a research project that aims to enhance and expand the national dementia surveillance system. The CADDM project created a Cognitive Ability Life Course Model (CALM) comprised of factors that can influence dementia risk and experience.

To support the development of CALM, focus groups/interviews were conducted with 78 care partners and 17 people living with dementia (PLWD) to ensure that the model reflected the lived experiences of PLWD and their care partners. Audio recordings were transcribed, and thematic analysis allowed a structured analytic approach using predefined codebooks.

Care partners played a crucial role in providing cultural context to care and bridging communication and language barriers between individuals with dementia and healthcare providers. However, their ability to care for PLWD was significantly impacted by a lack of government policies supporting care partners, including gaps in financial assistance and respite opportunities, leading to emotional strain and burnout. Similarly, PLWD faced challenges, including stigma, changes in identity, and the ability to navigate the healthcare system. However, many PLWD found purpose and resilience, advocating for increased awareness and education to combat misconceptions about dementia.

Participants provided valuable insight into creating CALM by validating existing factors, and contributing additional ones absent from the literature. Culturally sensitive care and inclusive support structures are essential for meeting the diverse needs of care partners and PLWD.

P86

The additive and interactive association of gait speed and environmental factors on life-space mobility in community-dwelling older adults in Nigeria - A cross-sectional study

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Abstract / Résumé

Aim:

As global populations, including Nigeria's, age, understanding how gait speed and environmental factors impact older adults' mobility becomes increasingly crucial.This study aims to identify the extent to which these factors and their interactive effects contribute to variations in life-space mobility of community-dwelling older adults in Nigeria.

Methods:

Using a cross-sectional approach,359 community-dwelling older adults aged 60 and above in Nigeria were recruited via a multistage sampling technique.Data on environmental factors were collected using the Neighbourhood Environmental Walkability Scale,while Gait speed and life-space mobility were assessed through a 10-meter walk test and a life-space questionnaire, respectively.Multiple linear regression analysis, with a significance level set at $p < 0.05$, identified predictors of life-space mobility.

Results:

Access to services (β=-0.613,p=0.001), safety from traffic (β=0.751,p=0.002),and safety from crime (β=1.926,p=0.006) showed associations with life-space mobility.

Interactively, several factors demonstrated significant associations. For gait speed, residence type X safety from crime (β=0.812,p=0.001), access to services X neighborhood satisfaction (β=-1.169,p=0.024),and safety from traffic X safety from crime (β=-0.631,p=0.012) were observed.Similarly,for life-space mobility, interactions between residence type X access to services (β=1.081,p=0.001),residence type X safety from traffic (β=-0.738,p =0.014), stores and facilities X safety from crime (β=-1.593,p=0.024), and places for walking/cycling and safety from traffic (β=-0.721,p=0.054) were found to be significant.

Conclusion:

In conclusion,environmental factors, encompassing various aspects of the neighborhood environment,play a significant role in older adults' mobility, demonstrating both additive and interactive effects.Understanding these dynamics can inform interventions aimed at improving the mobility of older populations.

Keywords: Interactive, environmental factors, gait speed, life space mobility, older adults.

P87

Caring For, But Un-Cared For? A Realist Review Unpacking Change Needed for Racialized Worker Protection in Long-Term Care

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Abstract / Résumé

Background: Many personal support workers (PSWs) in Canadian long-term care (LTC) homes are racialized and/or migrant women (Lightman & Akbary, 2023). In addition to stress, burnout, worker tensions, and moral distress that PSWs experience while at work, racialized PSWs experience harms that are race- and gender-based in nature (Sethi, 2020). Race- and gender-based harms (R&GBHs) are commonly dismissed (unreported and/or unacknowledged), leaving racialized PSWs to experience harms while at work.

Objective: We conducted a realist review to examine practices established in Canadian LTC systems that work to protect racialized LTC workers from R&GBHs.

Method: A realist review is an appraisal method of gathering and analyzing information to understand approaches that work for a given intervention (Pawson et al., 2005). Our review examined 46 sources, which revealed that articulation about whether protective policies or practices for racialized PSWs experiencing R&GBHs at work, exist or are clearly articulated/acknowledged.

Results: Our realist review generated three considerations to address the lack of existing policies protecting racialized PSWs, including: a) migrant care labour, b) normalization of harm, and c) silencing of harms.

Conclusions: Thematic considerations drawn from our review reveal conditions that need to be improved to create a safer working environment for racialized PSWs. This review helps to *unravel the complexities* of race, gender, and harm experienced by racialized PSWs. We call upon LTC systems to be more responsive by considering more holistic policies to protect, and *care for*, racialized workers in LTC.

P88

The participation of older persons in the adoption of age-friendly care models in hospital settings: A scoping review

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Abstract / Résumé

Aim: To map the existing evidence on older persons' participation in Age-Friendly Care (AFC) model adoption in acute care hospitals.

Background: Hospital organizations are adopting AFC models to address the misalignment of traditional care models with the care needs of older persons (Fulmer et al., 2018). A comprehensive understanding of the participation of older persons in this adoption process remains limited.

Methods: We conducted this scoping review following the JBI methodology and reported using the PRISMA-ScR checklist. The Patient and Family Engagement Framework (Carman et al., 2013) and the Normalization Process Theory (May et al., 2018) guided the directed content analysis of the extracted data.

Data Sources: We searched CINAHL, MedLine, PsycINFO, Scopus, Global Health, and Embase databases in December 2022 (updated February 2024) for peer-reviewed, published research studies.

Results: Five out of 2,307 studies screened met our inclusion criteria. Two included papers reported different aspects of a single study. Older persons' participation occurred primarily at the organizational design and governance level through consultation and, to some extent, through involvement. All included studies incorporated older persons' participation during the implementation phase of the NPT and were predominantly focused on model development or evaluation. Barriers to participation included patient-related factors and organizational-related factors. Facilitators to participation consisted of the involvement of family members, presence of assistance, availability of materials and tools, and simplicity of interventions.

Conclusion: Our findings provided evidence that older persons' participation when adopting AFC models was infrequent, limited in scope, and defined by project leads and researchers.

P89

Implementation of a Magic Table Assistive Technology in Long-Term Care: Facilitators/Barriers and Lessons Learned

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Abstract / Résumé

Objectives

Present the implementation case of an assistive technology (AT), the Magic Table (MT-interactive games/activities to enhance residents' social engagement), in one of the largest long-term care (LTC) homes in Ontario and assess the facilitators/barriers and lessons learned from its implementation.

Methods

Grounded in the Theoretical Domains Framework (TDF) for implementing new practices/behavioral change, a systematic implementation strategy was deployed with a pre-post survey ([1-5] Likert Scale; 1=strongly disagree and 5=strongly agree) and open-ended questions that assessed the facilitators/barriers to the MT implementation (13 dimensions) and its benefits/challenges, respectively. Pre-surveys were completed by staff (n=128 various health professionals) and caregivers/volunteers (C/V) (n=25). Post-implementation data collection is underway.

Results

Project champions (n=23) and superusers (n=48) played a key role in the implementation. 163 staff and C/V attended demonstrations (2 days) and 24 training sessions. *Pre-implementation* data showed high levels of readiness and technology acceptance by participants (median=5 on most questions e.g., ease of use, intention to use). Positive outcomes were anticipated by staff, with benefits outweighing the time/effort required for technology learning (median=5). Challenges to its use included time constraints (n=51), workload (n=15), and inadequate staffing (n=9). Benefits included improving residents' quality of life (n=72) and enabling cognitive stimulation (n=21).

Conclusions

AT like the MT (simple/intuitive) are positively perceived by staff and C/V despite the behavior change associated with their implementation. Leveraging organization-wide training/demonstrations was effective in engaging stakeholders leading to successful technology deployment. The results serve as benchmark for LTC homes considering AT and seeking interactive solutions to engage residents.

P90

Adapting Nav-CARE to Support Caregivers of People Living with Dementia: Findings from a Pilot Study

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Abstract / Résumé

Nav-CARE is a volunteer-led navigation program that supports people living in the community with life-limiting illnesses. With the support of Health Canada, a team of researchers at the University of British Columbia Okanagan adapted the program to support caregivers of people living with dementia. This research was conducted in two distinct phases: 1) a modified e-Delphi study to develop a volunteer navigator training curriculum and 2) a pilot study to assess the program feasibility, acceptability and practicality. The modified e-Delphi study was conducted by administering three sequential questionnaires to an expert panel of 35 individuals with experience in caregiving, navigation, volunteerism, and/or dementia. Through this process, a list of 46 caregiver needs statements and 41 volunteer navigator competency statements were developed. These lists informed the development of three distinct dementia training modules for the volunteer navigator curriculum: 1) communication, 2) navigational support, and 3) quality of life. These modules were used to train volunteer navigators during a three-hour in-person session. During the 6-month pilot study, 17 volunteer navigators and 19 caregivers engaged in visits for 1-2 hours bi-weekly. Findings from the pilot study suggest that when adapted to fit the dementia context, Nav-CARE can adequately support caregivers of people living with dementia. However, changes are needed to increase the efficacy. Most notably, the volunteer navigator training curriculum needs to include more thorough dementia and caregiving education, and caregivers need to be connected to the program directly after the dementia diagnosis is made. Insights from this research will inform the implementation of the adapted Nav-CARE program at multiple sites across Canada.

P91

Leisure activities exert long-term effects on cognition among survivors of Cerebrovascular Accidents and Transient Ischemic Attacks: Results from the Canadian Longitudinal Study on Aging

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Abstract / Résumé

Background and objectives. Stroke is a leading cause of serious, prolonged disability worldwide. Cognitive reserve (CR; lifestyle-driven resilience to cognitive decline, despite neuropathology onset) can improve cognition post-stroke. Several CR factors can be implemented across the lifespan and following brain damage, such as leisure activities. However, their long-term influence is not well understood in the context of stroke. The present study investigates longitudinal effects of leisure activities on stroke survivors' cognitive performance.

Methods. We conducted a secondary analysis of baseline and three-year follow-up data from the Canadian Longitudinal Study on Aging (CLSA), a 20-year long national study on aging and health. Participants' data were collected in person across 11 Canadian sites (n = 1476 comparison participants, n = 123 people who have had a Cerebrovascular Accident (CVA) and/or a Transient Ischemic Attack (TIA). At both time points, participants completed cognitive tests as well as questionnaires on demographics, health, and leisure activity participation. We analyzed how leisure activities influenced cognitive performance at baseline and over time.

Results. For both groups, cognitive leisure activities (e.g., crosswords) were associated with improved and stable cognition over time; they particularly benefited stroke survivors. Social and physical leisure activities mostly predicted high cognitive performance in both groups, with mixed findings for religious, educational and cultural, and exercise-based activities.

Conclusions. Self-directed leisure activities, particularly those involving cognitive stimulation, may produce long-term benefits on cognition among stroke survivors. These results have implications for reducing post-stroke disability (e.g., leisure activity-based interventions).

P92

Évaluation de l'acceptabilité d'une formation sur les décisions de fin de vie et sa plateforme de recherche pour les personnes proches aidantes : Résultats d'un prétest

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Abstract / Résumé

Contexte : De nombreuses personnes proches aidantes (PPA) accompagnent une personne aidée dans sa fin de vie (FDV) et se disent mal outillées pour la soutenir dans ses décisions de FDV. Ainsi, il s'avère pertinent d'offrir une formation aux PPA qui réponde à leurs besoins d'information et de communication. **Objectifs :** Un essai clinique randomisé en cours dans le cadre d'un doctorat en psychologie vise à évaluer les effets de cette formation sur les connaissances et attitudes des PPA à propos des pratiques de FDV. Un sous-objectif était de prétester la plateforme de formation et de recherche auprès de PPA afin d'en assurer la faisabilité et l'acceptabilité. **Méthode :** La formation et la plateforme ont été prétestées par trois collaborateurs PPA. À l'aide d'une version adaptée *du Treatment Acceptability Perception* questionnaire de Sidani et al. (2009)**,** les PPA ont apprécié l'acceptabilité et la faisabilité du contenu et de la plateforme. **Résultats :** Quantitativement, un score global de 4,62/5 a été accordé à la plateforme et la formation. Qualitativement, les collaborateurs se sont prononcés positivement sur la qualité de la formation, les connaissances acquises, les aspects visuels et pratiques de la plateforme ainsi que sur l'investissement de temps et d'énergie nécessaires. De plus, ce prétest a permis d'identifier des problèmes à régler avant de lancer l'étude. **Conclusion :** L'acceptabilité de la formation et de la plateforme s'avère confirmée. Cette formation et sa plateforme sont perçues comme étant appropriées, pratiques et efficaces. Les résultats supportent leur pertinence pour répondre aux besoins d'information et de communication des PPA.

P93

Can Untrained Raters Appropriately Complete Observational Pain Assessment Tools Designed for Health Professionals working with People Living with Dementia?

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Abstract / Résumé

Objectives: The pain assessment of people with severe dementia relies heavily on observational pain assessment tools given that self-report is compromised in this population. These tools are typically completed by health professionals. Our objective was to compare the psychometric properties of different observational tools when completed by untrained observers in order to determine whether they could use these tools in a valid fashion.

Method: Undergraduate students (*N* = 64) completed five observational pain assessment tools, designed for populations living with cognitive impairments, while watching videos depicting older adults with dementia (simulation involving an actor) during baseline conditions as well as while expressing pain during walking, transferring, standing, and guided movement situations.

Results: As expected, the untrained student raters could successfully differentiate between pain-related and non-pain-related behavioral expressions with large effect sizes ($eta^2 > 0.85$) with all tools. Internal consistency coefficients were all moderate to strong. Correlations between tools were positive and considerably strong, supporting their convergent validity, while correlations were low to moderate with a non-pain measure, supporting discriminant validity.

Conclusions: These findings support the possibility that, with professional guidance, untrained observers may be able to use a wide variety of observational tools in dementia-specific contexts.

P94

Negotiating the Psycho-Social Consequences of Ageism in the Workplace

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Abstract / Résumé

In recent years, investigation into the demographics of Canada's population has highlighted the fact that a significant portion of the workforce is composed of older adults. This has allowed for an increased recognition that the labour market is built upon the widely held belief that the most valuable trait a worker can possess is that they are young, agile, and not considered "older" in the eyes of society. Given this, workplaces are spaces where both intentional and unintentional ageism can take place. As scholarly literature based in the Canadian context is quite limited, the broader study that this paper stems from aimed to gain a qualitative understanding of older Ontario workers' lived experiences of ageism. Semi-structured interviews with 10 older adults (55+) who were either currently employed, recently retired, or looking to gain re-entry into the labour market were conducted. This paper explores the extensive psycho-social consequences that were associated with continued instances of ageism in the labour market and how older workers found themselves managing and coping with such experiences. Participants described the mental health issues (such as depression or anxiety), emotional challenges, and existential considerations that tended to pair with age-based discrimination. To manage these difficult circumstances, participants discussed how they found themselves coping by oneself, via external relationships, and through specific actions. Overall, this paper contributes new understandings to how the dynamics of the ageist labour market can instigate serious psycho-social demands while requiring extraneous labour from older workers to negotiate and manage such overwhelming consequences.

P95

Experiences of caregiving and service use among ethnic minority older adults and their caregivers in Western countries: A scoping review

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Abstract / Résumé

Globally, the population is ageing, and transnational migration has increased the number of persons aged 65+ from ethnic minority backgrounds in Western countries, necessitating the need for culturally focused care. Compared to the general population, ethnic minority groups utilize and access health and social care services less frequently, with limited evidence on ethnic older adults and their caregivers. This review utilized Arksey and O'Malley's (2005) framework to explore ethnic older adults and their caregiver's experiences and perceptions of caregiving and aged care service use in Western countries. Six databases: CINAHL, Web of Science, PsycINFO, PUBMED, Embase, and Family and Society Worldwide were searched from inception till June 2022. Articles were screened for inclusion using title/abstract and full-text screening. Forty-six (46) studies were included and analysed using thematic sysnthesis analysis. Three themes emerged: positive experience, negative experience, and barriers influencing giving and receiving care by ethnic minority older adults and their caregivers in Western countries. The findings of this review have provided information for foundational discussion regarding enhancing inclusivity and diversity in care provision for ethnically diverse ageing populations in Western countries and it will potentially inform future research on ethnic minority older adults' care. The study has some implications for social work and other allied health care practitioners and will potentially inform policies and programs championing culturally sensitive practices.

P96

Supporting rights: A scoping review on supported decision-making for persons with dementia

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Abstract / Résumé

The Canadian Charter of Rights for Persons with Dementia asserts that persons with dementia have the right to receive the support they require to participate in decisions that affect them. Yet in the context of daily life, persons with dementia continue to be excluded from decisions due in part to the lack of guidelines and knowledge to inform practice. This scoping review constitutes a first step towards addressing this gap by identifying the types of decisions captured in the literature and the processes found to facilitate or hinder supported decision-making.

Utilizing Arksey & O'Malley's five-stage framework, we conducted a review of the peer-reviewed empirical literature published in English from 2005 to present. We only included articles that included firsthand perspectives of persons with dementia. Our initial search yielded 15,048 citations, of which 52 met the inclusion criteria.

Our review revealed a range of decision types, with most studies focused on supporting decisions surrounding activities of daily living (17/52, 33%) and healthcare (14/52; 27%) and fewer focused on finances (2/ 52, 4%) and living location (3/ 52, 6%). Although supported decision-making was highly valued by care partners and persons with dementia, both parties identified professionals as potential barriers to the process, particularly when their preferences were misaligned with professional recommendations. Our findings suggest the need for more research in decisional domains of high importance to persons with dementia. Our findings also suggest that building professionals' capacities to facilitate supported decision-making may be warranted-especially when perceived risk is high.

P97

Using Appreciative Inquiry to understand students' experiences in gerontology research in an academic lab

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Abstract / Résumé

Background: Appreciative Inquiry (AI), a methodology grounded in positive psychology, was utilized to explore its impact on the well-being of students within a multidisciplinary academic research laboratory and their dedication to research on gerontology. The lab brings 100 students together to conduct aging research under the supervision of a Nursing professor. The students come from diverse disciplines and backgrounds, including engineering, nursing, psychology, and medicine, spanning undergraduate to doctoral studies, and domestic and international training.

Methods: A self-study was conducted to understand the cultural factors and practices that students perceive as influential to their well-being. Through convenient sampling, an external psychology professor facilitated two focus groups and six follow-up individual interviews with 25 students in total.

Results: Reflexive thematic analysis of the data identified three major themes critical to fostering student well-being and advancing their performance in gerontological research in the academic setting: 'connect the heart' highlighting the importance of emotional engagement, 'connect the head' emphasizing teamwork in research tasks, and 'adapt to needs' focusing on the flexibility to meet diverse student needs.

Conclusion: Appreciative Inquiry provides valuable insights into the positive aspects of student experiences in a research lab and the complexity of transforming gerontology education to better serve the aging population. It supports students in acquiring essential research skills and boosts their confidence in their academic pursuits, thereby enhancing overall student well-being and productivity.

P98

Factors influencing implementation outcomes for education and practice change interventions in long-term care homes: The GPA Bathing exemplar

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Abstract / Résumé

Background: Advanced Gerontological Education (AGE) developed a Gentle Persuasive Approaches (GPA) Bathing eLearning curriculum to strengthen caregivers' knowledge, confidence, and skill to provide person-centered, evidence-informed bathing care. AGE partnered with four long-term care homes (LTCHs) to conduct a small-scale implementation of GPA Bathing at their sites. LTCHs are described as complex adaptive systems, with diverse individuals interacting through constant change in non-linear, unpredictable ways. Thus, LTCHs are known as challenging environments for implementing interventions.

Methods: Informed by literature and guided by principles of the PARiHS framework, we developed interview guides with checklists on key factors influencing the implementation of practice change interventions in LTCHs at an organizational/systems level, including barriers, facilitators, strategies, context, sustainability, and supports. The guides were used during check-ins and interviews with leadership teams and staff at pilot LTCHs before, during, and after implementation to assess and address any emerging concerns. This process was conducted to tailor and adapt the implementation and better understand site experiences to inform future implementation plans.

Results: The literature-informed interview guides supported our detailed exploration of factors that influence implementation of change in LTCH settings. We found that the most significant influencing factors were leadership practices and organizational supports. Our findings also highlighted the importance of meaningful collaboration between researchers and practitioners and between leadership and point-of-care staff to promote successful implementation.

Conclusions: There is limited knowledge on intervention implementation in the LTCH setting. Our findings provide pragmatic guidance to researchers and LTCH administrators to optimize future implementation of bathing interventions.

P99

Neurocognitive age: unraveling aging trajectories

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Abstract / Résumé

The aging of the population poses significant challenges in healthcare, necessitating innovative approaches. Advancements in brain imaging and artificial intelligence now allow for characterizing an individual's state through their "brain age," derived from observable brain features. Exploring an individual's "biological age" rather than chronological age is becoming crucial to identify relevant clinical indicators and refine risk models for age-related diseases. However, traditional brain age measurement has limitations, focusing solely on brain structure assessment while neglecting functional efficiency.

Our study focuses on developing "neurocognitive ages" specific to cognitive systems to enhance the precision of decline estimation. Leveraging international (NKI2, ADNI) and Canadian (CIMA-Q, COMPASS-ND) databases with neuroimaging and neuropsychological data from older adults [control subjects with no cognitive impairment (CON): n=1811; people living with mild cognitive impairment (MCI): n=1341; with Alzheimer's disease (AD): n=513], we predicted individual brain ages within groups. These estimations were enriched with neuropsychological data to generate specific neurocognitive ages. We used longitudinal statistical models to map evolutionary trajectories. Comparing the accuracy of neurocognitive ages to traditional brain ages involved statistical learning techniques and precision measures.

The results demonstrated that neurocognitive age enhances the prediction of individual brain and cognition change trajectories related to aging and dementia. This promising approach could strengthen diagnostic reliability, facilitate early detection of at-risk profiles, and contribute to the emergence of precision gerontology/ geriatrics.

P100

"I Wish the Program Would Last Longer": A Feasibility Pilot Study of a Multidisciplinary Program to Promote Health and Well-Being in Long-term Care Home

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Abstract / Résumé

Objective: Multidisciplinary programs effectively promote health and well-being among community-dwelling older adults, whether the results can be extended to long-term care (LTC) is unclear. This pilot study aimed to develop and evaluate the effectiveness of a multidisciplinary program in promoting health and well-being of LTC residents.

Method: LTC residents at Perley Health participated in a 12-week multidisciplinary program between May 2023 and April 2024. Residents participated in group cognitive stimulation therapy (2x/week), multi-component exercise sessions (2x/week), and an individual nutrition education session focused on energy and protein intake. Assessments were conducted at baseline (T1) and week 12 (T2, completion of program). Semi-structured interviews were conducted and analysed using thematic analysis.

Results: In total, 17 residents (87.1±9.4 years, 82% male) completed the multidisciplinary program, with mean attendance rates of 72% for exercise sessions and 76% for cognitive sessions. No significant changes were observed for cognitive function (T1: 20.0; T2: 21.0 $p=0.574$), handgrip strength (T1: 20.0; T2: 21.0 $p=0.447$), body mass index (T1: 26.5; T2: 26.5, $p=0.587$) and depressive symptoms (T1: 2.0; T2: 0.0 $p=0.119$). Residents considered program participation in a positive way: social connection and learning new knowledge.

Conclusions: It is feasible to implement a multidisciplinary program in LTC. Challenges and facilitators faced whilst implementing the program will be presented to aid investigators planning the design of similar research. Preliminary results showed that health and well-being were maintained. Further studies with larger sample size and randomized controlled designs are warranted to further explore the effectiveness of a multidisciplinary program in LTC.

P101

Intention to Leave among Care Managers in LTC Homes

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Abstract / Résumé

Objectives: To investigate the associations of managers' intention to leave with burnout, compassion fatigue, and compassion satisfaction measured with ProQOL-9.

Method: Care managers (n=91) from 28 long-term care (LTC) homes in Alberta completed an online survey in the Fall of 2021 as part of the Translating Research in Elder Care (TREC) program. We used linear regression to independently assess the associations of the ProQOL-9 subscales burnout, compassion satisfaction, and compassion fatigue with the (a) intention to leave the facility and (b) intention to leave the job. We adjusted for facility, unit, and care manager characteristics.

Results: Intention *to leave the facility* was directly associated at a statistically significant level with burnout (beta=0.26, p=.03) and inversely associated with compassion satisfaction (beta= -0.41, p=0.001). Compassion fatigue was not significantly associated with intention to leave the facility (beta=0.15, p=0.14). Intention to leave the *job as a manager* was also significantly directly associated with burnout (beta=0.32, p=.007) and inversely associated with compassion satisfaction (beta= -0.31, p=0.009). Compassion fatigue was not significantly associated with intention to leave the job (beta=0.16, p=0.13).

Conclusions: Our findings show there is an association between burnout and compassion satisfaction with managers' intention to leave. The next step is to understand the modifiable factors associated with burnout in order to design and implement strategies to decrease it. And, conversely to better understand factors that foster compassion satisfaction and that may therefore mitigate intentions to leave managers in long-term care facilities.

P102

Evaluating Real-world Implementation of INFORM (Improving Nursing Home Care through Feedback on Performance Data): An Improvement Initiative in Canadian Nursing Homes

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Abstract / Résumé

Background: Nursing homes have struggled to improve quality of care for many decades. INFORM (Improving Nursing Home Care through Feedback on Performance Data) was a successful pragmatic trial that coached nursing home managers to conduct local quality improvement projects. Between 2019-2023, INFORM was selected by the Ministry of Health in British Columbia for real-world implementation with 26 nursing homes (INFORM BC) . Three stakeholder groups participated in this real-world implementation: an academic team who transformed INFORM trial for real-world implementation, a cohort of 26 nursing home teams, and a BC team who directed INFORM in the field by providing supervisions and external facilitation to the nursing home teams and guided them through their local project.

Methods: Data comprised observations, surveys, informal discussions, and document reviews. Participants were selected based on convenience sampling from all the above mentioned stakeholders. Participant numbers varied by data source.

Results: Despite operational challenges at the academic and BC teams level such as issues related to role clarity and misalignment of expectation and challenges at the nursing home level such as lack of time and COVID–19–related disruptions, most nursing home teams described achieving successful outcomes. A critical element of success was the opportunity to set local goals and local measurement combined with receiving tailored external support.

Conclusions: INFORM BC demonstrates the critical role of external facilitation in achieving local success for nursing home teams. Future implementation and scale-up should probe adaptations made by nursing home teams that may influence utilizing INFORM further in practice.

P103

Supporting long-term care residents through transitions to acute care hospital

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Abstract / Résumé

Objectives: Burdensome transitions from long-term care (LTC) to hospital can happen even when clinicians engage in goals of care and advance care planning discussions with residents and their care partners. This study aims to conduct a needs assessment to inform the co-design of a decision-making tool improving this transition experience.

Method: Using multi-phase mixed methods, including French and English interviews and co-design focus groups, participants from three LTC sites in Ottawa, Ontario were recruited. Residents, care partners, and staff contributed insights based on their experiences with LTC to hospital transitions to inform the development of a decision support tool to be pilot tested in partnering LTC homes.

Results: Challenges across three timeframes were identified: transitioning to the hospital, during the hospital visit, and transitioning back to LTC. Communication gaps between staff and care partners were highlighted, along with the need for education on LTC services and resident care preferences outside of care conferences. Participants perceived the hospital transition negatively, citing prolonged wait times and fragmented care.

Conclusions: Transition decisions for LTC residents should align with residents' preferences. This study unveils significant challenges for residents, care partners and staff during transitions between LTC and hospitals. These findings underscore the urgency of implementing improvements to optimize the overall experience for all agents involved in care transitions.

P104

Interventions to Enhance Mental Health Treatment Engagement Among Older Adults: Perspectives from Geriatric Providers

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Abstract / Résumé

Older adults face complex challenges in seeking and receiving mental health treatment. While older adults access psychological services less frequently than other populations, when they do seek help, strong engagement can predict better treatment outcomes. This study explores providers' perspectives on interventions aimed at enhancing treatment engagement among older adults referred for specialty geriatric mental health services. Drawing on Raue and Sirey's (2011) late-life treatment engagement model, 11 interviews were conducted with geriatric mental health professionals and referral sources. Summative content analysis identified various interventions to address engagement barriers, particularly under resource constraints. The most prevalent suggestions included low-intensity psychoeducation initiatives like pamphlets and videos, alongside at-home and virtual interventions such as cognitive behavioral therapy groups. Nurse practitioner liaisons were widely endorsed for patient screenings and follow-ups to maintain engagement. While collaborative care teams were proposed, resource challenges within the mental healthcare system were acknowledged. Suggestions to improve inter-provider communication and referral processes were also provided, including a multidisciplinary communication system, or streamlining referral paperwork. This study underscores the value of quantifying suggested interventions and engagement methods within provider-patient relationships to prioritize future research efforts effectively. It emphasizes the significance of provider and referrer factors in enhancing patient engagement and advocates for interventions to enhance engagement in and awareness of mental health services.

P105

The use of co-design in developing cognitive health-related interventions with community-dwelling older adults: a scoping review

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Abstract / Résumé

Background: Cognitive health programs are important to support the independence and well-being of the growing number of older adults with cognitive decline. Co-design allows products and services to be tailored to the user's perspectives, needs, and values. This methodology enhances recognition, community engagement, and self-esteem among older adults participating in such a process. This scoping review explores how co-design has been utilized in developing cognitive health-related programs or interventions for community-dwelling older adults, including those with cognitive impairment.

Methods: A systematic search across Embase, MEDLINE, AMED, CINAHL, and Web of Science yielded 3492 studies. Criteria for inclusion encompassed participation of individuals aged ≥50 in the co-design process, a focus on community-dwelling older adults, and relevance to co-design and cognitive health concepts. Independent reviewers screened the titles and abstracts, resulting in 47 full texts assessed for eligibility.

Results: Of the 18 studies included in the review, 10 targeted individuals with dementia, while six focused on mild cognitive impairment or unspecified cognitive impairment. Four studies utilized guiding frameworks or models, such as the Behaviour Change Wheel, the PRODUCES framework, and Boyd's theoretical framework. Thirteen studies outlined their co-design stages. Most studies gathered participants' feedback on the interventions or programs, with one specifically evaluating satisfaction with the co-creation process.

Conclusion: These findings highlight the potential of co-design in developing cognitive health interventions. However, more research is needed to refine co-design methodologies for effective, person-centred programs that enhance the cognitive well-being and quality of life of older adults within their communities.

P106

Challenges of Adult Protection Work: A Rapid Review

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Abstract / Résumé

Purpose: Adult abuse, neglect, and self-neglect is a social issue with potentially serious consequences. Adult protection work is carried out differently across Canada and internationally. Professionals tasked with responding to reports of adult abuse, neglect, and self-neglect have a heavy responsibility and require the knowledge and skills to work with a variety of populations and under legislation. To date there has not been a synthesis of the literature that examines the challenges within frontline adult protection work. The purpose of this paper is to synthesize literature to provide a brief overview of challenges experienced within frontline adult protection practice. **Design/Methodology:** A rapid review of the literature was completed resulting in 149 articles which were analyzed thematically. **Findings:** The themes identified in the available literature were: 1) Access and engagement; 2) Inconsistent definitions; 3) Intra and inter-agency collaboration; 4) Autonomy versus protection; 5) Interpretation and application of legislation. **Practical Implications:** This rapid review highlights the lack of research on the day to day functions of adult protection work. **Originality:** This rapid review identifies important gaps in current adult protection research.

P107

Understanding the Relationship Between Obstructive Sleep Apnea and Neurocognitive Functioning Among Geriatric Populations: A Narrative Literature Review

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Abstract / Résumé

Objective: Obstructive sleep apnea (OSA) is a syndrome characterized by loud snoring, choking, and disrupted sleep that shows associations with seizures, psychosis, and mood disorders. The prevalence of OSA increases as individuals age, with older adults being particularly vulnerable; further, untreated OSA may exacerbate related neurological and psychological disorders. The objective of this narrative literature review was to examine the association between OSA and neurocognitive functioning in older adults and identify underlying etiological pathways.

Method: This narrative literature review was conducted by accessing online research databases (e.g., MEDLINE, PsycINFO, PubMed) to find peer-reviewed studies relevant to the objective.

Results: OSA is highly prevalent in geriatric populations (over 78%), and it is characterized by significant comorbidities with neurological and psychological disorders. Notably, the continuous positive airway pressure (CPAP) treatment for OSA is linked to a reduction in seizure frequency. Further, although psychosis is present in 50% of older adults diagnosed with a major neurocognitive disorder, OSA is underdiagnosed in the same population. OSA tends to be present in 21% of patients diagnosed with bipolar disorders, and if left untreated, OSA leads to further deterioration of functioning in such individuals. The etiological mechanism contributing to these comorbidities could be hypoxia and hypoxemia, or insufficient oxygen levels in tissues and blood.

Conclusion: The CPAP treatment for OSA may contribute to a reduction in seizures, psychosis, and bipolar symptomology for those with comorbidities. Therefore, screening for OSA in older adults diagnosed with such disorders may lead to improvement of their quality of life.

P108

Pre-implementation of an Automated Vision System Designed to Detect Pain Behaviours in Long-Term Care: Staff, Resident and Family Perspectives

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Abstract / Résumé

A recently developed computer vision system designed to detect pain behaviours in older adults with and without dementia demonstrated adequate accuracy in laboratory settings, prompting an initial evaluation in long-term care (LTC) environments. The system was designed to detect pain behaviours and alert staff to check residents when a threshold of pain behaviours is exceeded. This study aimed to summarize staff, resident and family member perspectives about their acceptance, perceived barriers, and facilitators of its implementation. Data were collected prior to the introduction of the system in four LTC homes. Questionnaires were administered to LTC staff to examine acceptance and use of technology, implementation factors, readiness for organizational change, and technology readiness. We examined the relationship between behavioural intentions to use the system and specific implementation/technology adoption readiness constructs. Interviews with co-residents, family members, and staff were also conducted to gauge interest regarding this new technology. Interviews were subjected to directed content analysis. We identified moderate correlations between behavioural intention and nine constructs, including intervention appropriateness, effort expectancy, and optimism. Qualitative analysis suggested willingness from staff to use the system because of perceived benefits such as improved accuracy and timeliness in pain behaviour detection, given the complexities associated with pain assessment in residents with dementia and limited ability to communicate. Identified barriers included limited space to accommodate the system, Wi-Fi signal unreliability, and limited staffing. We conclude with recommendations for researchers and decision-makers to facilitate the successful adoption and implementation of this and other related technologies in LTC environments.

P109

Parkinson's disease and diabetes mellitus in nursing home residents: physicalfunction, cognition, and comorbidities

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Abstract / Résumé

Objective: People living with Parkinson's disease (PD) often require nursing home (NH) care in the advanced stages of disease and emerging evidence suggests a link with diabetes mellitus (DM). We aimed to characterize NH residents living with PD and DM.

Methods: This cross-sectional study used Resident Assessment Instrument Minimum Data Set Version 2.0 (RAI-MDS 2.0) data from January to December 2018 collected as part of the Translating Research in Elder Care (TREC) program. Data came from randomly selected Canadian NHs in British Columbia, Alberta, and Manitoba. We identified all residents with a diagnosis of PD and characterized those with and without DM.

Results: From a sample of 13,345 residents, 879 (6.7%) residents had PD, of whom 185 (21%) had co-occurring DM. Overall, PD residents appeared more physically impaired than those without PD based on a number of variables indicating more difficulty in carrying out activities of daily living, urinary incontinence (71.9% vs 63.6%), worse gait (29.6% vs 19.3%), slow task performance (18.8% vs 15.5%), and falls (25.6% vs 12.4%). The residents with concurrent PD and DM exhibited more shortness of breath (6.5% vs 3.3%), and hypertension (66.5% vs 46.0%) and fewer cognitive concerns compared to those with only PD.

Conclusions: Residents with PD exhibited a different profile than those without,

suggesting greater needs for physical supports; however, those with concurrent DM

additionally exhibited a higher frequency of medical need.

P111

Feasibility And Acceptability Of Implementing A Collaborative Service Robot In Long-Term Care: Staff Experiences

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Abstract / Résumé

In long-term care (LTC), staff members are responsible for address complex needs of residents with disabilities. Emerging research suggests that staff's care delivery can be enhanced by integrating service robots equipped with Artificial Intelligence (AI). These robots offer personalized services for residents and empower the staff with efficient support with diverse functions. Despite growing interest, the implementation of service robots in LTC remains under-explored. This study examines the feasibility and acceptability of implementing a service robot, named Aether, in a LTC home for residents with disabilities in British Columbia, guided by the underpinning principles of Collaborative Action Research. We included interdisciplinary staff in pre- and post-intervention focus groups and conducted conversational interviews with residents, staff members, and care home managers. Consolidated Framework for Implementation Research (CFIR) informed our implementation, data collection and analysis. We identified key facilitators (staff engagement and training) and barriers (environmental dynamics and resource limitations). Our results highlighted the imperative of structural support at micro-, meso- and macro-levels for staff in LTC to implement technology effectively. This study offers valuable insights into the future development and implementation of AI-enabled service robots in different care settings.

P112

Individual and combined impacts of social isolation and loneliness on memory: All available data versus multiple imputation analyses

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Abstract / Résumé

Social isolation (SI) and loneliness (LON) are important risk factors for cognitive health. However, the combined effects of both constructs on memory have been understudied in the literature. This study used three waves of data over six years from the Canadian Longitudinal Study on Aging to examine whether SI and LON are individually and jointly associated with memory in community-dwelling middle-aged and older adults (n = 14,208). LON was assessed with the question: "In the last week, how often did you feel lonely?". SI was measured using an index based on marital/cohabiting status, retirement status, social activity participation, and social network contacts. Memory was evaluated with combined z-scores from two administrations of the Rey Auditory Verbal Learning Test (immediate-recall, delayed-recall). We conducted our analyses using all available data across the three timepoints and retained participants with missing covariate data. Linear mixed models were used to regress combined memory scores onto SI and LON, adjusting for sociodemographic, health, functional ability, and lifestyle variables. Relative to being neither lonely nor isolated, experiencing both SI and LON had the greatest inverse effect on memory (least-squares mean: -0.80 [95% confidence-interval: -1.22, -0.39]), followed by LON alone (-0.73 [-1.13, -0.34]), and SI alone (-0.69 [-1.09, -0.29]). Sensitivity analyses employing multiple imputation approach confirmed this hierarchy of effects. Policies developed to enhance memory in middle-aged and older adults might achieve greater benefits when targeting the alleviation of both SI and LON rather than one or the other individually.

P113

Examining the mediation and association between physical literacy, mobility outcomes, and demographic factors of Nigerian community-dwelling older adults: a cross-sectional inquiry.

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Abstract / Résumé

Background:

Physical literacy (PL) is integral for promoting physical activity (PA) and healthy aging, yet its exploration in older populations, particularly in Nigerian communities, remains scant. This study examined the associations between PL and various facets of physical function (PA-level), PA-participation, gait speed (GS), and life space mobility (LSM) among Nigerian community-dwelling older adults.

Methods:

A cross-sectional study involving 359 older adults aged 60+ (mean±SD age=67.9±6.8 years, 85% Female) in Benin City, Edo State, Nigeria. Measures included: PL (Perceived Physical Literacy questionnaire); PA (Physical Activity Scale for the Elderly Questionnaire and Standard, Brief Activity Survey); gait speed (10-meter walk test; 10MWT); LSM (Life Space Questionnaire). Regression and mediation analyses were conducted to examine associations among variables.

Results:

Elevated PL scores were positively associated with GS ($\beta=0.19$, $p<0.001$), while there were no associations between PL and PA level/participation or LSM ($\beta=-0.01$, $p=0.87$). The model examining the mediating role of PL in the relationship between PA-participation and GS ($\chi2=0.00$, $p>0.05$; RMSEA=0.00; CFI=1.000; TLI=1.000)) or LSM ($\chi2=0.000$, $p>0.05$; RMSEA = 0.00; CFI=1.00; TLI=1.00) demonstrated excellent fit. Demographic variables (age, sex, education, income) were not associated with PA levels ($\beta=0.14, -5.14, -5.67, 0.00$, P=0.73,0.47,0.58,0.85 respectively), however, age and sex were inversely associated with GS and LSM respectively ($\beta=-0.13$, $p<0.001$; and $\beta=-0.15$, $p<0.001$ respectively).

Conclusions:

The study highlights the positive link between PL and gait speed in older Nigerian adults. Future research should delve into the complex associations among PL, PA, participation, and mobility in this group, considering broader social and environmental factors.

P114

Exploring the Use of Arts-based Methods with Older Adults

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Abstract / Résumé

In recent years, qualitative literature has seen an increasing amount of arts-based methods being implemented with older adults in health related research. Often used to explore topics in a novel way or gain a deepened understanding, arts-based methods offer alternative ways to engage in research and express individual experience. While these benefits can be a researcher's rationale for employing such methods, problems arise when they are paired with a methodology, theory, paradigm and or implemented in such a way, that does not align with their intended goals. An analysis of recent literature (2018-2024), which included varying types of arts-based methods potentially applicable to my doctoral thesis, demonstrated a lack of understanding between philosophical assumptions and arts-based methods. Although few studies did provide sufficient rationale to support the chosen method and how it was implemented coherently, the majority failed to include such rationale. Occurring through individual critique and cross-study comparison, analysis of the selected literature enabled recommendations to be made relating to the inclusion of philosophical assumptions; the reliance on older adult populations and logistics when working with them; and how various forms of data can be drawn from such research. This analysis has worked to not only guide my future doctoral thesis but also showcases the need further investigate how arts-based methods are implemented and justified when working with older adults and their experiences of health related concepts.

P115

A critical perspective paper on data collection methodologies with severe dementia in research

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Abstract / Résumé

Objectives: This perspective paper investigates different methodologies in dementia research, including quantitative and qualitative methodologies. The rationale behind the choice of research methodology affects the choice of data collection; thus, this paper **e**xplores challenges associated with methodologies in data collection, highlighting the paradigm shift in dementia research along with the applied epistemologies. Finally, this paper will suggest ways to enhance rigour and improve dementia research.

Background: An accurate representation of the dementia population in research is required. Given the increased number of aging populations, the diagnosis of dementia is expected to increase. The shift in epistemology and research methodology in dementia research allows researchers to explore dementia fully. Individuals with severe dementia are often excluded due to the complexity of their condition and prognosis, which creates a gap in research that could inform guidelines for supporting those with severe dementia.

Key issues/ results: The choice of methodology and data collection approaches in research affects the representation of the dementia population. The exclusion of people with severe dementia affects the research validity; thus, it is crucial to address this challenge.

Implications/ conclusion: The generalizability of study findings is usually inapplicable for individuals diagnosed with severe dementia. Research findings are compromised and can't inform future practice due to the underrepresentation of the dementia population, creating a gap in the literature. Current research trends reflect a promising solution, including the generation of databases to collect data, creating easy and convenient access for researchers to include individuals with dementia in research.

P116

Pain Intensity, Sleep Quality, Depression, and Sexual Desire among Patients with Mechanical Low Back Pain in South-East Nigeria

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Abstract / Résumé

Background: Little is known about the correlational matrix existing among pain intensity (PI), depression (D), sleep quality (SQ), and sexual desire (SD) among patients diagnosed with mechanical low back pain (LBP) in selected tertiary hospitals in south east, Nigeria.

Aim: To determine the correlates of PI and (D, SQ SD).

Methods: This study adopted a cross sectional design. Fifty four (54) patients with mechanical low back pain (LBP) were recruited from selected tertiary hospitals in Southeast, Nigeria. The Numerical Pain Rating Scale (NPRS) was used to measure the level of PI. Patient health questionnaire (PHQ-9) was used to ascertain the depression level, Pain sleep questionnaire for sleep quality and the sexual desire and aversion (DESEA) questionnaire for sexual desire. Spearman rank order correlation was used to determine the correlation among PI, SQ, D, and SD, in those participants.

Results: There was a weak positive significant correlation between depression and sexual desire (rho=0.26, p=0.04). Also there was a weak positive significant correlation between pain intensity and depression (rho=0.278, p=0.04). There was a moderate positive correlation between pain intensity and sleep quality (rho=0.51, p<0.001). There was a moderate positive correlation between sleep quality and sexual desire (rho=0.55, p<0.001). Other pairs of variables did not show any significant correlation.

Conclusion: Correlation abounds in the matrix of Pain intensity, Sleep quality, Depression, Sexual desire among patients with mechanical low back pain. Therefore, it is pertinent to include assessment of depression, sleep quality, sexual desire, alongside traditional physiotherapy assessment of pain in the management of patients with mechanical low back pain.

P117

Strategies to improve preparedness of informal caregivers of older adults

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Abstract / Résumé

Objectives: Our aim was to explore strategies that informal caregivers of older adults consider crucial for enhancing their preparedness.

Methods: We conducted a search in four databases (CINAHL, MEDLINE, PsycINFO, and Scopus) in November 2022 and September 2023, without imposing date restrictions. We sought conceptual or empirical academic articles that employed qualitative or mixed methods designs and described preparedness of informal caregivers of older adults. Employing an inductive approach, we performed a content analysis to identify strategies described by older adults to enhance their preparedness.

Results: Our analysis encompassed eight studies. To enhance the preparedness of informal caregivers of older adults, these studies have identified several key strategies. Caregivers expressed a desire for programs and resources that are tailored to their family's specific needs, considering different perspectives and varying financial situations. Additionally, caregivers expressed the need for social support from both informal (e.g., family, friends, spiritual support) and formal sources (e.g., hospitals, home care professionals). Caregivers also emphasized the importance of having time to adjust routines and adapt the home environment. Caregiver preparedness was found to be influenced by the caregiver's willingness to provide care, which is

associated with their relationship with the older person, known as mutuality.

Conclusions: Our findings contribute to understanding caregivers' preparedness and offers insights into potential interventions to bolster their preparedness to provide care. We suggest that interventions aimed at enhancing caregiver preparedness involve the active participation of caregivers in designing the intervention. This approach ensures that interventions honor the caregivers' needs, preferences, and experiences.

P118

Relationship between compassion fatigue and burnout: A Systematic review

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Abstract / Résumé

OBJECTIVE

The existing literature often interchangeably uses burnout and compassion fatigue, which develop ambiguity among readers. Limited research has examined the relationship between compassion fatigue and burnout empirically. Our objective is to conduct a systematic review to investigate the direction, strength, temporal sequence, and causality between burnout and compassion fatigue. We will focus on healthcare workers in aging care and long-term care settings.

METHOD

This study will involve a systematic search across CINHAHL, MEDLINE, Psych Info, Scopus, and PubMed, focusing on the relationship between compassion fatigue and burnout in various occupations through quantitative studies. Methodological rigor will be maintained through PRISMA guidelines, and Joanna Briggs Institute (JBI) critical appraisal for quantitative studies. COVIDENCE software will facilitate article screening and data extraction. Discrepancies between two independent reviewers will be resolved through consensus with a third reviewer. If the included studies show high heterogenicity, a systematic review without meta-analysis will be performed. For each of our research objectives, we will perform a data synthesis of all included studies across various occupations and conduct a separate data synthesis specifically for studies involving healthcare workers in aged care and long-term care settings.

RESULTS

We anticipated that burnout and compassion fatigue might have a moderate to strong relationship. Furthermore, we hypothesize that compassion fatigue occurs first, followed by burnout, and they might have causal relations.

Conclusion

This review will reduce confusion about the relationship between compassion fatigue and burnout in the literature. Future interventions can be more effective if relational ambiguity is cleared.

P119

Investigating informal caregiver dynamics for older adults in central Uganda

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Abstract / Résumé

Background: Uganda is being challenged to address the needs of an ageing population due to insufficient resources, governance, and health information. A rising chronic disease prevalence among older adults (OAs) is complicated by high rates of HIV. OAs rely on informal caregivers (ICs) for support; however, notable knowledge gaps include understanding the needs of ICs, characterizing the nature of their relationships, and the types of care provided. Novel self-report assessments are well suited to address these gaps. The interRAI Check-Up (CUSR) and Self-Reported Carer-Needs (SCaN) assessments describe the needs of OAs and ICs.

Objectives: **(O1)** Describe the needs of OAs with the CUSR and ICs with the SCaN; **(O2)** identify patterns of association between assessment outputs; **(O3)** explore views of OAs/ICs on assessment use for care/system planning; **(O4)** contextualize findings within multinational datasets.

Methods: I have partnered with central-Ugandan community health organizations. I will administer the CUSR/SCaN to 300 OA-IC dyads. I will then use logistic regression to identify patterns of association between assessment outputs. Next, I will interview OAs/ICs to explore views on assessment use. Data will then be linked with multinational CUSR/SCaN-repositories to situate findings in a broader context.

Impact: This study is the first to describe Ugandan OA-IC dyads needs in a structured manner. This information will inform areas for intervention and resource allocation. Characterization of CUSR/SCaN views will inform how standardized assessments can support care/system planning. Interviews and multinational comparisons will provide insight into how low-resource countries can build person-centred care systems to address population ageing.

P120

Comparison Between Two Canadian Provinces on Technology Use for Social Interaction by Older Adults

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Abstract / Résumé

During the COVID-19 pandemic, the older adult population had a considerable effect both physically and mentally. To mitigate the spread of the virus, social interactions were restricted and this led technology use to become more common. A previous study identified barriers and facilitators for technology use for older adults in British Columbia (BC), Canada. To explore whether the differences exist between provinces in Canada, the same survey was conducted in one other province, Saskatchewan (SK). We hypothesized there may be a relationship between technology use for social interaction and education and income levels as financial limitation was identified as one of the barriers to technology use in the previous study. We tried to explore these relations in both BC and SK to identify whether there are differences between the two provinces in Canada. The cross-sectional survey was conducted with older adults in BC and SK in Canada who identified as 65 or older from January to February 2021. The survey was conducted through random-digit dialling by the Canadian Hub for Applied and Social Research. The result showed significant relationships between: education levels and awareness of technology use for social connection and income levels and awareness of technology use for social connection. There were some similarities and differences between the two provinces for barriers and facilitators for technology use. The future study may try to incorporate a more diverse population and more provinces across Canada to investigate whether identified factors overlap or new factors could be identified.

P121

Exploring the perception of self-efficacy among men and women informal caregivers: A qualitative descriptive study

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Abstract / Résumé

Objectives: Self-efficacy is a frequently measured outcome in intervention research with carers. The widely used Generalized Self-Efficacy scale lacks consideration for gender differences in the establishment of content validity, creating a significant knowledge gap regarding its relevance for use with people who identify as men and women. This study aimed to explore how men and women's experiences of caregiving aligned with the concept of self-efficacy.

Method: We completed a secondary analysis of qualitative data using a qualitative descriptive approach. Data were analyzed from 45 caregivers in eight focus groups across four Canadian provinces (Alberta, Saskatchewan, Ontario, and Manitoba). Using a semi-structured interview guide, challenges faced by caregivers of people living with dementia were explored. Conventional content analysis was used to deductively code the data, applying a coding framework derived from the General Self-Efficacy scale (e.g., categories included 'independent problem solving', 'overcoming obstacles', etc).

Results: Findings supported that men and women related differently to the concept of self-efficacy. Women valued external support, while men emphasized the use of more independent strategies. Men reported valuing more personal time when the person was living with dementia in a care home, contrasting with women's desire for additional support. Women explicitly identified caregiving as a gendered responsibility.

Conclusions: The content of self-efficacy measures may not align with the needs or experiences of women carers. We recommend incorporating alternative outcomes to assess the impacts of psychoeducational interventions to capture a more diverse range of possible benefits for men and women.

P122

Venturing into the Virtual: Methodological Insights for Qualitative Research in Long-Term Care

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Abstract / Résumé

Background: The COVID-19 pandemic halted all in-person research in March 2020, causing many researchers to adopt virtual methods to continue their work amid this global crisis. As the pandemic persisted and the safety of participants and researchers remained a priority, virtual research grew in popularity. This in turn led to an increase in the acceptance and application of virtual methods for conducting qualitative research. Virtual methods have been found to enhance participant comfort, facilitate open discussion of sensitive topics, alleviate fatigue, and result in more engaging interviews. While the body of evidence supporting virtual methods of data collection for nursing and other healthcare disciplines continues to grow, its application in the long-term care (LTC) setting remains underreported.

Purpose: To explore methodological insights for virtual qualitative methods in LTC.

Findings: Findings were derived from a virtual qualitative single case study conducted in a Canadian LTC home during the COVID-19 pandemic. Considerations from existing literature on virtual methods are discussed in parallel with new strategies implemented to successfully conduct virtual research in LTC. Evidence-based strategies are presented for the virtual recruitment of study sites, study participants including residents, team members and families, and virtual data collection methods.

Conclusion: The findings contribute to the growing body of literature on methodological insights into conducting virtual qualitative research specific to the LTC setting. These recommendations offer insights to overcome challenges and maximize the advantages of virtual methods, to enhance the quality and rigour of virtual qualitative research conducted within LTC settings.

P123

Dementia Dastan: Understanding the experiences of South Asian Canadians living with dementia and their care partners.

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Abstract / Résumé

This research project examines how dementia impacts South Asian Canadians and their care partners, considering the global rise of dementia cases. With projections indicating dementia as a leading cause of death by 2040, this study delves into the experiences of this culturally diverse community. Through qualitative interpretive phenomenology, the research explores subjective viewpoints along the dementia care journey.

Comprising three studies, the project investigates various aspects of dementia care. Study 1 involves virtual interviews with 15 (2+13) South Asian Canadians living with dementia and their care partners, exploring symptom recognition, diagnosis and service engagement experiences. Study 2 focuses on 13 physicians experienced in diagnosing dementia within the South Asian demographic, unravelling challenges posed by cultural nuances and language barriers. Study 3 explores the perspectives of 13 employees of community organizations working with South Asian communities, identifying the successful service delivery, and service gaps.

Thematic analysis using NVivo 12 extracts patterns, themes, and meanings from interviews. The research anticipates insights into the experiences of South Asian Canadians and care partners, promoting culturally sensitive care to reduce stigma and enhance support. Insights from physicians and community support organizations inform tailored interventions, improving diagnostic accuracy and service quality for South Asian communities. The findings will address the need for more research in this area. This study enriches dementia care understanding, emphasizing cultural integration in person-centred care. Ultimately, it aims to improve dementia care, ensuring equitable service access for affected South Asian Canadians and their families. (The study will be completed [data collection complete, analysis ongoing], and results will be ready by August 2024 and will be included in the final presentation at CAG)

P123b

A Guidebook for Inclusive Research with People Living with Dementia who are part of Ethno-racial Communities

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Abstract / Résumé

Objective:

With the rising prevalence of dementia in Canada, there is a need to understand the perspectives of ethno-racial communities living with dementia. A new guidebook developed by the Schlegel-UW Research Institute for Aging and a team of collaborators directs researchers in engaging with individuals living with dementia from ethno-racial communities. It aims to enhance the quality and relevance of dementia research by promoting cultural sensitivity and inclusivity. It provides researchers with practical strategies to ensure equitable access and participation in research.

Method:

Extensive community engagement, content curation, and cultural adaptation were central to the guidebook's development. A symposium utilizing the World Café method facilitated dialogue and collaboration between researchers and community members, ensuring the guidebook's responsiveness to community needs.

Results**:**

Each chapter addresses aspects of inclusive research:

1. Critical Reflection and Self-Awareness: Prompts researchers to reflect on biases, assumptions, and privileges, fostering culturally sensitive practices.

2. Learning about the Community: Equips researchers with knowledge about community identity, history, and trauma, facilitating effective engagement.

3. Building Relationships and Trust: Explores trust-building strategies and emphasizes transparent communication for maintaining strong community ties.

4. Research Team and Process: Focuses on team composition, research phases, and evaluation methods, encouraging critical reflection on research practices.

5. Conclusion: Summarizes key insights and encourages application of inclusive research principles in dementia research.

Conclusion:

The guidebook represents a valuable resource for researchers seeking to conduct inclusive research with ethno-racial communities impacted by dementia. By fostering cultural sensitivity and inclusivity, it aims to improve the equity and effectiveness of dementia research outcomes.

P124

Personal, health-related and health behaviour predictors of metabolic syndrome among older stroke survivors

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Abstract / Résumé

Objective: To investigate personal, health-related, and health behaviour predictors of metabolic syndrome (MetS) among people who have had a stroke.

Methods: This cross-sectional study was a secondary analysis of baseline data from a larger stroke intervention with community-living individuals (n = 127) who were ≥50 years of age, within one-year post-stroke, and had mild to moderate stroke severity. Our dependent variable, MetS (yes/no), was defined as reporting three or more of the following: high-density lipoprotein cholesterol (mmol/L) <1.3 in women (<1.0 in men); triglycerides (mmol/L) ≥1.7; fasting glucose (mmol/L) ≥5.6 or diagnosed with diabetes; waist circumference (cm) ≥80 in females and ≥94 in males; and hypertension (mmHg; ≥130/80 if diabetic, 140/90 if not diabetic). Our independent variables were organized into: (1) personal factor variables (e.g., age, sex, years of formal education); (2) health-related variables (e.g., stroke severity, comorbid conditions, and depressive symptoms); and (3) health behaviour variables (e.g., health responsibility, physical activity, nutrition, stress management). Multiple logistic regression was used to address our study objective.

Results: Eighty-four (66.7%) participants were identified as having MetS. The sample's mean age was 68.4 and 58% male. Health status (number of comorbidities; OR = 1.32) and health behaviour (physical activity; OR = 0.69) variables statistically significantly increased odds ($p<0.05$) of a MetS diagnosis.

Conclusion: More comorbid conditions and lower physical activity were associated with a MetS diagnosis. These findings emphasize the importance of chronic disease prevention and management and physical activity towards the prevention of MetS among community-living people who have had a stroke.

P125

Covert administration of medication in nursing homes: A scoping review

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Abstract / Résumé

Introduction: Covert medication administration (CMA) is a controversial but common practice in nursing homes. It involves healthcare professionals hiding residents' medications in food to administer them without their knowledge. This practice raises several ethical issues for those involved. Given that the previous reviews were carried out a long time ago, were unsystematic and limited in scope, and given the recent publications on the topic, a new systematic review is warranted to map knowledge.

Aim: To understand the nature and extent of current knowledge about the practice of CMA in nursing homes.

Method: A scoping review based on the Joanna Briggs Institute's method was conducted. Data were collected from multiple sources (databases, grey literature, snowballing, etc.) and selected by two reviewers independently in duplicate. Publications were included if they focused on healthcare professionals, residents and/or informal caregivers (population) living or working in nursing homes (context) and involved in or affected by CMA (concept). The extracted data were synthesized using descriptive statistics and a qualitative content analysis.

Results: Little knowledge exists, but five key themes were identified: the characteristics of the CMA practice, the experiences and perceptions of those involved in it, the factors associated with the practice, the reasons for justifying it or not and its potential consequences. This highlights the ethical tensions associated with CMA.

Conclusion: This review identified what is known about CMA, but mostly the gaps in the scientific literature that can contribute to the development of a research agenda on this complex issue.

P126

Association between sociodemographic factors and mobility limitation among older adults: a systematic review and meta-analysis

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Abstract / Résumé

Background

Mobility limitation is associated with morbidity and mortality among older adults. This pre-registered [PROSPERO CRD42022298570] systematic review aimed to synthesise the coefficients of association between sociodemographic factors and mobility limitations in older adults.

Methods

MEDLINE, WoS, EMBASE, CINAHL, AgeLine, and SPORTDiscus databases were searched from inception to 27 November 2023 for observational studies on sociodemographic determinants of performance-based mobility outcomes among older adults. Study selection, synthesis, and meta-analysis were completed following the PRISMA and MOOSE guidelines. Random effect model (inverse variance and z-transformation) was used for effect size calculation, heterogeneity (I^2-statistic and Cochran's Q), dominance (Cook's D), and publication bias (Egger's b and Rosenthal's N) tests were completed using R-studio (version 4.3.2).

Result

Of the 9,328 studies screened, 57 (*n*=130,060 participants) were included; the pooled mean age was 69.81±7.21years, and habitual gait speed (HGS) was 1.01±0.28m/s. The narrative synthesis showed that 92.1% of the studies found older age, women (64.7%), non-Caucasian (62.5%), and lower education (64.5%) associated with significant mobility limitations. There was a paucity of studies on marital status, residence location, income, occupation, religion, homeownership, and social status. Meta-analysis of cross-sectional studies showed that older age r=-0.37 [-0.42, -0.32] and female gender r=-0.13 [-0.22, -0.03] were moderately associated with slower HGS. Other factors did not meet the criteria for meta-analysis.

Conclusion

Multifaceted sociodemographic determinants of mobility limitation in older adults included significant roles of age, gender, race, and education. Limited research on this topic underscores the need for broader studies on the spectrum of sociodemographic impact on mobility.

P127

Understanding the Experiences of Patient and Family Partners in a TV Implementation Study for Older Adults with Dementia in Long-Term Care Homes and Hospital with Patient Engagement In Research Scale (PEIRS)

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Abstract / Résumé

Background:

In our study that investigates implementing TV for older adults with dementia in Long-Term Care (LTC) homes and a hospital in Canada, we partnered with older adults with lived experiences of dementia and family caregivers. The research followed the principles of Collaborative Action Research (CAR). We used the 22-item Patient Engagement In Research Scale (PEIRS-22) to assess the experiences of our patient and family partners with the research project from their perspectives

Methods:

We collected data with the mixed method unravel the complex experiences of our participants. Through purposive sampling, we interviewed 6 participants (4 family caregivers and 2 patient partners), included males and females, from diverse cultural background and with different experiences with research projects and activities. CAR informed thematic analysis.

Results:

85% of the responses are positive in all eight domains of PEIRS among all participants. The three interconnected themes identified are 1) Person-Centered Communication; 2) A welcoming culture and safe environment; and 3) Rewarding Engagement experiences. Positive experiences featured by participants associated to the three themes are: 1) early communication in preparation for research activities; 2) In-person meetings nurtures connection between team members; 3) Partners feel valued and learned new things by being part of the research team.

Conclusion:

This study offers insights of positive experiences from the perspectives of diverse patient and family partners, and practical strategies to enhance truly meaningful patient engagement. Future studies are recommended to advance experiences of patient and family partners in different projects to benefit the larger community.

P128

Intervention Strategies for Improving Vaccination Uptake among Older Adults: A Systematic Review

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Abstract / Résumé

The coming decade will witness a substantial increase in older adult populations, contributing to a surge in healthcare utilization and costs driven by rising chronic diseases. Addressing these challenges necessitates strategies to promote healthy aging, reduce chronic diseases, and enhance quality of life among older adults. One proactive approach is to encourage older individuals to follow recommended immunization schedules. Despite the increasing number of recommended immunizations for older adults, completion rates remain alarmingly low, particularly for pneumococcal and shingles vaccines. Following PRISMA guidelines, this systematic review aimed to assess the range and effectiveness of interventions to improve immunization uptake among older adults. Thirteen studies (5 randomized clinical trials, 2 quasi-experimental; 4 single group pre-post, one matched case-control, and one retrospective cohort) were included with eight on pneumococcal vaccine, three on pneumococcal and influenza vaccines, and two on shingles vaccine. Among these, five studies targeted patients, five targeted healthcare providers, and three targeted both patients and providers. The interventions included standardized reminders via phone calls, SMS-text, or email; education; pharmacist-led campaigns; and clinical decision support systems. Across all studies, interventions consistently demonstrated an increase in vaccine uptake post-intervention. Studies that included a control group showed significantly higher uptake in the intervention groups compared to control groups. Furthermore, studies that measured intervention maintenance indicated sustained increases in vaccine uptake. Overall, these findings emphasize the importance and effectiveness of targeted interventions in enhancing immunization uptake among older adults, thus contributing to improved public health outcomes in aging populations.

P129

Examining Machine Learning's Role in Detecting Cognitive Impairment via Technology-Based Mobility Patterns: A Scoping Review

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Abstract / Résumé

Objectives: This scoping review investigates how machine learning (ML) algorithms can analyze mobility patterns to detect cognitive impairment in adults. It specifically seeks to identify functional biomarkers in mobility data obtained from technology-based methods, examine the ML algorithms employed for classification, and evaluate their performance.

Methods: A systematic search was conducted across multiple electronic databases, including Scopus, Embase, Web of Science, Medline, PsycInfo, IEEE Xplore, and ACM Digital Library, identifying relevant studies published between 2019 and 2024. The inclusion criteria encompassed studies analyzing mobility-related data using ML algorithms, focusing on adults with various types of cognitive impairment, and utilizing data from technology-based mobility tracking methods.

Results: A total of 1407 non-duplicate abstracts were identified, leading to 198 articles being reviewed in full text. Thirty-two studies identifying biomarkers in mobility data were included. Common metrics included trip duration, walking speed, and route regularity, which were associated with different levels of cognitive impairment. Commonly utilized ML algorithms, including support vector machines, random forests, and deep learning models, have been evaluated for their effectiveness in classifying cognitive impairment status. Preliminary results suggest promising performance in distinguishing between adults with and without cognitive decline.

Conclusion: This review highlights the current state of research on the role of ML in detecting cognitive impairment through technology-based mobility patterns. The findings demonstrate

the potential of ML algorithms as valuable tools for the early detection and monitoring of cognitive decline, ultimately contributing to improved diagnosis and intervention strategies in clinical practice.

P130

Continuity of care during the transition to long-term care: A scoping review

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Abstract / Résumé

Objective: Patients who maintain longitudinal provider-patient relationships experience better overall health outcomes. Most Canadian older adults lose contact with their family physicians when they enter long-term care (LTC) as new providers assume responsibility for their care. However, no study has synthesized the contextual factors and processes that influence care continuity during the LTC transitions. We sought to describe the factors, knowledge gaps, and education antecedents that influence continuity of care during transitions to LTC.

Methods: Using a scoping review, we systematically searched multiple databases and included peer-reviewed articles pertaining to the transition to LTC in Canada. Two reviewers independently screened citations and extracted data. Conventional content analysis was employed to categorize content into themes.

Results: Our findings confirm that instances of relational continuity are very few during LTC transitions; however, little attention has been given to the comprehensiveness and utility of handover notes to the quality of care LTC residents receive. The review also highlights factors influencing continuity including: Practice location, Physician staffing model, Physician characteristics [Physician gender influence, Location of medical education, Physician Remuneration model, Physician LTC billing code, Physician's interest], Collaboration [Interprofessional team, Patient involvement, Partners-in-care, Communication], Administration of the Continuing care system.

Conclusion: This work suggests that patient's values, family involvement, provider characteristics, and funding arrangement are critical to improving care continuity during LTC transition. It also highlights that health professions education that better attunes new professionals to the information that best supports LTC providers can be leveraged to improve continuity during transitions.

P131

Exploring Mental Health Experiences of Filipino Older Adults: A Scoping Review

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Abstract / Résumé

Purpose: This scoping review addresses the mental health needs of Canada's rapidly expanding Filipino population that is now the third largest immigrant group as per the 2021 Census. The review maps the scope and quality of literature on the mental health of Filipinos over 60 years of age to inform current gaps in culturally sensitive healthcare policies and practices.

Methods: Joanna Briggs Institute's Scoping Review Framework guides this review. A search, led by a health sciences librarian, was conducted in MEDLINE, PsycINFO, CINAHL, EMBASE, and SCOPUS on March 28, 2024 . Key search terms were " Filipino older adults," and "mental health". Included literature were peer-reviewed research articles, grey literature and academic dissertations that focus on the mental health of Filipino older adults. A total of 18 literature sources were identified for inclusion and data extraction which was completed via a dual-reviewer system.

Results: The review underscores a high incidence of depression in Filipino older adults and identifies loneliness, chronic illnesses, and acculturation stress as exacerbating factors. The COVID-19 pandemic has intensified these issues by disrupting key social supports. Interventions at the community level, such as social engagement and peer counselling, have proven beneficial for Filipino older adults' mental well-being. This review highlights the necessity for comprehensive, culturally attuned mental health strategies that integrate community supports.

Conclusion: With Filipinos forming a major minority in Canada, tailored mental health care attuned to their cultural context is vital. Addressing disparities in service accessibility and promoting culturally sensitive environments are essential.

P132

Human-centered design in action: developing app-based services for family caregiver respite

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Abstract / Résumé

This case study explores the application of human-centered design principles in developing app-based services specifically tailored for the respite needs of unpaid family caregivers. In this pilot project, unpaid, family caregivers were engaged in every step of the app and service design ensuring the solution is relevant, and effective.

The initial phase of the design process involves a thorough preparation that takes into account the socio-cultural and personal contexts of caregivers to tailor solutions that are culturally sensitive and appropriate. The process optimization phase highlights the necessity of sustained engagement with caregivers beyond initial ideation phases—through testing and refinement—to maintain trust and relevance of the app-based solutions to their changing needs.

Product innovation is directed towards creating applications that are safe, easy to use, and supportive, accommodating the dynamic relationship between caregivers and care recipients. These solutions are designed to adapt to the evolving needs of both parties, thereby promoting long-term engagement and effectiveness.

By integrating these principles, the study offers a roadmap for the development of app-based services that can significantly alleviate the burdens on family caregivers, enhancing their well-being and that of those they care for. This approach not only demonstrates the practical application of human-centered design but also sets a standard for future innovations in caregiver support tools.

P133

How do rehabilitation clinicians address balance impairments and concerns about falling in dementia? A qualitative descriptive study.

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Abstract / Résumé

Objectives: People living with dementia are more likely to fall than older adults without dementia. Prominent risk factors for falls in dementia include balance impairments and concerns about falling, for which rehabilitation is offered to other populations (e.g., Parkinson's disease). Limited evidence exists about clinician-based rehabilitation programs designed specifically for people with dementia. This study aimed to understand how clinicians address balance impairments and concerns about falling in dementia rehabilitation.

Methods: Rehabilitation clinicians (n=7), including Occupational and Physical Therapists (100% female; mean age: 35.9 years), participated in semi-structured interviews. Interview questions covered balance rehabilitation, concerns about falling, and cognitive impairment. Interview transcripts were analyzed thematically to extract overarching and specific concepts.

Results: None of the rehabilitation clinicians worked directly with people with dementia in their practice, but did work with people living with other cognitive disabilities (e.g., 57.1% stroke). Participants reported several ways to accommodate clients' cognitive impairments (e.g., procedural breakdown and focusing on functional tasks) and emphasized the need for person-centered care in developing, delivering, and adapting exercise programs. Despite the differing populations of focus, the clinicians heavily emphasized balance rehabilitation and fall prevention for people with cognitive impairment. Concerns about falling received less attention although their importance were recognized.

Discussion: Results confirmed a lack of focus on rehabilitation to address falls in people with dementia. Evidence and lessons from other populations with acquired cognitive impairment can help to inform new interventions targeting balance impairments and concerns about falling for people with dementia at risk of falls.

P134

Understanding Factors that Influence Physical Activity among Older Canadians

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Abstract / Résumé

Although physical activity (PA) can benefit brain health in later life, barriers to PA can make it difficult for older adults to be active. The objective of the current study was to explore the effect of demographics, frailty, hearing, and views of aging on PA levels.

Canadians above 60 years old were recruited (N = 130, 79 Females, M_{age} = 81.4, SD_{age} = 6.3) to complete an online screening of their hearing and cognition and a survey, including self-reported PA, demographics (age, sex, education), frailty (an index composed of physical health conditions), and views of aging factors (Awareness of Age-Related Changes, Age Stigma Consciousness, Essentialist Beliefs About Aging). A hierarchical regression was performed with the first step including demographics, a second step including hearing and frailty, and a third step including views of aging factors.

The analysis indicated that age was the only significant predictor (p's < .05) of PA, with a higher age predicting less PA. Each step of the regression did not significantly increase the fit of the model. All other predictors (with p's > .05) may lack significance since the sample is in good physical and cognitive health.

This work suggests that age plays a significant role in PA and adds to the literature on the decline of PA with age. Future research could incorporate participants with greater sensory/cognitive deficits and assess other potential social variables (e.g., income, social support) to understand how to promote PA among a diverse sample of older adults.

P135

Understanding healthcare aides' experiences with death and dying in the context of the coronavirus pandemic

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Abstract / Résumé

Healthcare aides have been on the front lines of the COVID-19 pandemic, caring for society's most vulnerable citizens: older adults living in Long-Term Care (LTC) facilities. Often belonging to visible minorities and a mostly female-dominated workforce, healthcare aides are a marginalized and vulnerable population, and considered an undervalued workforce. With little support or public attention, healthcare aides were forced to navigate death and dying within LTC facilities despite longstanding structural inadequacies during the unprecedented event of the COVID-19 pandemic. Although LTC facilities are significant places of death and dying, healthcare aides are unprepared and not well supported to provide quality care to dying residents, and there has been little research on healthcare aides' experiences with the subject. This research study aims to better understand how healthcare aides in LTC understood their experiences of death and dying during the COVID-19 pandemic to better prepare for pandemic-level events in the future that may impede the quality of care. In taking a philosophical hermeneutic approach to this research study, the objective is to seek to understand this topic within a concrete context for the purpose of understanding, not explanation. Interviews have been conducted with eight healthcare aides who were able to speak to their experiences with death and dying in LTC during the COVID-19 pandemic. In hermeneutic research, the analysis of transcribed interview data is synonymous with interpretation, of which will take shape in the form of interpretive writing for the purpose of sharing meaningful research that helps us think and practice differently.

P136

Insider perspectives on quality of life in long-term care facilities: A modified Delphi study

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Abstract / Résumé

Objectives: This modified Delphi study engaged long-term care (LTC) stakeholders to evaluate the importance of 67 measures from the internationally used interRAI Self-Reported Quality of Life Survey for LTC Facilities.

Methods: Beginning in January 2024, we recruited North American LTC residents and family members, and international LTC staff and researchers to complete an in-person focus group or three iterative, electronic surveys, respectively. Participants were asked to rate the importance of 62 statements and 5 summary scales related to resident privacy, meals, safety, comfort, autonomy, respect, staff responsiveness, activities, and relationships. Qualitative data from recordings and comments were examined using content analysis, and quantitative ratings were summarized with frequency analyses. Results will be shared with participant groups in May 2024 for member checking.

Results: Participating LTC residents (n~51), family members (n~33), staff (n~18), and researchers (n~22) offered many insights on what is important for resident quality of life. For example, while there was broad agreement on the importance of respect, safety, and cleanliness, meals and relationships were more controversial. We also identified secondary findings, including quality of life challenges faced by residents, special considerations around dementia, and methodological insights.

Conclusions: Quality of life is a multifactorial and complex issue that affects older adults living in LTC homes globally. Understanding the priorities of different LTC stakeholders will guide the development of new quality-of-life measurement and reporting tools (i.e., quality indicators, composite scoring system) to inform future quality improvement initiatives.

P137

Are health promotion programs for older adults distributed equitably? An example from the Saskatchewan Forever...in motion program

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Abstract / Résumé

Rationale: Group exercise programs can provide health benefits for older adults, but it is unknown how these programs are distributed across geographic regions and if they are proportionally attended by participants from equity-deserving groups. *Objective:* To investigate location-based distribution of programs and demographic characteristics of participants in the Saskatchewan Forever…in motion (FIM) older adult exercise program. *Methods:* A cross-sectional survey was circulated to FIM participants and leaders from April-August 2023, which included demographics (participants) and program location (leaders and participants). We retrieved population counts for Saskatchewan health zones and demographics for adults 65+ from Statistics Canada. We calculated program density by geographic health zones. Participant demographics were summarized descriptively alongside provincial averages. *Results:* 134 program locations were listed. Saskatoon had the highest while the Southwest region had the lowest program density (10.44 and 2.77 programs per 10,000 adults over 65, respectively). Program density was at least twice as high in Regina and Saskatoon regions compared to all others. Of 642 complete participant surveys, most respondents were female (87%), white (97%), and urban dwellers (68%); 10% were caregivers and 13% had incomes below $25,000. Respondents were over-representative for female gender, urban residence, and lower income, and under-representative of caregivers and visible minorities. *Conclusion:* There were higher distributions of exercise programs in the most populated regions of Saskatchewan, and under- and over-representation of some characteristics of equity-deserving populations in this exercise program. Future research can explore system-wide implementation strategies and policies that promote and provide equitable health promoting programs for older adults.

P138

Characterization of pain modulation in Parkinson's disease

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Abstract / Résumé

Chronic pain is twice as common in Parkinson's disease (PD) as in the general elderly population, but its origins are not yet entirely understood. In addition to previously reported hyperalgesia, disruption of the descending pain inhibition network and psychological factors may explain pain vulnerability in PD. Therefore, (1) we aim to characterize pain modulation and (2) to explore the moderating effect of pain catastrophizing on pain modulation. Sensory and cognitive pain modulation are assessed using the heterotopic noxious counter-stimulation protocol and the placebo-induced pain modulation protocol. Pain catastrophizing is measured by the standardised Pain Catastrophizing Questionnaire. We aim to recruit 120 participants (30/groups: PD patients with and without pain, chronic pain patients without PD (OP) and healthy individuals (HC)) to explore whether PD-related neurodegeneration and/or the presence of chronic pain results in a difference in pain modulation, considering that pain catastrophizing may shape the effects of both factors. Preliminary analyses of variance (ANOVA) showed no significant differences between groups (HC=4, OP=14, PD without pain=7 PD with pain=15) in pain modulation, however individuals with chronic pain condition (HC+PD without pain vs. OP+PD with pain) are significantly more likely to catastrophize their pain symptoms ($F(1, 38)=13.431$, $p<0.01$, $\eta^2=0.261$). A two-factor analysis of variance and a general linear model analysis will be conducted on our continuously expanding dataset. This study will improve understanding of pain in PD by highlighting the interaction between biological and psychological factors, aiming to optimize pain management of patients.

P139

Assessing the Psychosocial and Cognitive Impacts of a Digital Active Aging with Resilience Program Among White Canadian Older Adults

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Abstract / Résumé

Objectives: Research generally supports the efficacy of cognitive training, physical exercise, and social engagement for enhancing older adults' cognitive and psychosocial health, primarily when delivered in-person. The current study aims to assess the effect of a digital multi-domain training program delivering all three components in the same intervention. Furthermore, it also addresses the potential add-on benefits of a resilience training program.

Methods: This study includes a sample of 120 White Canadian older adults ages 65 and above randomly assigned to 3 training groups: a workshop control (AC), an active aging training (AA), and an active aging with added resilience training (AR) group. Participants complete 4 weeks training, with 8 sessions of group training through Zoom meetings and 8 sessions of practice completed on their own. All participants complete a battery of outcome measures indexing participants' cognitive and psychosocial health at pretest, post-test, and at a 1-month follow up session. Data from each timepoint is used to evaluate both the immediate training benefits and their longevity across a short delay.

Results: Immediate and delayed training benefits are analyzed with a 3 (condition: AC, AA, AR) x 3 (session: pretest, post-test, follow-up) mixed model ANOVA on each of the outcome variables.

Conclusions: The results shed light on the effect of a digitalized multi-domain training program on older adults' cognitive and psychosocial health. Furthermore, the results also inform whether adding a resilience training module produces additional cognitive and psychosocial health benefits.

P140

Predictors of Awareness of Age-Related Gains and Losses among Older Canadians

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Abstract / Résumé

Awareness of age-related change (AARC) is a multidimensional measure of an individual's views of their own aging process. Views of aging factors, such as AARC, have been shown to be powerful predictors of one's well-being. However, less is known about what predicts individuals' views of their own aging-related gains (AARC-G) or losses (AARC-L). We explored how demographic variables (e.g., age, sex, education), self-reported physical activity, frailty (an index composed of physical health conditions such as diabetes and hypertension), hearing, age stigma, and essentialist beliefs about aging predict older adults' awareness of age-related gains and losses (as measured with the 10-item AARC).

To do so, individuals above 60 years old were recruited from across Canada (N = 130, 79 Females, M_{age} = 81.4, SD_{age} = 6.3) to complete these measures online. In two simultaneous regressions, one predicting AARC-G and one predicting AARC-L, the aforementioned predictors were included.

Perceived aging-related losses were predicted by a higher age, higher frailty, and greater age stigma. Perceived aging-related gains were predicted by a lower age, less age stigma, more malleable (i.e., less essential) beliefs about aging, and worse hearing. The surprising finding that some people with good hearing thresholds had poor AARC-G scores may implicate other factors (e.g., comorbid conditions) that warrant additional examination.

Future research should further explore the relevant predictors' modifiability and find ways to promote positive views of aging (more gains and fewer losses) to ultimately increase older adults' well-being.

P141

Designing Extended Reality Technologies for Older Adults: A Scoping Review

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Abstract / Résumé

Introduction: Currently, there is a paucity of knowledge at the intersection of older adults (60+) and Extended Reality (XR) with respect to design considerations and design evaluations. This is especially relevant as XR has become increasingly prevalent in the researcher and consumer domain.

Objective: In this poster, we present results from a scoping review to describe the current research landscape on the design of XR technologies by older adults.

Methods and Analysis: This scoping review protocol is reported in line with the PRISMA-ScR reporting guidelines and adheres to Arksey and O'Malley's scoping review methodology. We searched electronic databases (ACM Digital Library, APA PsychInfo, CINHAL, EBSCOhost databases, IEEE Xplore Digital Library, Inspec, ProQuest databases, and Web of Science databases), grey literature, and reference lists from selected papers. Two reviewers double blindly screened all titles/abstracts and full-text studies for inclusion. Any Immersive Environment-related study or report that includes older adults (60+) and a design-focused outcome was included. Relevant variables were extracted following an iterative process whereby the data charting was reviewed and updated.

Results: Currently, full-text screening for this scoping review is in progress and preliminary studies extracted for will be expected by the conference.

Conclusion: By collating existing studies related to design-focused outcomes, findings from this scoping review will be agents of change and support future design and interventions of Immersive Environments for older adults.

P142

Using Genograms to Understand Family Relationship Patterns and the Experiences of Adult Children Caregiving for their Parent With Dementia

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Abstract / Résumé

Living with dementia is not isolated to the person with the diagnosis. Each caregiver has a unique relationship with the person receiving support and report different subjective caregiving experiences. The goal of this study is to better understand how family dynamics impact caregiving experiences and how this knowledge could lead to empowerment and transformation for both the caregiver, recipient, and their families. Focusing on adult children providing support to a parent, we used the Family Adaptability and Cohesion Evaluation Scale (FACES)-IV questionnaire and genogram interviews to explore cohesion and flexibility in families, including relationship patterns across generations. Six genograms (five daughters and one granddaughter) revealed patterns of challenging relationships with the parent/grandparent, specifically complex mental health and manipulation, as well as insecure attachments and the adult child having a sense of responsibility across the lifespan. The participants displayed natural caregiving traits (compassionate, dependable and trustworthy), and reported caring for their parent was "just what a child does for an aging parent." Additional pattern examination found that the parent's dementia made the parent easier to support than in the past, prior to the dementia diagnosis. As well, the siblings' assigned roles in the family as children continued into adulthood (e.g., "the helper"). The FACES-IV questionnaire revealed that despite challenges within the family, participants also see positive aspects of their family relationships, demonstrating balance and flexibility within their current role.

P143

The Risk and Protective Factors of Apathy among Long Term Care Residents Who Enjoy Reading: A Canadian Study

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Abstract / Résumé

Background: Apathy is a pervasive and detrimental condition affecting individuals in various settings, especially, those living in long term care facilities (LTCF). While it is often overshadowed by more overtly disruptive behaviors or more readily diagnosable mental health conditions, apathy exerts a profound impact on the quality of life and the overall well-being of residents. Reading, as an activity, offers numerous benefits, including cognitive stimulation, and emotional support. However, apathy can greatly reduce interest in reading, denying individuals its benefits. This study aims to identify the risk and protective factors of apathy in reading enthusiasts and propose targeted interventions to mitigate these effects.

Method: This study analyzed 60,219 individuals in various Canadian LTCF who engaged in reading between 2015 and 2019. The relationship between apathy and various sociodemographic and clinical variables was determined using logistic regression analysis. Apathy was measured with the InterRAI MDS 2.0 tool, which provides standardized health, functioning, and behavior data.

Results: Most participants were female (67%), over 65 (89%), unmarried (69%), living in large facilities (71%), and English-speaking (89%). Over half had a dementia diagnosis (53%) and used psychotropic medications (61%). Severe depression was the strongest apathy predictor, while older age (85 and over), speaking other languages, and pet companionship were protective factors.

Conclusion: The study underscores the significant impact of severe depression on apathy in Canadian LTCF residents, highlighting the necessity for focused mental health care. Findings also point towards the potential of language support and pet therapy in reducing apathy. This calls for tailored interventions to enhance patient care in LTCF.

P144

Exploring the Intersection of Stigma and Aging among Diverse HIV-Positive Older Adults: A Qualitative Inquiry to inform Geriatric Care

Kristina Kokorelias[1,2], Dean Valentine[1], Ashley Flanagan[3], Andrew Eaton[4,2], Marina Wasilewski[5,2], Alice Zhabokritsky[6], Erica Dove[2], Christine Sheppard[2], Reham Abdelhalim[7], Rabea Parpia[8], Rahel Zewude[2], Laura Jamieson[1], Hardeep Singh[2], Stuart McKinlay[2], Paige Brown[2,1], Esther Su[1], Anna Grosse[1], Sharon Walsmley[6,2], Luxey Sirisegaram[1]
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Abstract / Résumé

Objectives: This study explored the intersection of stigma and aging on the health and social care experiences of diverse HIV-positive older adults to inform recommendations for novel models of geriatric-HIV care.

Methods: Semi-structured interviews were conducted with a diverse sample of HIV-positive older adults (n=14), recruited from various health and social care settings. Purposeful sampling sought diverse representation across various factors including sex, age, ethnicity, socioeconomic status, primary language, and educational level. A reflective thematic analysis was employed to analyze the interview data, guided by peer-researchers living with HIV.

Results: Participants highlighted the interplay of stigma and their identities, such as age, gender, sexual orientation, and socioeconomic status. Themes that influenced stigma included: 1) Evolving Mental Health and Psychosocial Support Needs; 2) Mixed Perceptions Over Privatization of Healthcare and Out-of-Pocket Expenses; 3) Urban Safety and Comfort Preferences; 4) Shifting Concerns: Prioritizing Aging Well Over HIV Management. The study emphasized the need for tailored mental health and psychosocial support for HIV-positive older adults. Concerns arose over the financial implications of healthcare privatization, hindering access to services and fostering marginalization. However, some participants felt that private services would reduce stigma. Participants preferred urban care settings for prioritizing aging above HIV management.

Conclusions: The findings emphasize the critical need for geriatric care models that integrate comprehensive mental health and psychosocial support tailored to the unique experiences of HIV-positive older adults. Addressing concerns related to healthcare privatization and out-of-pocket expenses is paramount for the Ontario government to ensure equitable access to services and mitigate marginalization within this population.

P145

Social inclusion programming for older adults in age-friendly cities: A scoping review

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Abstract / Résumé

Objective: To examine innovative programs that promote social inclusion for older adults, particularly those from marginalized communities, within age-friendly cities.

Methods: Systematic searches were conducted between December 2023 to January 2024 following Arksey and O'Malley's (2005) scoping review methodology and adhering to Preferred Reporting Items for Systematic Reviews and Meta-analyses extension for Scoping Reviews (PRISMA-ScR), across relevant databases (Ovid Medline, OVID Embase, OVID PsycINFO, EBSCO, CINAHL, Web of Science, Cochrane Library and Scopus) and the grey literature. Selection criteria included English language publications describing evaluated age-friendly, social inclusion programs for older adults. Data extraction followed Gonyea and Hudson's (2015) framework assessing programs on population, environment and/or sector inclusion levels. Inductive analysis identified which aspects of social inclusion were evaluated.

Results: We identified 20 peer-reviewed publications and 18 grey literature sources. Most programs (peer-review, n=19, 95.0%; grey, n=18, 100.0%) addressed population inclusion, incorporated environment (peer-review, n=10, 50.0%; grey, n=15, 83.3%) and/or sector inclusion (peer-review, n=7, 35.0%; grey, n=15, 83.3%). Key outcomes included an improved sense of belonging, increased engagement with community resources and activities, enhanced digital literacy and connectivity, and a reduction in feelings of loneliness and isolation. A notable gap was the absence of studies focused on Indigenous populations.

Conclusions: This review highlights the need for inclusive, multi-dimensional approaches for older adults' diverse needs. By addressing population, environment, and sectoral aspects, initiatives can enhance social inclusion, participation, and well-being of marginalized older adult communities. Further research is needed to identify Indigenous programs that use evaluation methods reflecting their cultural practices.

P146

Comparing Mental Health Outcomes Between Younger and Older Gay, Bisexual, and Other Men who have Sex with Men

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Abstract / Résumé

Among older adults, loneliness is a significant concern that is associated with poor mental health outcomes, including depression and anxiety. Older gay, bisexual, and other men who have sex with men (gbMSM) may be more susceptible to the effects of loneliness than non-gbMSM populations. For instance, a significant portion of this demographic experienced the difficult loss of romantic partners and chosen families during the 1980s HIV/AIDS crisis. Limited research has examined differences in mental health outcomes among gbMSM based on age group. The purpose of the current study was to examine differences in loneliness, depression, anxiety, and subjective wellbeing between older gbMSM (aged 65 and over) and younger gbMSM (below the age of 65). Data from the national multilingual cross-sectional online 2021 Sex Now survey were analyzed, including 3509 younger gbMSM and 211 older gbMSM in Canada. Results from a series of chi-squares revealed a significant effect of age group, such that 14.7% of older participants reported often feeling isolated compared with 26.1% of younger gbMSM ($\chi^2 = 23.338$, $p < .001$). Older gbMSM reported higher general mental well-being ($\chi^2 = 97.441$, $p < .001$), and were less likely to have depressive symptoms ($\chi^2 = 16.226$, $p < .001$) and anxiety symptoms ($\chi^2 = 37.501$, $p < .001$). The findings contrast our hypotheses and suggest that older gbMSM have better mental health outcomes than younger gbMSM, warranting further investigation. These results highlight the nuanced relationship between age and mental health outcomes among gbMSM.

P147

The Reproduction of Race- and Gender-based Harms in Long-Term Care Homes: Preliminary findings from research with direct care workers

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Abstract / Résumé

Objectives. Personal support workers (PSWs) make up 58% of the long-term care workforce[1] and account for 70–80% of paid care work[2]. Systemic shortcomings of LTCHs (care staff shortages, poor wages, over-work, burnout, high stress environment, etc.) leave genderacialised – racialised, gendered, and classed[3] - care workers vulnerable to experience race and gender-based harms (R&GBHs)[1] while at work. Leisure, then, offers an potential to reconcile some of the RGBHs experienced by direct care workers through forms of self-care This presentation will name RGBHs experienced by genderacialised folx labouring in long-term care homes (LTCHs) as they describe embodiments of harm. **Method.** To date, we have interviewed 14 direct care workers via phone/Zoom, who work in LTCHs across SouthernOntario. **Results.** Our reflexive thematic analysis[4] of the data begins to name *embodiments* of harm that LTCH direct care workers navigate, including: (1) *physical harm* (understaffing, high-work demands, burnout, resident aggression), (2) *workplace systemic harm* (conflict with colleagues, power struggles, and job insecurity), (3) *verbal harm* (experiencing racial slurs or macroaggressions), and (4) *emotional harm* (feeling undervalued, unrecognized, and un-cared for). To help mitigate RGBH issues, direct care works asked for transparency in communication with management, secure, prompt, and dependable reporting measures, and agency in decision-making. **Conclusions.** Direct care workers' experiences of harm(s) expose the reproduction of lack-of-care-for-self (leisure) in LTCH labour systems. The aims of this presentation are to *unravel the complexity* surrounding RGBHs and reporting measures to *advance transformation* in the way harms (physical, workplace, verbal, emotional) are addressed in LTCH workplace settings.

P148

Transitioning from Driver to Non-Driver: Understanding Correlates of Driving Cessation in the CLSA

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Abstract / Résumé

Older adults rely on driving as a main form of mobility, with the current generation of older adults continuing to drive longer than their predecessors. The act of driving plays a pivotal role in the ability to engage in activities, socialize, run errands, and access healthcare.

Using multiple logistic regression, we examined factors that may influence the decision to stop driving among a sample of Canadians aged 45-85 at baseline from the Canadian Longitudinal Study on Aging (CLSA). At baseline (2011-2015) and follow-up (2015-2018) participants were asked if they had a driver's license and the frequency with which they drove. Participants were considered to have stopped driving if they actively drove at baseline then reported that they did not have a license at follow-up or reported that they do not drive at all at follow-up.

Of the participants who reported driving at baseline (n=30,986), 1.01% (n=514) stopped driving by follow-up. Participants who stopped driving tended to be older, female, and report lower income. Additionally, participants living in an urban area had increased odds of stopping driving (OR: 1.55, 95% CI=1.15-2.11). In terms of health, low memory scores at baseline (OR: 1.04, CI=1.02-1.08), low ADL scores (OR: 1.46, CI=1.30-1.62), poor vision (OR: 2.12, CI=1.67-2.79), and poor self-rated health (OR: 4.65, CI=2.89-7.26) were associated with an increased odds of ceasing driving.

These findings highlight the importance of health factors as correlates of driving cessation. The results can help identify individuals who are at risk of mobility change and target supports appropriately.

P149

Examining Quality of Life and Impact of Social Relationships in Adults Aged 60+ With Attention-Deficit Hyperactivity Disorder

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Abstract / Résumé

Limited research on attention-deficit hyperactivity disorder (ADHD) in adults aged 60+ suggests that ADHD symptoms persist across the lifespan, affecting various aspects of functioning. ADHD symptoms are associated with increased levels of anxiety and depression, decreased social support, and increased problems in intimate relationships, potentially influencing overall well-being. The current study aims to investigate the association between number of ADHD symptoms and quality of life (QoL) in older adults and to explore how anxiety, depression, and social relationships may mediate this relationship. Data were obtained from the Longitudinal Aging Study Amsterdam (LASA). In 2008/2009, participants (n= 1494) completed an ADHD screening questionnaire and were classified into high, moderate, or low-scoring groups. All participants with high scores and random samples of the low and moderate groups were invited to a diagnostic interview (DIVA 2.0). ADHD symptoms and diagnoses were recorded for 231 participants (age 60-94 years), with 23 identified as meeting diagnostic threshold. A composite score for QoL was created with the EuroQol scale, SF-12 Health Survey, and self-rated health questionnaire. Social relationships were operationalized by social network, marital satisfaction, and loneliness. Anxiety and depression symptoms were assessed using the HADS and CES-D scales, respectively. Results suggest higher numbers of ADHD symptoms were associated with decreased QoL. Symptoms of anxiety and depression fully mediated the association between ADHD and QoL, and loneliness partially mediated this pathway. This suggests that feelings of loneliness, anxiety and depressive symptoms have considerable impact on the QoL among older adults reporting symptoms of ADHD.

P150

The Relationship of Ageism and Pain With COVID-Related Stress in Older Adults

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Abstract / Résumé

The literature has documented strong manifestations of ageism stemming from the COVID-19 pandemic (e.g., social media posts suggesting that older adults are “helpless” or “disposable”). Moreover, pain, which is highly prevalent in older adults and may restrict mobility, can exacerbate feelings of isolation and stress during pandemics in which public health measures promote physical distancing and other restrictions. Prior to the COVID-19 pandemic, ageism and pain have been identified as predictors of adverse health outcomes in older adults (e.g., stress, anxiety, functional impairment). However, the influence of ageism and pain on stress within the context of COVID-19 has not been investigated. We hypothesized that both ageism and pain would be positively associated with the various pandemic-related stressors measured by the Covid Stress Scales (i.e., danger and contamination fears; socioeconomic consequences; xenophobia; compulsive checking and reassurance seeking; traumatic stress symptoms). We collected data from 486 older adults aged ≥65 years who completed an online survey in January 2024. Although levels of COVID-related stress were lower compared to data collected during the height of the pandemic, we found that the extent to which older adults reported having been impacted by ageism was positively associated with most measured domains of pandemic-related stress. As expected, self-reported pain was also associated with COVID-related stress. These findings highlight factors that may increase pandemic-related stress among older adults in the event of emerging waves of COVID-19, or during future pandemics or infectious outbreaks.

P151

Culturally tailored interventions for people living with dementia: A systematic review

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Abstract / Résumé

Background: Dementia has a disproportionate impact on minority ethnic groups, yet these groups are less likely to receive culturally appropriate interventions. By seeking to identify current dementia inventions for minority ethnic groups, we aim to establish which interventions are most effective for different patient outcomes and outline possible mechanisms associated with improving quality of care.
Methods: We did a scoping review, searching Scopus, PubMed, PsycINFO, Healthstar, MEDLINE, Embase, JBI EBP, and Informit Indigenous Collection for relevant intervention studies. Articles on culturally tailored interventions for individuals with dementia measuring clinical outcomes were included.
Results: Data was extracted from nine articles. The most common intervention type was creative expression therapy (n=4), followed by musical therapy (n=3) and physical exercise (n=3). All included studies tailored interventions for Asian cultures. A synthesis of the nine articles revealed significant improvements in clinical outcomes for individuals with dementia from minority ethnic groups; however, more formal evaluations of culturally tailored dementia interventions are required.
Conclusions: This scoping review highlights a gap in evaluative research on culturally appropriate dementia interventions for minority ethnic groups. Future studies could focus on more well designed randomized controlled trials, particularly on intervention studies in non-Asian ethnicities, to address the gap in knowledge.

P152

From an Idea to a Reality: CNPEA’s Evolutionary Journey

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Abstract / Résumé

Presented in this poster is the dynamic evolution of the Canadian Network for the Prevention of Elder Abuse (CNPEA). CNPEA’s mission is to build awareness, support, and capacity for a coordinated pan-Canadian approach to the prevention of elder abuse and neglect. We promote the rights of older adults through knowledge mobilization, collaboration, policy reform, and education.

From an idea that took root in the late 1990s, to our exciting reality of 2024, we have walked a determined path. CNPEA's journey began with the recognition of the pressing need within our communities to address elder abuse. Through collaboration with key stakeholders from diverse backgrounds, CNPEA laid the foundation for a comprehensive, multidisciplinary approach to elder abuse prevention and intervention.

Central to our journey is the establishment of an online knowledge-sharing hub, serving as a vital resource hub for professionals, policymakers, and the community at large. This hub facilitates the dissemination of up-to-date tools and resources, empowering individuals, and organizations to effectively combat elder abuse.

Highlighted in the poster are some of CNPEA's landmark initiatives, including the groundbreaking projects "Stopping Older Person Gender-Based Violence in Women 55+ Through Promising Practices" and "Future Us: A Roadmap to Elder Abuse Prevention." These endeavours underscore CNPEA's proactive stance in shaping the future of elder abuse prevention in Canada.

CNPEA acknowledges the ongoing challenges inherent in combating elder abuse. Through continued collaboration, advocacy, and innovation, CNPEA remains steadfast in its mission to create a society where older adults can age with dignity, respect, and security.

P153

Measuring gender identity and sex assigned at birth in the Canadian Longitudinal Study on Aging (CLSA)

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Abstract / Résumé

Data from population-based longitudinal surveys contribute to a thorough understanding of the experiences of diverse aging populations. Despite this, many surveys use a cisnormative definition of gender that does not identify transgender participants or account for diverse gender identities. This analysis considered sex and gender identity at two time points within the Canadian Longitudinal Study on Aging (CLSA). Changes to participants' responses were examined in relation to the introduction of new items measuring sex assigned at birth and gender identity in the first follow-up. Data was analyzed from approximately 50,000 adults aged 45-85 at baseline (2011-2015) and the first follow-up (2015-2018). At baseline, participants were asked: "Are you male or female?" At the first follow-up, participants were instead asked: "What is your current gender identity?" and "What was your sex at birth?" Participant responses were compared using crosstabs. Following the inclusion of new items assessing sex assigned at birth and gender identity at follow-up, 12 participants self-identified as transgender, 5 as genderqueer, 22 as "other," and 12 chose not to self-identify. Of the participants categorized as female at baseline, 34 reported their gender identity as male at follow-up; 22 participants categorized as male at baseline identified as female at follow-up. Including questions about both sex assigned at birth and gender identity is essential for accurate data collection and supporting the healthy aging of gender-diverse populations.

P154

Using home-delivered meal personnel to address social isolation, loneliness, and elevated suicidality among older adults: A partially nested randomized control trial of the BE WITH innovation

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Abstract / Résumé

Social isolation and perceived burdensomeness are risk factors related to elevated suicide risk, including among older adults (Motillon-Toudic et al., 2022). Government-sponsored nutrition service programs, such as home-delivered meal (HDM) programs, represent an opportunity to provide social connection alongside the standard meals that are delivered (Thomas et al., 2017). Our team developed an eight-week telephone-based support program (*BE WITH, or Belonging and Empathy With Intentional Targeted Helping*) that paired nutrition services (NS) personnel with older adult HDM recipients. NS personnel received one of two training conditions, then delivered weekly supportive phone calls (~20 minutes/week). All NS personnel received a 3-hour training on active listening and communicating empathically with older adult call recipients. Approximately half also received a 14-hour ASIST training, which focuses extensively on suicide intervention skills. Participants were randomly assigned to: a 1) control group, 2) treatment group from non-ASIST training group, or 3) personnel from ASIST training group. Data were collected on a battery of measures indicating psychosocial well-being at baseline and every two-weeks throughout the program. Longitudinal data analysis was used to evaluate the impact of the phone-support program, including each of the training conditions. Initial results showed decreased scores in depression and improvements in social provisions, particularly among individuals who were classified as high risk at baseline. Participants assigned to NS personnel receiving more extensive training tended to have heightened improvement. Phone support infused within NS programs appears effective at addressing social isolation through increased social provision and decreased depression.

P155

Mobilizing a new student awards program to support the next generation of applied health services researchers working in the field of aging across Canada

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Abstract / Résumé

Background/Objectives: According to CIHR's Institute of Aging Strategic Plan, capacity building and innovative learning opportunities for the next generation of scientists is critical for meaningful solutions to the complex challenges faced by aging Canadians. While various student funding options exist, many are focused on supplemental income or coverage of academic fees, versus awards aimed to directly support the hard costs of research.

Methods: The SE Research Centre Graduate Student Awards Program launched in 2022 with a goal to provide funding to Masters and PhD level trainees for costs associated with conducting high quality participatory research (e.g., participant honoraria, open access publication). A structured application form was created, along with a transparent peer review process. The Awards opportunity was mobilized at conferences (e.g., CAG exhibit booth) and through university networks.

Results: The number of applicants increased by 2.5 times between year 1 and year 2. Over 2 years, four students received the award across Alberta, Ontario, and Saskatchewan. Recipients' research topics are highly applicable to the aging population: building intergenerational relationships, improving experiences of unregulated care providers, understanding social isolation in older adults, and decreasing dementia stigma. All recipients have plans for wide knowledge mobilization targeted to diverse audiences (e.g., webinars, videos, lay summaries).

Conclusions: Student awards offering funding to support the hard costs associated with high quality participatory research are useful to support the training needs and research interests of students seeking to make a difference as a change agent in aging research in Canada.

P156

Examining the Root Causes of Social Isolation and Loneliness in Community-dwelling 2SLGBTQIA+ Older Adults: A Review of the Literature

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Abstract / Résumé

Objectives: Research displays that involuntary loneliness and lack of community support is more prevalent among older 2SLGBTQIA+ people compared to their heterosexual counterparts. Minority stress has been pointed out as one explanation for this disparity and may be partly rooted in a life course where sexual and gender identities were criminalized and often not socially accepted. Many initiatives offered by government organizations to prevent social isolation are often inaccessible to 2SLGBTQIA+ people due to hetero-normative expectations. A literature review was conducted to examine the root causes of social isolation and loneliness for community-dwelling 2SLGBTQIA+ older adults (50+).

Methods: A review of the literature was conducted through databases available through the University of Victoria's Libraries. Once passing screening and exclusion criteria, 19 articles were selected for full-text coding and assessment. Literature that did not address community-dwelling individuals over the age of 50 or did not focus on 2SLGBTQIA+ individuals were not included.

Results: Five themes were identified as the most significant root causes of social isolation and loneliness for older 2SLGBTQIA+ adults. Lifetime discrimination, current experiences of rejection, social network dynamics, lack of inclusive support, and COVID-19 represent the most recurrent themes. It is vital to note that these themes intersect and play key roles in influencing each other.

Conclusion: This literature review highlights the root causes of the elevated risk of social isolation and loneliness for 2SLGBTQIA+ older adults in comparison to their heterosexual counterparts. Future areas of growth suggested by this review request greater considerations of inclusivity and equity.

P157

Agents of change :unraveling complexity and advancing transformation

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Abstract / Résumé

ABSTRACT; Agents of change: unraveling complexity and advancing transformation

INTRODUCTION

Change is defined as alteration in the form. Change can lead to improvement or deterioration in the nature or working of something. This research projects takes a look at agent of change, unraveling complexity and advancing transformation using a case study of aging person.

Objective of study:

The project aims to identify the change agents that affect the aging person either in a positive or negative way. It also recommends what should be done to make an aging person advance in age through normal organic means.

Methodology:

The methodology adopted for this research is survey design. that I was collected through structured questionnaire administered on selected adults that share similar social outlet.

Findings:

After analyzing the results, it was found that three change agents impact on aging adults ,those agents;

1) The food they eat (diet)

2) Habit formed

3) Environment.

It was further discovered that when Aging adult eat Good food, form good habits such as, taking enough rest, exercise and sleep and lives in a clean environment. Their health is ensured and they age gracefully.

But when they are dietary habits is full of chunk food, unhealthy habits like drinking much alcohol, smoking and stressful living ,all these impact negatively and cause an aging person to close up with a lot of challenges.

CONCLUSION

This research findings shows that for one to age normally and gradually, He needs Good food ,good habits and healthy environment but the contrary to this , will certainly precipitate health crisis and a lot of challenges.

P159

Geriatric challenges in the new coronavirus disease-19 (COVID-19) pandemic: A systematic review

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Abstract / Résumé

Background: During the COVID-19 pandemic, elderly individuals (with the chronological age of 65 years and above) are more susceptible to the SARS-CoV-2 infection complications due to altered immune system response and the higher rate of underlying comorbidities. A vast majority of mortalities are reported in elderly patients; thus, this study aimed to evaluate complications of COVID-19 in elderly patients.

Methods: A systematic review was conducted according to MOOSE guidelines. Science Direct, Google Scholar, Scopus, PubMed databases were searched for published articles related to COVID-19 in the elderly up to March 26, 2020. Search MeSh terms included "Severe acute respiratory syndrome coronavirus 2", "2019-nCoV", "SARS-CoV-2", "comorbidity", "elderly", and "geriatrics".

Results: In total 1360 potentially relevant articles were screened, of which 35 were relevant and their full texts were considered for the review. Organ damages to the pulmonary system, cardiovascular, liver, and renal system are more prevalent in the elderly with SARS-CoV-2 infection. As the chance of multiorgan involvement is more common among elderly patients, preventive, multidisciplinary, and holistic evaluations are essential to reduce disease consequences.

Conclusion: More attention needs to be paid to elderly individuals in the quarantine. Social contact should be made and maintained through online facilities, media, and phone calls to ensure patients' mental health during this stressful situation. Also, they should be provided with enough food and medications by their families or friends. Also, providing social and volunteer services might play an important role in the mental health of those patients who have no social network.

P160

Unpacking the Complexity of Loneliness in Later Life: A Study Protocol of a Critical Ethnographic Inquiry of Older Adults' Experiences and Practices in Singapore

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Abstract / Résumé

Background: The World Health Organization has recognized loneliness as a global public health concern, with numerous studies documenting its deleterious effects on older people's longevity, physical and psychological well-being, and quality of life. While the risk factors, outcomes, and interventions to address loneliness are well-established, little attention has been paid to understanding the social, cultural, and institutional factors that structure older adults' experiences of loneliness in their everyday lives. Objectives: To present a critical review of the literature on loneliness and advance an innovative theoretical and methodological framework for studying the complex social and structural underpinnings of loneliness among vulnerable older adults in Singapore. Methods: Guided by the framework of Institutional Ethnography, this study seeks to explicate how older adults' everyday practices and experiences of loneliness are linked to broader social relations and texts. These institutional relations are central to the organization of how loneliness is understood and experienced, its mitigation strategies, and interpersonal relations between healthcare providers and older adults in the context of care provision. Conclusion: The goal is to shift the individual and reductionist construction of loneliness as a 'problem of old age' to one that is understood as social, cultural, and political. Understanding the complex interrelations between older adults' micro-level experiences and macro-level factors (e.g., organizational practices/ structures of ageism) will be vital to addressing structural inequities that may reproduce loneliness/isolation. A critical theoretical/methodological framework will also serve as a pivotal roadmap for identifying sites of intervention and change to address the barriers to social connectedness.

P161

Structural barriers and facilitators to accessing rehabilitation in older adults with low back pain: A scoping review of the literature

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Abstract / Résumé

Objectives: To explore structural barriers and facilitators to accessing rehabilitation among older adults with low-back pain (LBP), and investigate how these vary across diversity-related factors (e.g., gender, race/ethnicity).

Methods: Using JBI methodology, we conducted a scoping review of qualitative and mixed-methods (qualitative component) studies on rehabilitation access in adults aged ≥50 years with LBP. Structural factors included socioeconomic and political context, governance, policies, and cultural/societal values. Databases were searched to July 2023. Reviewers screened citations and extracted data to identify themes and knowledge gaps.

Results: Of 7485 citations screened, 16 were relevant (14/16 from high-income countries). Barriers to accessing rehabilitation included costs, transportation/location (inadequate public transportation/parking, travel arrangements for those in senior housing), wait-times, and time commitment for multiple visits. Facilitators included financial resources (insurance, family support), fewer healthcare visits (emphasis on self-management), flexible scheduling, proximity-to-services, and travel support. Limited awareness of providers' education/treatments and negative clinician interactions (invalidating or ageist comments, lack of referrals to providers) were barriers, while greater understanding and personal connections with facilities/providers facilitated access. Participants found the use of mobility aids stigmatizing, a barrier requiring them to reframe/confront public perceptions of mobility aids. Virtual rehabilitation addressed location/rurality challenges, but participants had concerns for security. Findings varied with rurality, cultures, and socioeconomic position.

Conclusion: Older adults with LBP experience many structural barriers to rehabilitation access that vary across diversity-related factors. Findings inform strategies for equitable rehabilitation delivery in high-income countries; research is needed in low- and middle-income countries.

P163

Equity-Oriented Interventions to Address Gender-Based Violence

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Abstract / Résumé

The Canadian Network for the Prevention of Elder Abuse (CNPEA) is leading a 5-year project to address gender-based violence (GBV) of women 55+ through promising practices.[1] There is currently no identified sector that serves the unique needs older victims of GBV. The interactive workshop will explore the strategy of a multi-sector approach to system transformation that is grounded by health equity intervention research. Scenarios will be used to anchor the concepts in lived experience with a view to better outcomes.

Organizational-level *equity-oriented interventions* (EOI) are described as "inherently challenging to implement because they necessitate engaging with issues of power dynamics, racism and other forms of discrimination, with shifts in organizational processes as well as individual staff members' practices".[2] Participants will be introduced to an 'inside-out' approach that promotes fidelity to the whole vision of EOI by tackling complexity at an implementation level that is thinkable, practical and actionable from any position in the service system.

The workshop will introduce participants to the EOI elements of trauma-and violence-informed principals, cultural safety, and contextually tailored care. The workshop is intended for direct service providers, organizational and community leaders, especially those who are committed to advancing equity as fundamental to social transformation.

[1] The project target group includes women and gender-diverse people.

[2] Ford-Gilboe, M., Wathen, N., Varcoe C. et al. (2018). How Equity-Oriented Health Care Affects Health: Key Mechanisms and Implications for Primary Health Care Practice and Policy. Wiley Online Library. The Millbank Quarterly. Volume 96. Issue 4. Pages 607-882.

P164

Workshop on approaches to promote seniors' participation

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Abstract / Résumé

The social participation of older adults has been the subject of numerous studies which have strongly demonstrated its benefits in various health domains (Douglas et al., 2017; Litwin and Shiovitz-Ezra, 2006; Raymond et al., 2012). Other studies report that leisure supports the optimal functioning of individuals of all ages (Freire, 2017; Kleiber, 2013). Leisure therefore constitutes a form of social participation which is posited as one of the three pillars of healthy aging (WHO, 2002). Such participation takes its value from the personal meaning attributed by the person to the activities in she engages (Jansen, Druga, & Sauve, 2011). Yet many older adults facing health or psychosocial challenges struggle to maintain a meaningful participation. In that perspective, research teams have developed programs to support their participation. Building on their earlier work, Carbonneau and Freire (2018) have developed the REAL program for new retirees who are experiencing the transition to retirement with greater difficulty. On the other hand, Aubin and colleagues (2019) developed *Count me in!* program, which aims to promote the social participation in their community of older adults living with psychosocial difficulties or mental health challenges, who are often isolated and unaware of the numerous community resources around them. Both programs have in common the goal of supporting older adults in maintaining meaningful social participation. This workshop proposes 1) a reflection on the implementation of such programs, and 2) on the role of community organizations for their perennity and 3) the experimentation of activities from both programs.

P165

Transforming intergenerational family conflict: is Elder Mediation an option?

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Abstract / Résumé

Aging brings various challenges to many families. It may be a conflict between baby boomer siblings resulting from the need to organize care for an elderly parent or a dispute regarding the grey divorce or the grandparents' access to the grandchildren. Each generation will bring its own values and biases in an attempt to resolve it.

While faced with conflict family members frequently perceive litigation as the only way to have it resolved and in that process subject themselves to enormous stress, depletion of resources and lengthy delays not really appreciating that there may be other options available to them which may bring the resolution.

This research-based presentation will outline how to deal with the complexity of conflict by touching upon various conflict resolution methods with a focus on Elder Mediation as an effective way to address conflict while preserving family relationships for the future. This unique process, based on the concepts of self-determination, confidentiality and voluntariness, allows the elders to orchestrate a resolution transforming conflict in the best interests of the family.

P167

Family care partner self-efficacy and service needs before and after a rural memory clinic assessment

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Abstract / Résumé

Objectives: In Saskatchewan, RaDAR memory clinics have been developed and adapted in partnership between primary health care teams and the Rural Dementia Action Research (RaDAR) team. The objectives of this study were to 1) investigate care partner perceptions regarding receiving adequate information about particular topics and services at initial assessment, and 2) compare self-efficacy ratings and service/support needs of care partners at initial assessment in rural memory clinics and 1-month post-assessment.

Method: Semi-structured interviews were conducted with 33 family care partners at initial assessment on clinic day and 1-month post-assessment from November 2019 to March 2024. The interview at both timepoints included a 4-item adapted self-efficacy scale (score 5-20) and open-ended question about services/supports not yet received. The 1-month interview included questions about whether adequate information on 12 different topics/services had been received during initial assessment. Quantitative and qualitative data were analysed descriptively; a paired samples t-test and proportions test were used to compare outcomes at timepoints.

Results: The proportion of care partners who reported receiving adequate information about particular topics or services during memory clinic assessment ranged from 43.3% to 90.6%. Between clinic day and 1-month, the proportion of care partners who reported they had not yet received services/supports decreased significantly (p=.02) from 48.5% to 24.2% and the mean self-efficacy score increased significantly (p=<.001, Cohen's d=-.62) from 14.4 to 16.1.

Conclusions: One month after attending a rural memory clinic assessment, family care partners were less likely to identify services/supports they had not yet received and demonstrated moderate improvement in caregiving self-efficacy.

P168

Palliative Programs in Long-Term Care Homes in New Brunswick, Canada: Findings and Lessons Learned from a Qualitative Analysis

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Abstract / Résumé

Objectives: Phase I of this Healthy Seniors Pilot Project aimed to better understand the state of palliative programs in long-term care homes (LTCH) in N.B. and identify facilitators, barriers, as well as internal and external resources prior to providing an educational intervention.

Method: Twenty-seven internal and external stakeholders (LTCH and community organizations leaders e.g. extramural program, physicians, Ambulance NB, hospices) participated in virtual semi-structured interviews to share their perceptions of current palliative care programs and make recommendations to foster implementation of the *Strengthening a Palliative Approach* (SPA-LTC) program in LTCH. A semi-structured interview guide based on the Consolidated Framework for Implementation Research was used. Deductive qualitative analysis was conducted according to domains that influence program implementation.

Results: Findings from the qualitative analysis will be shared according to the following domains: Outer setting (needs and resources, cosmopolitanism), inner setting (learning climate, compatibility, relative priority, readiness for implementation), characteristics of individuals (knowledges, beliefs and self-efficacy about the palliative program), intervention characteristics (design quality/packaging) and process (planning, engaging).

Conclusions This study brings together stakeholders from across multiple sectors and was part of the first step towards implementing a province-wide palliative program for LTCH. Findings provided an important baseline for palliative programs. Priorities identified and recommendations will inform the development of community-specific plans and provincial strategies to sustainably implement a formal program like SPA-LTC.

P169

A Qualitative Investigation into Vaccination Policies & Practices in Long-Term Care Homes in Southwestern Ontario

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Abstract / Résumé

Background: Vaccines stimulate adaptive immune responses to infection by preparing the immune system to recognize antigens, resulting in the production of functional antibodies upon viral or bacterial infection. Older adults, particularly those in congregate settings such as long-term care (LTC) homes, are considered a high-risk population for infectious disease. Objective: This study aimed to clarify the current state of vaccination policies and practices surrounding highly recommended vaccines in LTC homes in southwestern Ontario, for residents and staff. Methods: Individual, semi-structured interviews were conducted with staff members in LTC homes in southern Ontario (n=6) and a vaccination policy specialist (n=1). Participants were recruited using a mix of purposeful and snowball sampling. Data were analyzed in NVivo using a combination of deductive and emergent coding. Results: Vaccination practices related to administration and tracking were found to be largely consistent across homes. Most participants reported higher uptake of the seasonal influenza vaccine among residents compared to staff. Participants reported that the COVID-19 pandemic resulted in more formal and informal prioritization of infection prevention and control measures, not specific to vaccination. However, most participants also described an increase in vaccine hesitancy among residents and staff, which was attributed both to the spread of misinformation during the pandemic and to "vaccine fatigue." Conclusion: These findings improve our understanding of the current state of vaccination policies and practices in LTC homes in southwestern Ontario and suggest ways to increase vaccine uptake in these settings, such as by funding group education programs to combat vaccine misinformation.

P170

Aging in place in rural Saskatchewan jeopardized by changes to rural healthcare

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Abstract / Résumé

Changes to healthcare delivery in rural Saskatchewan are having an impact on healthcare access as well as opportunities for older adults to age in place. To explore these changes, the Saskatchewan Population Health and Evaluation Research Unit (SPHERU), University of Regina, completed a research project examining the current state of healthcare in rural Saskatchewan. This multiphase project included a literature review, analysis of provincial service disruptions data, interviews with Key Informants, and a World Café event. Four primary themes emerged: 1) the quality of rural healthcare has been diminished as patients take the burden of the existing systemic issues; 2) the health authority amalgamation isn't working for rural communities as the particularities of rural care delivery were not considered; 3) healthcare changes have created a sense of loss that extends community-wide; and 4) changes in healthcare force other changes in rural communities. Approximately 23% of all seniors in Canada live in rural areas, and in Saskatchewan, 20% of rural residents are older adults. This segment of the population is particularly impacted by changes to rural healthcare delivery. As access and availability of healthcare services and supports in rural communities change, it is important to consider how the changes are impacting older adults. These study findings can inform communities and organizations in efforts to advocate for supports for rural healthcare and for older adults who wish to age in place in rural communities.

P171

Exploring User Insights on Team-based Virtual Care During Acute to Long-Term Care Transitions

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Abstract / Résumé

Introduction:

In Canada, innovative virtual strategies have facilitated the care transition for older adults, especially during the COVID-19 pandemic. A virtual, team-based approach to care planning can improve the quality of care and reduce disparities in care access due to geographic constraints. This study aims to identify improvement opportunities in virtual care and provide recommendations for improved patient outcomes, user experience, and more equitable care.

Methods:

A patient-oriented research approach and the Canada PIECES framework were adopted. Users' experiences with virtual care planning were gathered through semi-structured interviews and focus groups. Data analysis was carried out using a constant comparative qualitative approach, which helped to identify shared themes in the data.

Results:

The stories of 52 participants, including residents, families, and healthcare professionals, revealed several common themes regarding virtual care planning. These themes included the benefits of convenient virtual care planning, the difficulties caused by unfamiliarity with the technology, issues with software reliability, tool accessibility, internet connectivity, privacy concerns, physical and cognitive challenges (i.e., visual and hearing impairment, dexterity issues, and inattention), and perceived outdated policies.

Implications/ Significance:

Residents, families, and staff welcomed virtual, team-based care planning during critical transitions across complex healthcare systems, such as acute to long-term care. Despite its acceptance and potential benefits, challenges related to technology familiarity, privacy, software reliability, infrastructure stability, and accessibility remain. Policymakers and healthcare organizations should address these challenges to ensure equitable access to virtual care for older adults and optimize health outcomes.

P172

Exploring Virtual Healthcare Perspectives among Older Adults Living with HIV: A Qualitative Study

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Abstract / Résumé

Objectives: This study aimed to a) investigate the experiences and perceptions of virtual HIV healthcare (e.g., telemedicine) among older adults living with HIV; b) explore the potential benefits and challenges of virtual healthcare services for this population; and c) identify factors that influence the adoption and utilization of virtual healthcare among older adults with HIV.

Methods: A qualitative study using semi-structured interviews was conducted. Participants (n=14) resided in Ontario, self-identified as HIV-positive, and were aged 50 or older. Efforts were made to recruit individuals with varying experience with virtual healthcare. Thematic analysis was conducted following the Qualitative Analysis Guide of Leuven (QUAGOL), guided by HIV-positive peer-researchers.

Results: Themes included: 1) Utilization and Access of Virtual Healthcare Services Spurred by the COVID-19 Pandemic; 2) Patient-Provider Communication and Relationships; and 3) Satisfaction and Effectiveness of Virtual Healthcare. Participants expressed varied experiences with virtual healthcare. Participants highlighted concerns about building trust with providers through virtual care yet acknowledged the convenience of accessing care from their preferred location. Virtual platforms also offered a safer space for meeting new providers, facilitating access to healthcare services while mitigating potential barriers associated with in-person visits. Additionally, the COVID-19 pandemic heightened awareness and utilization of virtual healthcare, emphasizing its importance as a healthcare delivery modality for this population. However, participants lacked learning tools leading to some isolation from their healthcare team.

Conclusions: These findings underscore the importance of supporting trust-building mechanisms and leveraging the convenience of virtual platforms to enhance access to older Ontarians living with HIV.

P173

What are the Characteristics of Seven Transitional Care Programs in Ontario?

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Abstract / Résumé

Many hospitalized older adults who are medically stable cannot be discharged due to insufficient supports to meet their post-acute care needs. This includes, but is not limited to, lack of care providers, home care services, or long-term care waiting lists. These patients are designated as alternative level of care (ALC). Transitional care programs (TCPs) were created to provide short-term low-intensity care to this population. In Ontario, Canada, TCPs are relatively novel, and little is known about their structures. The objective of this study was to describe the structural characteristics of TCPs in Ontario. An exploratory qualitative design was used. Semi-structured interviews were conducted with the managers of seven TCPs. Qualitative content analysis was carried out to identify the characteristics of their units. All TCPs were located in southern Ontario, six in urban and one in rural settings. The units had 37 beds on average (range: 10 to 72). Five TCPs were located in retirement homes, and two were in a hospital. Although all TCPs only accepted patients designated as ALC, eligibility criteria differed between units. In addition, there were differences in common medical diagnoses, discharge disposition, average lengths of stay, and the care programs provided to patients. All units had a similar staff mix; patient care was provided by registered practical nurses and personal support workers. Findings suggest that TCPs in Ontario differ in structure, which may affect care processes. Further research is needed to investigate how the services provided meet patients' needs.

P174

Workplace Retention Frameworks for Nursing in Long-Term Care: An Integrative Review

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Abstract / Résumé

Attrition of long-term care (LTC) staff is costly and places both residents and staff at risk of decreased physical and mental health. An integrative review of the literature was conducted to identify and assess existing retention and/or attrition theories, frameworks, and models specific for the context of LTC. The Whittemore and Knafl (2005) integrative review framework guided this study. The search criteria were defined using the PPC framework: population (PSW, nurses), concept (workforce retention frameworks), and context (long-term care or equivalent). Five electronic databases were searched including MEDLINE, CINAHL, Web of Science, Scopus and PsycINFO. Reference lists of peer-reviewed articles and the grey literature were scanned for additional resources. A total of 1078 abstracts were screened, and 274 articles were selected for full-text review. Articles were excluded if they were outside the context of LTC, facility-based healthcare settings (e.g., home care, community), or focused on recruitment rather than retention. Data were extracted from 17 articles and examined using thematic analysis. Dissemination of findings will target peer-reviewed and non-peer reviewed publications (i.e., scholarly journals, evidence, and policy briefs), and presentations to academic and LTC partners. Preliminary findings show that frameworks typically have common core elements examining the relationships between characteristics of workers, organizations, local labour markets, and the job itself with factors such as job satisfaction and intention to leave and impacts on retention and/or turnover. These findings provide implications about workplace factors and retention frameworks that are critical to inform efforts to retain a skilled and qualified LTC workforce.

P175

From the pediatric operating room to a long-term care setting: A study on pandemic redeployment

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Abstract / Résumé

Background: COVID-19 Pandemic conditions necessitated Ontario long-term care homes (LTCH) to hire redeployed nurses from other sectors, some with limited gerontological experience. Resource restrictions yielded insufficient onboarding support.

Objective: This study explored the experiences of one non-LTCH (N-LTCH) nurse who voluntarily redeployed from the pediatric operating room directly to a LTCH in active COVID-19 outbreak. The study aimed to facilitate reframing of an overwhelmingly negative experience into something that could be understood. The research question was: What was the meaning of my experiences as a N-LTCH nurse redeployed to a LTCH during the COVID-19 pandemic?

Method: This arts-informed autoethnography included data collated from personal diary entries, news reports, and social media posts written during an eight-week redeployment, into reflective and reflexive texts. First level text analysis shaped the redeployment story. The story was subjected to a second level analysis, generating digital art works. Pictorial Narrative Mapping (PNM) guided digital creation. The Person-Centred Nursing Framework grounded both levels of analysis.

Results: The autoethnographic story reflected four main plot-points: The Calm Before the Storm; Choosing to be Redeployed; The Redeployment Period; and Post-Redeployment Search for Meaning. The PNM approach manifested six digital art works: The Storm Approaches; A Leap of Faith; Out of Air; Through the Darkness; A Wounded Farewell; and The Sun Rises. This presentation will display story text alongside the digital art, illustrating the experience of meaning-making.

Conclusions: An autoethnographic inquiry facilitated reconstructing trauma into healing art, and highlighted importance of evidence-based pandemic preparedness strategies for nurses' wellbeing.

P176

Unveiling the Essence of Effective Nursing Leadership: Paving the Path for Quality Resident Care in Long-Term Homes

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Abstract / Résumé

Ensuring the provision of optimal quality of care to adults living in long-term care homes is of paramount importance. Central to this, is the leadership role of the Director of Nursing, who is responsible for overseeing, managing, and supporting the delivery of quality care within a diverse workforce and amid a resource constrained environment. With turnover in this role, there can be negative impacts to the teams' conditions of work, which negatively impact on the care and quality of life for residents.

This poster presentation describes three pertinent strategies that enhance support for the Director of Nursing role as deemed by leaders across Ontario. Firstly, it highlights the importance of strong internal leadership across the home beginning with the front-line staff and key leadership positions within the departments and across the organization. Secondly, it underscores the importance of facilitating optimal networking experiences for Directors of Nursing, which in turn foster collaboration, the exchange of knowledge, and professional growth. Lastly, it highlights the importance of continued education that is tailored to the evolving demands of the role, including a focus on building effective and high performing teams. These strategies lead to effective nursing leadership that positively influences and contributes to our shared vision for safe, reliable, and high-quality long-term care services for residents

P177

Exploring Nursing Approaches for the Moving-In Process of Older Individuals into Long-Term Care Homes: A Critical Examination of Person-Centered Care and Team-Based Care Approaches

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Abstract / Résumé

Background: The increasing movement of the aging baby boomer cohort into Long-Term Care Homes (LTCHs) necessitates attention to the sector's growth. Given that factors such as social and spatial disparities further influence health outcomes, there is an emphasis on the need to consider intersectionality in understanding the aging population entering LTCHs in relation to nursing care approaches. Objectives: This paper explores the heterogeneity within this population entering LTCHs, considering various factors, and conducts a critical examination of two predominant nursing care approaches: Person-Centered Care (PCC) and Team-Based Care. Method: Through a critical examination of the two care approaches, PCC and Team-Based Care, a comparative assessment reveals the benefits and limitations of both approaches concerning the moving-in process, acknowledging the complexities within the aging population. Results: This paper identifies both advantages and limitations associated with each care approach during the moving-in process. For example, overemphasizing individual choices in PCC leads to selective support, resulting in fragmented care and stigma reinforcement around personhood criteria. Moreover, challenges arise from ambiguity in defining the 'Team' and oversight of organizational culture within Team-Based Care during the moving-in process. Conclusion: To optimize the moving-in process, a dynamic and mutually beneficial intersecting relationship care model is proposed. Nursing approaches should explore 'aging in the right place,' aligning with Harding's concept of strong objectivity to ensure comprehensive and empathetic care for those entering LTCHs. This critical examination contributes to advancing nursing practices tailored to the diverse needs of older individuals moving into LTCHs, fostering inclusivity and empathy in the care environment.

P178

Making Visible Workplace Harm Policies for Ontario PSW (Personal Support Worker) Staff Protection: An Environmental Scan of long-term care home websites

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Abstract / Résumé

Objectives: Workplace harm is a common experience for professions that provide direct, essential care (like, personal support workers (PSWs)), particularly for genderacialised (Lopez, 2018) and migrant workers[1]. The purpose of this project was to scan long-term care home (LTCH) websites to gather information on workplace harm policies and procedures for remediating harm in Ontario. The objective of this presentation is to discuss existing workplace harm policies and identify areas of improvement in relation to protection, and care of LTCH workers. **Methods:** An environmental scan[2] of Ontario LTCH websites (628 LTCH websites[3)] was conducted (January to April 2024). We gathered insights on home-specific policies/procedures, diversity/equity considerations, and organization values/mission statements. Relevant content was populated into a spreadsheet for analysis. **Results**: Analysis of the scan identified three common themes related to LTCH website and eldercare workers (like, PSWs). First, many websites lacked user-friendly interfaces, posing challenges for staff to access organizational policies. Second, worker-focused employment information is limited, compared to that for residents and supportive care partners. Third, care workers and care labour is not often acknowledged on LTCH websites, making care workers feel undervalued. **Conclusion:** The absence of accessible and transparent communications on procedures for reporting/being accountable for workplace harms across LTCH websites for workers underscores a broader issue related to underreporting and silencing in LTCHs. The findings from this scan emphasize an urgency to create change around the visibility of LTCH workplace harm policies. This presentation is a part of the *Free-from-Harm* care work research project that advocates for policy-level changes to ensure safer environments for care workers in LTCHs.

P179

Is it in the contract? How nursing union contacts address short-staffing

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Abstract / Résumé

Background: It is estimated 17 percent of hospital bed are occupied by older adults with non-acute needs who are waiting for a long-term care home (CIHI, 2022). Several authors (e.g., Barnicot et al., 2020) have found nursing short-staffing affects satisfaction among such older adult hospital in-patients. This may be because short-staffing often means nursing staff have less time to spend on activities such as personal care and therapeutic communication which are particularly valued by older adults. Although union collective agreements, protect nursing staff, many of their clauses affect hospitals' short-staffing policies and by extension the care of older adult in-patients.

Purpose: To analyze union collective agreements to understand how their clauses affect short-staffing and the care of older adult in-patients.

Methods: Copies of the most recent negotiated nursing collective agreements (last 5 years) from across Canada were collected and analyzed.

Results: Based on an initial analysis of the nursing collective agreements, clauses related to staffing ratios, overtime/additional shifts, 'float pool'/resource allocation, and contractual obligations/grievance procedures were found to play a role in informing hospital policies on short-staffing.

Impact: Short-staffing can have serious implications for older adult hospital in-patients. These patients, especially those with non-urgent needs, may experience delays or rushed care. Understanding the clauses can serve as a framework for addressing short-staffing issues in hospitals to improve the care of older adult in-patients.

P180

Health care directive recommendations for vaccinations

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Abstract / Résumé

Health care directives allow individuals to express their wishes about what types of health care treatments they would like to decline or receive in the future in the event they are not able to communicate this themselves (e.g., due to cognitive impairment). Vaccinations have become contentious preventative treatments whereby a person's future wishes may not be honoured by alternate/substitute decision-makers. The purpose of this project was to receive feedback on proposed vaccination-specific statements that could be used as or included in a health care directive. Initial feedback by online survey was received from those who were experienced with health care directives (n=39). Based on the initial feedback, a second online survey with a revised vaccination-specific statement was conducted, and 151 participants provided their responses. Overall, there was broad support for the idea of a vaccination-specific statement(87.2%) in the first survey. Specific feedback was provided on how the proposed statements could be revised. In the second survey, 83.3% of participants either agreed or strongly agreed that the revised vaccination-specific statement was clear, and 72.0% answered 'Yes' to a question about whether the statement would be effective. Some concerns expressed by participants included the fact that they felt even this kind of specific direction could be overruled by an alternate/substitute decision-maker. They also indicated that individuals from various groups require more education about vaccines (older adults) and health care directives (older adults and health care providers). Future directions will build upon this project to foster implementation of vaccine-specific directives in Manitoba.

P181

Aging in Times of COVID, What a Bummer! *The ethical dilemma and possible solution put forward*

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Abstract / Résumé

Objectives: (1) Identifying ethical dilemmas in the care of the elderly in the early stages of the COVID-19 pandemic and (2) solutions raised in existing literature.

Introduction: During the pandemic, ethically controversial decisions were made, and affected the elderly worldwide.

Methods: In a systematic review, following PRISMA method, we searched EMBASE, JURN, Cochrane, Pubmed, Ovid, Ebsco, Philpapers, Philosopher's Index and GoogleScholar using keywords such as “Medical Ethics”, “COVID-19” and “elderly”. We included scientific and editorial articles published in peer-reviewed journals in English or French between December 2019 and October 2021. An article was excluded if it came from a non-scientific journal was not related to an issue in the care of the elderly and did not raise an ethical dilemma. Articles without qualitative data were also excluded. To attest to the quality of the studies, the Joanna Briggs Institute (JBI) 2020 tool was used.

Results: 69 studies were selected, including 15 scientific and 54 expert opinion texts. Two main ethical dilemma themes were identified: (1) access (triage, intensive care units, vaccination) and (2) measures of infection control (isolation, autonomy). Solutions were (1) to fight ageism, (2) enhance technology, (3) improve communication, and (4) improve triage protocols.

Discussion: Our study comprehensively summarized the literature. The wide-range inclusion criteria oblige analyze of expert opinion texts separately to scientific articles, as we found an impressive number of papers.

Conclusion: Our study brings new lights on a pressing topic that will have to be presented again in the light of a potential future pandemic.

P182

Music As An Agent of Self-Care: Five Music-based Strategies for Better Aging

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Abstract / Résumé

When we think of music as an agent of self-care, it forces us to expand our personal definition of music. Music becomes more than entertainment, or simply an aesthetic experience. Music becomes a lifeline for belonging, rehabilitation, dealing with grief, purpose, and cognitive focus, all important aspects of ageing. The purpose of this workshop is to discover why. Using research literature, personal storytelling, and interactive experientials, participants will explore music's effects in these 5 areas and learn a music-based strategy to strengthen and develop each lifeline. A shared songwriting experiential will complete the session.

P183

Dining democracy: How a resident council influenced food issues in a long-term care home

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Abstract / Résumé

Long-term care residents have identified food as a priority issue and a crucial area of improvement (Boelsma et al., 2014). In British Columbia, residents in long-term care have the right to participate in a council that meets regularly to discuss concerns and advocate for change. While previous studies have explored food (dis)satisfaction among residents, few have considered the role of resident councils in advocating for changes in food quality and the overall dining experience. This study sought to address this gap by: (1) comparing the types of food issues residents were able to influence, and which they were not, and (2) exploring the factors that shaped residents' ability to influence food-related issues.

Ethnographic research was undertaken with a resident council in a Vancouver care home. Data collection included observation of resident council meetings and semi-structured interviews with members of resident council. Comments about food from fieldnotes/transcripts were coded into 4 categories (food and menu planning, mealtime experience, nutrition care, eating assistance), and analyzed using thematic analysis. Out of 4 categories, residents affected the most change within food and menu planning and mealtime experience, while nutrition care and eating assistance received less attention and were perceived as specialized, individual concerns. These findings suggest that resident council can improve the dining experience for residents; however, those requiring eating assistance or on specialized diets may require extra attention to be included.

P184

Assessing the impact of wearing a weighted vest on balance, stability, and quality of life in older adults

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Abstract / Résumé

Falls are a significant concern among older adults, with around one-third experiencing a fall annually [1]. They contribute significantly to injury-related hospitalizations and deaths among adults aged 65 and older. In 2019, the mortality rate due to falls in Canada was approximately 85 per 100,000 people [2]. The aging baby boomer population, coupled with COVID-19's strain on healthcare systems emphasizes the need for fall prevention strategies.

Sheridan College's Centre for Elder Research, in partnership with Power WearHouse collaborated on a study exploring the impact of weighted vests on objective measures of balance and perceptions of stability in adults aged 55 and older.

Over 25 participants, aged between 57 and 83 (mean age 71.4, 73% female, 27% male), completed in-person assessments where they were outfitted in weighted vests and completed physical measures of balance with no weight, a 10-pound vest and a 20-pound vest, and questionnaires about perceptions of stability, followed by a phone interview about their experience.

Approximately 73% responded positively, reporting feeling more grounded, improved posture, and increased confidence in stability. However, some noted worsened balance with increased weight or discomfort.

A subset of the participants will be embarking on a two-week take-home phase of the study, wearing the vests daily and providing feedback through journaling. This phase aims to understand how vests could be integrated into daily routines.

Overall, this research offers evidence for the potential use of weighted vests in reducing fall risk among older adults and improving balance confidence contributing to continued investigation into effective fall prevention strategies.

P185

Usability and reliability of the online ARIA for mobile health apps.

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Abstract / Résumé

Recently, there has been an increase in use of mobile health applications (mHealth apps). However, the absence of mHealth regulation raises concerns about the quality and efficacy of these apps. Rating indices can help users identify good quality apps, but no indices consider theoretical frameworks or stakeholder perspectives in their development. The Alberta Rating Index of Apps (ARIA) was developed to address this gap by using a theoretical framework. Initially validated in a paper-based format, ARIA was later digitized into an online version for enhanced accessibility. This study assessed the usability and reliability of the online ARIA using two apps, Breathe2Relax and Calm. A total of 84 participants were recruited including persons living with health conditions (n = 61), care partners (n = 15), and healthcare providers (n = 7). An exploratory factor analysis identified 11 of 19 questionnaire items to be appropriate (coefficients >0.70, KMO 0.838, chi-square 1458.00, 171 df, $p<0.001$). Reliability analyses show high internal consistency among ARIA items (Cronbach's $\alpha = 0.819$), agreement among raters (ICC = 0.819), and reliability over time ($r = 0.590$, $p<0.01$). The System Usability Scale scores indicated that the online ARIA was easy to use by participants (mean = 83.85, SD = 9.85). Our results support the usability and reliability of the online ARIA in evaluating mHealth app quality. This robust index could enable individuals living with health conditions, care partners, and healthcare providers to adopt mHealth apps to improve overall health and wellbeing.

P186

Shifts in Participant Aging Narratives Across an Intervention to Reduce Internalized Ageism: A Qualitative Analysis

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Abstract / Résumé

The Reimagine Aging program is an intervention that has been demonstrated to reduce internalized ageism in older adults (age range = 58 to 85 years). This intervention employed techniques to shift individuals' views of their own aging from ageist beliefs towards their own values. This study sought to explore the change in participant aging narratives (written open-form documents) from Time 1 (prior to the intervention) to Time 2 (immediately following the intervention). We analyzed the aging narratives with summative content analysis at Time 1 and Time 2 (n=75), and with directed content analysis to evaluate within-subject change across Time 1 and Time 2. These analyses revealed that at Time 1, participant's aging narratives were characterized by 'worries and fears about the future,' 'future hopes and desires,' and 'awareness of current challenges.' At Time 2, aging narratives were characterized by 'future hopes and desires,' and 'activities to support current health and well-being.' In terms of within-subject change across Time 1 and Time 2, participant narratives were often characterized by a decreased focus on health challenges, loss and death, and worries and fears of the future, and by an increased focus on values, engagement in meaningful activities, and an acceptance and coping with age related challenges. This analysis revealed that the views participants held of themselves aging shifted away from ageist themes towards individual values and opportunities. This may help explain the effectiveness of the Reimagine Aging program, and further contribute to the development of interventions to reduce internalized ageism.

P187

The implementation of the AIM Program: An advocacy intervention for women in midlife and older who have experienced intimate partner violence

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Abstract / Résumé

Women in midlife and older who have experienced intimate partner violence (IPV) have unique needs and preferences. However, few interventions exist that target this group and often, neither domestic violence services nor elder abuse services adequately address their needs. As part of a randomized controlled trial, the AIM Program was developed to support and empower women in midlife and older who have experienced IPV in the Maritime provinces who either are in an abusive relationship or recently left an abusive relationship. We will present how the AIM Program was implemented and delivered to participants. The AIM Program consists of two components and is delivered virtually to increase accessibility. The first component is an individualized one-on-one information sharing session and the second component involves weekly social support sessions for 12 weeks. To implement the program, research partnerships were developed with fifteen community-based organizations throughout the Maritime provinces. Research partners contributed to the study in various capacities including having their staff trained to deliver the AIM Program, to raise awareness about the study, and to facilitate recruiting eligible participants. Twelve people with expertise in working with women experiencing IPV and/or older adults were trained from October-November 2023 to deliver the AIM Program. The virtual training session prepared them to deliver the AIM program which included content about older women and IPV, safety planning, decision making, problem solving, and information about local resources. We will discuss lessons learned and recommendations about the implementation of the training program and our participant recruitment strategy.

P188

Treatment options for sleep disturbances in older adults: results of a scoping review

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Abstract / Résumé

Although sleep patterns change as a part of normal lifespan development, many older adults experience chronic and problematic sleep disturbances. A variety of treatments for sleep disturbances exist; however, not all of these are supported equally by scientific evidence, and knowledge gaps remain. We conducted a scoping review to comprehensively map the scholarly literature on treatment options for sleep disturbances in older adults. Using pre-established inclusion criteria, we rated over 3000 abstracts from major biomedical databases (PubMed, PsycINFO, CINAHL, Cochrane Libraries; no date restrictions) and identified 258 studies that evaluated at least one intervention to improve sleep and/or circadian rhythms in otherwise healthy adults ≥65 years of age. The majority of studies were carried out in North America samples (43% of reviewed studies). Treatments with the largest evidence bases include behavior-focused interventions (41%; e.g., cognitive behavioral therapies; exercise programs) and pharmacotherapies (38% e.g., benzodiazepines; melatonin agonists), with relatively fewer studies investigating environmentally focused interventions (9%, e.g., light exposure), physical therapies (7%, e.g., acupuncture), or nutritional supplements (5%, e.g., magnesium). In combination with additional findings regarding sample demographics, our analysis illustrates the current landscape of knowledge regarding treatments in older adults and highlights where knowledge gaps remain. This work may assist in the updating of evidence-based treatment guidelines for addressing sleep disturbances in later life.

P189

Addressing Health Disparities: Tailored Health Education Programming for Immigrant Older Adults in Canada

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Abstract / Résumé

Objectives: Immigrant older adults in Canada have worse self-reported health and higher rates of unmanaged chronic conditions compared to Canadian-born older adults but face significant challenges in accessing relevant health information. This pilot co-designed health literacy program (HLP) provided health education sessions tailored to the needs of Arabic and Urdu-Speaking immigrant older adults as part of a larger research study on aging in place in Edmonton-The Edmonton Neighbourhood Study (ENS).

Methods: A group discussion with 12 participants from an older adult social program at a local mosque was completed to identify the foci and format of the HLP. Educational sessions on topics such as dementia and incontinence were offered using lay written English with Urdu/Arabic interpretation during sessions. Sessions were co-led by bilingual cultural brokers and a Registered Nurse. Feedback via surveys were collected following each session. Observation notes were maintained to track session interactions and co-design processes.

Results: The sessions were attended regularly by an average of 10 participants. Feedback indicated satisfaction among the participants with regard to the relevance of health information, comprehension, and engagement. Recommendations included having consistent interpreters, longer sessions with time for group discussion, and a wider range of health topics.

Conclusion: Health education sessions created with linguistic and cultural elements helps to ensure the accessibility of health information for this population. Ongoing feedback and involvement from immigrant older adults to design and implement HLPs will increase acceptability and relevance. This pilot project will inform future phases of the ENS.

P190

The Hospital-to-Home Pharmacy Project: A Crucial Step Towards Improving Medication Management after Discharge.

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Abstract / Résumé

Background: Navigating the transition from hospital to home can be challenging for patients, their families, and community pharmacists. When medications are changed in hospital, medication-related harm, emergency room visits, or hospital readmissions may occur after discharge. A hospital pharmacist-led transitions of care (TOC) program could improve communication and reduce medication harm.

Methods: In this mixed-methods, quasi-experimental study, family practice patients 65 years and older were recruited and assigned to the TOC (intervention) or standard of care (SOC) group based on their admission unit. The intervention involved evidence-informed, personalized medication-related activities. Data was collected using surveys at baseline, 72-hours, and 30-days post-discharge, interviews, and focus groups. Quantitative data was analyzed using descriptive statistics, mixed-model ANOVAs, and chi-squared tests. Qualitative data was analyzed using content or thematic analysis.

Results: Our final sample contained 88 patients (*M* age = 76.72; *SD* = 7.57; 59% female), 42 community pharmacists (*M* age = 44.28; *SD* = 10.42; 61% female), and four hospital pharmacists. The analyses revealed a main effect of time on patient-perceived medication knowledge and a significant group x time interaction on barriers to adherence and adherence despite high baseline scores providing limited room for improvement. While the program did not significantly reduce medication-related harm, emergency room visits, or hospital readmissions, patients were satisfied with pharmacy services and community pharmacists' knowledge of discharge-related medication information improved.

Conclusions: This study demonstrates the positive impact of a pharmacy TOC program on patient care and community pharmacists' workflow, highlighting the need for future research in this area.

P191

Évaluation de l'acceptabilité des risques et des recommandations de l'outil d'aide à la décision «Vivre avec les risques!» : Protocole d'une étude qualitative

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Abstract / Résumé

D'ici 2043, il est estimé qu'environ 23,1% des personnes vivant au Canada seront âgées de 65 ans et plus (Statistique Canada, 2022). Ce vieillissement de la population amènera un défi pour la gestion des chutes, considérant l'incidence croissante avec l'âge des hospitalisations et des relocalisations (ASPC, 2022). Toutefois, dans des contextes de risque de chute, il est courant que les recommandations suggérées par les professionnels de la santé pour atténuer les risques et leurs conséquences ne soient pas appliquées par les ainés. Une des hypothèses est l'existence d'une différence quant à l'acceptabilité des risques et des recommandations entre la personne ainée et son intervenant. Ce projet vise ainsi à documenter l'acceptabilité des personnes âgées et de leurs intervenants au regard des risques de chutes et des recommandations émises en s'appuyant sur l'approche « Vivre avec les risques » (Macleod & Provencher, 2023). Cette approche facilite les discussions sur les risques entre les intervenants et la personne ainée et encourage la prise de décision partagée. **Objectif :** Une étude de cas multiples sera utilisée afin d'identifier le niveau d'acceptabilité des risques et des recommandations. **Méthodologie :** Cette étude sera composée de huit (8) personnes ainées et leur intervenant respectif vus en contexte ambulatoire. Les données issues des entrevues seront soumises à une analyse thématique qualitative. **Résultats :** Des résultats préliminaires seront présentés et permettront de mieux comprendre les divergences quant à l'acceptabilité des risques et des recommandations en utilisant l'approche « Vivre avec les risques! ».

P192

Identification of Risks and Development of an Evidenced-Informed Strategy for a Safe Reintegration of Visitors into Long-Term Care Homes

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Abstract / Résumé

Objectives: The need to educate and monitor visitors of LTCH compliance with the transmission of infections, as required by Public Health since the pandemic, paced additional strain on resources. Skills in performing hand hygiene and donning and doffing PPE helps to prevent the spread of infection, limiting the risk of infecting seniors in LTCH. Best practices for visitors' education around infection prevention and control (IPC) were needed. The research question was do visitors retain and transfer skills on IPC to their long-term care visits?

Methods: This mixed method study involving a standardized simulated visit where participants were exposed to potential exposures/contamination. Participants' responses to the simulated visit and skills of IPC procedures were recorded. Eighty participants' performance and compliance with infection prevention control guidelines were observed, using observation checklists, to compare performances in participants who received; 1) newly developed, evidence-informed educational videos training (n=40); or 2) usual training offered by individual LTCH (n=40).

Results: The intervention group: 1) more consistently performed the steps in handwashing as a part of safely engaging with residents than the control group; 2) was more successful in identifying moments of hand hygiene in 4/5 scenarios; 3) better performed donning (82.5% vs 35%) and doffing (82.5% vs 12.5%) of PPE.

Conclusions: Simulation offer a safe, objective, and highly reliable approach to isolating the circumstances that trigger exposure or transmission of viruses. Bilingual evidence-informed educational videos for IPC are now accessible to LTCH of New Brunswick. Considerations should be given for re-retraining or the development of regular refreshers on IPC practises.

P193

Feasibility of high-accuracy indoor positioning and smart home technologies for assessing and monitoring older adults

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Abstract / Résumé

Objective: This study presents a proof-of-concept smart home platform for assessing and monitoring frailty. We aimed to validate the platform's measurements' concurrent validity compared to standardized frailty assessments.

Methods: A comprehensive battery of assessments, including the Edmonton Frailty Scale, Clinical Frailty Scale, Fried's Frailty Phenotype, SLUMS (global cognition), CES-D for depression, Barthel Index for functional independence, and the CHAMPS questionnaire for physical activity, was utilized. The smart home platform, developed on the criteria outlined in the Fried Phenotype, integrated a smart speaker and smart scale to monitor weight, a smart speaker to assess for exhaustion, an IoT dynamometer for grip strength testing, and ultra-wideband sensors for motion tracking in daily activities. Pilot testing occurred in the Independent living Suite at the Glenrose Rehabilitation Hospital with 21 participants. Spearman correlation coefficients were used to quantify the agreement between platform outputs and Fried's Frailty Phenotype.

Results: The participants included ten healthy young adults and 11 older adults with varying degrees of frailty. Analysis showed a strong overall correlation between platform measurements and Fried's Phenotype scale ($\rho = .843$, $p < .001$), including perfect agreement on weight loss indicators, significant correlations in strength and walking speed, functional physical activity approaching significance, albeit with mixed results in the domain of exhaustion.

Conclusion: Overall, this work showed that the sensor system proof of concept is reliable for monitoring physical and behavioral signs of frailty in home settings. However, further fine-tuning of the smart speaker exhaustion assessments is required.

P194

The YourCare+ Self-Referral Platform for Home and Community Support Services

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Abstract / Résumé

Objectives: YourCare+ is a virtual platform for caregivers and older adults living with chronic disease to improve the ability to self-manage care at home; be a central location to access information, tools, and support services; and, to integrate validated health assessments.

Method: YourCare+ provides education materials and care tools for caregivers and individuals with supportive care needs living at home. YourCare+ developed the first online version of the interRAI Check-Up (CU) Assessment – Self-Reported Version available for individuals, or caregivers on their behalf, to identify care needs. Assessment results identify potential health areas at risk, recommended resources, and a physician directed health summary. This platform is being piloted with service organizations in Southwestern Ontario with Ontario service directories integrated to generate personalized lists of local services.

Results: Since 2021, YourCare+ has had more than 41,000 users. Anticipated outputs include the development of sophisticated service-linking algorithms. Our team has adapted assessments previously administered by clinicians into validated self-report versions that can be used by informal caregivers and older adults to self-assess care needs.

Conclusions: YourCare+ allows individuals to digitally navigate and self-refer to home and community services, reducing the need for assessments conducted in-person or over the phone. By harnessing algorithms that identify and prioritize services according to individual needs, our platform offers an automated mechanism for self-navigation. This technology will be an asset to healthcare navigation strategies on a provincial and national scale and will provide the ideal training ground for learning algorithm development that could be deployed to alternate scenarios.

P195

Music Care Certify: Changing the Culture of Care With Music

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Abstract / Résumé

Objectives: Using the creative arts as a means of care is becoming more accepted world-wide. Music, in particular, has been implemented in care settings with evidence-based quality of life improvements that are well documented. What if music becomes the transforming agent of culture change in caring communities? That is the objective of the MUSIC CARE CERTIFY (MCC) program, to integrate and sustain music in daily practice.

Method: MCC uses the Plan-Do-Study-Act QI framework to measure music used as a solution to a challenge in the care community. Using the first MUSIC CARE Certified organization in Canada as a case study, this poster shows how quality driver 5, a music care action research project, is conducted. A sound goal protocol was created to enhance the soundscape for clients in this care setting. The site team used pre- and post- sound assessments, and observed effects of the sound guidelines put in effect over a series of several weeks.

Results: Results indicated increased engagement of clients at mealtime and in programs, reduced wandering of clients, and reduced staff anxiety.

Conclusion: Creating an intentional soundscape in an adult day program setting advances positive transformation of the caring environment, relationships and behaviours of everyone in the care circle.

P196

Exploring the use of Arts-based Methods with Older Adults

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Abstract / Résumé

In recent years, qualitative literature has seen an increasing amount of arts-based methods being implemented with older adults in health related research. Often used to explore topics in a novel way or gain a deepened understanding, arts-based methods offer alternative ways to engage in research and express individual experience. While these benefits can be a researcher's rationale for employing such methods, problems arise when they are paired with a methodology, theory, paradigm and or implemented in such a way, that does not align with their intended goals. An analysis of recent literature (2018-2024), which included varying types of arts-based methods potentially applicable to my doctoral thesis, demonstrated a lack of understanding between philosophical assumptions and arts-based methods. Although few studies did provide sufficient rationale to support the chosen method and how it was implemented coherently, the majority failed to include such rationale. Occurring through individual critique and cross-study comparison, analysis of the selected literature enabled recommendations to be made relating to the inclusion of philosophical assumptions; the reliance on older adult populations and logistics when working with them; and how various forms of data can be drawn from such research. This analysis has worked to not only guide my future doctoral thesis, but also showcases the need further investigate how arts-based methods are implemented and justified when working with older adults and their experiences of health related concepts.

P197

Strategies for Equity, Diversity, and Inclusion in Geriatric Healthcare Professional Curricula: A Scoping Review

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Abstract / Résumé

Objective: This scoping review protocol aims to systematically map key concepts, interventions, and challenges associated with promoting Equity, Diversity, and Inclusion (EDI) within geriatric healthcare professional education settings.

Methods: The research questions focus on identifying strategies and interventions, evaluating their descriptions and outcomes, and identifying common trends, challenges, and opportunities in promoting EDI within geriatric healthcare education. A comprehensive search strategy will be developed with expert guidance, encompassing academic databases and grey literature sources. Selection criteria will be applied to screen articles, and data extraction will be conducted using a standardized form. Methodological rigor assessment will be performed for included studies, and data will be analyzed descriptively and narratively.

Results: Results are forthcoming and expected by the conference in 2024. By synthesizing existing literature, the review aims to inform curriculum enhancements and training programs, fostering a healthcare workforce capable of delivering person-centered and anti-oppressive care.

Conclusion: Despite potential limitations such as exclusion of relevant studies and language restrictions, this review offers a comprehensive approach to addressing the critical need for EDI in geriatric healthcare education. By providing insights into strategies, interventions, and challenges associated with promoting EDI, the review aims to contribute to evidence-based approaches for curricular enhancements that can improve care for older adults from marginalized and underserved populations.

P198

Students' perspectives on the use of artificial intelligence in academia

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Abstract / Résumé

Background and Objectives: As Artificial Intelligence (AI) tools become increasingly commonplace, the usage of AI-enabled tools, such as ChatGPT, in education has also grown. This study investigates the perception of students on AI-enabled tools (e.g., ChatGPT), aiming to identify their perceived benefits, concerns, and challenges. These insights will inform future AI involvement in education.

Methods: This mixed-method study was guided by Braun and Clarke's (2022) thematic analysis approach to assess students' attitude towards AI tools in academia. We conducted online survey with undergraduate students, recruited via convenience sampling in a nursing program. Participants who completed the survey were invited to attend a focus group for further discussion.

Results: Eighty students responded to the survey, and 16 students attended the follow-up focus groups in Spring of 2024. Our preliminary findings revealed mixed opinions. While some students are hesitant in using AI tools in their academic work due to concerns regarding credibility, bias, and academic integrity, others see their potential for enhancing learning through ethical application. A prevalent concern is the risk of over-reliance on AI, potentially impeding the development of individual competencies. Our findings underscore the need for robust institutional policies and training support to ensure safe and ethical use of AI in academia.

Implications: Promoting open dialogues and education about AI can help students understand its benefits and risks, fostering responsible use and competency in navigating AI technologies. The study underscores the necessity for ongoing research into policy development and academic guidelines that best manage AI utilization in educational settings.

P199

Enhancing well-being: Exploring Deep Breathing Exercises with CALM robot

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Abstract / Résumé

Involving individuals living with dementia in the co-designing of social robots is imperative, as their insights are invaluable in ensuring that these technological advancements are precisely tailored to meet their needs, preferences, and requirements. The CALM robot is social robots that is developed collaboratively with individuals with dementia, caregivers, and healthcare professionals. The CALM robot offers deep-breathing exercises and tactile interaction, fostering a conducive environment for user to hug the robots and practice deep-breathing techniques.

P200

Élucider la complexité et promouvoir la transformation

Monique Tshitenga Kabuya
ONG LA MÉDECINE CHEZ MOI, Kinshasa, Congo, the Democratic Republic of the

Abstract / Résumé

S/THEME : LE JEU NA NINGANA/JE BOUGE

1. **LES OBJECTIFS**

Le vieillissement peut s'accompagner des divers défis, notamment une diminution de l'activité physique, un déclin des fonctions cognitives et un sentiment d'isolement. Jeu NA NINGANA/ JE BOUGE est un jeu innovant, créé par Mme Monique TSHITENGA KABUYA , vise à améliorer le bien-être et la santé cognitive des ainés en les encourageant à bouger et à interagir avec les aidants.

Général : Améliorer le bien-être et la santé cognitive des ainés en République Démocratique du Congo.

Spécifiques :

Encourager les ainés à bouger et à s'activer

Stimuler la mémoire et les fonctions cognitives des ainés

Renforcer les liens intergénérationnels

Favoriser l'inclusion sociale des ainés

1. **MÉTHODE**

Organiser les conférences de sensibilisation à partir de mai 2024 avec comme thème : « Manger et bouger chez la personne âgée, pour une vie saine et active ». Dans le but de parler de la nutrition chez la personne âgée et de présenter le jeu.

Sélectionner les personnes âgées possédant le jeu pour un suivi de l'impact du jeu.

1. **ATTENDUS RÉSULTATS**

Amélioration du bien-être physique et mental des ainés.

Diminution du risque de déclin cognitif

Renforcement des liens intergénérationnels

Meilleure communication entre les ainés et leurs aidants

1. CONCLUSION

Jeu NA NINGANA/ JE BOUGE est un projet innovant et promoteur qui a le potentiel d'améliorer la vie des ainés en RDC. Il est accessible et facile à utiliser.

P201

Aging in the Greater Toronto Area: Understanding the challenges of Black older adults

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Abstract / Résumé

Introduction: The Greater Toronto Area (GTA) has Canada's largest Black population, many of whom are now transitioning to older adulthood. Yet, a crucial gap exists in understanding the unique challenges Black older adults (aged 60+) encounter while completing daily and community activities within the GTA.

Objective: To understand the challenges faced by Black older adults within the GTA, provide insights into the specific needs of this demographic, and explore potential solutions to support them to age well.

Methods: This study consisted of two parts with community-dwelling Black older adults. Part one involved a 2-hour semi-structured interview, an adapted TechSAge Minimum Battery questionnaire, and the Expanded Everyday Discrimination Scale to collect participants' experiences completing activities across six domains: domestic life, health, community and social engagement, transportation, leisure activities, and daily activities. Part two involved Black older adults completing six standardized questionnaires (Self-Care Inventory and Scale, UCLA Loneliness, Attitudes toward Computers, Lubben Social Network Scale, Community Integration Measure, and Mobile Device Proficiency Questionnaire). Inductive and deductive thematic analysis will be conducted on the interview transcripts. Statistical analysis will be conducted on the questionnaire data.

Results: We are currently conducting interviews and analyzing data simultaneously. We anticipate sharing results at the conference in 2024.

Conclusion: Understanding the multifaceted challenges faced by Black older adults is the initial step toward developing specialized programs and policies, notably in technology, healthcare, and community resource allocation, to help Black older adults age well in their communities.

P204

Optimizing training on the Healthy Aging Asset Index: incorporating inter-rater reliability improvements

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Abstract / Résumé

This poster presentation will describe the Healthy Aging Asset Index (HAAI), a healthy aging assessment tool recently validated through a delphi process, its content validity process and inter-rater reliability assessments completed, current implementation plans. Opportunities to apply the tool within other Canadian contexts will be presented. The tool is a disrupter within the aging assessment field, expanding capacity for healthy aging assessment outwards from health systems into communities.

P205

Mobilisation Intergénérations: A unifying strategy to reflect collectively about the potential of intergenerational practices within higher education environments to better prepare future professionals and researchers to the current demographic reality.

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Abstract / Résumé

The benefits of intergenerational ties on the well-being of both older adults and adults of tomorrow are well documented. Strengthening intergenerational practices is one target of Quebec government’s Action plan pertaining to aging. With a major 5-year structuring funding from the NSERC Mobilize grants, the Cégep de Drummondville in Québec, and its Centre collégial d'expertise en gérontologie, have undertaken the deployment of ***Mobilisation Intergénérations***, an initiative targeting the development of intergenerational practices as a unifying strategy and a means of strengthening the research capacities of its college community. This paper will present the foundations of ***Mobilisation Intergénérations***, namely: 1) its two unifying objectives, 2) the participative governance that was put in place during the year 2023-2024, 3) its three main pillars: research, training and awareness-raising. Through these three pillars, needs and interests of the college community, as well as some of certain partners have been identified and will be presented, along with some challenges and facilitators to the deployment of this initiative. In addition, the activities launched to date will be highlighted (e.g.: Tour of the college programs and departments; Panel on the benefits of intergenerational practices in collaboration with the city of Drummondville; Call for pilot research projects focusing on intergenerational initiatives; Project-based learning community). To conclude, our prospects for future achievements over the next few years of this structuring project will also be discussed.

P206

The effect of changes in social participation during the transition to retirement on changes in cognitive functioning: Results from the Canadian Longitudinal Study on Aging (CLSA).

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Abstract / Résumé

The transition to retirement represents a significant turning point, often accompanied by cognitive changes. Epidemiological studies have revealed that retirement is associated with a decline in cognitive functioning in the years following retirement, independent of age (Gosselin & Boller, 2022). This cognitive decline varies among individuals, and certain factors may be pivotal at this stage. Specifically, social participation is linked to better cognitive abilities in older adults but may fluctuate over time, with retirement from professional activity potentially being a cause (Bourassa et al., 2017). The aim is to examine the evolution of social participation at the time of retirement and its effects on cognition.

In a first study, we investigated how retirement affects social participation using data from the Canadian Longitudinal Study on Aging (CLSA) (Raina et al., 2009). The sample included 721 individuals who were professionally active at the first data collection and retired at the second, three years later. This sample was compared to 5,942 individuals who remained professionally active at both measurement points. Social participation was measured at each period, assessing the frequency of engagement in 8 different activities. The results indicate an increase in social participation a few years after retirement (1-3 years), notably in physical activities ($T = -4.695$, $p < .001$, Cohen's $d = -0.24$) and volunteering ($T = 5.312$, $p < .001$, Cohen's $d = -0.22$). We are currently analyzing the impact of these changes in social participation on cognitive evolution in retirement. This research could contribute to a better understanding of the links between social engagement and cognitive health and guide the development of interventions to support cognitive health during retirement and beyond.

P207

Perspectives of Rural Older Women on the Determinants of Successful Ageing in Southeast Nigeria

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Abstract / Résumé

As the global population of older persons continues to increase, the need for improved quality of life and increased life satisfaction has made successful ageing a critical discourse. The concept of successful ageing is subject to socio-cultural interpretations; thus, our study delved into the perspectives of rural older women on the determinants of successful ageing. Data were collected through semi-structured interviews with 15 rural older women aged 65 years and above in Awgu Local Government Area, Enugu State, Southeast Nigeria. Data collected were analyzed thematically, and findings revealed that positive social and spiritual relationships were the most critical determinants of successful ageing. Access to and utilization of digital technology to maintain social ties were also recognized as crucial to the successful ageing of rural older women. Thus, interventions towards successful ageing should focus on improving healthy spirituality, positive social relations and improved connection with social ties through increased access to digital technology.

P208

Exploring the experiences of care among older people due to the advent of modernization in rural Ghana

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Abstract / Résumé

The number of older people in the world is increasing fast and Ghana is no exception. While the increasing population reflects advancements in healthcare and the standard of living, it is also associated with an increase in informal care for older people. Unlike high-income countries where there are many formal care structures for older people, older people in Ghana have mostly benefited from filial care. The values which sustain the informal care systems are also centred on mutuality, love, reciprocity, and continuity. However, the advent of social change and modernization remains a dominant factor contributing to the relaxation of the customary social protection that older people used to benefit from the past. In addition, colonization has led to socioeconomic changes and the rise of individualism in many Ghanaian communities as the British colonial rule in 1874 weakened the political powers of the chieftaincy and Ghanaian cultural norms that undermined some of the existing traditional structures in Ghana. Furthermore, the advent of rural-urban migration has also led adult children to settle in urban areas in search of better livelihoods due to the technological advancement in urban areas in Ghana, leading to the decline of care for adult children in rural Ghana. Ultimately, the role of the government and relevant institutions proves to be vital in addressing the decline in care for older people which could improve the care needs of older people in rural Ghana. More research on the care needs of older people is also warranted.

P209

Conducting Qualitative Research with Older African Refugees: Truth Telling Concerning Ethical and Methodological Issues

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Abstract / Résumé

As populations' heightened ageing and forced migration intersect, research into older refugees has gained significant interest. While it is imperative that these studies are conducted with ethical and methodological rigour, some difficulties have been noted. Drawing on the lead author's doctoral research, this presentation addresses the challenges associated with recruiting, methodological approaches, and ethical considerations when working with older African refugees, a population that has received limited research attention. We also highlight the implementation of Afrocentric principles: 1) *Ukweki* [truth], (2) *Uhaki* [right], (3) *Ujamaa* [brotherhood], (4) *Kujitoa* [commitment] and (5) *Utulivu* [patience, calmness], which proved to be a critical factor in our research success. Finally, we urge researchers to reflect on and document their the challenges and solutions they have faced to inform future research endeavours in this critical area of inquiry.

P210

The Community Action Team: using participatory design in a dementia knowledge translation project.

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Abstract / Résumé

Most people with dementia live at home but are often disconnected and isolated from the broader community. Community-based organizations are well-positioned to support social engagement for this growing population but are uncertain about how to proceed. The Building Capacity Project Phase 1 (2019-23) used an asset-based community development approach to build capacity for dementia inclusivity through community programs in Vancouver, BC and Thunder Bay, ON. In Phase 2 (2023-2025), we drew on Phase 1 learnings to create an Action Guide, an online resource that offers inspiration and practical guidance for dementia-inclusive initiatives and communities. Based on the principle "nothing about us without us" a Community Action Team (CAT) was formed to oversee and direct the development of the Action Guide. CAT members (12) included dementia advocates with lived experience, community champions, and research team members. Monthly online meetings served as a space for the CAT members to collectively review, discuss, and revise the content and layout of the guide. The research team documented the meetings to revise each section of the guide based on the feedback. Including a diverse group of dementia advocates and community champions allowed the group to increase the relevance and feasibility of the Action Guide by 1. developing rich vignettes that reflect diverse real-life examples, 2. ensuring that language is clear and jargon-free, 3. foregrounding the leadership and engagement of people living with dementia, and 4. imagining real-world implementation of the guide by ensuring that the content reflects concerns of potential users and geographical contexts.

P211

Better Connected: Strengthening Community-Healthcare Partnerships for Older People's Health and Wellbeing, a Community-Based Participatory Research Project

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Abstract / Résumé

Background: Seniors Centres play a critical role in promoting the health and well-being of older people through the provision of informational, social and recreational programs. They are vital in preventing ill-health among older people, yet they also present significant opportunities for treating health issues through partnerships with the formal healthcare sector. This community-based participatory research project led by 411 Seniors Centre Society and researchers from Simon Fraser University aimed to identify and capitalize on opportunities to enhance the organizations' capacity to better meet their members' health needs, with a particular focus on strengthening and expanding the organization's connections with local healthcare partners.

Method: Employing an appreciative inquiry approach, a series of dialogue sessions with 411-Seniors' board members, staff and healthcare partners explored the key opportunities for providing community-based healthcare services in a seniors-based community organization. Following thematic analysis of responses, a proposal and action plan were co-developed to facilitate the expansion of health-related services, ensuring alignment with the organization's strategic plan.

Findings: The project highlighted a series of potential opportunities and strategies for integrating 411 Seniors Centre into the broader continuum of care for older people and fostering collaboration with healthcare partners to provide accessible care and support for the organization's membership and the broader community it serves.

P212

Understanding dementia-related stigma in conversation between racialized persons living with dementia and their care partner

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Abstract / Résumé

Background: Dementia-related stigma is known to transmit feelings of shame, embarrassment, and hopelessness. Such prejudices create barriers to help seeking behaviour, resulting in a delayed diagnosis, caregiver stress, and isolation. Moreover, dementia-related stigma is profound among racialized persons living with dementia (PLWD) and their care partners, as characteristics of race and culture are present. Despite this, there continue to be minimal efforts that address dementia-related stigma in Canada, particularly from a racialized perspective.

Aim: This study explores dementia-related stigma and understands this phenomenon through daily conversations between a racialized PLWD and their care partner.

Methods: The following research is guided by two theoretical frameworks, Corrigan's Model of Stigma and Communication Predicament in Aging Model (CPA). A formal analysis of conversations between racialized Canadians living with dementia and their care partner will be performed, using conversation data from the Canadian Consortium on Neurodegeneration in Aging. 27 dyads involving racialized PLWD (Black, Hispanic, South-Asian, East-Asian, Middle-Eastern) and care partners will be analyzed. These dyads will be compared to a second group of 27 dyads involving white counterparts to understand differences and/or similarities of dementia-related sigma. Conventional content analysis will be used to identify themes related to dementia- related stigma. Themes will be applied to stereotypes, prejudice, and discrimination from Corrigan's model, and will be informed by CPA.

Significance: This study is the first to examine dementia-related stigma in daily conversation between racialized PLWD and their family care partner. It will provide a deeper understanding of how stigma is perpetuated in everyday language.

P213

Conceptualizing decision-making in the ageing population in a broader perspective: A narrative review of the literature in a context of protection for incapacitated adults.

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Abstract / Résumé

The freedom to make decisions about one's own life is an essential element in the development of one's well-being and identity. However, this decision-making capacity can be compromised when there is cognitive impairment or when the mental or physical faculties prevent the expression of will. In Quebec, the *Act modifying the Civil Code, Code of Civil Procedure, Public Curator Act and various provisions regarding the protection of persons* (Bill-11) came in force in November 2022. This law promotes the respect of the rights of people in vulnerable situations, their participation in decision-making and the expression of their wishes and preferences. As the population ages, the older adults are those for whom a representation measure is most often opened (Public Curator, 2021), and therefore, they are the social group most affected by these legislative changes.

The paper proposes to broaden the reflection on the gerontological conceptualization of decision-making based on the results of a narrative review about decision-making in incapacitated adults. Mobilizing the literature from other fields (mental health, intellectual disability…), the paper will identify the different concepts that are currently used and discuss how they might impact our understanding of the assisted decision-making processes at play. The paper wishes to discuss the main factors influencing the assisted decision-making processes of adults who, beyond age, share a common vulnerability related to reduced decision-making capacities.

P214

Experiences of caregiving among African-Australian older adults in the Australian context: A Qualitative inquiry

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Abstract / Résumé

The Australian population is ethically diverse and this diversity intersect with population ageing. Access to aged care services is a major concern among the ageing culturally and linguistically diverse (CALD) population in Australia. While much is known about many CALD older adults access care services in Australia, the voices of the African older adults has remained silenced and hardly captured in the literature. This study sets out as the first to explore the experiences of caregiving among African-Australian older adults and their perception of institutional placement, and the barriers and facilitators to using formal services in the Australian context. Using a qualittaive description design, we purposively selected and interviewed 12 older African-Australians and analysed their views and experiences using the Braun and Clarke's thematic analysis process. Findings show that migration has not impacted the beliefs of African-Australian older adults about caregiving and they hardly utilize formal aged care services. Findings show specific cultural and structural barriers and the lack of care sensitivities to the specific needs of Africans as a major barrier. Participants believed in the ample psychosocial benefits of receiving care at home from relatives as opposed to formal care or institutional placement. Lastly, participants unanimously echoed the need for an African specific care home in Australia. Findings of this study if adopted will potentially inform policies and programs that will lead to a consideration of formal and advanced care placement when it becomes a necessity. Potentially, this will ultimately lead to successful aging for African-Australian older adults aging in Australia.

P215

Exploring Dementia Caregiving in the Yoruba Ethnic Group of Nigeria: A Scoping Review and Qualitative Study

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Abstract / Résumé

There is a small but growing body of literature emerging from Africa on dementia that illuminates how local challenges such as stigma shape caregiving experiences. With this, it is timely to gain an in-depth understanding of key challenges, positive experiences, and what knowledge gaps warrant attention to inform policy and practice. Utilizing Askey and O'Malley's (2005) five-stage framework, we reviewed peer-reviewed empirical literatures on the experience of families of people with dementia in Africa. The review rigorously screened 3,982 articles from five databases, of which we retained 29 studies for full review. The review was complemented by qualitative interviews with 15 families supporting person with dementia were recruited from the Yoruba ethnic group. Our review revealed that stigma leads families to self-isolation to avoid ostracization (N=9, 31%). About 59% of caregivers found health, social services, and community support beneficial (N=17), yet only 24% of studies addressed positive caregiving aspects (N=7). Key themes from the qualitative study include stigma and social exclusion of families, Elders's Guidance and Community Support, and Traditional Healing. Community leaders command authority and can help reduce stigma within the Yoruba communities. Spiritual/traditional healing centres are valued for their accessibility and affordability and for connecting families to their ancestral roots. Our study calls for further research and policy attention to harness traditional support systems and combat stigma for improved dementia care.

P216

Understanding the Landscape of Community Organizations that Connect Older Adults in British Columbia

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Abstract / Résumé

Social isolation and loneliness (SI/L) are common public health concerns linked to negative health outcomes for older adults, especially post-pandemic. Still, there is a lack of understanding of the landscape of community service organizations supporting older adults experiencing SI/L in British Columbia (BC). This study aims to fill this knowledge gap through an environmental scan. Based on the collaboration between the Council of Senior Citizens' Organizations of BC (COSCO) and the SFU Gerontology Research Centre, an exploratory approach was adopted by utilizing membership lists from umbrella organizations, existing databases and website access to create a comprehensive list of senior and retiree groups including senior centres, neighbourhood houses, advocacy groups and other entities. The method included consultation with COSCO, United Way BC, the Office of the BC Seniors Advocate, and other targeted community partners to leverage expertise. The resultant comprehensive list provided taxonomy of senior organizations in the province. We included organization type, mandates, initiatives/programs, contact information, and URL. This work provides a landscape of community senior organizations/programs that connect older adults experiencing SI/L in the province. This work will support researchers, community partners, policy decision makers and ultimately older adults by showing the diverse range of organizations and programs in BC to enable further development and transfer of a range of services/programs that foster social connectedness among older adults. This work is expected to extend our understanding of how we can best meet the needs of an ever-expanding and diverse population of older adults.

P217

Developing Organizational Clusters to Co-produce Strategic Initiatives to Foster Social Connections and Resilience Among Marginalized Older Adults in British Columbia

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Abstract / Résumé

COVID-19 has created new challenges for organizations supporting older adults experiencing social isolation and loneliness (SI/L). Organizations providing services have limited human resources and access to best knowledge and practices, which further limits their effectiveness. This poster details the formative phase of a four-year SSHRC funded project, which aims to establish a research network of advocacy groups and organizations providing services to targeted older adults and their caregivers in British Columbia (BC). A comprehensive list of organizations supporting social connectedness of older adults in BC was created. Utilizing iterative processes of discussion and consensus development among project team members, a total of 8 clusters were created. Each cluster list 10 to 15 representatives that share common aims/contexts based on the region or target group: urban core/urban, urban/suburban, costal/island rural/remote, northern/interior rural/remote, umbrella organizations, LGBTQIA2S+, caregiving and respite care, and visible minorities. Throughout the subsequent phases of the project, we will document best practices via recorded monthly meetings to co-develop summary Briefing Reports that will culminate in a Combined Best Practices Report. Evidence-based practice guidelines will be translated into lay-language for the dissemination and implementation of priority strategic innovations within and between organizations to develop and test new approaches to reduce SI/L among older adults. This project will ultimately be filling service gaps among organizations supporting community-dwelling older adults experiencing SI/L. These results will have implications for various stakeholders in the field of gerontology working to create innovative ways to foster social connections and resilience among older adults and their caregivers.

P218

Exploring the experience of involuntary spousal separation in Ontario, Canada: A Participatory Action Research Project

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Abstract / Résumé

Objectives: In Ontario, the current long-term care (LTC) system continuously fails to support the needs of separated spouses, leading to adverse effects on the mental health of both residents and their spouses. To support separated spouses, additional research is needed to understand the unique experiences of involuntary separated spouses. The primary objective of this study was to explore the experiences of spousal separation.

Methods: A qualitative multi-case study with 10 spouse dyads used participatory action research approach to empower LTC residents and discuss their experiences of spousal separation.

Results: Four overarching narratives and themes were identified describing spouses' experiences with separation, including: 1) “They don't care about seniors and about reunification”, spouses face organizational ageism within the policies, procedures and (lack of) support during their separation, 2) “They do the very best they can give their their limited resources”, separated spouses are impacted by overworked but compassionate LTC staff, 3) “[We] don't have influence because they're not listening”, separated spouses experience negative outcomes due to not being listened to or involved in the LTC decision-making process, and 4) “I guess I need some support out there”, separated spouses need more education, knowledge, and access to LTC policies, supports and information.

Conclusion: The findings from this study highlight the need for changes in services, programs, and policies to better support and incorporate the perspectives, experiences, and voices of spouses involuntarily separated. This research emphasizes the importance of more inclusive and proactive advocacy efforts needed for LTC residents and their spouses in discussions pertaining to their care, health, and overall well-being.

P219

Aging in Faith: Exploring the Lived Experiences of Older Canadian Muslims

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Abstract / Résumé

Background: Social service organizations must be prepared to engage with the rapidly growing aging and Muslim populations in Canada. Aiming to address the scarcity of research on older Canadian Muslims, this study provides insight into their lived experiences. Findings were derived from a larger project exploring the social service needs of Muslims in Ontario, Canada.

Methods/Methodology: This study was informed by a community-based participatory action research (CPBAR) framework, which involved bridging researchers from three universities, and community partners from seven mosques and nine social service organizations. Sampling took place at a local mosque in Ontario where two in-person focus groups with older Muslims were conducted in late 2022. Data was coded and is currently in the final stages of thematic narrative analysis.

Results: A total of 13 participants participated in two in-person focus groups consisting of seven females and six males, respectively. The participants were primarily of immigrant backgrounds, and all above the age of 65. Four initial themes were generated: 1) experiences of social isolation and loneliness; 2) intergenerational tensions and opportunities; 3) the impact of religious and cultural ideologies on help seeking behaviour; and 4) faith and prayer as protective factors when dealing with grief and loss.

Conclusion: Illustrating the unique role of overlapping social identities in shaping older Muslims' experiences, this study highlights how understanding religious identities are essential for the development of effective and sustainable interventions. Findings can be used to support the development of culturally inclusive and anti-oppressive services for the older Canadian Muslim population.

P220

Exploring the Factors that Contribute to the Experiences of Social Isolation among Mandarin and Punjabi-Speaking Older Adults in Calgary

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Abstract / Résumé

Older adults constitute a significant portion of international migrants, accounting for approximately 12 per cent of global international migrants. In Canada, the older immigrant population constitute 30 per cent of the older adult population. Through the migration process, older immigrants often lose social networks and financial resources and may struggle with different language and cultural practices, which ultimately increases their risk of social isolation. To aid in promoting social connection under the Inclusive Communities for Older Immigrants (ICOI) project, our study explored the factors contributing to social isolation among Mandarin and Punjabi-speaking older immigrants living in Calgary. Following REB approval, we used semi-structured interviews to gather data from 20 older immigrants (10 Punjabi: 6 Males & 4 Females; 10 Mandarin: 4 Males & 6 Females; Aged 65-89). We used NVivo 14 to manage and code the interview transcriptions and then analysed the data using a thematic analysis approach. Our results show that lack of fluency in English and acculturation stress exacerbate feelings of social isolation among both Mandarin and Punjabi-speaking immigrants. We also found that cultural norms surrounding filial piety and intergenerational relationships shape older immigrants' expectations of engagement within their community. Community cultural-based centres were noted as critical in fostering inclusion and a supportive environment for older immigrants. Key recommendations include implementing interventions that promote community connections, facilitating intergenerational activities and providing opportunities to engage in social activities in their own language.

P221

New Perspectives on Ageism in the Workplace: An Intersectional Analysis of Older Workers in the Ontario Labour Market

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Abstract / Résumé

The traditional career arc is often organized around the assumption that the most productive "work years" are before the age of 65. As such, workplaces have the potential to engage in harmful age discrimination. Simultaneously, historical efforts to eliminate other forms of discrimination (e.g., sexism or racism) have not been entirely successful. Stemming from a larger project that seeks to understand the lived experiences of ageism in the workplace, this paper explores the intersections of discrimination that compounded, and occurred in parallel to, ageism in the workplace and labour market. Due to COVID-related restrictions, semi-structured interviews with 10 older workers (55+) took place via Zoom. Findings illustrate that the experience of ageism in the workplace did not occur in a vacuum. Most often, participants reported how their different social identities worked to shape reality into one that is entirely unique. Some participants find that their differently-abledness tends to be conflated with age-based deterioration. As well, it was admitted that "whiteness" offers security from an even more severe ageist interaction. All female participants also discussed the double-standard of aging; the ways in which the knowledge and presence of older women is continually erased in workplaces. In contextualizing this partial data stemming from broader research, this paper critiques normative discourses and assumptions surrounding ageism in the workplace. While existing literature has minimally addressed this issue from an intersectional perspective, insights from this paper contribute to our evolving understanding of the dynamics of age-based discrimination and the role of age in the workplace.

P222

"It's like having the ground ripped from under you": Stories of forced late-life relocation in Edmonton, Alberta

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Abstract / Résumé

For twelve years, Ruth (92 years) has lived at Cathedral Park, a private retirement home in downtown Edmonton, Alberta, with independent and assisted living, and memory care. Ruth loves living downtown "where life happens," and has felt wholly at home in her over 900 sq. ft. suite. Yet Cathedral Park is closing, and Ruth is being forced to relocate at a time of her life when she thought she was securely aging in place. The multinational company that owns the building did not renew the accommodation license; it is speculated that the building will be sold. The closing of a retirement home is an exceptional circumstance and Ruth's relocation cannot sufficiently be understood through traditional typologies of late-life transitions. It is not Ruth's personal circumstance (health, disability or finances), but a drastic change in her living environment – one entirely out of her control – that is forcing her to move against her will. Drawing on a year of ethnographic research with residents of Cathedral Park, I present in this poster three case studies of residents (ages 82 to 101) who are faced with this unwanted and unexpected move. I explore their situations through the lens of displacement. How do these individuals feel the losses – of their homes, their community of friends, and of their neighbourhood – and make sense of an unplanned future at this stage of their lives?

P223

Marginalization among recent older immigrants and Canadian-born older adults: A protocol for CLSA data analysis

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Abstract / Résumé

Background: Recent older immigrant populations, particularly those with limited English proficiency, face unique challenges accessing healthcare. Marginalization, which involves discrimination, exclusion, and restricted access to resources, exacerbates these difficulties. The Canadian Longitudinal Study on Aging (CLSA) offers valuable data on aging-related issues, providing insights to guide policies and interventions to improve older adults' well-being.

Objectives: We aim to analyze CLSA data to identify characteristics associated with marginalization among recent older immigrants with limited English proficiency compared to Canadian-born older adults.

Methodology: We will conduct a secondary analysis using data from the CLSA, focusing on age, immigrant status, visible minority status, gender, sex, race, ethnicity, socioeconomic status, geographical location, length of residency, and nationality. Additionally, healthcare utilization and access variables, including health insurance status, healthcare provider accessibility, and satisfaction with healthcare services, will be explored. Using statistical methods like descriptive statistics, chi-square tests, t-tests, regression analysis, and subgroup analyses, we will uncover associations and correlations between these variables and individuals' healthcare experiences in Canada.

Findings: This study will analyze CLSA data to understand the healthcare challenges encountered by recent older immigrants with limited English proficiency compared to Canadian-born older adults. It aims to identify factors contributing to marginalization, including demographics and healthcare usage trends. The insights gained will guide targeted interventions in Nova Scotia, such as enhancing language-accessible healthcare services and promoting culturally competent care. Ultimately, these initiatives aim to improve the health and well-being of older adults in the province by fostering more equitable access to healthcare for all residents.

P224

Unraveling the complexity of decisional-capacity: A Dimensional Concept Analysis

Solange Marcel, Margaret Barton-Burke
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Abstract / Résumé

Background: The concept of decisional capacity is often associated with definition ambiguity along with misinterpretations in the healthcare context, confirming the need for an in-depth analysis that offers conceptual clarification. Objective/Aim: The aim of this paper is to perform a concept analysis of decisional capacity to improve conceptual clarity and enhance research and clinical practice methods to provide greater meaningful concept appreciation. Method: A dimensional concept analysis offered the most appropriate methodology for dimensionalizing decisional capacity's social constructs and contextual associations while historically grounded in a qualitative approach. Data Analysis: Throughout the concept analysis, dimensions and sub-dimensions were categorized across contexts with the intention to clarify conceptual definitions and ambiguities. The following four relevant dimensions, or themes, evolved with contextual sub-dimensions co-occurring: conflicting synonyms, conceptual domains, bioethical dimensions, capacity as a continuum. Conclusion: To improve concept clarification, further exploration through a grounded theory study is recommended to assess the relationship between the clinician's ethnicity, value system and socioeconomic culture to determine whether these attributes directly or indirectly affect clinician judgment of decisional capacity.

Keywords: Decisional Capacity, Incapacity, Competence, Unbefriended, Beneficence, Nonmaleficence, Guardianship.

P225

Unraveling the complexity of decisional-capacity: A dimensional concept analysis

Solange Marcel, Margaret Barton-Burke
Hunter-Bellevue School of Nursing, New York, USA

Abstract / Résumé

Background: The concept of decisional capacity is often associated with definition ambiguity and misinterpretations in the healthcare context, confirming the need for an in-depth analysis that offers conceptual clarification. Objective/Aim: The aim of this paper is to perform a concept analysis of decisional capacity in order to improve conceptual clarity and enhance research and clinical practice methods to provide greater meaningful concept appreciation. Method: A dimensional concept analysis offered the most appropriate methodology for dimensionalizing decisional capacity's social constructs and contextual associations while historically grounded in a qualitative approach. Data Analysis: Throughout the concept analysis, dimensions and sub-dimensions were categorized across contexts with the intention of clarifying conceptual definitions and ambiguities. The following three relevant dimensions, or themes, evolved with contextual sub-dimensions co-occurring: conflicting synonyms, conceptual domains, and bioethical dimensions. Conclusion: To improve concept clarification, further exploration through a grounded theory study is recommended to assess the relationship between the clinician's ethnicity, value system and socioeconomic culture to determine whether these attributes directly or indirectly affect clinician judgment of decisional capacity.

Keywords: Decisional Capacity, Incapacity, Competence, Unbefriended, Beneficence, Nonmaleficence, Guardianship.

LB1

Conceptualizing palliative care in the context of stroke: A secondary analysis of family caregivers' experiences.

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Abstract / Résumé

Objectives: While international guidelines for stroke management primarily focus on acute and rehabilitation phases, insufficient research exists regarding the needs and experiences of stroke family caregivers during palliative care. This study aimed to describe family caregivers' conceptualization of palliative care and the first months of bereavement in the context of stroke.

Methods: This study involved a phenomenological qualitative secondary analysis. Participants (n=21) were 18 or older and provided or coordinated care for a person who experienced a stroke and had passed away within Canada in the previous 3-5 months. In-depth qualitative interviews were individually conducted with family caregivers of patients with stroke who passed away. Interviews were transcribed verbatim and examined using thematic analysis.

Results: Bereavement was individualized and difficult to define because caregivers hadn't experienced it yet; it lacked an objective end-point. Initially, caregivers are still learning about palliative care and trying to prepare themselves for loss. Next, caregivers try to support the emotional needs of themselves and the person in their care, while coming to terms with the situation. Finally, after the death of the person with stroke, family caregivers experience shock, which leads to ebbs and flows through the bereavement process.

Discussion: Findings highlight caregiver-identified changes of their understanding of palliative care across the stroke palliative care trajectory. Advancing our understanding of the experiences of family caregivers regarding palliative stroke care can help inform targeted and more effective support and interventions that address their unique needs and challenges throughout the palliative care trajectory.

LB2

Enhancing cultural competency in mealtime practices in long-term and residential care: A scoping review

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Abstract / Résumé

Affirmatory mealtime experiences are crucial for enhancing nutrition, fluid intake, and wellbeing among older adults in long-term care (LTC) and residential care facilities (RCF). However, culturally and ethnically diverse residents, including Indigenous and immigrant older adults, often face barriers to accessing mealtime practices and menu items that align with their cultural preferences. Despite increasing diversity amongst residents, most LTC and RCF homes adhere to Anglocentric norms that often exclude the dietary needs of ethnic minority residents. Our scoping review aimed to (1) map existing research on culturally diverse mealtime practices in LTC and RCF; (2) understand effective practices for culturally appropriate menu planning; (3) assess policies supporting diverse mealtime routines; and (4) identify gaps for future exploration. A comprehensive search of ten academic databases and six grey literature sources was conducted. We screened English-language literature published from 1992 to 2024, with two authors independently assessing eligibility and inclusion. Findings from 43 studies were analyzed using descriptive qualitative content analysis, adhering to the JBI framework and PRISMA-ScR guidelines. Preliminary findings reveal that culturally familiar meals significantly enhance food intake and satisfaction among ethnic minority residents. However, financial, logistical, and policy constraints often force family members to provide traditional foods or result in residents losing cultural connections. These findings underscore the need to develop, implement and evaluate programs and policies focused on improving culturally appropriate meal services in LTC and RCF. Future steps will include recommending enhancements to meal programs and developing toolkits to better support a growing culturally diverse resident population.

LB3

Design meets recreational therapy in long-term care: A review and framework for future designs

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Abstract / Résumé

In long-term care (LTC) homes, recreational therapy is increasingly recognized for its role in enhancing residents' well-being through non-pharmacological interventions. By engaging residents in meaningful activities, recreational therapy strengthens social relationships, reduces boredom and loneliness, and offers various other benefits.

This scoping review and analysis of 27 articles explored the relationship between design (as a process and outcome) and recreational therapy in LTC home settings. Several themes emerged including the influence of design disciplines such as product and industrial design, textile design, interior design, environmental design, and service design. These disciplines impact a wide range of recreational activities, from art, dance, and music therapy to multi-sensory environments, virtual reality, and socially assistive robots.

Design can optimize therapeutic outcomes by creating comfortable, accessible, and inviting spaces as well as innovative tools and equipment. Furthermore, design processes support the development of therapeutic systems that respect equity, diversity, and inclusion, and can be tailored to individual resident needs. Emerging technologies can also offer novel therapeutic activities.

The review presents case studies, which include a digital piano accompaniment system, innovative flower beds, and a railway travel simulator. The review also discusses implementation challenges, assesses impacts, and provides future recommendations. The work concludes with a framework illustrating how design can contribute to improved quality of life for residents in LTC homes.

LB4

The Pandemic Practitioners - Our story of providing support, science, care and compassion for Long Haul COVID Survivors

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Abstract / Résumé

This program was established in the midst of the second wave of the COVID-19 pandemic at the request of the NT –OHT where infection control physicians identified a group of patients with long lasting symptoms such as fatigue, anxiety, cognitive issues, etc. that carried over beyond several weeks and were impacting their ability to function. Baycrest's Fran Wolfe (NP) and Stacey Saukko (SW) created a semi-structured support group in response to this emerging patient need.

The program, with 12 members to date has been running since the second wave of the pandemic and facilitated virtually on a weekly basis for one hour. Sessions include building a therapeutic relationship with each member, having members support each other, provision of education material, having invited qualified professional speakers and advisors and knowledge sharing of seminars and research projects in the community.

As we transition from the acute state of the pandemic into recovery, we felt there was an opportunity to expand our expertise from what we have learned from our group members who continue to experience the symptoms of Long Haul Covid to others. By developing other clinicians to start their own groups based on our knowledge and expertise gleaned from the last 2 years would be so beneficial to so many still suffering.

LB5

Electronic Documentation of Goals of Care Designation Discussions among Alberta-based Geriatric Patients

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Abstract / Résumé

Background: Goals of Care Designations are important documents that express a patient's wishes for level of intervention in the event of life limiting illness. Canada has an aging population and individuals are living with higher levels of chronic illness and comorbidity. As patient autonomy increases, it has become increasingly important to have accurate and up to date documentation of a patient's medical wishes for life sustaining care.

Objectives: To determine the frequency and characteristics of EMR-documented Goals of Care discussions.

Methods: This was a retrospective chart review of 400 patients 65 years of age and over seen in the outpatient Geriatric Assessment Clinic at the University of Alberta Hospital from July 1, 2022 - June 30, 2023. We extracted the frequency of Goals of Care Designation (GCD) discussions determined by historical data available within selected patient charts, the setting of each discussion, and the specialty of each provider initiating the Goals of Care discussion.

Results: Only 49.3% (197/400) of patients had any documented GCD form completed on their EMR. Of the 356 completed GCD forms, 267 (75%) were completed in an inpatient setting; the majority of GCD forms were completed by a specialist in Internal Medicine (39.89%, n=142) or Family Medicine (37.64%, n=134).

Conclusions: Our study revealed that less than half of patients had any GCD documentation in the provincial EMR. As accurate Goals of Care documentation is vital to patient care and autonomy, every opportunity should be taken by to complete this essential documentation.

LB6

Call4Care: A technological solution for safe, independent mobility in long-term care

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Abstract / Résumé

Background: People living in long-term care (LTC) have a diverse range of needs and abilities. This population is changing, with trends illustrating increasing clinical complexity and wider age ranges. Staff shortages and current care models often fall short of addressing these unique needs, thus impacting safety and independence. As LTC shifts toward dementia village models, combined with rapid acceleration of technology use in healthcare, solutions are needed to address safe, independent mobility in LTC homes and surrounding community.

Method: A pilot project was conducted within a LTC home to evaluate the appropriateness, accuracy and acceptability of wearable watches and pendants with GPS location tracking, 2-way calling and fall detection. Participants (N=8) tested the device features inside and outside the home and shared feedback in surveys.

Results: Findings illustrated that residents viewed the devices positively: 100% felt safer wearing them, and 75% would use them if offered by the organization. 63% preferred wearing watches rather than pendants. GPS tracking was inconsistent within the campus of care, but accurate in the community outside. The 2-way calling feature of both devices was extremely reliable as 98% of alerts from residents were successfully received.

Conclusion: Technology for independent mobility and community access is a much-needed solution in LTC, and must be acceptable to residents, staff and decision-makers. Call4Care devices showed promise in this initial pilot, were well-received by LTC residents and support a dementia village model of care. Further study is required to evaluate geofencing, biometric features and explore clinician perspectives.

LB7

Co-designing support groups with caregivers: A rapid review in collaboration with the Saskatoon Council on Aging, a non-profit organization for older adults

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Abstract / Résumé

As the number of older adults continues to grow, it becomes more crucial to address the support needs of caregivers who play a vital role in providing assistance to the aging population. Support groups for caregivers can strengthen the caregiver's motivation to continue providing care. To maximize the effectiveness, relevance, and uptake of support groups, it is essential to involve caregivers in their co-design. This rapid review aimed to synthesize literature on co-designing support groups for caregivers of older adults. This synthesis was undertaken in collaboration with the Saskatoon Council on Aging to inform their development of caregiver support groups. Guided by the Cochrane Rapid Reviews Methods Group, this review follows a streamlined evidence synthesis approach. Our search strategy was run on June 5, 2023, on MEDLINE, EMBASE, CINAHL, Cochrane CENTRAL, and PsycINFO. Only three studies met the inclusion criteria. Key findings include the necessity of tailoring support groups to caregivers' specific needs and preferences, the combination of online and offline support, and the importance of cultural sensitivity in service design. Methodological approaches to co-design varied across studies, with each emphasizing the importance of iterative feedback loops and engagement with diverse caregiver groups. This review underscores the value of co-designed support groups in effectively meeting caregivers' needs. Engaging caregivers in the design process ensures that support groups are tailored to their needs and empowers them to shape their support systems. The insights from this review will guide future co-design efforts by the Saskatoon Council on Aging.

LB8

Caregiver assessment tools and their use by health care providers: A scoping review

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Abstract / Résumé

Background: Informal caregivers (family, friends, neighbours) provide unpaid non-professional care and play an important role in maintaining care-recipient well-being. It is important to understand the characteristics, capacity, and abilities of caregivers, as essential providers of care, to ensure dyad stability and continued care delivery.

Methods: A scoping review was conducted to understand the current use of comprehensive caregiver assessment tools in clinical practice and characterize how they are used for care planning. MEDLINE, CINAHL, EMBASE, and Google Scholar were searched for studies that met the eligibility criteria. Studies were screened by two independent reviewers.

Results: This review included 25 studies. Of 1,515 articles retrieved, 49 duplicates were removed. Title/abstract screening excluded 1,287. The remaining full-text studies were reviewed, where 105 were excluded. Data was then extracted, analyzed, and findings were summarized. Findings revealed limited use of caregiver assessments in clinical practice, with standard practice involving informal and often undocumented conversations. However, when assessments were utilized, it was predominately in palliative care, and they were used for care planning in the following ways: as a therapeutic process to support caregivers; to provide a formal structure to facilitate conversations, documentation, and enable needs to be identified/prioritized; to provide educational opportunities, and; to enable appropriate referrals and supportive services.

Conclusions: Current use of caregiver assessment tools is limited in clinical practice, despite their usefulness for care planning. Future work is needed to support the uptake of these tools to promote effective care planning and thus improve outcomes for caregivers and care-recipients.

LB9

Overcoming Challenges in Dyad Health Surveillance of Persons Living with Dementia and Caregiver Dyads

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Abstract / Résumé

The relationship between individuals living with dementia and their caregivers plays a critical role in shaping their care journey and outcomes. However, comprehensive national longitudinal data on these dyads is lacking. This study aims to develop a linked national longitudinal database of persons living with dementia and their caregivers by utilizing the Canadian Primary Care Sentinel Surveillance Network (CPCSSN). By linking CPCSSN data with administrative records and collecting additional insights through surveys, we will create a robust database to explore the experiences and needs of these dyads. Health surveillance of dementia-caregiver dyads presents several challenges. Identifying and recruiting caregivers can be difficult as they are often not formally recognized in healthcare systems. To address this, we will leverage partnerships with community organizations and use targeted outreach strategies to engage caregivers. Privacy concerns are mitigated by employing rigorous data anonymization and consent processes. Data fragmentation, due to information being dispersed across various healthcare settings, is addressed through the integration of multiple data sources and the implementation of consistent data standards. Ethical considerations, particularly concerning the inclusion of individuals with impaired decision-making capacity, are managed by involving ethical review boards and ensuring informed consent procedures are adapted to the needs of participants. This growing database will become a valuable resource for researchers, clinicians, and policymakers, enhancing understanding of caregiver-dementia dyads' health trajectories and informing the development of tailored support interventions. The study will also provide insights into the database development process and offer solutions for creating similar linked health surveillance systems.

LB10

Evidence Base Caregiver Interventions within Adult Day Program Settings: A Scoping Review

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Abstract / Résumé

Intro: Informal caregivers provide ongoing care and assistance, without pay to family members, friends, or neighbours in need of support due to physical, cognitive, or mental conditions. Informal caregivers are at risk for depression, burden, stress, anxiety, distress, and adverse health and financial outcomes compared to non-caregivers. Adult Day Programs (ADPs) provide therapeutic and wellness activities to older adults in a community setting, while enhancing caregivers' health and well-being by providing respite. However, other supports for caregivers are limited or non-existent in these settings. This leads to inquiry whether a more structured caregiver support program within ADPs could further reduce burden, stress, anxiety, distress, and adverse outcomes in this population.

Objectives: To critically analyze evidence-based research investigating caregiver support programs to determine what may enhance caregiver well-being and agency within ADP settings.

Methods: One hundred and three abstracts were identified through a search using three online databases: CINAHL (1982-), MEDLINE/PUBMED (1966-), and PsychINFO (1967-). Forty-six articles met the criteria for review.

Results: The literature discussed six popular themes, including education and skills-based interventions, support and counselling interventions, physical activity interventions, multi-component interventions, ADP-specific interventions, and technology-based interventions.

Conclusion: The results of qualitative and quantitative methodology in this review showed a mix of statistically significant and nonsignificant findings on various outcomes of the interventions. Overall, additional caregivers interventions within an ADP setting will likely reduce the adverse effects of caregiving.

Keywords: Informal Caregiver, Adult Day Program, Community–based Health Services.

LB11

Cultural adaptations of MINT Memory Clinic resources to improve equitable access to high-quality dementia guidance for older Canadians

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Abstract / Résumé

Objectives: A key aim of this project was to adapt resources used by Multi-specialty Interprofessional Team (MINT) Memory Clinic teams for diverse communities to promote cultural appropriateness and cultural safety. These resources were adapted for: (i) South Asian communities; (ii) Francophone/Acadian Francophone communities; (iii) African Nova Scotian communities; (iv) Chinese communities; and (v) some First Nations communities.

Method: Sixteen focus groups were conducted with community members in 9 out of 13 new clinic site regions in British Columbia, Alberta, New Brunswick and Nova Scotia. From July 2023 to March 2024, 42 individuals with a variety of perspectives were engaged to inform the adaptation and translation of resources (family care partners, community members,, primary care providers, and persons living with dementia) via Zoom, email, and an in-person meeting.

Results: Three MINT Clinic resources (a brain health handout, clinic brochure and care plan summary) were adapted, and translated to 9 languages, to better serve each of the participating communities. A Simplified English version of the resources was created to improve accessibility for those with a lower literacy level.

Conclusions: Culturally appropriate translated and Simplified English resources can improve access to high-quality dementia information for populations facing barriers to equitable dementia care due to ethnic, cultural or language barriers in Canada. Diverse community perceptions of aging and dementia will support person-centered, culturally inclusive dementia care and inform future site training and care provision.

LB12

Development of a new caregiver reported outcome measure for dementia in English, French and Spanish

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Abstract / Résumé

Objectives: The aim of this study was to: (i) develop items for a new CAregiver ReportED and weighted (CARED) outcome measure for dementia in English, French and Spanish; (ii) estimate the extent to which the items are important to caregivers; and (iii) assess structural validity.

Methods: This study consisted of two phases. In the first, caregivers of people living with dementia were asked to identify behaviours or actions of the person they were caring for that were most distressing to them. Bidirectional Encoder Representations from Transformers based Topic Modeling (BERTopic) was performed to cluster responses and extract topics. In the second phase, a new sample of caregivers filled out CARED and rated each question's importance on a 5-point scale. Principal component analysis (PCA) was performed to determine the dimensionality of CARED.

Results: For the first phase, 102 caregivers of people with dementia were recruited (76.5% female; mean age 53.7±18.1). Over 700 text threads were retrieved from caregiver responses. BERTopic identified 22 distinct topics from the dataset, which were used to create a harmonized list of items in three languages. For the second phase, 143 caregivers participated (59.4% female; mean age 48.9±13.5). The items had median importance scores greater than 3 (at least moderately important) and PCA identified three factors.

Conclusion: This study applied machine learning to develop an outcome measure for dementia that is based on caregiver perspectives and has the potential to inform care. Next steps will be to assess its test-retest reliability and longitudinal validity.

LB13

Older Adults' User experiences of a multi-modal sensor system at home after a Lower Limb Fracture

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Abstract / Résumé

Lower limb fractures commonly affect older adults (OAs) and reduce their mobility and social activities. The MAISON (Multimodal AI-based Sensor platform for Older iNdividuals) system, collects sensor data from smart devices to assess social isolation (SI) and functional decline (FD) in OAs living alone at home. The objective is to explore the user experiences of OAs using MAISON while recovering from lower limb fractures over a two-month period.

Semi-structured interviews with eight participants were conducted before and after the 8-week study. Participants were asked open-ended questions regarding the MAISON system, privacy concerns and any user challenges. The interviews were transcribed verbatim, and a thematic analysis was performed on the interview data using NVivo to extract themes.

The themes identified are: methods of assessing SI, privacy, opinions about MAISON, and challenges. Participants were asked about their comfort level in sharing smart device information with researchers, and all participants unanimously agreed to share this information, indicating a general openness to sharing health-related data in a research and health context. Four participants shared the benefits of MAISON as a valuable source of information, and were interested in learning about their movement and sleep measures. A common challenge brought up by the participants was the size of the smartwatch being too big, making it inconvenient to wear on a daily basis. Future research will include selecting more appropriate hardware devices to enable longitudinal studies and co-designing the system with patients and clinicians.

LB14

Exploring Barriers and Facilitators in the Adoption of Technology-Based Interventions Within Long-term Care Facilities and Alternate Level of Care Units in Hospitals for Older Adults Patients: A Scoping Review

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Abstract / Résumé

The growing integration of technology in healthcare has led to increased interest in the effectiveness of technology-based interventions (TBIs) for elderly patients in hospital settings. This scoping review examines key factors affecting the adoption and use of such technologies in Alternate Level of Care (ALC) and long-term care (LTC) units for adults over 65, identifying barriers and facilitators to their implementation.

Using Arksey and O'Malley's scoping review framework, a systematic search of databases like CINAHL, APA PsycINFO, Science Direct, and Web of Science was conducted. The review included studies published between 2016 and 2023, focusing on elderly residents in LTC facilities or ALC units who used tablets, smartphones, or other TBIs to connect with their families.

Analysis of 35 articles revealed that most studies, with sample sizes under 100 participants, focused on older adults with cognitive impairments and mental health concerns. These studies, conducted across Europe, Africa, the US, and Asia, explored various technologies, including wearable devices and tablets. The findings emphasize the need for tailored interventions to address cognitive issues, mental health, and social interaction while cautioning against potential risks of technology use in this demographic. The review identified that technology positively impacted the reduction of social isolation and loneliness but also revealed negative effects, including attention deficits and sleep disorders for older adults.

This review offers a comprehensive overview of the current literature on the effectiveness of TBIs in improving the well-being of elderly patients in ALC and LTC units within hospitals.

LB15

Élucider la complexité et promouvoir la transformation

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Abstract / Résumé

S/THEME : LE JEU NA NINGANA/JE BOUGE

A. LES OBJECTIFS

Le vieillissement peut s'accompagner des divers défis, notamment une diminution de l'activité physique, un déclin des fonctions cognitives et un sentiment d'isolement. Jeu NA NINGANA/ JE BOUGE est un jeu innovant, créé par Mme Monique TSHITENGA KABUYA, vise à améliorer le bien-être et la santé cognitive des ainés en les encourageant à bouger et à interagir avec les aidants.

Général : Améliorer le bien-être et la santé cognitive des ainés en République Démocratique du Congo.

Spécifiques :

Encourager les ainés à bouger et à s'activer

Stimuler la mémoire et les fonctions cognitives des ainés

Renforcer les liens intergénérationnels

Favoriser l'inclusion sociale des ainés

B. METHODES

Mise en place de la plate- forme VILLAGE BOPEMI en date du 20/04/24, en 2 versions CHAINE YouTube et club BOPEMI représenté en petits groupes nommés clans, pour réunir les ainés congolais afin de les aider à devenir des personnes actives, joyeuses, en bonne santé et socialement favorisées.

Organisation de la journée récréative avec thème « manger et bouger chez la personne âgée »pour présenter le jeu en date du 31/08/24 et les ateliers pour évaluer l'impact du jeu auprès des bénéficiaires, membres du club BOPEMI en date du 4, 8,12 et 15/09/24

C. RESULTATS

Le jeu NA NINGANA, associé à l'application mobile en cours de développement a remporté un franc succès auprès des 96 participants(aux activités proposées) du club BOPEMI sur 163.Le matériel utilisé (bâche, planche d'instruction et la chanson spécialisée) a été apprécié.

Parmi les 96 participants, 36 ont choisi de jouer et ont manifesté leur satisfaction. Ils ont souligné l'impact positif du jeu sur leurs humeurs, leur agilité et leurs relations avec leurs partenaires du jeu.

D. CONCLUSION

Le résultat obtenu d'évaluation de l'impact du jeu auprès des bénéficiaires confirme que le jeu NA NINGANA fait partie de l'art thérapie, contribue à améliorer la santé physique et cognitive des ainés congolais en les encourageant à bouger et à interagir avec les aidants.

LB16

Older Adult Co-Accommodation Experience: A Scoping Review

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Abstract / Résumé

Abstract

Background: As the world faces a crisis of aging, co-accommodation has emerged as a potential way for individuals to "age better, together" (Glass, 2013). However, there is a dearth of literature regarding the experiences of co-accommodation residents and stakeholders. This research team conducted a scoping review of the literature, working with Abbeyfield House to identify recurring themes. Methods: The research team followed the scoping review protocol detailed by Arksey & O'Malley (2005). A library information specialist was first consulted to develop a search protocol using CINAHL (EBSCO), Embase (OVID), and Scopus. The initial search elicited 184 articles which were screened by the research team using Covidence. Following the screening, twelve articles made it to the final extraction phase. Discussion: After data were extracted from each of the twelve articles, three major themes emerged, those being "community aging-better together," "space and place," and "autonomy." The theme of "community aging-better together" reflects a notion of healthy aging in the presence of peers, and includes a social component in the active aging process. "Space and place" is a concept composed of two subthemes, highlighting the importance of the built environment and an individual's unique residence. Finally, "autonomy" emerged as a major theme, with the facilitation of such being a crucial factor in co-accommodation projects. This project is relevant to policy makers and stakeholders of co-accommodation.

Keywords: Co-accommodation, older adults

LB17

Unraveling disparities in Parkinson's Disease care: a scoping review as a catalyst for transformative change in healthcare access

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Abstract / Résumé

Objectives: This scoping review examined access to Parkinson's Disease (PD) diagnosis and management for underserved populations, both globally and in Canada specifically, aiming to identify the current state of research into healthcare access for underserved PD populations.

Method: Following Arksey & O'Malley's guidelines, we reviewed literature from 2005 to April 2024 using five major databases.

Results: Of 96 included studies, 56% were from the USA and 6% from Canada, with 30% published since 2020. Deep Brain Stimulation surgery was the most researched service for which limited availability was reported. Racialized/ethnic minorities and rural/remote populations were the most frequently studied underserved groups. Critical research gaps included insufficient analysis of access barriers, limited consideration of within-group diversity, and few Canadian studies on PD care inequities.

Conclusions: This review underscores the urgent need for comprehensive research addressing multifaceted barriers to PD care, particularly for racialized, ethnic minority, and rural/remote populations. We recommend adopting intersectional frameworks and robust research designs to better understand and mitigate healthcare access disparities. These findings have significant implications for health policy development, clinical practice improvements, and future research directions aimed at enhancing equity in PD care delivery and outcomes, serving as agents of change in unraveling the complexity of healthcare disparities and advancing transformation in PD care access.

LB18

Candidacy 2.0 (CC): Unraveling Complexity in Geriatric Health Inequities to Drive Transformative Change

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Abstract / Résumé

Objectives: The Inverse Care Law, positing that those most in need of healthcare are least likely to receive it, continues to describe persistent health inequities among older adults with chronic conditions. This study introduces Candidacy 2.0 (Chronic Condition), an innovative framework designed to unravel the complex mechanisms of health inequities in healthcare access for diverse older adult populations with chronic conditions.

Method: Using Critical Interpretive Synthesis, we analyzed qualitative and mixed methods literature on rheumatoid arthritis experiences across various populations, including racial and ethnic minorities, LGBTQI+ individuals, and those with disabilities.

Results: Our key finding was the identification of a crucial eighth dimension: the "embodied relational self," which transforms the framework into a powerful tool for understanding intersectional experiences of health inequity. Candidacy 2.0 (CC) offers a comprehensive understanding of how patients' and care providers' experiences are shaped by systemic injustices and social determinants of health.

Conclusions: Candidacy 2.0 (CC) provides a new lens to conceptualize and address health disparities in chronic condition management for older adults. The framework's significance lies in its potential to guide the development of culturally relevant health promotion and intervention efforts. By implementing this model, stakeholders can develop targeted interventions that address the unique healthcare needs of diverse older adults, working towards eliminating disparities across the life course. This framework serves as an agent of change, unraveling the complexity of healthcare inequities and advancing transformation in geriatric healthcare delivery.

LB19

Effects of inhaled anticholinergic medications in COPD patients on lower urinary tract symptoms: a scoping review

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Abstract / Résumé

Introduction: Chronic Obstructive Pulmonary Disease (COPD) is a common respiratory condition affecting 12% of Canadian adults as of 2015, and is expected to rise in the coming decades. Inhaled antimuscarinics are a key pharmacological treatment of COPD as bronchodilators. While inhaled anticholinergics effectively manage respiratory conditions, their use can be associated with systemic side effects. Particularly lower urinary tract symptoms (LUTS), which are a collection of storage, voiding and post-micturition symptoms. Previous studies regarding inhaled anticholinergics on LUTS demonstrated different results.

Objective: The purpose of this study was to conduct a comprehensive synthesis of evidence on the effects of anticholinergics on LUTS when used in patients with COPD.

Methods and Analysis: We conducted a scoping review capturing published and grey literature on patients using inhaled antimuscarinics who may experience LUTS. We followed the Joanna Briggs Institute method. Two reviewers completed the screening of abstracts and titles, followed by a full-text review and data extraction.

Results: From an initial pool of 1,857 studies identified, 59 were included with an ongoing full-text review. Among the studies, tiotropium (24), umeclidinium (10) and glycopyrronium (10) were the frequently inhaled anticholinergics. The LUTS symptoms were not reported consistently across studies. The most commonly reported symptoms were urinary retention (26), dysuria (11) and urinary difficulty (5).

Conclusion: Antimuscarinic inhalers appear to impact lower urinary tract symptoms and research with these inhaled products requires additional rigour and standardization for prospectively gathering and reporting.

LB20

Medical Cannabis Use for Arthritis: Unraveling The Complexity of The Decision

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Abstract / Résumé

Objective: Given the limited evidence on cannabis's safety and efficacy, particularly in older adults, individuals may have knowledge gaps that can adversely affect the quality of their decisions. This study aimed to explore the determinants of decision-making to use cannabis and decisional deficits among individuals with arthritis.

Methods: Between December 2023 and July 2024, individuals with arthritis were invited to participate in semi-structured interviews. The Ottawa Decision Support Framework and reflexive thematic analysis were used as the basis for the deductive and inductive analysis of interview transcripts using Quirkos Software.

Results: Twelve participants took part in the interviews. Of those, 84% were white, 75% were female. The age ranged between 59 and 70 years. Key determinants of cannabis decision-making were; knowledge, expectations, clinical needs, personal values, and physician support. These factors contributed to the status of decisional conflict (i.e., uncertainty in choosing among options involving potential risk, loss, regret, or challenges to personal values). Participants highlighted the need for informational support from clinicians and stronger societal support to address social stigma.

Conclusion: Older adults with arthritis often face decisional conflict when considering the use of medical cannabis. Factors contributing to this conflict include insufficient knowledge, unrealistic expectations, and unclear decisional roles in the decision-making process. Implementing shared decision-making practices may help address these challenges. A cannabis decision-support tool could facilitate this process by providing both patients and clinicians with evidence-based information and structured questions to help patients clarify their preferences and values.

LB21

A Scoping Review Protocol on the Experience of Aging in Canada Among 2SLGBTQ+ Individuals

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Abstract / Résumé

Background: Aging 2SLGBTQ+ communities are likely to face unique challenges throughout their lifespan such as discrimination and family conflict, leading to poorer health outcomes. Unbiased, evidence-informed practice and policy enhances the experience of aging for 2SLGBTQ+ individuals. Therefore, this scoping review serves to inform future research and improve the conceptual understanding of aging 2SLGBTQ+ Canadians.

Objective: Our objectives are to examine the literature to determine the current understanding of 2SLGBTQ+ aging; and to identify needs and gaps, which could inform future research and policy in Canada. Our research question for this review is: “What is the extent of the existing literature on the 2SLGBTQ+ aging experience in Canada?”.

Methods: We are following Arksey & O’Malley’s iterative 5-step approach to conducting scoping reviews. A search strategy was run on MEDLINE, PsychInfo, LGBTQ+ Source, and CINAHL on May 24, 2024. Inclusion criteria include English, peer-reviewed, complete works, 2SLGBTQ+ Canadian populations, average age > 50 years, and studies focused on the experiences of 2SLGBTQ+ aging in Canada. Exclusion criteria included non-English papers, incomplete work, non-2SLGBTQ+ samples, youth or young adults, and non-Canadian studies. Using Covidence, 958 titles and abstracts were screened by two individuals. Full-text screening is ongoing.

Expected Outcomes: From our preliminary screening, we hypothesize emerging themes such as difficulties accessing healthcare and caregiving due to continued discrimination and stigma; and experiential differences between generational cohorts due to social, legal, and political changes over time.

Conclusion: This review will consolidate the understanding of the 2SLGBTQ+ aging experience in Canada and will aim to provide possible solutions to augment health and well-being in this population.

LB22

Navigating Inclusivity: Results from a Consultation Workshop with Two Non-Profit Organizations on 2SLGBTQ+ Caregiving with Older Adults

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Abstract / Résumé

2SLGBTQ+ older adults and their caregivers experience complex challenges in navigating the Canadian healthcare system. The need to understand and address these challenges is critical to enhance inclusivity and accessibility of healthcare for 2SLGBTQ+ Canadians. The goal of this stakeholder consultation was to collaborate with two non-profit organizations – Queer Seniors of Saskatchewan and the Saskatoon Council on Aging – via an in-person workshop to share and validate the findings of a previous scoping review on "queer caregiving." We facilitated a 3-hour in-person workshop with N=8 attendees which included representatives from the non-profit organizations and the research team. The workshop was audio-recorded and transcribed. Data analysis was conducted using a hybrid (inductive/deductive) approach by borrowing the codebook from our previous scoping review. Our analysis emphasizes five barriers or gaps that were identified by participants: (1) heteronormative healthcare education, (2) inability to recognize intergenerational trauma of 2SLGBTQ+ individuals, (3) risk of disclosing queerness and associated guilt, (4) internalized homophobia; and (5) lack of understanding of queerness among staff when accessing healthcare. From this workshop, we are taking further steps to co-design an interventional toolkit with 2SLGBTQ+ caregivers of older adults to help the caregivers navigate heteronormative health systems, advance understanding for healthcare professionals, and ultimately advocate for inclusive healthcare for all.

LB23

L'impact de l'enseignement de l'autogestion sur l'expérience de santé des personnes âgées atteintes de maladies chroniques : Une revue systématique

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Abstract / Résumé

Les individus atteints de maladies chroniques sont fréquemment confrontés à de multiples obstacles, notamment liés aux symptômes qui limitent leur autonomie et altèrent leur qualité de vie. L'enseignement et le soutien infirmier de l'autogestion se présentent comme une solution potentielle susceptible d'atténuer l'impact de la maladie sur la personne et son quotidien. Le but cette revue est ainsi d'explorer à travers la littérature scientifique l'influence de l'enseignement de l'autogestion sur l'expérience de santé des personnes âgées atteintes d'une ou plusieurs maladies chroniques. Une revue systématique de la littérature couvrant la période 2000-2023 a été réalisée à l'aide des bases de données Medline, CINAHL, PubMed, Cochrane et Health Source Nursing, aboutissant à l'identification de 21 études pertinentes. Les résultats suggèrent que l'enseignement de l'autogestion peut avoir un impact positif sur trois aspects essentiels: l'amélioration de la qualité de vie, l'accroissement des connaissances et des compétences du patient, ainsi que la réduction de l'utilisation des services de santé. Les preuves d'efficacité les plus probantes ont été observées chez les patients atteints de diabète, de maladies respiratoires, cardiovasculaires et mentales. En conclusion, nos résultats démontrent que l'enseignement infirmier de l'autogestion contribue à améliorer l'expérience de santé et de maladie du patient, à restaurer ou maintenir sa qualité de vie, et à lui permettre de retrouver un sens de normalité malgré la présence de la maladie chronique.

LB24

"We may be exhausted – but we continue to care": Changes in nurses' burnout prior to and during COVID

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Abstract / Résumé

The COVID-19 pandemic had a profound impact on nurses in long-term care (LTC) settings, who are responsible for resident care, clinical leadership, and staff training. These nurses face challenges such as supporting residents with complex health conditions, high workloads, and staffing shortages, challenges that intensified during the pandemic. Research suggests that these factors have affected nurses' well-being, and the quality of care provided to residents. This study aimed to compare nurses' (RNs/LPNs) quality of work life before and after the pandemic, focusing on changes in work-related stress, burnout, and well-being. We conducted a cross-sectional analysis of data from a stratified random sample of 39 urban nursing homes in Alberta and Manitoba that are part of the Translating Research in Elder Care (TREC) Program. Data were collected in February 2020 and December 2021, with only homes participating in both waves included. Two-level random-intercept regression models were used, adjusting for demographics and nursing home characteristics. A total of 389 and 430 nurses completed surveys in 2020 and 2021, respectively. The 2021 sample reported working significantly more hours, with increased emotional exhaustion, a key component of burnout, and a small but significant decline in mental health. No significant changes were observed in job satisfaction, professional efficacy, or physical health. Another component of burnout, cynicism, was significantly lower in 2021, indicating a positive direction. Despite challenges, the workforce showed resilience in coping with pandemic-related challenges. Our findings have implications for supporting LTC nurses through targeted interventions, particularly in managing workloads and mental health.

LB25

Urinary Incontinence Discussions on Instagram: A Hashtag Analysis of Top Posts and Reels

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Abstract / Résumé

Background

The discussion of health-related topics has become increasingly prevalent on social media platforms due to their vast user base and interactive features. With over 1.4 billion users, Instagram is one of the most widely used social media platforms with user-generated content. Urinary incontinence, the complaint of any involuntary leakage of urine, increases in prevalence with increasing age. With increasing social media use amongst all demographics, we wanted to explore UI related content on instagram. This study aims to investigate the discourse surrounding urinary incontinence on Instagram by analyzing the "top 28" posts and reels under various hashtags relating to the condition of urinary incontinence.

Methods

A list of 18 hashtags was developed through discussions with experts with knowledge of the condition and Instagram's related-search functionalities. The 28 instagram-generated top posts and reels under each hashtag were analyzed using content analysis. Quantitative data was gathered for each post, including likes, comments, and followers of the creator. Additionally, details such as content type and authorship background were recorded for analysis.

Results

The emerging themes from the data included: educational content, product promotions, treatment advice, personal stories, and humor. Analysis of engagement metrics further highlighted the most popular and influential creators and content type.

Conclusion

Instagram is a pertinent tool for dissemination and information on topics related to UI. There is a need for more healthcare professionals to engage with this platform to produce high quantity and quality of content related to UI.

LB26

Exploring the physical, social and educational impact of CLEAN exergame for people with dementia and their caregivers to promote hand hygiene and influenza vaccine uptake: A pilot study

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Abstract / Résumé

Background

The purpose of this project is to develop an educational exergame for people with dementia (PWD) and their caregivers to practice handwashing through the use of virtual reality (VR), while delivering educational content related to infection control, and evidence-based resources to educate them about the importance of influenza vaccination.

Methods

Based on Behavioral Change Wheel theory, the CLEAN exergame is designed as an interactive, accessible solution to model, educate and train PWD and their caregivers to promote their capability, opportunity, and motivation that impact behavioral change in handwashing and vaccination. Using mixed methods approaches, this project is comprised of co-designing, developing, and pilot-testing the feasibility of exergame, An advisory committee group (12 members) was recruited from Oshawa Senior Community Centre and Durham Region Long-Term Care (LTC) Homes, where they acted as expert panels to provide consultations related to co-designing of exergame.

Results

The co-design phase was guided by Consolidated Framework For Implementation Research to allow the advisory stakeholders to explore factors that would facilitate or hinder the development, implementation, and evaluation of CLEAN exergame for PWD in the community and LTC settings. Three virtual modelling scenarios was co-designed: (1) handwashing exergame; (2) mask-wearing exergame; and (3) disinfecting/cleaning exergame.

Conclusion

Our solution is an interactive educational and social exergame, which is designed as a preventative measure to mitigate the risks of infectious diseases, as well as presenting opportunities for PWD and their caregivers to engage in physical activity and cooperative gaming to promote their social connectedness and mental well-being.

LB27

Integrating Virtual Reality Reminiscence Therapy into the Community Programs at Alzheimer's Society of Durham Region in Ontario Canada

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Abstract / Résumé

Background:

Non-pharmacological therapies, such as Reminiscence therapy provides multi- sensory treatment to assist people with dementia (PWD) in remembering people, places and events from their past lives. This project explores the integration of VR reminiscence therapy into the Alzheimer's Society's existing dementia care program called the "Behavioural Support Lending Program," located in Durham Region of Ontario, Canada.

Methods:

This mixed methods research focuses on the use of co-designing approaches with PWD, their caregivers and healthcare providers. It aimed to explore and understand the participants' perspectives on applying VR as an immersive approach to facilitate reminiscence therapy for PWD. A final sample of ten participants was recruited, including three PWD, three caregivers, and four healthcare providers (registered nurses) from the Alzheimer's Society.

Results:

VR reminiscence experience was conducted through usability testing, including assessing the user interface, system functionality and user responses. Participants provided qualitative feedback, including (1) Understanding of Dementia Care and Service Experience; (2) Perspectives of the VR Demonstration; (3) Usability of Head Mounted Display and Hand Control; and (4) Perspective on System Usability and Immersive Presence.

Conclusion:

When developing new therapies, it is critical to include the perspectives of the potential end users through participatory co-designing. Our study achieved this by engaging PWD, caregivers, and healthcare providers through exploratory co- designing and usability testing of VR reminiscence therapy. Utilizing co-designing approaches enhances trust and collaboration between the study participants and researchers, which is vital for our study as we seek to introduce VR into an existing dementia care program.

LB28

Implementation of a Socially Engaging Assistive Technology in LTC: Perspective of diverse stakeholders

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Abstract / Résumé

Objectives: 1) To evaluate an assistive technology use, Magic Table (MT), for older adults' meaningful engagement in an Ontario Long Term Care (LTC) home; and 2) To assess its impacts, 3-months post-implementation, as perceived by diverse caregivers. **Methods:** Employing a mixed methods strategy, 29 semi-structured non-participant observations and 8 homogeneous focus groups (i.e., family members, volunteers, managers, nurses, PSWs and allied health staff) were conducted. Descriptive data analysis was conducted on SPSS; two coders performed thematic analysis of field notes/transcripts using NVivo. **Results:** The observations (median = 3 games/session) were recorded over 2.5 months post-implementation. 34 residents used the technology in the morning/afternoon (median = 16 minutes) mostly accompanied by staff. Based on the Apparent Emotion Rating (AER) Instrument, most residents expressed signs of interest, pleasure and tranquility when using the MT. Residents' interactions with the technology were more expressed when accompanied by an actively participating caregiver. 36 caregivers participated in the focus groups; preliminary analyses highlight the benefits of the MT for residents and staff (e.g., rest, cognitive stimulation, interpersonal engagement) and barriers/ facilitators related to organizational culture, location of the technology and competing task priorities (i.e., direct patient care versus social care). **Conclusions:** The MT use and sustainability can be facilitated by staff education/training and managerial support for its integration within front-line staff workflows. Other LTC homes planning to implement similar technologies should consider obtaining end-users' feedback early during implementation to ensure its use is integrated within their roles and the care they deliver.

LB29

Remote Activity Assessments in Older Adults at Risk of Dementia: Challenges and Limitations

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Abstract / Résumé

Objectives: The potential of remotely delivering health interventions is promising and a beacon of hope for improving older adults' access to physical activity and lifestyle modification interventions. This evolving solution could significantly enhance cognitive function and mobility in older adults at risk of dementia. While physical exercise and cognitive training hold great promise, there are few reports on the limitations and challenges of conducting remote activity assessments.

This study explored the limitations and challenges when administrating activity assessments remotely.

Method: SYNERGIC@Home (NCT04997681) is a double-blind, randomized, controlled clinical trial evaluating the feasibility of delivering remote exercise and cognitive training to older adults at risk of dementia. Two researchers successfully conducted 153 activity assessments in 60 participants over 12 months. They reflected on and reported any challenges, concerns, and limitations of conducting activity assessments remotely. A critical narrative review of the results prompted researchers to provide considerations for delivering activity assessments remotely in participants' homes.

Results: A critical review of remote activity assessments identified three main domains of potential concern or limitation: material (available and mail materials to complete assessments), viewpoint (behind both ends of the webcam), and environmental (lack of controlled space and home variability). The review prompted researchers to provide insights and alternative method approaches for consideration in future studies conducting remote activity assessments.

Conclusion: A critical narrative review concluded that remote activity assessments can be successfully conducted with greater reliability with proper planning and consideration for the identified three domains of potential challenges and limitations.

LB30

Resident and family perspectives on challenges accessing culturally inclusive foods in Ontario long term care (LTC) homes: preliminary findings

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Abstract / Résumé

Objective: The Canadian LTC home population is becoming more culturally diverse. If menu items provided in LTC homes do not meet individual and cultural preferences, they can negatively impact intake and quality of life. Currently, there is limited research on resident and family perspectives related to food and mealtimes, and how culture is respected in the homes in which they live. This study aimed to describe and understand the perspectives of culturally diverse residents and family members in accessing and attaining culturally inclusive foods within Ontario LTC homes.

Methods: Residents (n=5) and family members (n=9) from culturally diverse communities participated in one-on-one interviews. The interviews were either in-person or over the phone. The interviews were audio-recorded and transcribed for reflective thematic analysis. Life nourishment theory was used as the framework for this study.

Results: Participants were representative of several culturally diverse communities including South Asian (n= 5), Caribbean (n=5), White European (n= 3) and East Asian (n=1). Preliminary findings indicate challenges to accessing cultural foods were: limited availability of traditional dishes on the menu; lack of staff knowledge and skills to accommodate resident food preferences; the inability of offered traditional foods to meet resident preferences; and changing health status of residents resulting in eating challenges. Family support was identified to improve access to traditional foods within LTC.

Conclusion: Future research needs to focus on enhancing menu planning processes to meet the preferences and improve quality of life of an increasingly culturally diverse population.

LB31

Community integration in long-term care residential homes for older adults: a scoping review

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Abstract / Résumé

The question explored in this scoping review was: What community-integrated activities are undertaken in long-term care (LTC) residential homes for older adults?

Academic literature was searched according to the JBI method and alongside a health sciences librarian. The following databases were searched from inception to July 30, 2024: Medline, EMBASE, PsycINFO via OVID; CINAHL, SocINDEX via EBSCOhost; and Scopus. Inclusion criteria was as follows: Residential LTC/nursing homes for older adults, activities where older adults and community members meaningfully engage, English, and 2002-present. Activities involving assistive technologies without a human component (e.g. social robots) and animal-assisted therapy were excluded. Grey literature was searched using Google, Theses Canada, and ProQuest Dissertations and Theses Global. Relevant literature was identified using Covidence. M.G. and A.W. independently completed title/abstract screening. M.G. completed full-text screening of all studies; A.W. and S.R. each independently screened half of the full-texts. Any conflicts were discussed and resolved between the authors. Quality assessment was completed using JBI critical appraisal checklists.

7420 articles were initially identified. After removal of duplicates (n=3395), 4025 titles and abstracts were screened. This project is ongoing, with full-text screening of 195 articles, data extraction, and grey literature search. Qualitative content analysis of included studies will be conducted by M.G. and S.R. Results will be presented using narrative summary.

This review addresses a literature gap on community integration in LTC and will contribute knowledge on the breadth of community-integrated activities occurring across the world's LTC homes.

LB32

Enhancing nutritional care for persons living with dementia: findings from an online questionnaire on dietitians' perspectives on educational resources, and professional development needs.

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Abstract / Résumé

Persons living with dementia often encounter various eating and drinking challenges that increase their risk of malnutrition and dehydration. Registered dietitians, as experts in nutritional care, play a crucial role in addressing the underlying causes of this issue. An online questionnaire administered from February to May 2023 explored dietitians' perspectives on providing care to this population within the community. Registered dietitians working in LTC and acute care settings exclusively were excluded from the study. The survey collected data regarding the educational resources utilized in practice, their design, and dietitians' preferences for continuing education in the area of eating challenges and dementia. A total of 47 participants completed the questionnaire however, the total number of responses per question varied. Registered dietitians primarily sourced educational materials on swallowing difficulties and eating changes (n=43) from professional websites (79%), hospitals or healthcare organizations (77%), educational conferences (30%), or created their own (21%). While over half deemed some of these resources as suitable for persons living with dementia (58%), 12% reported not offering educational resources to this client population. Inquiries regarding further professional continuing education on assessment and management of eating challenges (n=43) and swallowing issues (n=44) revealed that 82% and 86% acknowledged a desire to enhance their knowledge and skills, respectively. Preferred methods for professional development (n=43) included webinars (79%), self-directed online materials (reading, video, module; 77%), workshops (72%), and one-on-one training (37%). Insights into dietitians' educational needs will be instrumental in advancing nutritional care for persons living with dementia in the community.

LB33

Technological Innovations Implemented in Ontario Long-Term Care Homes During COVID-19: Perspectives from the Front-lines

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Abstract / Résumé

Background

During the COVID-19 pandemic, technological innovations in long-term care (LTC) homes were pivotal in maintaining resident care quality and reducing social isolation. We aimed to identify the most common technological innovations implemented, the stakeholders involved in the implementation, and the introduction process of these innovations into Ontario LTC homes.

Methods

We conducted 1-hour virtual interviews with 12 LTC stakeholders (5 family members, 5 LTC staff, 1 LTC resident, and 1 LTC expert) to explore the innovations introduced since March 2020. Interviews were audio-recorded, transcribed, and analyzed using content and thematic analysis.

Results

Telecommunication innovations were the most implemented technology during the pandemic, benefiting all stakeholders. Tablets were commonly used for video conferencing between residents and their families, utilizing apps such as FaceTime, WhatsApp, and WeChat. A COVID-19 screening app was another technological innovation introduced in LTC homes. The primary stakeholders involved in implementing these technological innovations were the LTC management team and staff, particularly nurses; influenced by the urgency of resident safety amid the pandemic. Consequently, opinions of families and residents on the implementation process were less prioritized. Introducing these innovations followed a top-down approach, initiated by the Ontario Ministry of Health policies. The LTC management team then consulted staff about implementing innovations that complied with pandemic regulations. Once the innovations were introduced into the LTC homes, the LTC management team encouraged feedback from families, residents, and staff to evaluate the innovations' effectiveness.

Conclusion

Future research should investigate integrating family and resident perspectives into the innovation process during crises and examine strategies for sustaining these innovations long-term. This could enhance stakeholder satisfaction and ensure ongoing improvement in care quality.

LB34

Building capacity for senior-led neighbourhood social programs

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Abstract / Résumé

Drawing on findings from an ongoing participatory action research study highlighting a lack of social activities for older adults in their neighborhoods, we developed an innovative approach to partner with older adults in designing and implementing senior-led social programs, focusing on older adult leadership as a key strategy for sustainability. We aimed to explore the process and impacts of such programs through a qualitative interpretive study. Throughout program planning and implementation, we conducted observations and recorded notes about program process and outcomes.

Participatory action research and community development principles guided our approaches to partnering with older adults and local organizations in a mid-sized Canadian city. Neighborhood outreach led to planning meetings where five older adults were supported in building capacity to develop and lead community-specific social programs. Older adult leaders initiated biweekly coffee gatherings, attracting 8-16 participants each time, and supporting local businesses. These gatherings provided opportunities for discussing community needs, leading to the creation of two additional senior-led programs, including exercise classes and informational sessions.

The initiative fostered social connectedness and creation of informal support networks, where participants shared information, helped each other access community resources, and engaged in additional activities together. Each senior-led program promoted social inclusion and connectedness, becoming more sustainable as new leaders emerged.

The results demonstrate the feasibility and effectiveness of senior-led social programs, highlighting their potential to transform communities by addressing the needs and insights of older adults, enhancing their sense of connection through meaningful participation, ultimately creating a more inclusive and supportive community.

LB35

Promoting social connections through intergenerational art: the co-development and impact of the Sharing Our Voices Program

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Abstract / Résumé

Canada's National Dementia Strategy identifies eliminating stigma and promoting supportive, inclusive communities as necessary steps to support the quality of life of people with dementia (PwD). Intergenerational programs may improve pleasure among PwD, build relationships among participants, and reduce stigma of dementia. The objective here is to describe the co-design process used to develop the Sharing Our Voices (SoV) program, the program itself, and its impact on PwD and youth participants. Sharing Our Voices was co-developed with PwD, youth, an Alzheimer Society staff, and a researcher through weekly or bi-weekly virtual meetings, each focused on one or two key questions. The co-developed Share Our Voices program is a weekly, 1-hour programs that aims to create shared experience through art, with the aim of reducing intergenerational stigma and improving well-being for all participants. A public art show concludes the program. An explanatory mixed-methods evaluation was conducted, with a post-program survey and focus group with PwD and youth participants. Four PwD and five youth completed the program evaluation. All PwD reported increases in social connectedness, quality of life, and well-being, and found the program meaningful. All youth would recommend the program to a friend, and reported feeling more confident about engaging with PwD (average 4/5 on a Likert scale), and felt more positive (4.67/5) and enjoyed their contact (4.67/5) with older adults (4.67/5). These preliminary results suggest that a co-developed intergenerational art program may be an enjoyable and meaningful program to connect youth and PwD and to develop social connections across generations.

LB36

Consent and Meaningful Inclusion of People Living with Dementia: Insights from Canadian Dementia Researchers

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Abstract / Résumé

People living with dementia (PLWD) want to participate in research, but barriers in legislation, institutional research practices and/or procedures may prevent meaningful involvement. **Objectives:** This poster presents the results of a 3-year proof-of-concept project on the legal, ethical, and conceptual research issues around consent, presumed incapacity, and decision-making rights in Canadian research. **Method:** The study used a multi-method approach comprised of (1) a literature review on consent to research participation; (2) legal research on legislative frameworks and laws across Canadian provinces and jurisdictions; and (3) 32 semi-structured qualitative interviews with Canadian dementia researchers. **Results:** This poster focuses on the results of the interview component of the project, presenting high-level thematic findings. Researchers' discussions of their everyday research practices revealed gaps and challenges in negotiating the space between best practices, institutional guidelines, and a shortage of specific inclusion procedures. They spoke of tensions regarding who should be involved in decision-making and consent processes, with institutional parameters and REBs acting as both facilitators and barriers to inclusive research. Dementia researchers suggest that advancing the meaningful inclusion of PLWD will require changes such as flexible and ongoing consent processes, accessibility accommodations, and the development of stronger processes to ensure consistent rights-based practices. **Conclusions:** Findings from the 32 interviews highlight system gaps in knowledge, procedures and guidelines on consent. They reveal how practices based on assumptions of presumed incapacity and/or the 'protection' of vulnerable groups over rights and involvement can create and sustain the exclusion of PLWD from the decisions that affect their lives.

LB37

Long term care quality of life technology: The Interior Health Rendever virtual reality program as a learning health system

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Abstract / Résumé

As part of our commitment to improve quality of life for people living in long term care homes, Interior Health continues to further enhance and establish evidence-based technologies through our Long Term Care (LTC) Rendever Virtual Reality Program. Rendever VR provides fully immersive meaningful experiences for social engagement/connections, reminiscence therapy, pain distraction therapy, communication and build stronger bonds within our communities while maintaining infection prevention and control practices. Rendever Virtual Reality (VR) equipment and engagement programming provides content including 400+ experiences (e.g., world travel, bucket lists, revisiting previous places they lived), activities (e.g., laughter yoga, trivia, music, mindfulness breathing techniques), exercise and mobility, and live programming directed to people living in care homes, their families, friends and staff. Each person living in LTC home with VR can have their own person/family profile with their life stories, messages, family videos and pictures to keep families connected on a daily basis. Since we first began implementation in 2020, we have maintained ongoing community engagement across the Interior Health region in partnership with Rendever and Interior Health to continually develop and improve our VR program. We will present our virtual reality program's implementation phases, activities, outcomes, lessons learned, unexpected consequences and future directions for LTC and Interior Health region overall. We will highlight the impacts of our VR program as a learning health system.

LB38

Unlocking Canada's Potential: Setting Realistic Targets for Effective National Dementia Strategy Implementation

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Abstract / Résumé

Objective: This study aims to identify countries with successful dementia strategies to guide the next five years of Canada's National Dementia Strategy.

Method: We analyzed the Alzheimer's Disease International membership list to identify countries with dementia strategies similar to Canada's federal structure, health resources, and insurance systems. We evaluated these strategies for implementation and effectiveness, focusing on national targets and data coordination

Results: Of the 37 countries, 15 met our criteria. The 2024 Alzheimer Europe Monitoring Report was instrumental, offering data on care services, affordability, access to trials, research participation, policy recognition, dementia-friendly initiatives, and rights. However, few countries had established clear, measurable targets or presented coordinated data to assess progress. For those that did, more progress appears to have been made in implementing sustained, national initiatives for dementia care and treatment. Similarly, the Public Health Agency of Canada's 2024 report on the national dementia strategy highlighted effective demonstration projects but noted a lack of sustainability plans, minimal public knowledge translation, and a fragmented national approach. The strategy was supported by a one-time $50 million funding commitment for five years, which concludes in 2024, with no additional funding announced.

Conclusions: To advance dementia care, Canada must develop a plan that outlines how provinces should utilize existing data and systems to effectively track progress. A forthcoming report will provide a comprehensive action plan and set targets to help Canada fully realize the potential of its National Dementia Strategy.

LB39

What Caregivers Want: Survey Results from Caregivers of ADP Participants.

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Abstract / Résumé

Intro: Since reopening after the Covid-19 Pandemic, Adult Day Programs (ADPs) in Vancouver have reported an increase in caregivers experiencing fatigue and burnout. Informal caregivers caring for older adults in need of support due to physical, cognitive, or mental conditions are a critical component within home and community care.

Objectives: To address the increase in caregivers experiencing fatigue and burnout a survey was created to identify caregivers' needs and to inform system transformation.

Methods: Five hundred and ninety-five caregivers were sent a survey to complete. The 25-item survey was created using qualitative and quantitative questions.

Results: One hundred and ninety caregivers completed the survey. This is a 31% return rate. Results revealed common themes that included caregiver priorities, current utilization of resources, interest in targeted caregiver-specific programs and interventions, and recommendations to enhance the current system supports.

Conclusion: There appear to be gaps in services that can adapt to the tailored needs of caregivers versus the resources available. Caregivers of ADP participants identified opportunities for future support that may apply to other health authorities, including virtual platforms, respite options, and in-home support.

Keywords: Informal Caregiver, Community–Based Health Services, Adult Day Program.

LB40

Cultivating Interdisciplinary Research Teams at the Aging Research Centre-Newfoundland and Labrador

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Abstract / Résumé

Objectives: The Aging Research Centre-Newfoundland and Labrador (ARC-NL) is a cross-campus research centre of Memorial University of Newfoundland and Labrador (MUNL). ARC-NL has recently focused on building interdisciplinary community engaged research teams to address key aging research questions and to increase understanding of the healthy aging landscape in the province.

Method: A virtual community priority-setting event was hosted in September 2024 and open to older adults across NL. The itinerary consisted of information on ARC-NL followed by breakout rooms where participants could share their research priorities and needs in the province with respect to the three research pillars of ARC-NL (Biology of Aging, Lived Experience of Aging, and Aging in Place). Discussions were summarized by facilitators, and information was gathered on how older adults want to become involved in research.

Results: Priorities and feedback from community members will be incorporated into rapid evidence reports to be shared with decision-makers in the province and will inform an in-person research planning event in November 2024. Summaries of all planning events will be shared with our wider networks to engage more people as research opportunities emerge.

Conclusion: The research planning events will foster collaborations between researchers and older adults. It is anticipated that the research ideas generated herein will lead to grant applications, both within and across the ARC-NL research pillars. Finally, we hope this planning event will help ARC-NL to continue to build momentum for aging research at MUNL.

Acknowledgements: CIHR Planning and Dissemination Grant, CSSD, NLCAHR, Grenfell Campus

LB41

'Is this a good place to live?': Using machine learning to identify key predictors of families' overall ratings of continuing care quality

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Abstract / Résumé

This project aimed to identify the key predictors of families' overall ratings of care quality to support organizational efforts to enhance families' experiences and recognize them as vital partners in residents' care. To identify key predictors, we used machine learning to analyze 144 complete responses to a 2024 survey of families across 11 continuing care sites. Overall care rating was measured using a single survey item (i.e., 'Is this a good place to live?'); 23 other survey items that covered various aspects of families' experiences with care were included as features in a random forest model built using *ranger* in R. The model had acceptable performance on both training (70%) and holdout (30%) datasets. Key predictors were identified using the feature importance scores for variables in the final model using both datasets. Four items had high importance across both datasets, including: (1) 'Do you feel your family member is safe here?', (2) 'Do the people who work here seem to know what you family member likes and does not like?', (3) 'Do the people who work here seem to know what is important to your family member in their culture and community?', and (4) 'Do the people who work here seem happy to work at this place?'. Overall, the findings highlight the importance of residents' physical safety and experiences with staff as most strongly correlated with families' overall perception of care. The project also demonstrates the potential for machine learning to provide actionable insights within the continuing care context.

LB42

BC Wildfires: Interior Health region long term care emergency evacuations implementation approaches, outcomes, lessons learned, and quality improvement considerations

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Abstract / Résumé

Long Term Care (LTC) evacuations due to natural disasters are increasingly common in the interior region of British Columbia, Canada. We will present LTC emergency evacuation implementation approaches, outcomes, lessons learned, and quality improvement considerations from the 2023 wildfire season in BC's Interior Health region. This wildfire season led to the evacuation of a total of 958 residents from across eight LTC homes. We will summarize criteria for LTC evacuation decision making and sheltering in place. Furthermore, we will describe outcomes from the evacuations using quantitative (e.g., deaths, emergency department (ED) transfers and hospital admissions) and qualitative (e.g., post-evacuation interviews) methods. A brief scoping review of the literature regarding LTC natural disaster evacuation outcomes will also be presented. We will provide our overall assessment of the implementation of the 2023 wildfire evacuation and share recommendations for future evacuations and next steps to evaluate our 2024 BC wildfire season using the lessons learned from 2023. The goal of this work is to document resident impacts and gather lessons learnt to contribute to the scarce literature on this topic and aid future quality improvement opportunities regarding preparedness, response and recovery from wildfire events requiring LTC evacuations in the Interior Health region.

LB43

Identifying the support needs of the informal caregivers of long-term care residents: The potential benefits of a mobile application

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Abstract / Résumé

Background and Objectives: Informal caregivers of older adults who reside in long-term care facilities play a crucial role in ensuring the needs of the resident are being met. Such institutional informal caregivers (IICs), however, are at a greater risk of experiencing subjective burden and loneliness. They also tend to report lower levels of perceived social support than their non-caregiver counterparts. This study investigated the support needs of informal caregivers in addition to the potential benefits of a mobile app intended to provide them with support to improve their experiences of subjective burden, loneliness, and perceived social support.

Research Design and Methods: Participants (N = 124) completed an online survey which consisted of measures of burden, loneliness, perceived social support, and technology readiness and acceptance. Data were analyzed using multiple linear regressions, one-way ANOVAs, independent samples t-tests, and directed content analysis.

Results: IICs experience their caregiving role as all-consuming and report moderate to high levels of loneliness and burden. Several demographic factors such as age, gender, and substitute-decision maker status were found to influence their experiences.

Discussion and Implications: This study demonstrates the need for future research into the coping mechanisms and influence of role strain on psychosocial outcomes such as caregiver burden and loneliness in order to inform the psychosocial interventions for IICs.

LB44

Qualitative Analysis of a Virtual Mindfulness-based Stress Reduction Program in Older Adult Immigrants

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Abstract / Résumé

Background: Chronic stress is robustly associated with poor health outcomes and accelerated aging. Consequently, a growing body of research has addressed the importance of mindfulness-based interventions (MBIs) to facilitate healthy aging. However, a majority of these studies have focused on the white and affluent, with a paucity of research examining more diverse subsamples. Approximately 30% of the older adult population in Canada are represented by Canadian immigrants. The objective of this study was to evaluate the benefits of a 9-week MBI among older Canadian Immigrants. **Methods**: Older adult Canadian Immigrants were recruited and randomized to MBI or a waitlist control. Participants in the MBI group completed a semi-structured interview to share their experiences, benefits, and challenges with the 9-week program. Interviews were transcribed and analyzed using thematic analysis. **Results**: Four overarching themes were generated including, *Perceived Benefits*, *Challenges*, *Moving Beyond the Program*, and *Program Feedback*. *Perceived Benefits* included several subthemes that align with the teachings of mindfulness, including focused attention and awareness, emotional insight and equanimity, and common humanity. Differences in opinions emerged regarding the required length of each session and the program. However, the group setting was perceived as being very important, fostering a sense of social connection. Although fluency in English was an inclusion criteria, language barriers were a notable challenge for some participants. **Conclusion**: Findings suggest that mindfulness programming is well received by older adult Canadian immigrants who experience stress in their daily lives. Cultural adaptations, including language may be considered for enhancing potential benefits.

LB45

mHealth and eHealth Perceptions, Attitudes, Experiences, and Acceptance among Rural Older Adults: A Scoping Review

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Abstract / Résumé

The sophistication and variety of products and services available in the context of electronic (ehealth) and mobile (mhealth) healthcare is rapidly expanding, with great potential to enhance the well-being of care recipients. For older adults in particular such developments hold great promise for supporting aging in place and successful aging. Moreover, for older adults in remote and rural communities such technologies have the potential to address urban/rural inequities in quality of care. At the same time, older adults generally, and in particular those residing in rural communities, face unique barriers in accessing and utilizing such products and services. The purpose of this scoping review was to systematically evaluate the current state of mhealth/ehealth research and practice with particular focus on the unique perceptions, attitudes and experiences of rural older adults, exploring new developments, summarizing evidence pertaining to efficacy of ehealth/mhealth interventions/initiatives, identifying successes and on-going challenges, and noting gaps in current research/potential areas for future exploration. It is hoped that this review will inform future research projects and contribute to improved health outcomes and enhanced quality of life for rural older adults.

LB46

A Comprehensive Review of Well-being Interventions in Support of the Move Your Mood (MYM) Pilot Program for Older Adults

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Abstract / Résumé

Successful, or optimal, aging is typically defined multi-dimensionally, with recognition that "aging well" encapsulates components of physical, cognitive and social well-being (e.g., Rowe and Kahn (1997)). Considerable evidence attests to positive quality of life outcomes associated with exercise, nutrition, self-growth, cognitive engagement and social engagement interventions, although primarily these initiatives have focused on individual components, like physical activity, in isolation rather than taking the holistic approach implied by multi-componential definitions of successful aging. An exception is the Move Your Mood (MYM) program developed by Alberta Health Services to enhance participants' physical and mental well-being (Alberta Health Services, 2024). MYM encompasses four pillars of health, focusing on the importance of physical activity, nutrition, practicing mindfulness, and expanding one's mind by building coping strategies. Initially developed for children and youth, a MYM pilot program directed at the well-being of older adults is currently being undertaken. The purpose of this scoping review was to systematically explore the current state of intervention research pertaining to each of the MYM pillars in the context of older adults, summarizing supporting evidence (or the lack thereof), noting methodological limitations, and identifying gaps in current research/potential areas for future exploration. It is hoped that this review will provide evidentiary support for the MYM for Older Adults pilot, guide future iterations of the program, and inform a possible future research project evaluating its efficacy.

LB47

Connected on the dance floor: Intergenerational silent disco parties for older adults living in long-term care

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Abstract / Résumé

Background & Objective: In long-term care (LTC) settings, older adults often face challenges related to loneliness and social isolation. Silent disco headphone parties offer a unique approach to fostering social engagement and enjoyment among residents in LTC. This study explored the experiences of 22 older adults in silent disco parties alongside an intergenerational group of volunteers.

Methods: This study utilized wireless, multichannel headphones to deliver music and bring residents together on the dance floor. Unlike traditional group activities, these parties enabled residents to choose their preferred music channel, creating a personalized yet communal experience for enjoyment and socialization. Over six weeks, data were collected through video ethnography, including observations, video recordings, conversational interviews, and focus groups with 40 staff members.

Results: Thematic analysis identified themes reflecting the experiences of both residents and staff such as intergenerational togetherness, social capacity, and inclusivity. Results indicated that the presence of intergenerational volunteers on the dance floor uniquely enhanced social connectedness among residents.

Conclusions: The findings suggest that intergenerational silent disco parties hold promising potential to address loneliness and social isolation in LTC settings. Future research should examine the impact of these parties on residents' social well-being and quality of life.

LB48

Connecting older adults to community resources: Developing training e-modules to educate healthcare workers and community/staff on identifying socially isolated and lonely older adults and referring to services

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Abstract / Résumé

Part of a larger strategy to reduce social isolation and loneliness among older adults includes training individuals who come in regular contact with older people in how to identify potentially at-risk individuals and refer them to appropriate resources. The purpose of this poster is to describe the process we took in developing and launching two on-line training e-modules aimed to educate health professionals and community volunteers/staff working in Manitoba. The specific aims of the e-modules were to describe: 1) health impacts of social isolation and loneliness; 2) risk factors and signs of social isolation and loneliness; 3) role of health professionals and community volunteers to recognize signs and refer to resources; and 4) information on how and when to refer people to community resources in Manitoba. The two e-modules were developed as part of a larger 5-year Aging Well Together Collective Impact project funded through the Federal Government of Canada's New Horizons for Seniors Program. The poster will focus on how the modules were developed and piloted, promotion strategies, uptake, extensions to social prescribing initiatives, as well as lessons learned.

LB49

Getting Prepared to Care: Understanding the Experiences of Caregivers in Nova Scotia

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Abstract / Résumé

Nova Scotia's percentage of caregivers, older adults, and persons living with disabilities is higher than the national average in Canada. Nova Scotia has a responsibility to make sure the needs of all people, but especially caregivers and care recipients, are met. This research explored the challenges of caregivers in Nova Scotia and their barriers to accessing respite care and government support. This research also analyzed how unpaid care work is valued in the care economy and why this labour has been largely overshadowed and underappreciated due to neoliberalism and capitalism. This research used a mixed-methods approach including seven semi-structured interviews with caregivers across the province, which are supplemented with secondary data analysis of the 2018 General Social Survey – Caregiving and Care Receiving. The findings highlight the need for better access to home care services, wider eligibility criteria to apply for support services, and more government funds to help caregivers and mediate caregiver burden. Income restrictions and caregiving relationships were some of the barriers preventing caregivers from accessing the support they need. Additionally, caregivers expressed their concerns with the lack of support available in rural communities despite having access to financial support, such as the Nova Scotia Caregiver Benefit. Furthermore, one participant explained the judgment imposed on caregivers if they do not express any positive aspects of caregiving. Overall, addressing these concerns is a necessary step to avoid a crisis of care and to ensure a better quality of life for caregivers and their care recipients in Nova Scotia and beyond.

LB50

Qualitative Bereavement Experiences and Support in Community-Dwelling Older Adults: A Scoping Review

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Abstract / Résumé

This scoping review examines qualitative studies focused on the bereavement experiences and support mechanisms for community-dwelling older adults. This area of research is especially timely given rapid population aging and the interplay of heightened vulnerability, cumulative losses, shrinking support systems, and the critical need for bereavement support. Such support not only acts as a preventative health measure, but it can also serve as a catalyst for fostering meaning-making and navigating grief in later life. Through a systematic search and synthesis of relevant qualitative studies (n=24), the findings reveal four key themes: the impact of grief on wellbeing, grief perceived as an individual issue, challenges in seeking and receiving support, and positive support experiences and transformations. Knowledge gaps, trends and issues, and areas for further investigation are also highlighted. This discussion contributes to the development of targeted bereavement support strategies for community-dwelling older adults.

LB51

When, How and Challenges in Identifying Homebound Older Adults - A Scoping Review

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Abstract / Résumé

Objective

To synthesize the available evidence on when, how and challenges used in identification of homebound older adults (60 years and above) globally.

Method

This review followed the *Askey and O'Malley* framework. We systematically searched PubMed, EMBASE, PsychINFO, Web of Science, AgeLine, CINAHL, SOCIndex, Sociological Abstract, Social Service Abstract. Four reviewers independently conducted title, abstract, full-text screening, and data extraction in COVIDENCE. Data was analyzed in a tabular organization detailing characteristics such as sampling methods, assessment methods and method of identification used.

Result

A total of 20 articles (7 quantitative, 6 qualitative, 2 mixed method and one opinion paper) were included. More than half of the included articles (n=13) were conducted in the USA, with the remaining from Australia, United Kingdom, Canada, Japan, South Korea and Israel. The definition of homebound has primarily centered around two concepts: *being confined indoors for extended periods* and *infrequently going outside the home*. We identified 4 main ways (how) of identification homebound older adults, and they include identification (a) based on health conditions; (b) through outpatients' clinics; (c) through reports from family members and friends and neighbors; (d) through community agencies like Mom's meals. Challenges in identifying homebound older adults included issues such as recall bias among participants who received care from the same healthcare provider and an over reliance on meal delivery drivers in the recruitment process.

Conclusion

This variation in definitions presents a barrier in accurately identifying individuals who are homebound, impacting the provision of necessary services and support. Therefore, establishing a consensus definition of homebound status is essential for ensuring consistency in identifying and addressing the needs of this population.

LB52

Social resilience among racialized older immigrants in Edmonton: findings from a stakeholder engagement project

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Abstract / Résumé

The Canadian population is increasingly aging and diversifying, and the proportion of racialized older immigrants among older Canadians is projected to be about 25 percent by early 2023s. However, racialized older immigrants experience multiple socioeconomic, cultural, and health disadvantages, particularly the high levels of social isolation and loneliness. Social resilience, understood as the maintenance of positive social relationships and interactions, is essential to reduce social isolation and loneliness. However, the body of literature on social resilience among racialized older immigrants is still growing. Therefore, the current study intends to explore the social resilience among older immigrants in Edmonton, AB.

This project applies a stakeholder engagement method to invite community-based racialized older immigrants, service providers, and scholars in relevant areas to be research participants and knowledge creators. We conduct five focus groups with members from South Asian, Chinese, Black, Filipino, and Middle Eastern communities, which are the major ethnocultural communities in Edmonton.

The preliminary findings include multiple themes: 1) Social resilience is related to multiple aspects of older immigrants' life in Edmonton and their home countries; 2) More services and associated funding are needed to support older immigrants in information access, services delivery, and language learning; 3) Older immigrants' social resilience is interconnected with family, neighborhood and policy levels; and 4) The understanding of social resilience of older immigrants depends on their cultural backgrounds, etc.

The project findings provide insights on the future work to promote social resilience for older immigrants.

LB53

Non-forced care as a harm reduction approach to violence in dementia care

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Abstract / Résumé

Observational and interview data are analyzed to examine the implementation of innovative non-forced care (NFC) policies in Canada. Such policies respond to issues of violence and prohibit forcing care upon long-term care residents without consent. We examine alignments between NFC and person-centred care and suggest that NFC, in practice, is more akin to a harm reduction approach to violence prevention. We describe structural factors contributing to a paradigmatic shift that reshaped care provision. NFC policies do not necessarily imply a complete absence of force, and acknowledging how workers navigate ethical dilemmas can encourage higher standards of care.

LB54

Older adults as influencers of change: A qualitative study

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Abstract / Résumé

Objective: What is the experience of older adults as active influencers, informal leaders and people that lead others in directions of positive change?

Method: Interviews with ten older adults age 65 and older were recruited through community invitations. Interviews were transcribed and analyzed for key themes.…

Results: Without doubt, we learned that our older adults are agents of change after digging deeper to understand more about that role and their experience as change agents. ***Responsibility and social change*** told us why they were change agents: they felt a responsibility to others; "its my philosophy" said one man and others said they wanted to bring about social change, such as making the world a better place. They agreed that the term "changemaker", used in the study, had other perspectives: motivator, organizer, influencer, planner, activist, empowerer. ***Guilt and struggle*** meant that they were sometimes burdened by the amount of work they were doing. They questioned if they were really making a difference in the world. Finally, most of our older agents of change were clear, ***they needed support*** to talk about the struggles of this work, to access friends, to access family to ground themselves and to talk to friends to stay positive.

Conclusions: Individuals described by others as "changemakers" had diverse perspectives on this role and viewed it as a form of service that was associated with tremendous responsibility.

LB55

The Role of Senior Centres in Reducing Social Isolation and Loneliness: A Case Study of Port Hardy

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Abstract / Résumé

Social isolation and loneliness (SI/L) are growing concerns for rural dwelling older adults, particularly with Canada's rapidly aging population. While research on SI/L is expanding, few studies explore how rural senior centres help address these challenges, especially during and after the COVID-19 pandemic. This qualitative case study examines the role of the Hardy Bay Senior Citizens Society (HBSCS) in mitigating SI/L, drawing on 24 semi-structured interviews conducted in May 2024 with its members.

Thematic analysis revealed three key functions of the centre in this rural context: *A Hub for Socialization*, *A Source of Support*, and *A Facilitator of Meaningful Engagement*. Participants emphasized its importance in helping newcomers integrate into the community, providing emotional well-being through informal support networks, and offering practical assistance such as transportation and meal programs. The centre also fosters volunteer opportunities, empowering members to actively contribute to their community. Additionally, participants in the study highlighted the centre's adaptability during the COVID-19 pandemic, ensuring older adults in the community were well supported, further underscoring its crucial role in responding to the community's evolving needs.

This study underscores the critical importance rural senior centres play in supporting social and practical needs of older adults, offering valuable insights for future policies to prevent SI/L in geographically isolated seniors.

LB56

Therapeutic Recreation in Long-Term Care: A look at post-pandemic practice

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Abstract / Résumé

The COVID-19 pandemic had a significant impact on therapeutic recreation (TR) services in long-term care (LTC) homes. Group programs, community outings, and family and volunteer visits were curtailed. TR staff focused on individualized programming and coordinating virtual visits. These changes to TR practice had implications for residents' well-being and the professional quality of life of TR professionals. We set out to understand how, if at all, the changes experienced in TR during the pandemic influenced TR practice as the COVID-19 became endemic. In this presentation, we will share preliminary findings of our study exploring TR professionals' experiences in LTC.

Guided by qualitative description, we invited TR professionals working in LTC across Canada to complete an online survey exploring their experiences in providing TR services post-pandemic; and their perspectives of their professional quality of life. Fifty-five TR professionals responded to the survey. Preliminary analysis was conducted using Braun and Clarke's (2021) reflexive thematic analysis.

Participants reported that some aspects of TR programming had returned to pre-COVID-19 practices, but others had not. COVID-19 policies affected programming by creating challenges in volunteer recruitment, causing last-minute changes or cancellations, and complicating navigation of ongoing regulations. However, respondents also reported that residents were eager to participate in group activities. Furthermore, TR professionals implemented new, creative programs, and increased use of technology within programming. While many participants continued to find joy in their roles, others reported increased workload along with feelings of burnout and compassion fatigue.

LB57

From Participants to Partners: A Model for Co-Research with Older Adults

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Abstract / Résumé

Although there is an increasing trend towards involving older people in research partnerships, past efforts have often been criticized as tokenistic, lacking in truly participatory involvement. The Collective of Older Adult Researchers (COAR) project addresses this issue by empowering older adults to take an active role in research, providing practical research training through intergenerational, peer-to-peer learning. This community-based participatory research initiative purposively brought together members of the 411 Seniors Centre and graduate students from Simon Fraser University as paired co-researchers to collaboratively explore the facilitators and barriers to mobility within 411's surrounding neighbourhood. The COAR project was implemented through three 2.5-hour interactive workshops, blending presentations and practical activities to deliver foundational research skills. Participants applied their learning to a community-based project and engaged in collaborative dialogue to understand mobility challenges faced by 411's members. Key findings and recommendations are thematized into four areas: Engaging Community Partners in Workshop Design, Fostering Intergenerational Collaboration, Prioritizing Informal Collaborative Dialogue, and Building Pathways for Sustainable Change. Workshops equipped 411's members with a deeper understanding of research principles and practices, contributing to the organization's vision of becoming a community research hub. While the project successfully built organizational capacity, further research is required to explore sustainable strategies for supporting and maintaining such co-researcher initiatives in the long term.

LB58

Understanding older adults’ relationships with their social networks

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Abstract / Résumé

Introduction: Older adults tend to have fewer people in their social networks due to life cycle changes such as retirement, which can lead to a higher prevalence of loneliness among them. Little is known about the type of supportive relationships between older adults and their social networks. This study explored the types of supportive relationship of older adults living in Naturally Occurring Retirement Communities (NORCs) with their personal contacts (PCs) within their social networks, as well as their level of satisfaction with these supportive relationships.

Method: We conducted social network analysis as part of a larger quasi-experimental mixed methods study. Participants included older adults from two Ontario cities living in NORCs. Individuals described their relationships with PCs by completing a questionnaire.

Results: A total of 84 participants identified 715 PCs within their social networks. Participants reported a reciprocal relationship with most of their PCs (76.4%), meaning they offered each other support. Participants also identified unidirectional relationships with some of their PCs: 10.5% of PCs provided them with support, while they offered support to 6.9% of their PCs. Participants reported being very satisfied with this relationship with 61% of their PCs and unsatisfied with their relationship with a small number of PCs (1.3%).

Conclusion: It is evident that older adults in NORCs maintain supportive social networks. These insights highlight the importance of fostering supportive relationships to enhance the well-being of older adults in NORCs. Future studies could explore whether the supportive relationships between older adults and their PCs change over time.

LB59

Examining Case Characteristics in an Effort to Understand Why so Few Cases of Elder Abuse are Prosecuted

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Abstract / Résumé

Prevalence studies show 1/10 Canadian older adults are abused each year but emphasize this is an underestimate due to underreporting. Examining prosecuted cases could explain why only some instances of abuse are reported and even fewer are prosecuted. Criminal decisions found on the Canadian Legal Information Institute (CanLII) database were examined. Searches were done with strings including: "geriatric", "older adult", "senior citizen", sexagenarian, septuagenarian, octogenarian, nonagenarian, or elder* AND abuse, for the timeframe January 1st, 2011 to July 30th, 2023. Identified cases were coded for the type(s) of abuse, victim characteristics (i.e., age, gender, health status, living situation, impact of abuse, social connectedness), perpetrator characteristics (i.e., age, gender, health status, upbringing, prior convictions), the context (i.e., relationship between perpetrator and victim and how it was discovered), and the case handling (i.e., charges pressed, verdict, and punishment). Few cases were prosecuted, and, in the majority, judges did not label the cases as elder abuse. Breakdowns of abuse types were different than is seen in prevalence studies. Victims were largely isolated, and reports mostly came from outside individuals (e.g., bankers reporting financial abuse) rather than the victims themselves, their family members, or their friends. Typically, only the most severe cases in the community were prosecuted, whereas cases in care facilities ranged in severity. Education efforts should emphasize the importance of reporting, regardless of severity of abuse. Future research should examine whether older adults are choosing not to report or if abuse that is reported by victims is not being prosecuted.

LB60

Myth: “Accessible design is too expensive; so, we are not including it in our project”. BUSTED!

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Abstract / Résumé

Functional accessibility contributes to safe living environments for older adults and safe working environments for front-line staff. Capital projects might reach code requirements; however, higher levels of accessibility are generally dismissed with the claim that construction costs increase significantly. Two studies were conducted to investigate the cost implication of going beyond code requirements and achieving Rick Hansen Foundation Accessibility Certified Gold, an industry standard for a high level of meaningful access through Universal Design. A team of accessibility professionals and practicing architects reviewed over 300 case studies and documented construction costs of multiple projects of different typologies including multiple unit housing. Costs for different individual features were tracked and compared across different degrees

These studies indicate that a moderate level of accessibility can be achieved in new buildings at no additional cost. A gold level can be achieved in new builds with an increase in construction costs as little as 1%. Retrofits of 65-70% of the projects required less than $50K in budget. Most changes are achievable through no additional building costs, such colour selection or furniture placement. These studies show how *thoughtful design* contributes significantly to greater accessibility and overcomes designers’ interest in design simplicity or cost savings.

LB61

L'outil EMILIA: l'utilisation des personnes aînées en contexte de vie réelle

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Abstract / Résumé

Contexte : EMiliA : explorer son milieu de vie aîné aujourd'hui et pour l'avenir un outil d'accompagnement en ligne développé par et pour les personnes aînées afin d'amorcer de façon autonome des réflexions et des démarches actives concernant leur milieu de vie, en favorisant le dialogue avec leurs proches. Objectif : Expérimenter EMiliA en contexte de vie réelle pour en évaluer l'utilisabilité, l'utilité et la pertinence. Méthodologie : les personnes aînées ont rempli deux questionnaires, pré et post exploration EMiliA et ont participé à une entrevue trois mois après la période des tests. Résultats : 104 personnes aînées ont rempli le questionnaire en pré exploration et 64 en post. Ces personnes avaient en moyenne 74 ans, 70 % étaient des femmes et 85% vivaient en milieu urbain. 85% des personnes ont qualifié EMiliA facile d'utilisation. Les thèmes les plus consultés sont les rêves et aspirations pour son milieu de vie, la situation financière, les crédits d'impôt et l'autonomie. Un total de 19 personnes a participé à une entrevue semi-dirigée. L'impact d'EMiliA se manifeste de différentes façons. Pour certaines, il permet une forme de validation de leur réflexion et décision. Pour d'autres, il alimente la réflexion sur le vieillissement et leur capacité à demeurer dans leur milieu de vie. Enfin, l'acquisition de connaissances et les suggestions de pistes de discussion avec les proches sont des retombées positives de l'outil. Discussion : le milieu de vie est au cœur des préoccupations, surtout en contexte postpandémique, de rareté de logement et d'inflation.

LB62

Elderly Caregiving in the Current State of Social, Economic and Environment Influences: A Constructive Grounded Theory Study

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Abstract / Résumé

Statement of Objectives:

Research across the globe acknowledges the growing need for quality care for the increasing older adult population. This trend poses challenges, especially where caregiving is considered a private responsibility. This project examines elderly care in the context of post-pandemic social, economic, and environmental difficulties. The study explores the perspectives of both service users and providers, aiming to address the care deficit in these communities.

Methods:

The study took place in two rural communities in Ghana from November through to December 2023 and adopted a constructivist grounded theory design. This approach allowed for an engagement with the elderly, their caregivers, community leaders, and organizational representatives to explore the current context and the implications of care transitions and social care systems in this society.

Results:

The qualitative analyses revealed a significant departure from traditional caregiving norms, alongside inadequate government programs, a lack of formal care services, and the heavy physical and mental burden placed on caregivers. Environmental barriers further limit accessibility to some care services. Interviewees and focus group participants highlighted the need for substantial reforms in government programs, financial or in-kind support for the elderly, and integrating religious or spiritual care into formal care services.

Conclusions:

Addressing the elderly care crisis is crucial for fostering healthy aging and creating age-friendly environments for the growing elderly population. The findings contribute theoretically to caregiving transformations relevant for policymakers and service providers aiming to mitigate the elderly care deficit and enhance the potential for successful aging in place.

LB63

Digital Technology for Health Service Management and Well-Being in Later Life in Canada: A Critical Analysis

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Abstract / Résumé

Healthy aging plays an important role in the economic growth of a country. Unfortunately, many older adults face health situations that create financial pressure in healthcare. COVID-19 has had a severe impact on health systems and resulted in deteriorated health conditions in older adults. However, amidst these challenges, digital health such as telehealth, mHealth (mobile apps, phone calls, text messages), and eHealth emerged as a collaborative effort to address increased hospital workload barriers. This paper aims to critically analyze the current scenario of digital health for later life in Canada and the initiatives taken to promote digital health by different sectors. Following anti-oppressive theory, we provide recommendations to address the stigma of digital ageism at individual and community levels. Several technology-based healthcare integrations have been initiated by Canada's Government and private sectors, such as digital health records, telemedicine, and remote monitoring. The Government has commenced program plans to expand digital health literacy and integrate digital solutions for older adults. Innovative research also plays an essential role in policy decision-making and generating evidence for feasible solutions to tackle health issues. Despite the different programs, older adults face difficulties accessing digital technologies due to financial problems and lack of knowledge. Community-based awareness, promoting digital health literacy, and intergenerational collaboration may contribute to eliminating digital ageism. The findings highlight an important issue of digital ageism, current policy, and possible recommendations to overcome this concern. Hopefully, through digital health promotion, it will be possible to design accessible health service management for older adults.

LB64

Content infusion as a pedagogical strategy to promote gerontological social work education

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Abstract / Résumé

The growing aging population in Canada has been contributing to an increased urgent demand for gerontological/geriatric care. A lack of gerontological content within helping profession programs (e.g., social work) has been identified as one main reason for the low gerontological competency and interest in working with older adults among university students. Therefore, this project intends to increase gerontological knowledge and enhance positive attitudes toward working with older adults for social work students through a curriculum infusion strategy.

The project is conducted based on the Bachelor of Social Work program Critical Thinking and Research course in Winter 2024 in a University in Alberta. The infused gerontological content include 1) A research proposals on aging-related topics, 2) a pre-survey and post-survey related to knowledge about aging and attitudes to senior care, and 3) an online forum discussion regarding experiences of developing research proposals on aging-related issues.

20 students provided consent to participate in this project. A mixed method was applied to analyze the survey data and online forum. We find that most students increased their knowledge about aging and aging-related issues based on the survey data. The online discussion revealed that students enjoyed the proposal development focusing on aging-related issues, the process increased their attention to aging and aging-related topics, and senior care could be an option in their future career.

The content infusion strategy is effective in enhancing students' learning in gerontology content, and further leading students to consider gerontological social work as a future career.

LB65

iGESS - An intergenerational co-creation strategy for older adults and youths

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Abstract / Résumé

Intergenerational engagement is essential for fostering social cohesion and mutual understanding among different age groups. The Inter-Generational Engagement in Secondary Schools (i-GESS) model, grounded in social contact and social exchange theories, promotes collaboration between older adults and youth in university and high school environments. Through interactive training and co-creation sessions, older adults and university students develop learning activities for secondary school students, enhancing positive intergenerational interactions and improving attitudes, knowledge, and skills across generations.

A quasi-experimental pre-and-post survey methodology was employed, assessing a diverse sample of 129 older adults (aged 60+), 110 university students (ages 18-22), and 470 high school students (ages 13-16). Results indicated improved attitudes toward various age groups, measured using Kogan's 34-item scale, with positive changes also noted among high school students. Qualitative findings from 30 older adults, 54 secondary students, 64 high school students, and 17 secondary school teachers revealed that many older adults challenged stereotypes about youth, becoming more sociable, confident, and eager to engage with younger generations. In turn, university students expressed a greater willingness to learn from older adults, gaining insights into the generational gap and a desire to promote intergenerational integration in their future careers.

The i-GESS model offers an innovative co-creation approach to bridging generational divides, fostering meaningful connections among individuals from different age cohorts, and cultivating intergenerational respect and understanding—essential elements for creating an age-friendly, inclusive, and harmonious society.

O30

Recognizing and Supporting Family Caregivers: An Alberta Caregiver Strategy

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Abstract / Résumé

The Alberta Ministry of Health Business Plan 2023-26 and Improving Quality of Life for Residents in Facility-Based Continuing Care Report recommend that Alberta delivers a greater portion of continuing care services in community homes rather than in hospitals and congregate care. Family caregivers [FCGs] are critical to accomplishing more care in the community. Currently, FCGs provide over 90% of the care to community-dwelling Albertans, however their ability and effectiveness to provide and sustain care depend on changes in the extent to which we formally recognize FCGs as key contributors to the well-being of the Albertans they care for, integrate them into formal health and social care systems, and provide support that recognizes their risk factors. Family caregivers are diverse. No one person, community, healthcare provider, or organization can meet their diverse support needs over ever longer care trajectories. Caregiving and integrated care scholars recommend collective impact and integrated care approaches. Our objective is to describe our work in Alberta to co-design an Alberta Provincial Caregiver Strategy. We are working with multi-level interdisciplinary stakeholders to co-produce a high-level, robust strategic framework to organize individual, organizational, and collaborative efforts to align multiple initiatives across sectors, levels of influence, and multiple organizations. Through stakeholder agreement on goals and strategies to achieve change, the Alberta Caregiver Strategy will guide needed changes to health and social care systems to improve the health and well-being of both family caregivers and the Albertans they care for.

S15

Simple Wishes: Understanding the Basic Needs and Asks of Women (age 50+) to support Aging in Place with Dignity after Homelessness

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Abstract / Résumé

Background. Women, age 50+ are one of the fastest growing populations to experience housing insecurity in later life due to an accumulation of disadvantages across life caused by physical and mental illness, partner violence, childcare responsibilities, and reduced income and job security. Despite needing help, women tend to exhaust informal support networks first before engaging with the formal homeless serving system due to concerns about safety. Since less is known about women's experiences and pathways into and through housing insecurity, the existing patchwork system is not tailored to their diverse needs, especially for safety and security.

Methods. We employ an intersectional life course perspective and integrate stories of women with insights from service providers to create a picture of women's needs regarding a sense of belonging, healing, and dignity. Qualitative data gathered through Zoom interviews with 20 women in the first year of the COVID-19 pandemic paint a picture of their hopes, which are nested in basic human dignity and rights.

Findings. For women, safety and security are paramount. Their simple wishes for dignity further include: a door that locks, a hotplate, and a bathtub. But these stand in contrast to the myriad ways that their dignity is undermined daily as they struggle to navigate a complex environment.

Conclusion. New pathways to better support the health, healing, and humanity of these women require seeing and hearing their stories and spurring actions that promote a much-needed recalibration of the system towards more person-centered, trauma-informed, and culturally safe models of care.

S16

"Culture is healing me" – guidance from Indigenous older adults with experiences of homelessness and service providers on supportive housing needs

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Abstract / Résumé

Disproportionate and growing numbers of Indigenous (First Nations, Métis, and Inuit) older people are experiencing homelessness in Calgary due to intersecting structural drivers, mental and physical ill-health, and substance use. This community-based participatory study's aim was to identify housing and care needs with Indigenous older people in Calgary.

Interviews were conducted with Indigenous older people with experiences of homelessness (n=5) and their service providers systems knowledge (n=12). Thematic analysis was authenticated with local Elders and Knowledge Keepers.

Three themes identified needed: **1. Opportunities to (re-)connect with Indigenous culture and traditional ways of being; 2. Indigenous-specific, low-barrier, supportive housing, informed by Indigenous harm reduction approaches; and 3. Culturally safe, trauma-informed, and healing-centred services.**

This research provides insight into the housing and support needs for Indigenous older people with experiences of homelessness and substance use. This study affirms the need for Indigenous-led accessible housing, responsive to individual's unique housing, social, cultural, and healthcare needs which can best be achieved through: 1. Ensuring access to culturally safe, affordable, and accessible housing; 2. Service providers facilitating access to Elders and Knowledge Keepers; 3. Enhancing Indigenous-led collaboration across sectors (healthcare, social services), not-for-profit agencies, and all levels of government; 4. Creation of sustainable funding streams for organizations working with Indigenous older people experiencing homelessness, to retain critical service and health providers; and 5. Respecting personal autonomy, including actively involving Indigenous older people in decisions relating to the direction of their own care and housing, as well as influencing system change.

S17

See me: Mask-making to explore identity with older people with histories of housing precarity

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Abstract / Résumé

Social isolation reduces physical and mental health, especially for older people with experiences of homelessness (OPEH). Physical disability and mental ill-health (including addiction) impact social connections and participation in community. While OPEH are a growing population, they are under-represented in aging policy and their needs align poorly with available models of care. To advocate for more inclusive policies and services, this study aims to give voice to the lived experiences of OPEH. Our research question was: 'How do you do see yourself?'

Participants were invited to 2 mask-making workshops.   Data comprises the masks made, ethnographic notes (text and drawings) taken during the workshop, and reflections after the workshop by participants and co-researchers. Data were analyzed using narrative analysis.

Two workshops included 12 participants (7 women, 5 men) all aged 50 or older, engaged in making 12 masks, using diverse materials. Two themes dominated: the outer mask that participants presented to the world, and the inner mask, reflecting a story which is harder to tell. Participants described taking part in the research as enjoyable and an opportunity to meet other people in similar circumstances. Data will be presented through story, drawings, and pictures of the masks, accompanied by interpretive quotes.

Older people with experiences of homelessness expressed vibrant inner and outer senses of self, with strong expressions of individuality. They valued the opportunity to engage with others, share their experiences and have fun. The images created counter a dominant monochromatic discourse of OPEH as bothersome and burdensome.

S18

Experiences of intersectional ageism and homelessness among older persons

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Abstract / Résumé

Homelessness, housing insecurity, and shelter use continue to increase among people aged 55+ in North America, underscoring an ongoing need for age-inclusive supports in the housing/homelessness sector. Despite these trends, older persons experiencing homelessness (OPEH) continue to experience significant barriers to housing and supports, including discrimination based on age, housing status, and other social locations. Intersections of ageism, homeism (i.e., discrimination based on housing status), racism, and other forms of discrimination systematically exclude OPEH from securing housing, work, and healthcare. Yet, little to no research has directly considered the impacts of intersectional ageism and homeism in the lives of OPEH. To begin addressing this gap in knowledge we present learnings from a national community-based participatory study of homelessness and housing insecurity among older persons, as well as a community-engagement companion project aimed as dismantling discrimination towards OPEH. Findings from lived experts of homelessness and a series of community events indicate that OPEH have experienced intersectional ageism and homeism at multiple levels (e.g., internalized, interpersonal, structural). Participants report that ageist policies and practices, such as age eligibility restrictions on housing and 'renovictions', compound with harmful stereotypes about who is homeless and why, which prevent OPEH from exiting homelessness. Age-inclusive housing policies, practices, and advocacy are urgently needed to support housing insecure older persons in Canada. We conclude by outlining key recommendations for inclusive policy, practice, and scholarship that can disrupt intersectional discrimination towards OPEH and promote age-supportive housing.

S19

Out of sight, out of sample – Representation of older homelessness in point-in-time counts

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Abstract / Résumé

The most recent Calgary point-in-time (PiT) count indicates that the percentage of older persons experiencing homelessness (OPEH) aged 45+ decreased from 43.6% of all persons experiencing homelessness (PEH) in 2018 to 26.3% in 2022. This contrasts with national reporting that OPEH increased from 61.2% of all PEH in 2018 to 66.6% in 2021 and observed increases in older shelter use. Recent work by Hay et al (2023) seeking to understand policy and system barriers to care for older Albertans experiencing homelessness and complex needs (including addiction) has identified highly varied approaches to enumerating OPEH, impeding tracking over time and geography. Confidence in enumeration of OPEH in homeless counts is important for service planning and provision.

This qualitative study aims to identify and compare enumeration processes of OPEH in Alberta urban centres through (1) identifying and analyzing community agency and government documents reporting on the processes and results of enumerating OPEH, as well as relevant academic and grey literature; (2) undertaking key informant interviews and knowledge exchange activities, including with lived experts of older homelessness, to triangulate findings from (1) and identify potential future interventions to improve enumeration of OPEH.

Findings will be presented in descriptive tables and diagrams which will be triangulated with and augmented by learnings from thematic analysis of key informant interviews and knowledge exchange activities.

Appraisal of current PiT processes in collaboration with key experts will help generate potential recommendations for improved enumeration of OPEH in Albertan urban centres.

S20

Defining older adults' autonomy in the context of the aging-in-place policy approach

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Abstract / Résumé

In Canada, as in most industrialized countries, promoting and supporting aging in place is a highly popular path for governments as it allows them to limit public spending on care and support for older adults. This policy direction also reflects seniors' repeatedly expressed housing preferences.

Aging in place as a policy goal is almost systematically associated with the notion of autonomy, both in aging policies, and by older people. This relationship between autonomy and aging in place is also found in the gerontology literature, where conceptualizations of residential care as a regimented living environment limiting individual autonomy still resonate.

In a context where aging in place necessitates proper housing and ubiquitous home services for older adults, where home care/home support resources are scarce, and where the residential market is difficult to navigate, what does autonomy mean when it is associated with aging in place? This presentation examines how the policy discourse on aging in place leverages the language of autonomy to support and promote this policy approach, using Quebec's aging policy as a case study. We first discuss the equality line that policy documents draw between autonomy and aging in place (aging in place is *an expression of* older adults' autonomy). Next, we discuss aging in place as a result of older people's freedom of choice, or "decisional autonomy" (seniors *can choose to* age in place *if they wish*). Discourse is analyzed in the context of available data on policies, programs and resources in home care/home support and residential care.

S21

Anticipating needs and planning collectively: A multi-perspective scenario-based planning tool to better meet residential care needs

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Abstract / Résumé

In the context of an aging population, it is crucial to better understand and anticipate the residential care needs of older adults, including those for seniors' residences and long-term care facilities. Our research project aimed to implement a scenario-based planning tool to support decision-making in the allocation of residential care resources for the ageing population and to evaluate the contextual characteristics that support its adoption.

We used a participatory approach involving researchers and healthcare managers from one regional health authority in Quebec and conducted an evaluative mixed-method study. To develop the scenarios, we first conducted a literature review to identify factors influencing the needs for residential care among older adults (scientific knowledge). Then, we engaged stakeholders (managers and clinicians) from the healthcare system, the community, and the private sector (e.g. seniors' residences), involved in organizing and planning accommodation for older adults. Through consultations, they provided insights on these factors with local experiential knowledge and identified the primary factors influencing older people's residential care needs. Scenarios were then constructed based on the prioritized factors. From these scenarios, we assessed the relevance of current strategies and formulated new ones that consider the institutional dynamics of the healthcare system, and the practical considerations of private and community organizations and stakeholders.

This presentation covers the implementation and evaluation of this innovative resource-planning tool, which remains underutilized in healthcare systems but holds the potential to improve decision-making in the planning of residential care resources for the ageing population.

S22

The notion of risk and long-term care facilities: what consequences for the lives of the older adults?

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Abstract / Résumé

Risk can be understood as a social construct that depends on the meanings of danger in a given environment, and on the values put forward in understanding situations. Although human existence is made up of risks that must be dealt with, long-term care facilities often see them as a threat that must be controlled. Yet the risks in such institution are numerous: falls, nosocomial infections, contagion and so on. As a result, organizational modes that establish a certain social order are created, legitimizing practices and normalizing behaviors aiming at containing the risk of premature health decline and death among older adults residing in geriatric institutions.

Based on two qualitative studies conducted between 2017 and 2023 in geriatric institutions in Montreal and Toronto (direct observation and interviews with health care workers (n = 22), relatives (n = 6) and older adults (n = 15)), this presentation discusses the social construction of the notion of risk in long-term care facilities. More specifically, it aims to explore the practices of control – physical or chemical restraints and deprivation of freedom of movement – that were implemented before and during the pandemic, and how they shape the value of life and the dignity of human existence. Finally, this presentation prompts reflections on our contemporary relationship with risk and resituates the value of the life of older adults living in long-term care facilities.

S23

Promoting "good treatment" practices in long-term care facilities in a context of labor shortage

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Abstract / Résumé

"Good treatment" is a relatively new concept promoted by the Québec Ministry of Health and Social services' Aging Secretariat (*Secrétariat aux aînés*). It is defined as a global approach advocating respect for all older adults. Its application draws on the individual and collective know-how of professionals, organizations and, more broadly, the general public.

Researchers along with managers from the West-Central Montreal Health and Social Services Institution (*CIUSSS du Centre-Ouest-de-l'île-de-Montréal*) have set up a project to promote a common culture of "good treatment" in long-term care facilities. Two World Cafés and four workshops, bringing together 40 participants (staff members and service users) from two long-term care facilities, were conducted to define and promote "good treatment" practices.

In this presentation, we describe the approach and its preliminary effects on older adults' living and care environments. We also look at the implementation challenges of this approach in a context of labor shortages. These findings call for a reflection on the impact of the recurring lack of human resources in long-term care facilities on the implementation of the "good treatment" approach. They also call for the development of strategies to tackle this issue, and thereby foster a sustainable culture of "good treatment".

S24

Combating older and vulnerable adult mistreatment in Quebec: interpretation and compliance with the Law in healthcare establishments and institutions' organizational policies

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Abstract / Résumé

In Quebec, the *Act to combat maltreatment of seniors and other persons of full age in vulnerable situations* (R.R.S.Q., c. L-6.3) enacted in 2017 requires all Regional Health Authorities (CIUSSS/CISSS) and private healthcare establishments to adopt an anti-mistreatment policy. These policies must include a procedure for reporting certain situations of mistreatment. They are generally drawn up at the management level and establish guidelines for implementing mandatory reporting of mistreatment by front-line workers, thus conveying their interpretation of the Law.

A research project has been carried out to examine how regional health authorities and private long-term care facilities comply with their legal obligation to include a procedure for reporting mistreatment. Researchers analyzed each of the policies developed under the Law, focusing on key elements of these procedures. This presentation discusses research findings regarding the inclusion (or not) of legal requirements related to reporting mistreatment in organizational policies. We also report on the consistency of overall policy content in relation to these legal requirements. Findings show that rates of inclusion of legal requirements for reporting mistreatment vary, depending mostly on the type of requirement and the structure of the organization. These results suggest that challenges remain to ensure that requirements related to reporting mistreatment are well interpreted in organizational policies and well understood by all those involved with vulnerable older adults.

S25

Building consensus on priority areas for Sub-Saharan Africa's ageing population research: An e-Delphi study

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Abstract / Résumé

Background: Improvement in medico-social services has increased life expectancy and population ageing in Sub-Saharan Africa (SSA). It was estimated that about 163 million people aged 65 and older will be resident in SSA by 2050. There is inadequate ageing research capacity in SSA which necessitates this study to (a) identify a decade-long ageing research opportunities, challenges, and solutions, and (b) prioritize critical ageing research areas and methodologies relevant to the SSA.

Methods: We designed an e-Delphi protocol following the Reporting Guideline for Priority Setting of Health Research with Stakeholder. The stakeholders include researchers, practitioners, older adults, and caregivers purposively selected through snowballing quota sampling to complete three rounds of e-Delphi surveys. Round 1 involve open-ended questions derived from the study objectives. Responses from round 1 was used to develop a checklist for stakeholders to rate during rounds 2 and 3, using a 9-point scale: low priority (1-3), moderate priority (4-6), and high priority (7-9). The criterion for reaching a consensus is set at ≥70%.

Result: The aging research priorities identified include cognition (e.g., dementia, diabetes), Healthcare (e.g., cancer screening), Physical function (e.g., disability), Nutrition (e.g., food fortifications) and Behaviour (e.g., healthcare seeking behaviour), and Psychosocial issue or social policies (e.g., depression, pension). Limited research capacity and resources are among key barriers to improve ageing research in SSA, and increased research funding and participant engagement could be potential solutions.

Conclusion: Setting ageing research/practice priorities will help maximize the benefits of research investment and provide valuable direction for allocating public and private research funds to areas of strategic importance.

S26

Methodology and reporting quality of 544 studies related to ageing: a continued discussion in setting priorities for ageing research in Africa

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Abstract / Résumé

Background

Methodological and reporting quality enhances the trustworthiness of studies. This paper assessed the quality (methodology and quality of reporting) of ageing studies in Sub-Saharan Africa (SSA).

Method

We updated the literature search of a previous systematic mapping review to include an additional 32 articles, bringing the total number of articles in this paper to 544. The methodological quality of quantitative, case reports, qualitative, and mixed-method studies were assessed using Downs and Black, Case Report Guidelines, 45-items Lundgren et al., and Mixed Method Appraisal checklists. Quality assessment was conducted for each study type. Depending on the checklist, each study was classified as excellent, good, fair, or poor.

Result

The 544 articles included 451 quantitative studies (RCT and pre-post=15, longitudinal=122, case-control=15, cross-sectional=300, and case reports=4), 74 qualitative and 15 mixed-method studies. Only 111 (20.4%) articles were high-quality (1 RCT, 27 longitudinal, 4 case-control, 48 cross-sectional studies, 19 qualitative, and 12 mixed-method studies), 292 (53.7%) moderate quality, 96 (17.7%) fair quality, and 45 (8.2%) poor quality. Most (80%) quantitative articles' had small samples, resulting in insufficient power to detect clinically significant effects. Three-quarters (75%) of the qualitative studies did not report their research team characteristics and reflexivity.

Conclusion

We conclude that the methodological and quality reporting of published studies on ageing in SSA show variable quality, albeit primarily moderate quality, against high quality. Studies with a large sample size

are recommended, and qualitative researchers should provide a section on research team members' characteristics and reflexivity in their paper or as an appendix.

S27

Setting Priorities for Ageing Research In Africa: A Systematic Mapping Review Of 512 Studies From Sub-Saharan Africa

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Abstract / Résumé

Background: In 2040, the population's growth rate of older adults in sub-Saharan Africa (SSA) will be faster than those experienced by developed nations since 1950. In preparation for this growth, the National Institute on Aging commissioned the National Academies' Committee on Population to organize a workshop on advancing aging research in Africa. This meeting provided a platform for discussing some areas requiring improvement in aging research in SSA regions.

Methods: This systematic mapping review followed the Search-Appraisal-Synthesis-Analysis Framework. We systematically searched multiple databases from inception till February 2021 and included peer-reviewed articles conducted with/for older adults residing in SSA. Conventional content analysis was employed to categorize studies into subject-related areas. We included 512 studies (quantitative = 426, qualitative = 71 and mixed-method = 15).

Results: Included studies were conducted in 32 countries across Africa. There were 426 (87%) quantitative and 56 (13%) qualitative studies included in the review. Our content-coding resulted in 30 subject-related areas. Most studies included were categorised into non-communicable disease-related studies (n= 41), HIV-related studies (n = 30), Physical functioning-related studies(n = 26), Cancer-related studies (n = 28), quality of life/well-being related studies (n = 22), Dementia/cognitive impairment-related studies (n = 30), Neurological-related studies (n = 15).

Conclusion: There are glaring gaps in ageing research in SSA, especially mixed-methods and RCTs. National and international funding agencies should set up priority funding competitions for transdisciplinary collaborations in ageing research.

S28

Longitudinal Studies of Aging in Sub-Saharan Africa: Review, limitations, and recommendations in preparation of projected aging population.

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Abstract / Résumé

Background: The United Nations has projected a 218 percent increase in older people in sub-Saharan Africa (SSA) between 2019 and 2050, underscoring the need to explore changes that would occur over this time. This review aims to understand the breadth and use of longitudinal studies on aging in the SSA regions, proffering recommendations in preparation for the projected aging population.

Methods: This paper is the third of a Four-Part series paper of a previous systematic mapping review of aging studies in SSA. We updated the search (between 2021 and 2023) and screened the titles/abstracts and full-text articles by a pair of independent reviewers. Data were extracted using a standardized data-charting form.

Results: We identified 193 studies leveraging 24 longitudinal study datasets conducted at 28 unique sites. The World Health Organization's Study on Global Aging and Adult Health (WHO-SAGE) (N = 59, 30.5%) and Health and Aging in Africa: A Longitudinal Study of an INDEPTH Community in South Africa (HAALSI) (N = 51, 26.4%) were the most used longitudinal datasets. Most (N = 150, 77.7%) of the studies used a cross-sectional analytical approach.

Conclusion: Longitudinal studies on aging are sparingly being utilized in SSA. Most analyses conducted across the longitudinal dataset were cross-sectional, which hindered the understanding of aging changes that occurred over time that could better inform aging policy and interventions. We call for funding bodies, such as WHO-SAGE, to develop funding competitions that focus on conducting longitudinal analyses and highlighting changes occurring among the aging population in SSA.

S29

Post-structural policy analysis and the social exclusion of older adults at risk of marginalization: A case study of policies on aging-in-place in Québec

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Abstract / Résumé

The governance and coordination of public actions have a major impact on social inclusion and exclusion, including access to social and health services by older adults. In a social welfare context where there are multiple service providers (the province, municipalities, NGOs, the private sector) and a strong segmentation between health care and social care, there is fragmentation and inequity in the social and health services available. This chaotic service context can challenge the practice of aging-in-place, particularly for older adults that are more marginalized. As such, this requires policymaking that facilitates governance and coordination between service domains and providers in particular places. The province of Quebec and its municipalities are recognized for policies in the areas of aging-in-place and there has been a recent concern to better understand the reality of older people “at risk of being marginalized” (Gouvernement du Québec, 2018, p. 81). Yet it is not clear how governments understand the source of marginalization of older adults across the province and in cities and how they facilitate governance and coordination through their policymaking. This paper uses post-structural policy analysis (Bacchi and Goodwin, 2016) to explore how provincial and municipal policies on aging-in-place in Québec understand the problems the policies aim to address and, subsequently, promote solutions that tackle governance and coordination challenges. The aim of this analysis is to identify best policy practices and recommend improvements in supporting older people at risk of marginalization.

S30

The Coordination of Programs and Services for Older Adults Living in Financial Precarity in a Rural Area in Quebec: The Case of the Avignon Region

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Abstract / Résumé

This paper analyses social programs for low-income seniors living in a predominantly rural area, which does not feature an important metropolitan area (MRC Avignon in Gaspésie). The territory is also sparsely population with communities separated by lengthy distances and near the bottom when it comes to economic vitality indicators (97th MRC out of 104 in Quebec). The policies and programs developed to support seniors living in financial precarity have been conceived and developed at the provincial and federal levels and they face strong criticism from local actors due to their poor alignment with the needs of older adults in the territory. For instance, when it comes to long-term care, service gaps can result in a premature departure from one's community to a service town, sometimes 200km away. This contradicts the policy objective to encourage aging at home and local actors do not possess the tools to offer alternatives. This paper targets how local actors tackle the coordination of services and the actions undertaken to address the needs of older adults living in financial precarity. This research features interviews with 10 older adults, as well as 12 managers, elected officials, and long-term care professionals working in community groups, municipalities, and the regional health and social services authority. The research concludes that service and support coverage is highly fragmented and strongly differentiated. More specifically, older adults living in the western part of the territory face multiple access challenges and navigate the difficulties of receiving some medical services in another province.

S31

Understanding urban poverty in late life: Mapping the conceptual parameters

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Abstract / Résumé

The policy agenda of public authorities at all levels – international, federal, provincial, and municipal governments– mention the rising costs of living, poverty, and affordable housing, as key concerns. However, despite rising poverty among older people, little attention focuses on the challenges and impacts of poverty in late life. Definitions and measures of poverty that underpin policy responses tend to focus on economic measures and income. According to Statistics Canada (2021) 7.4% of Canadians live in poverty, with poverty primarily measured by household income below a threshold. Yet, pressures associated with city living cause particular challenges for older people given fixed incomes, life course needs (e.g., living alone, mobility issues, need for care), and reductions to essential public supports. This paper begins a 5-year SSHRC funded exploration of everyday experiences of urban poverty in late life via a review of the academic literature on poverty and aging in gerontology and allied fields (1980+). It documents key definitions and measures on poverty and older people, notes historical trends, and sketches the existing conceptual parameters and state of knowledge on poverty in late life. This includes structural/economic interpretations (e.g., basket measure definitions), impacts on older people (e.g., health, social isolation, participation, etc), and related forms of exclusion and marginalization. It concludes with the need to re-invigorate debates on poverty in later life, focus on how older people live and experience poverty in their everyday lives, and develop a policy agenda organized around just futures for older people.

S32

How can we (re)build relationships affected by substance use among older former offenders?

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Abstract / Résumé

Social relations are crucial in supporting the recovery and desistance from crime among offenders. However, the use of substances and periods of incarceration can disrupt these relationships, sometimes for a short period, other times permanently. The process of reestablishing relationships can be challenging for older former offenders (OFO), who may also be facing challenges related to aging. The objective of this presentation is to understand the experience of the social network development of OFOs with a history of problematic substance use. Twenty-two persons aged 50 and older were interviewed individually, and a thematic analysis was conducted. The participants are aware that their lifestyle choices have greatly affected their loved ones and want to restore their connection with them. They expressed a strong desire to rebuild those relationships and emphasized the importance of respecting their loved ones' boundaries and decisions regarding contact. The fact that their substance use is behind them leads them to want to develop relationships outside of that environment. They believe that their involvement in various activities (volunteering, work, social activities) is another facilitating factor. However, their criminal past stands in their way, and the fear of judgment persists. The combination of substance use, and incarceration can limit their ability to reconnect with their relatives. Therefore, it is essential for professionals who support OFOs in their social and community reintegration to address this aspect well before their release from prison.

S33

A Program of Research Comprehensively Evaluating Effects of Adult Day Programs on People With Dementia and Their Caregivers

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Abstract / Résumé

Multiple critical knowledge gaps exist related to day programs. These lead to inconsistent policy and care, leaving persons with dementia and their caregivers with fewer options, and causing preventable burden for persons with dementia, caregivers, and health systems. We currently lack information on (1) how and why day programs have positive, negative or no effects on different groups of persons with dementia and their caregivers – especially those with multiple, intersecting vulnerabilities, (2) characteristics of day program attendees and their caregivers, and how they compare to non-attendees and their caregivers, (3) reasons for attending or not attending a day program and different patterns of use, (4) characteristics of day programs and how they differ between provinces/regions, and (5) experiences of day program attendees/non-attendees and caregivers with multiple intersecting vulnerabilities. We will present on a program of research, addressing these knowledge gaps. Guided by a realist lens and an integrated knowledge translation approach, the program includes (1) a realist review, (2) semi-structured interviews and focus groups, (3) a retrospective cohort study, using population-based health administrative data from Western Canada to evaluate the effects of day programs on persons with dementia, and (4) a prospective cohort study, linking survey data from day programs, persons with dementia, and caregivers in the York Region, Ontario with health administrative data to evaluate the effects of day programs on persons with dementia and caregivers. Our partnered approach will ensure rapid translation of research findings into day program policy and practice.

S34

Day Program Effects on Individuals With Dementia and Their Caregivers: Developing Realist Program Theories on the How and Why

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Abstract / Résumé

Studies on the effects of day programs are inconclusive. Some suggest positive effects on individuals with dementia (reduced nursing home admissions, acute/primary care use, physical/cognitive decline, better mental health), and caregivers (better health and wellbeing). Other studies suggest no or negative effects. Guided by a realist lens and partnering with a diverse, national team of experts with lived experience in organizing, giving, or receiving care in day programs, we have reviewed the literature on adult day programs, conducted focus groups and semi-structured interviews with experts (6 focus groups with a total of 48 participants so far), and have started to develop program theories that explain how and why day programs may lead to positive, negative, or no effects on individuals with dementia and their caregivers. We identified 14 traditional day program literature reviews, including 329 references published between 1975 and 2021. Based on our initial focus groups and analyses of references, we generated and will present narratives that explain how and why day programs do or do not bring about certain outcomes for whom and under what circumstances. For example, we found that day programs with (vs without) access to a social worker support caregivers more effectively in navigating the healthcare system, reducing caregiver burden, and ensuring adequate services for the person with dementia. Our next steps will be additional focused searches and focus groups to test and refine our narratives, and to synthesize them into program theories. Program theories will be tested and further developed in our quantitative studies.

S35

Evaluating day program use patterns, user/non-user characteristics, and effects on persons living with dementia and their caregivers

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Abstract / Résumé

We lack robust, Canadian research on day program use, user/non-user characteristics, day program characteristics, and effects of day programs on persons with dementia and their caregivers, especially those with multiple, intersecting vulnerabilities. Partnering with experts with lived experience in organizing, giving, or receiving care in day programs, we are currently conducting two cohort studies: (1) a retrospective cohort study, using population-based health administrative data from day program attendees and propensity score matched non-attendees, collected between 2012 and 2023 in Alberta, British Columbia, and Manitoba, and (2) a prospective cohort study in the York Region, Ontario, linking survey data from 21 day programs, attendees, propensity score matched non-attendees, and their caregivers with their health administrative data. In the first study, we are identifying patterns of day program use, and we are comparing changes in use patterns by province and time. We are assessing whether day program attendees, compared to non-attendees, enter continuing care facilities later, have fewer symptoms of depression, less decline in physical functioning and cognition, and lower primary care, hospital, and emergency department use. In our second study, we are assessing – in addition to day programs effects – how day program effects vary based on characteristics of day programs, caregivers, and attendee/non-attendee social determinants. Experts are regularly involved in interpreting and contextualizing our findings. These two studies will provide rich and detailed data to guide day program research, policy, and practice.

S36

The Reality of Adult Day Program Practice and How the Proposed Program of Research Aligns With This Reality

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Abstract / Résumé

This presentation will provide insights into the daily practice in adult day programs, providing care and support to persons with dementia and their caregivers. Andrea Ubell (Director, Programs & Client Services, Alzheimer Society of York Region) and Ali Cada (Director of Adult Day and Creative Programs, Alzheimer Society of Calgary), both with extensive experience in these settings, will share examples of promising practices, as well as, challenges they experience on a daily basis. Engaging clients with dementia in meaningful social, physical, and arts-based activities gives them a sense of purpose and joy. Giving caregivers respite for a few hours, and guidance in caring for the person with dementia and navigating the healthcare system reduces caregiver burden and improves mental health of both, the client and the caregiver. However, staffing shortages, referrals by the healthcare system of clients who do not meet day program admission criteria, or lack of funding for registered nurses are examples of challenges that day programs encounter. This discussion will highlight differences and similarities of day program organization, practices, challenges, and solutions in two jurisdictions – the York Region in Ontario and the Calgary Health Zone in Alberta. The two presenters will highlight how the work presented in the previous presentations will help to raise government and health system awareness for the importance and needs of day programs, and to make much needed improvements.

S37

Applying the Consolidated Framework for Implementation Research (CFIR) to Identify Facilitators and Barriers of a NORC Supportive Service Program (SSP): A Qualitative study

Rachel Savage[1,2,3], Stephanie Hatzifilalithis[1], Jennifer Shuldiner[4], Celia Laur[4,2], Christine Sheppard[5,2], Lisa Meschino[6], Kerry Kuluski[2], Noah Ivers[4,2,3], Paula Rochon[1,2,3]
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Abstract / Résumé

Supportive Service Programs (SSP) in naturally occurring retirement communities (NORCs) present unique opportunities to support our shifting demographic to age in place. The objective of this paper is to identify multilevel barriers and facilitators, applying the Consolidated Framework for Implementation Research (CFIR), to an innovative NORC SSP. The NORC Ambassadors program (by UHN's NORC Innovation Centre) partners with older adults living in NORCs to start and/or strengthen aging in place activities. They work alongside motivated residents to understand what might support aging in place and to start community activities that meet these goals. To understand more about the impact of the program, we conducted five focus groups (n=21) with participants in the NIC's Ambassador program (as well as observations) to uncover facilitators and barriers across five domains: intervention characteristics, inner setting, outer setting, individual characteristics, and implementation process. Incorporating CFIR constructs into our evaluation helped flag factors likely to impede future implementation and impact the effectiveness of the Ambassador program. The findings illuminate how program features, community context, participant experiences, and implementation strategies affect the program's success. This paper can help inform the development and adaptation of the Ambassador program within NORCs as well as demonstrate actionable knowledge to enhance the integration of implementation science in health and social care services.

S38

A Portrait of Older Adults in Naturally Occurring Retirement Communities (NORCs): A Population-Based Study

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Abstract / Résumé

Naturally occurring retirement communities (NORCs) are instrumental for aging in place, but limited data exists on residents and their health needs at a population-level. We describe the creation of a novel NORC registry in Ontario, Canada and later discuss how we compared the health and healthcare use of older adults living in NORC buildings to those in other housing types in the community. We linked this registry with health administrative records to conduct a population-based descriptive study of community-dwelling older adults aged ≥65 years. Individuals were classified as NORC residents if their postal code on January 1,2020 matched the NORC registry. Sociodemographic, clinical, and healthcare use characteristics were compared by NORC status using standardized differences (SD) and stratified by rurality, and further by age and sex in urban settings. Overall, 219,995 (7.7%) of 2,869,706 older community-dwelling adults were NORC residents. NORC residents were older (mean 77.4 vs 74.6 years; SD 0.34), more likely to be female (61.8% vs 52.2%; SD 0.19) and to have low income (16.0% vs 9.3%; SD 0.11) than older adults living in other housing types. NORC residents also had more chronic conditions, prescribed medications, homecare use (15.3% vs 9.8%; SD 0.17) and primary care visits (mean 9.7 vs 7.6 visits in prior two years; SD 0.22). Findings were robust across rurality, age, and sex. Our findings suggest that NORC residents have greater health needs than other older adults living in the community and underscore NORCs as important targets for equity-focused strategies to support aging in place.

S39

Evaluating the Impact and Implementation of NORC Supportive Service Programs (SSP) to Transform Aging in Place

Rachel Savage[1,2,3], Noah Ivers[4,2,3], Christine Sheppard[5], Jennifer Shuldiner[4], Catherine Donnolly[6], Jay Shaw[2], Patrick Feng[2], Kerry Kuluski[2], Vincent DePaul[6], Robin Mason[4,2], Shoshana Hahn-Goldberg[7], Therese Stukel[3,2], Michael Hillmer[8,9,2], Kevin Brown[10], Tai Huynh[7], Paula Rochon[1,3,2]
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Abstract / Résumé

Naturally occurring retirement communities (NORCs) are geographic areas that weren't originally designed for older people but have come to house a high concentration of older adults. These communities provide an opportunity to deliver onsite social support and health services in efficient and creative ways to improve social connection, health, and well-being, and support older adults to age in place. Currently, NORC programs in Canada are limited and independently implemented in each locale, resulting in limited knowledge about how to intentionally create, implement, and sustain NORC programs. In this presentation, we will outline how our CIHR and PHAC funded research will fill these gaps by identifying which NORC sites are best suited for enhancement, and what factors promote or hinder their successful implementation. We are, in collaboration with UHN's NORC Innovation Centre and Barrie Housing, implementing enhanced NORC models at 10 sites in Toronto and Barrie. We discuss how models will vary in their intensity (low, medium, and high support) and highlight how we are examining if the model intensity changes implementation success. We will evaluate both the process of implementation to understand what works, for whom and in what circumstances, as well as the impact on older adults' health and well-being and healthcare use. We will also identify potential variations in program effectiveness across different social locations of experience such as age, sex, and gender. This project and innovative approach holds promise for evaluating programs that support older adults to age in place to better support their health and well-being.

S40

Building and Sustaining Aging in Place through the NORC Ambassador Program

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Abstract / Résumé

Older adults overwhelmingly want to continue to age in place, but would benefit from a community of support to do so. The NORC Ambassadors program, an initiative from UHN OpenLab, uses a participatory approach to create sustainable, resident-led, aging in place groups in NORC buildings. NORC - which stands for Naturally Occurring Retirement Community – is a geographic designation used to describe an area, such as a building or a neighbourhood that has become home to a large number of older adults. Having a high concentration of older adults, NORCs are ideal settings for mobilizing communities and developing supportive networks. This paper describes the creation and evaluation of the NORC Ambassador program, which led to its inclusion as a foundational element of the model being implemented through the newly founded NORC Innovation Centre at the University Health Network. This program leveraged the existing capacity of residents, community service partners, and formal system players such as the University Health Network (UHN) in order to identify key considerations for creating a better future for aging. This paper will focus on describing: 1) the features of this aging in place program; 2) the learnings based feedback on various evaluative methods; and 3) necessary adaptations to set the program up for future positive impact. The NIC is leveraging multiple capabilities across the UHN, and aims to provide urban-dwelling older adults with new options for aging in place with dignity and choice.

S41

Advancing a healthy aging transformation in Alberta: Connecting people, communities, and organizations

Sharon Anderson[1], Beth Mansell[2], Helen Lightfoot[3], Marlene Raasok[4]
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Abstract / Résumé

Current health and social care systems are geared towards treating diseases, lacking focus on prevention and healthy aging. Merely adding coordination to these rigid, siloed systems, based on the medical model of aging, is unsustainable. Both the WHO and Canadian Models of Healthy Aging advocate reorganizing these systems by implementing integrated, preventive, and community-based services, utilizing technology and innovation, investing in workforce development, formulating supportive policies and financing mechanisms, and promoting research and data collection. In this symposium, four Alberta organizations demonstrate collaborative efforts to develop healthy aging approaches for older Albertans. Healthy Aging Alberta discusses the development of a community-based serving sector to enhance the infrastructure supporting older adults' well-being. The Connecting People and Communities for Living Well team from Alberta Health Services shares insights from five years of fostering networks among health, social, and community providers to facilitate collaborative community care systems. The Alberta Association on Gerontology presents its work in bringing together policymakers, influencers, and leaders from health and social care systems to advance systemic change through the Strategic Collaborative Committee. Parmar's Caregiver-Centered Care focuses on the development of an Alberta Caregiver Strategy. The discussant aims to engage attendees and presenters in conversations about the development of integrated health and social care systems. Together, they will explore integrating care systems to shape a sustainable approach to healthy aging, fostering innovation, and promoting community engagement.

S42

Healthy Aging Alberta: Enhancing Community-Based Sector Capacity Building Through a Community Development Approach

Beth Mansell, Mariam Elghahuagi
Healthy Aging Alberta, Edmonton, Canada

Abstract / Résumé

Objective:

Healthy Aging Alberta (HAA) aims to empower older adults to age on their own terms by uniting and coordinating organizations that serve them. This abstract highlights HAA's community development approach to capacity building, using social prescribing as an illustrative example.

Methods:

HAA employs a multi-faceted community development approach to capacity building, including stakeholder engagement, sector coordination, and the development of a shared framework for action. This community-led initiative facilitates collaborative efforts among community-based seniors-serving (CBSS) organizations, healthcare providers, and government agencies to address the holistic needs of older adults.

Results:

Social prescribing, as one example of a provincially coordinated service delivery model, demonstrates the effectiveness of this approach. By establishing formal referral pathways between healthcare providers and community-based services, social prescribing enables older adults to access a range of non-medical supports that enhance their quality of life. These programs are part of HAA's broader efforts to weave together a network of wellness, strengthen collaboration across sectors, and enhance the capacity of CBSS organizations to support healthy aging.

Conclusion:

HAA's community development approach has shown promise in creating supportive environments for older adults. By fostering collaboration and leveraging diverse partners' strengths, HAA is contributing to the development of a cohesive and sustainable CBSS sector. Social prescribing serves as a successful model for how community-based solutions can complement traditional healthcare services to meet the holistic needs of older adults.

S43

Connecting People & Community for Living Well – Identifying key factors that support multi-sector collaboration in rural community teams.

Helen Lightfoot, KATE HOANG, Blair Wold, Laurel Scott, Aleksandra Tymczak
Alberta Health Services, Edmonton, Canada

Abstract / Résumé

We report on understanding the factors which supported the positive results achieved by multi-sector community teams in developing new or adapting existing local supports through the implementation of the Connecting People & Community for Living Well model. These results addressed the evolving needs of older adults, and other local underserved populations (i.e., persons living with dementia, carers) in rural areas. Positive impacts from the implementation of the Connecting People & Community for Living Well model were demonstrated through significant Return on Investment (ROI) results, Social Return on Investment (SROI) results, development, and delivery of over sixty activities, and positive feedback from participants. Multiple methods to collect data were used including principle-focused evaluation, case studies, a Return on Investment (ROI), a forecast Social Return on Investment (SROI), data from completed Wellbeing Guides, and community-specific information describing impact. Eight areas were identified as supporting the positive impacts: 1) Engaging those with lived experience is essential. 2) Wellbeing approach ensures the work focuses on those who are the intended recipients of support. 3) Trust and relationship building are key to achieving results. 4) Consistent resourcing is needed. 5) Leveraging existing resources contributes to sustainability. 6) Multifaceted evaluation approach is needed. 7) Evidence base built through broad sharing of learnings. 8) Multi-sector team composition supports sustainability and accountability.

Conclusion: Implementation of the Model positively impacts collaboration across health, social, and community sectors resulting in increased supports for local underserved populations, including those affected by dementia.

S44

Advancing cross-sector collaboration for the wellbeing of older Albertans

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Abstract / Résumé

This Culture Change Project was a collaborative effort between two organizations, the Alberta Association on Gerontology and Healthy Aging Alberta. (HAA). In this cross-sectoral work, our aim was to identify key elements within the health and social care sectors to support person-centered practices, community engagement, and capacity planning. Guided by Alberta's goal of promoting healthy aging and enhancing the quality of life for older adults, we used the Healthy Aging Framework developed by Healthy Aging Alberta and adopted by the Community-Based Seniors' Services Sector. We engaged Albertans from all sectors engaged in structured Zoom input sessions, an in-person application session, and iterative reflection sessions via Zoom.

The study yielded three major results: 1) Development of a Shared Mental Model: Establishing a person-centered, community-focused ecosystem to drive community development. 2) Recognition of the Value of the Healthy Aging Framework: Emphasizing the social determinants of health offers a common language to assess, develop, and connect needs and service opportunities, with a focus on overall well-being. 3) Call to Action: Identified five areas for mobilizing change in organizational processes and system policies and design.

The project revealed significant interest across sectors in using the Healthy Aging Framework as a new actionable tool to mobilize integrated health and social care ecosystems to promote living well. Work continues to use this learning to advance Alberta’s system redesign. We are working cross-sectorally to strengthen local service connections and decision-making opportunities for living well with a growing and aging population.

S45

Healthy Aging Alberta: Enhancing Community-Based Sector Capacity Building Through a Community Development Approach

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Abstract / Résumé

Healthy Aging Alberta (HAA) aims to empower older adults to age on their own terms by uniting and coordinating organizations that serve them. This abstract highlights HAA's community development approach to capacity building, using social prescribing as an illustrative example. HAA employs a multi-faceted community development approach to capacity building, including stakeholder engagement, sector coordination, and the development of a shared framework for action. This community-led initiative facilitates collaborative efforts among community-based seniors-serving (CBSS) organizations, healthcare providers, and government agencies to address the holistic needs of older adults. Social prescribing, as one example of a provincially coordinated service delivery model, demonstrates the effectiveness of this approach. By establishing formal referral pathways between healthcare providers and community-based services, social prescribing enables older adults to access a range of non-medical supports that enhance their quality of life. These programs are part of HAA's broader efforts to weave together a network of wellness, strengthen collaboration across sectors, and enhance the capacity of CBSS organizations to support healthy aging. HAA's community development approach has shown promise in creating supportive environments for older adults. By fostering collaboration and leveraging diverse partners' strengths, HAA is contributing to the development of a cohesive and sustainable CBSS sector. Social prescribing serves as a successful model for how community-based solutions can complement traditional healthcare services to meet the holistic needs of older adults.

S46

Developing recommendations and tools to better support care partners in an Hospital at Home settings

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Abstract / Résumé

In Quebec, several Hospitals at Home (HaH) pilot projects are underway with a view to provincial implementation by 2026. Despite efforts to address care partners needs, the lack of specific standards and tools could exacerbate the burden on care partners and create inequalities. This study addresses this gap by developing recommendations and tools to support their dissemination, in order to better support care partners in this context. Our action research project, originating from the members of Proche Aidance Québec, progresses through several stages. A rapid literature review along with an analysis of documents from the Montreal and Montérégie projects were conducted. This allowed us to identify existing tools in the context of HaH in general and in the pilot projects. This presentation will focus on the results of the rapid review and the document analysis. These results will further guide the discussions during a series of three consultations with different stakeholder groups (care partners, members of organizations from the caregiving community, and members of pilot projects in Montreal and Montérégie) to develop the recommendations, and finally, a large-group consultation to prioritize on these recommendations. A dissemination strategy will be developed to share the project's findings and recommendations with the relevant stakeholders, healthcare professionals, policymakers, and the public. This project aims to reduce the burden of care partners in the context of HaH in Quebec, while contributing to better integration of HaH into the Quebec healthcare system.

S47

Transition of older adults from long-term care facilities to the emergency department: What do family caregivers have to say?

Gabriela Peguero-Rodriguez[1,2], Viola Polomeno[2], Chantal Bakcman[2], Julie Chartrand[2], Michelle Lalonde[2]
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Abstract / Résumé

Background: The transition of older adults from long-term care facilities (LTCFs) to emergency departments (EDs) presents several challenges, including the involvement of family caregivers.

Objective: To describe the perceptions of family caregivers related to their older adult's transition from an LTCF to the ED.

Methods: Using a concurrent, predominantly qualitative, mixed methods design, semi-structured interviews (qualitative data) and an online questionnaire (quantitative data) were conducted with family caregivers. Data were analyzed using thematic analysis (qualitative data) and descriptive statistical analysis (quantitative data).

Results: Qualitative findings indicate a negative perception of this transition by family caregivers (n = 12). The 10 themes developed, grouped under four overarching themes, reveal the family caregiver's contribution to the decision-making process leading the older adult to the ED, their concerns regarding the training of nursing staff in LTCF, the ED environment, and discharge planning. Throughout this transition, family caregivers play the role of expert, companion, and advocate for older adults. Quantitative results indicate that they had satisfactory interpersonal relationships, used multiple coping strategies, had a severe caregiver burden, and felt well prepared for their role as family caregivers. The quantitative results complement the qualitative ones.

Conclusions: This study highlights the need to recognize the expertise of family caregivers, to consider their needs, and to support them during this transition. The results of this study highlighted the gap between policy intentions and actual practices and led to the formulation of recommendations, particularly on how to better involve family caregivers of older adults into care teams.

S48

Promising strategies to manage mistreatment in the context of caregiving: What does scientific literature have to say?

Mélanie Couture, Kevin St-Martin
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Abstract / Résumé

A study in 2019 reported that 5.9% of older adults aged 65 years and older living at home in Quebec have been mistreated within the last year, mostly by a family member. The caregiving context contains multiple risk factors for older adult mistreatment both for the caregiver and the care receiver such as functional dependency and low social support. To encourage the use of evidence-based interventions to manage mistreatment situations in the context of caregiving, it is important to extrapolate from the scientific literature promising strategies. A scoping review was conducted using fourteen databases to identify studies published in French and English up to August 2023. First, titles and abstracts and then full texts were screened independently by two independent reviewers according to inclusion criteria. Data was extracted using standardized forms. Findings suggest that most studies focus on the mistreatment of older adults by informal caregivers. As for research looking at care receivers mistreating their caregivers, it is mainly in the context of cognitive deficits. Identification of mistreatment situations is necessary to help the caregiving dyad. There is a need for better educating all parties, including through online interventions. Ageism and mental health issues should also be addressed. Implications include further research to identify effective interventions for this specific public health issue.

S49

Efficacy of Mindfulness Interventions on Caregiver Burden and Repetitive Negative Thinking

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Abstract / Résumé

Objective: This research aims to address the substantial distress, termed caregiver burden, experienced by informal care partners, which manifests as emotional and physical strain leading to severe health issues. Recognizing the need for effective interventions, this study investigates the efficacy of mindfulness-based strategies to mitigate repetitive negative thinking (RNT), a critical mediator of caregiver burden.

Method: Prompted by requests from key caregiving organizations in Quebec, the study began with a literature review to identify mechanisms through which caregiver burden exacerbates health problems, with a focus on the transdiagnostic role of RNT, strongly linked to adverse psychological and physical health outcomes.

Results: The literature review identified RNT as a pivotal mediator between caregiver burden and diminished health, with strong associations with depression and anxiety, and a significant negative correlation with mindfulness. The analysis highlighted a substantial gap in current research: the absence of specific interventions targeting RNT reduction among caregiver populations. Although mindfulness shows promise in reducing RNT, specific studies focusing on caregivers are scarce.

Conclusions: The preliminary results underscore the potential of mindfulness-based interventions to address caregiver burden by reducing RNT. This approach promises accessible and effective support for caregivers, potentially improving their health outcomes. Future phases of this research will focus on evaluating the effectiveness of the intervention and exploring scalability options for broader application. While this presentation will focus primarily on the literature review results, it will introduce plans for an upcoming feasibility randomized controlled trial designed to test a mindfulness-based intervention aimed at reducing RNT among caregivers.

S50

Violence all around: A mixed methods analysis of the prevalence and forms of violence in Long-term residential care

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Abstract / Résumé

In this presentation we explore features of LTRC, which contribute to psychological and physical violence against long-term care staff. Data were collected using a mixed methods case study in the long-term care sector, including an online survey (N = 242) and follow-up interviews with staff (N = 29) in two Canadian provinces. Survey data showed almost all staff reported experiencing at least one form of violence from older adults (97.2%) and many experienced one or more forms of violence from family and friends of older adults (53.2%). A logistic regression analyses adjusting for significant variables from descriptive analyses showed that severe physical violence from older adults was more likely to be reported as having occurred in the past year when participants had received more training (AOR = 1.55, $p < .05$) and were providing care to a higher proportion of clients living with dementia or cognitive impairment. During interviews, staff attributed psychological violence from family members to a lack of effective communication regarding dementia and the long-term care sector. Staff reported limitations of their training in relation to preventing physical violence and inadequate staffing levels to effectively implement their training. We argue that higher staffing levels, prevention-based training, and support for implementing training are needed to address high rates of violence against staff in LTRC, along with recognition of the labour, risks and communication skills associated with interacting with family and friends of older adults.

S51

Exploring space and practices of control in long-term residential care violence prevention strategies

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[1]Brandon University, Brandon, Canada. [2]Carleton University, Ottawa, Canada. [3]University of British Columbia, Vancouver, Canada. [4]University of Manitoba, Winnipeg, Canada. [5]St. Francis Xavier, Antigonish, Canada

Abstract / Résumé

Long-term residential care (LTRC) should be a safe place to work and to live, but in reality, it can be a site of violent situations for older people and staff. In this presentation, we draw on critical geographies, aging, and violence research to analyze how staff manage and control the risk of violence in LTRC. Specifically, we explore the role of space as an instrument of control in places of care; the language of risk and risk containment in these places; and how movement figures in the management of the risk of violence. Data included telephone and web-based semi-structured interviews with 29 staff in two Canadian provinces from 2021-2023, which were analyzed inductively. LTRC staff described having access to and support from other staff as an important feature of safe places. They also emphasized visibility, opportunities to escape from violent or threatening situations, being cognizant of objects that may be used as weapons and moving some residents to other tables, rooms, or specialized units. Finally, some staff acknowledged tensions between person-centered care and protecting staff and resident safety. Our analysis raises concerns about whether the management of space, objects, and activities employed to promote safety contribute to the care and dignity of older people. By drawing attention to the role of space, place, and risk containment in managing violent situations, we illustrate the important contributions of critical geography in troubling institutional care for older people.

S52

Gender in narratives of violence from long-term residential care

Kirsten Brooks[1], Rachel Herron[1], Dale Spencer[2], Sheila Novek[3], Katie Aubrecht[4], Laura Funk[5], Christine Kelly[5], Douglas Brownridge[5], Lori Weeks[6]
[1]Brandon University, Brandon, Canada. [2]Carleton University, Ottawa, Canada. [3]University of British Columbia, Vancouver, Canada. [4]St. Francis Xavier, Antigonish, Canada. [5]University of Manitoba, Winnipeg, Canada. [6]Dalhousie University, Halifax, Canada

Abstract / Résumé

Violence in long-term residential care (LTRC) is primarily directed at women who make up a disproportionate share of residents and staff, yet gender has been relatively understudied and undertheorized in research on violence in this setting. In this presentation, we examine gendered framings and responses to violence in staff narratives about violent situations, drawing together social theories of gender and Bourdieu's habitus and field to advance theoretical understandings of gendered power dynamics in LTRC. Data for this analysis was collected using telephone and web-based semi-structured interviews with 29 staff in two Canadian provinces. Interview transcripts were analyzed inductively, looking at how gender emerged in participants' descriptions of violent situations. Participants' narratives highlighted the importance of body size, strength, speed, and perceptions of capability in anticipating who might perpetrate violence and what form that violence might take. Gender and bodily characteristics also influenced work roles and who was assigned or expected to provide back-up in the event of violent situations. Staff observed that past experiences of gender-based violence and gendered power dynamics outside of LTRC shaped violent situations and power dynamics inside LTRC. In response to violent situations, staff often minimized, downplayed, and laughed off violence to cope with working through violent situations, revealing the power of their gendered duty to care. The findings of this presentation advance understandings of the gendered interpretations and strategies employed in response to violence in LTRC, raising questions about the consequences for both residents and staff.

S53

Staff perspectives on the acceptability of force in long-term residential care

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Abstract / Résumé

In long-term residential care (LTRC), sometimes staff provide involuntary care—care that residents refuse or resist—which can cause harm to both staff and residents. There has been a significant amount of research internationally on conditions of care for older adults living in institutions, but there is a lack of research on the factors that influence the acceptability and normalization of forceful and non-consensual treatment. In this analysis, we explored how and when staff provide involuntary care, when they accept or see this practice as necessary and when they reject this practice. Data included interviews with staff, families, and residents working and living in LTRC as well as observations in two Canadian provinces. The acceptability of involuntary care was often influenced by the potential of harm toward staff rather than the potential for harm to residents. This is apparent through the rationale given for what kind of force is acceptable in care, and what kind of force is not. The potential for staff injury and risk of being reprimanded by management are frequently factors in whether or not to proceed in providing care that the resident has not consented to. Staff narratives about the use of involuntary care reflect a lack of both interpersonal and organizational safety that undermines the autonomy and dignity of those for which they provide care. Institutional culture around resident autonomy and policy restricting the use of force in care are observed to be accompanied by safer and slower-paced day-to-day conditions of life and work.

S54

Closing the gap: Optimizing nurse experiences with using standardized assessments to guide point-of-care decision-making

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Abstract / Résumé

Objectives: To optimize nursing resources and improve care continuity in home-based transitional care programs, a large Canadian health care provider recently expanded standardized clinical assessment responsibilities to include Registered Practical Nurses (RPNs) in addition to Registered Nurses (RNs). As alignment between role demands and employee training and skills are critical to provider experience and staff retention, this project aimed to investigate RPN experiences related to data-informed care planning.

Methods: This multi-method participatory study was designed in collaboration with point-of-care nurses and operational leaders in transitional care. In the first phase of this work, 15 semi-structured interviews focusing on RPNs experiences using standardized assessment data to support person-centered care planning will be conducted and analyzed using an interpretive analytic approach. Subsequent work will leverage these findings to co-design a practice-based tool and associated processes to support collaboration within transitional care teams.

Results: A thematic summary of RPNs' experiences related to assessment training, conducting assessments, and using this data in person-centred care planning and to support inter- and intra-professional collaboration within interdisciplinary teams will be presented and discussed within the context of their application in co-design workshops.

Conclusions: By focusing on point-of-care provider experiences, gaps between practice expectations and employee training and skills will be identified and addressed. By closing this gap through development of practice supports grounded in provider experiences, RPNs will be supported to use the full breadth of their knowledge, skills, and judgement to collaboratively provide data-informed, person-centred care within transitional care; strengthening the home health workforce.

S55

Advancing Home Health Nursing in Canada: Building Consensus on Competencies for Home Health Nursing Through a Modified e-Delphi Approach

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Abstract / Résumé

Objectives: Home Health Nursing Competencies help ensure education and professional development opportunities align with home health nurses' training needs. Given changes within the home care sector, current competencies may not reflect the knowledge and skills required by home health nurses. In partnership with the Community Health Nurses of Canada, this study aimed to update the Home Health Nursing Competencies by identifying a set of relevant competencies essential to delivery of safe and ethical home health nursing.

Methods: A modified 3-round e-Delphi process was conducted. An environmental scan of pre-existing home health competencies served as the basis for the survey. Home health nurses (n=43) across point-of-care, leadership, and education roles provided feedback on the relevance and importance of pre-existing competencies and recommended additional competencies. Through consultations with an Advisory Working Group of home health nursing leaders (n≈21), interdisciplinary home care team members (n≈10) and home health nurses (n≈40), feedback is being obtained on the draft competencies to guide final recommendations.

Results: Panellists recommended 62 competencies for inclusion in the updated Home Health Nursing Competencies, with an additional 31 competencies under discussion. Newly added competencies addressed the importance of trauma-informed care, data-informed decision-making, clients' caregivers and social networks, and incorporation of concepts based on Canada's Truth and Reconciliation Calls to Action for the delivery of home health nursing. Consultations are currently underway.

Conclusions: Identified nursing competencies reflect the changing complexity in home care, providing an opportunity to support workforce stabilization by ensuring education and professional development opportunities align with nurses' identified needs.

S56

Exploring the Observe, Coach, Assist and Report (OCAR) Framework's potential as a personal support practice framework for workforce stabilization in Ontario

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Abstract / Résumé

Objectives: Demand for, and complexity of, home care services are increasing as more Canadians age at home. Most home care services are delivered by personal support (PS) providers. Research shows better integration of PS providers into team-based care can increase job satisfaction, which is associated with workforce stabilization via improved retention. The Observe, Coach, Assist, and Report (OCAR) Framework was developed in 2015 to describe the role of PS providers delivering team-based home care. The objective for this environmental scan was to gather contextual data in preparation for a co-design study developing an OCAR toolkit and processes for standardizing PS practice support structures.

Methods: An online survey was conducted with PS leadership at a national home care organization that was an early adopter of OCAR. The survey involved closed- and open-ended questions exploring OCAR's: perceived relevance to structure PS practice; current uses; and opportunities and resources for improved application. Descriptive statistics and directed content analysis were used.

Results: Home care leadership (n=99) completed the survey in Fall 2023. Over 85% felt OCAR is highly relevant to daily PS practice, with multiple uses reported (e.g., care delegation). Participants saw many opportunities for OCAR structuring team-based care (e.g., improving care consistency) and identified desired implementation resources (e.g., OCAR-related education).

Conclusions: OCAR remains highly relevant and future implementation processes and structures will be co-designed in partnership with an Ontario-based home care organization. Applying OCAR to optimize PS provider inclusion in team-based care can increase retention and workforce stabilization, thereby advancing home care transformation.

S57

Skill-building to address unmet needs: Co-designing mental health conversations with home and community care providers in urban and rural communities across Canada

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Abstract / Résumé

Objectives: Home and community care providers often observe client mental health needs, but many lack skills and resources needed to initiate discussions. We aimed to authentically engage home and community providers across Canada in the co-design of evidence-based resources to support mental health conversations at the point-of-care.

Methods: We hosted seven in-person co-design workshops with a diverse sample of health and social care providers (n=84) from home and community care organizations (n=15) across three provinces. Providers participated in creative 'gamestorming' activities to ideate, prototype and role play use of supportive tools and resources for evidence-informed mental health conversations at the point-of-care. Individual participation goals and key takeaways were captured.

Results: At the outset of each workshop, participants expressed a keen interest in learning more about mental health, and a strong desire to better support the mental health needs of aging clients. Many expressed gratitude for dedicated time away from daily practice to share their lived experiences and learn from peers and through research. Participant takeaway themes include: 1) immediate utility of the co-designed ideas to support daily practice; 2) educational value of participation in co-design activities, such as role play; 3) importance of taking a discipline-agnostic and non-clinical approach to mental health conversations to support inclusivity at the point-of-care.

Conclusions: Findings illustrate the critical nature of focusing on enhancing provider experiences in efforts to build system capacity for meeting the mental health needs of aging Canadians. Authentic participatory research is key to harnessing lived experiences for transformative change.

S58

Health Equity for older 2SLGBTQI+ people: Taking stock and looking forward

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Abstract / Résumé

While 2-spirit, lesbian, gay, bisexual, transgender, queer, and intersex (2SLGBTQI+) older adults share some of the experiences and concerns of all aging Canadians, theirs are also informed by a unique context of social exclusions linked to their minority sexual orientations and/or gender identities. Grounded in an understanding of social determinants of health, 2SLGBTQI+ older people have unique life course experiences, including minority stress, which contribute to increased risks of chronic diseases, mental health impacts, and social isolation. This presentation will highlight the existing evidence on 2SLGBTQI+ aging in Canada and offer insights into future directions for research, practice, and policy. In particular, this presentation will discuss taking a community-engaged approach to addressing mental health issues and risk factors for social isolation among older 2SLGBTQI+ individuals to develop effective interventions. Additionally, it will explore the need for affirming and celebratory environments for aging, addressing discrimination within healthcare, and enhancing inclusivity in communities and services. This presentation will highlight the importance of studying the intersection of aging, physical health, and cognitive decline among 2SLGBTQI+ older adults, with a focus on promoting early detection, culturally relevant screenings, and targeted preventive interventions for dementia risk. The impact of this research lies in promoting health equity and recognizing the socio-cultural factors influencing health outcomes, particularly for marginalized groups. By shedding light on the health status and needs of older 2SLGBTQI+ Canadians, the project aims to reconcile historical injustices and inform policies, programs, and services to better serve members of these communities. Through interdisciplinary collaboration, actionable evidence will be generated to advance the health and well-being of older 2SLGBTQI+ individuals.

S59

Promoting healthy aging among older Black lesbian women through culturally responsive leisure interventions

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Abstract / Résumé

Numerous studies have underscored the health benefits of leisure participation for aging populations; however, the extent to which leisure contributes to the well-being of aging Black lesbian women remains underexplored. This presentation shares findings from a participatory action research project designed by and for older Black lesbian women intended to explore how leisure activities serve as sites for challenging and reproducing oppression, as well as recommendations for more inclusive and affirming leisure services. Guided by Black feminist theory, five Black lesbian women between the ages of 65 and 75 participated in five focus groups, which were transcribed verbatim and analyzed utilizing a thematic approach. Three themes were identified, highlighting the distinct leisure experiences of older Black lesbian women and their needs for tailored interventions: 1) reflecting realities: representation of diverse identities and experiences, 2) belonging together: safe spaces for self-expression, and 3) meeting needs: culturally responsive leisure. This presentation addresses the interconnectedness of identity, leisure, and health. It highlights the importance of adopting an intersectional perspective to transform leisure policy and practice to more effectively promote healthy aging among older Black lesbian women. Implications for policy and practice changes are discussed in relation to enhancing diversity, equity, and inclusion in leisure spaces.

S60

Advancing Equity, Diversity, and Inclusion in Long-Term Care Homes

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Abstract / Résumé

Advancing Equity, Diversity, and Inclusion in Long-Term Care Homes

Throughout their lives, many 2SLGBTQI+ older adults in Canada have faced systemic discrimination and oppression based on their sexual orientation, gender identity and gender expression. This has been particularly prevalent within the health care system, which has resulted in a breakdown of trust in mainstream health and long-term care providers. The Ontario Centres for Learning, Research and Innovation in Long-Term Care (CLRI) at Bruyère have engaged deeply with long-term care (LTC) homes throughout Ontario in advancing equity and inclusion for the past 7 years. These efforts have included co-developing a suite of resources, hosting a Community of Practice, developing training, and providing tailored coaching to support LTC homes on their journeys. A variety of knowledge exchange opportunities have been facilitated, bringing together LTC home representatives, researchers, policy makers, sector partners and people with lived experience, aimed at supporting inclusive and affirming environments for all those who live, visit and work at LTC homes. This work has aimed to deepen awareness and understanding of the experiences of communities marginalized by society, including the 2SLGBTQI+ community, and support practical steps and actions. This presentation will explore the current challenges and realities that are being seen, heard, and experienced on the ground in Ontario-based LTC homes, as efforts are made towards progress. As the long-term care workforce and resident population continues to become increasingly diverse, the need for thoughtful, intentional efforts in supporting belonging and safety will only continue to increase.

S61

Enhancing gerontology education: perspectives of 2SLGBTQI+ older adults on pedagogy and practice

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Abstract / Résumé

Despite an increase in research on 2SLGBTQI+ aging in Canada, much of the gerontological research relies on data solely from majority populations and fails to account for diverse experiences of aging, including the experiences of those from 2SLGBTQI+ communities. As a result, educational resources including textbooks and pedagogical aids have typically only included brief descriptions and resources on 2SLGBTQI+ aging experiences. As part of a larger project focusing on deconstructing normativity in gerontology, our team conducted semi-structured interviews with 25 older adults in Canada aged 50+ who are members of 2SLGBTQI+ communities. Participants reflected on their experiences related to topics often covered in gerontology courses, with particular consideration of their 2SLGBTQI+ identities. Using conventional content analysis, we identified topics and lenses that should be incorporated into post-secondary gerontology education to ensure students consider the experience of 2SLGBTQI+ aging within hetero- and cis-normative cultural contexts. Participants strongly endorsed interactive education, collaboration with 2SLGBTQI+ communities and leaders, and embedding diverse stories and narratives into gerontology education. Tools are required to allow instructors to examine their own assumptions and to guide students through the process of learning and unlearning. Unique experiences of aging within these communities were identified as important for students to understand, including the histories of queer/trans discrimination and the experiences of survivors of the HIV/AIDs crisis. The findings from this project will inform the design of curriculum resources (e.g. lesson plans, interactive activities) that move beyond normativity and include narratives of the lived and living experiences of 2SLGBTQI+ older adults.

S62

Recognizing and Supporting Family Caregivers in the Healthcare System.

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Abstract / Résumé

Family caregivers are pivotal, yet often invisible in health systems. They provide 90% of the care for people needing care in community settings and assist with 30% of the care in congregate care settings. Our Caregiver-Centered Care Education for the healthcare workforce aims to improve caregiver engagement and support by educating providers in person-centered care for caregivers. In this presentation, we focus on the role of Caregiver-Centered Care Education in changing practices, relationships, power dynamics, and mental models towards a healthcare culture that engages caregivers as partners on the healthcare team. Using a co-design process, from November 2019 to December 2023 we developed three levels of education (Foundational, Advanced, and Champions). They are evaluated at three levels of the Kirkpatrick-Barr Healthcare Education Evaluation Framework. Over 6,000 providers completed the Foundational education, with 450 and 60 completing the Advanced and Champions modules, respectively. Evaluations showed significant improvements in providers' knowledge and skills in engaging with family caregivers. Participants reported increased responsiveness to caregivers' needs and increased confidence to partner with family caregivers. The Caregiver-Centered Care Education successfully shifted learners' practices and mental models to foster a culture that recognizes family caregivers as partners in care. The co-design process ensured meaningful involvement of multi-level interdisciplinary stakeholders and caregivers in educational module development. Future steps include assessing the impact on caregivers' perceptions of provider support (Level 4). This approach is crucial in addressing the caregiver support gap, especially given the current healthcare provider shortage and the growing need for care.

S63

The Experiences of Family Caregivers with System Navigation During a Global Pandemic

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Abstract / Résumé

For family caregivers (FCGs) and the people for whom they provide care (caregiving dyad), the COVID-19 pandemic affected and continues to affect almost every dimension of their lives and caregiving routines. To understand the FCGs' experiences and generate recommendations to inform policies around care access we conducted two mixed methods studies. The first study was conducted during the initial wave and the second study was completed during the subsequent waves of the pandemic. The objective of the studies were to assess the experiences and unmet needs of the caregiving dyad and if the experiences changed as the pandemic continued. In both studies, we found the pandemic exacerbated existing issues of fragmentation, under-resourcing, and low capacity in essential health and social services, with many FCGs feeling abandoned in their role at a time when support was needed the most. Issues with system navigation were some of the most profound obstacles that FCGs faced during the successive waves of COVID-19, with one FCG stating: "The problem isn't the pandemic, the problem is the system". Re-imagining how essential services are used and integrated is needed, with a navigation system for FCGs having the potential for reducing fragmentation and improving support for the caregiving dyad. FCGs' recommendations to address this need included a centralized network that would assist with locating needed information as well as accessing applicable supports. There is a need to address the gaps that existed in system navigation prior to COVID-19 to help better prepare for the next public health emergency.

S64

Embracing culture as integral to informed decision-making: a palliative and end of life care toolkit for continuing care caregivers, residents, and families

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Abstract / Résumé

Cultural influences play a significant role in shaping perceptions, understanding, and engagement in advance care planning and end-of-life conversations within long-term care settings. Recognizing the need for culturally relevant person-centered care, this study aims to introduce an online toolkit designed to enhance cultural competency among providers, volunteers, family caregivers, and residents in continuing care facilities. The toolkit offers practical guides, resources, and tools to facilitate pragmatic conversations and provide high-quality, culturally-responsive palliative care from admission to end-of-life.

The development of the toolkit involved a collaborative approach, incorporating input from healthcare professionals, cultural experts, and family caregivers. The content was structured to address key areas of cultural sensitivity, communication strategies, and palliative care practices. An evaluation of the toolkit's effectiveness was conducted through surveys and feedback from users, including providers, volunteers, family caregivers, and families.

Preliminary evaluation results indicate that the toolkit has positively impacted the delivery of culturally responsive care in long-term care settings. Users reported an increased understanding of cultural nuances, improved communication skills, and enhanced confidence in providing culturally appropriate palliative care. The toolkit has been instrumental in fostering a more inclusive and respectful care environment, ultimately benefiting residents and their families.

The development and implementation of the online toolkit represent a significant step forward in integrating cultural competency into palliative and end-of-life care in continuing care settings. By embracing culture as an integral part of informed decision-making, providers can ensure that care is respectful, appropriate, and aligned with the values and preferences of residents and their families. Further research and feedback will be essential in refining the toolkit and expanding its reach and impact.

S65

Bridging Culture and Care for Elders in the Sikh community: Making a case for the Caregiver-Centred Care Competency Framework

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Abstract / Résumé

Members of the Sikh diaspora in Canada are hesitant to access long-term care services, regarding them as a last resort due to cultural values prioritizing filial piety and care within the family. Nevertheless, the acceptance of Canadian social structures (e.g., nuclear vs. joint family structures; double-income households; geographically distributed families) increases the likelihood of needing caregiving support outside the home. In such circumstances, first-generation members of the Sikh diaspora may have difficulty navigating services and negotiating adaptations to community values and needs. Simultaneously, relevant cultural sensitivity and supports appear to be underdeveloped in Canada's healthcare system (Arya & Tong, 2023). The study on report here explored the experiences of first-generation Sikh family caregivers in Saskatchewan, Canada, who have been navigating the Canadian healthcare system. Building on a qualitative research design, semi-structured in-person interviews were conducted with six Sikh family caregivers in a mid-sized Saskatchewan city. Interview questions were informed in part by the "Caregiver-Centered Care Competency Framework" (Parmar et al., 2021) and its six key domains regarding caregiver roles (i.e., recognizing, communicating, partnering, fostering, navigating, and enhancing). Reflexive thematic analysis was used to interpret the findings (Braun & Clarke, 2022). The interviews revealed, for example, that family caregivers were unreasonably expected to be familiar with long-term care supports and how to organize them, and that access to long-term care could mean loss of cultural identity and community. Strategies are identified to build bridges between Sikh family caregivers and the healthcare system to better support Sikh long-term care residents.

S66

The Experiences of Family Caregivers with System Navigation During a Global Pandemic

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Abstract / Résumé

For family caregivers (FCGs) and the people for whom they provide care (caregiving dyad), the COVID-19 pandemic affected and continues to affect almost every dimension of their lives and caregiving routines. To understand the FCGs' experiences and generate recommendations to inform policies about care access we conducted two mixed methods studies. The first study was conducted during the initial wave and the second study was completed during the subsequent waves of the pandemic. The objective of the studies was to assess the experiences and unmet needs of the caregiving dyad and if the experiences changed as the pandemic continued. In both studies, we found the pandemic exacerbated existing issues of fragmentation, under-resourcing, and low capacity in essential health and social services, with many FCGs feeling abandoned in their role at a time when support was needed the most. Issues with system navigation were some of the most profound obstacles that FCGs faced during the successive waves of COVID-19, with one FCG stating: "The problem isn't the pandemic, the problem is the system". Re-imagining how essential services are used and integrated is required, with a navigation system for FCGs having the potential for reducing fragmentation and improving support for the caregiving dyad. FCGs' recommendations to address this necessity included a centralized network that would assist with locating needed information as well as accessing applicable supports. There is a need to address the gaps that existed in system navigation prior to COVID-19 to help better prepare for the next public health emergency.

S67

Implicit Narratives in Arts-based Co-Creative Dementia Projects

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Abstract / Résumé

Over the last decade, throughout North America and the United Kingdom, participatory arts programs for people living with dementia have expanded in scale and number, and evolved in their approaches. This presentation is a narrative analysis of ways in which these new and evolving transdisciplinary programs and practices generate implicit narratives both about what it means to live with dementia, and about the value and meaning of the arts and creativity to human experience. Using as examples several large-scale, multi-year, community-engaged, co-creative projects with people with lived experience of dementia (specifically, American researcher Anne Basting's *Creative Care* projects; the United Kingdom-based *Creative Out of Mind* project; and the Canadian project *Raising the Curtain on the Lived Experience of Dementia*), I argue that these projects, and others like them, shift cultural imaginaries of dementia (i.e. the ideas, practices, values, institutions, and symbols that shape the way society imagines dementia) through creating implicit narratives that: (1) construct lived experience as a legitimate form of knowledge; (2) uphold creativity as a universal quality; and (3) re-imagine health and well-being discourses to include understandings of well-being that include ill-being. By obtaining funding, developing unique working processes, situating themselves in non-traditional environments, and sharing resources with the public, these projects construct implicit narratives about what dementia means in terms of doing, being, becoming, and belonging, shifting away from notions of dementia as pathology and loss, and towards understandings of dementia that include creative potential, citizenship, and new conceptualizations of well-being.

S68

Social Innovations: Shifting Dementia Narratives

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Abstract / Résumé

Canada's Dementia Strategy is providing impetus and context to think differently about dementia, and to act with new narratives in mind. With the strategy has come funding to evaluate new community-based interventions aimed at promoting quality of life for people living with dementia. *Dementia Ventures* (2019-2023) was an initiative of Vancouver's Westside Seniors Hub whose community partners (mostly non-profit neighbourhood-based groups) worked together with our research team and an action group of people with lived experience of dementia to imagine and realize new opportunities for social connection. Drawing on principles of asset-based community development, different kinds of programs were created over the life of the project including (1) buddy programs; (2) memory cafes; (3) butterfly gardens; and (4) community dialogues. We present a short documentary based on data gathered as part of the developmental evaluation. The film highlights the strengths these groups have leveraged to create new narratives about dementia, and what they have learned about how to put these narratives into action. Themes include: (1) being ready for change; (2) needing to address stigma; (3) the benefit of working with (not for) people with dementia; (4) working in a community's own language; and (5) the role of the university as project backer. We discuss the meaningful tensions that exist between a community's eagerness for shifting cultural narratives of dementia, and the complexity and intrinsic slowness of the work.

S69

The ´feeling self´ and narrative identity: Rethinking dementia stories through emotional memories

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Abstract / Résumé

Cultural narratives influence how dementia is understood by providing sources of content, genres, and plotlines that heavily influence which stories are told and which are silenced, which stories are valued and which are discounted, and who gets to tell a particular type of story and why. Cultural narratives about dementia equate changes in language use to a loss of self. Since language is a shared space where people construct meaning through stories, broken language (e.g., changes in syntax, grammatical incoherence) experienced by many people living with dementia has been mistakenly used to signify broken selves. In this paper, I consider narrative identity and the "feeling" self (emotional memories) in five small stories by people living with dementia. Overall, I argue that to counter dominant cultural narratives about the experience of living with dementia, we need to be open to ways to elicit and interpret narratives by people with dementia, respecting these narrators as the authority of their own experiences.

S70

Remembering and Reconnecting: New Perspectives on Disorientation Experienced by Persons with Dementia

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Abstract / Résumé

While a number of plays and theatre productions have portrayed the challenges and struggles related to the altered time and reality perception, a few theatrical works offer a novel perspective on this change. Analyzing three theatrical pieces, *The Nature of Forgetting* (2017) by Theatre Re, Finding Joy (2014) by Vamos Theatre, and *The Visiting Hour* (2021) by Frank McGuinness, this paper discusses how these productions suggest a fresh and positive outlook on what is medically labeled temporal deviance or a mental abnormality. These works' narratives shed light on how the so-called experience of disorientation can enable individuals with dementia to resolve their lingering emotions, to express their selfhood and identity, and to reconnect with both lost loved ones and those around them. In this analysis, I will demonstrate how theatrical works can transform the negative narratives around dementia by offering a positive and new perspective on the alternative perception of time and reality experienced by persons with dementia.

S71

Embracing Diversity: A Strength-Based Approach to Addressing Elder Abuse in Ethnically Diverse Communities in Canada

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Abstract / Résumé

In the field of elder abuse prevention, there is a growing recognition of the need to address challenges specific to ethnically diverse older populations. However, existing resources often focus on deficits rather than leveraging community strengths. Our proposal advocates for a shift towards a respectful, strength-based perspective.

Various barriers hinder effective engagement with elder mistreatment in diverse communities, including differing definitions and cultural obstacles. This **ethnocultural elder abuse** project that is being done with **Carya** (a Calgary-based social impact agency) aims to bridge these gaps and meet the specific needs of ethnic minorities and immigrant older adults by:

1. Develop: Create culturally appropriate elder abuse resources tailored to the diverse backgrounds of older adults.

2. Adapt: Modify existing materials and training programs to align with the cultural nuances of ethnically diverse populations.

3. Promote: Disseminate these culturally sensitive resources and training initiatives across the province to empower professionals and community members in preventing and responding to elder abuse.

Our methodology involved the development of new or revised knowledge and resource materials, addressing nuances through collaboration with various organisations within the province of Alberta that are experienced in working directly with older adults from ethnic minorities and immigrant backgrounds. By embracing diversity and promoting a strength-based perspective, this project aimed to reshape the narrative around elder abuse prevention, fostering a more inclusive and effective approach that respects the unique attributes of ethnically diverse older individuals.

S72

Organizational Abuse to Older Adults: A Case Study of the Sale of Lions Place in Winnipeg

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Abstract / Résumé

The former Lions Place, located in downtown Winnipeg, was owned and operated by a registered charity and non-profit organization until 2023, when it was sold to a for-profit Real Estate Operating Company. It previously provided housing for older adults within a supportive community, with in-house amenities promoting quality of life. Initiated at the tenants' request, the objective of this study was to document, understand and contextualize the causes and consequences of the sale. This case study analysis relied primarily on in-person interviews with 23 tenants, 2 family members, 6 former staff, and 4 community stakeholders. The data document numerous, substantial harms related to the sale that have affected tenants, their quality of life and their community. In addition, the analysis explored how the non-profit organization appeared to develop a life of its own whereby the needs of the older adults it purported to serve, especially those with multiple overlapping challenges and vulnerabilities, became neglected. Although broader contextual factors shaping the capacity of both service clubs and non-profit housing organizations were indirectly involved, the response to contextual pressures over time by the organization played a significant role. We conclude that the sale of Lions Place can be conceptualized as a form of organizational neglect and abuse to older adults in a community setting. As such, the case provides important insights into this under-documented form of abuse.

S73

Exploitation and Trafficking of Older Persons

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Abstract / Résumé

Trafficking of persons, also known as human trafficking, is a global concern that transcends all races, social classes, ages, religions, and genders. Trafficking takes on a variety of forms and it intersects with homelessness, domestic violence, and other forms of violence. Considering this, it is crucial to acknowledge that exploitation of the elderly does not happen in a silo and that the consequences are hard to ignore. The current gerontology discourse is lacking in trafficking studies. Elder abuse is well documented in the literature, and there are few publications on benefits trafficking (Thomas & Strickland, 2023) and exploitation of elder guardianship (Kennedy, n.d.). This study sought to answer the following research question:

How does exploitation and trafficking in persons manifest in older populations?

Preliminary findings indicate that persons who exploit the elderly include family members, care workers and strangers - using tactics such as isolation, humiliation, and medication. The intersection of ageism, limited agency, reduced support system and declining bodily autonomy puts seniors at greater risk for benefits trafficking, sexual exploitation, domestic servitude, criminal exploitation, and exploitation of guardianship rights. The misguided notion that older persons are less vulnerable to trafficking in comparison to other age groups equate to them receiving inadequate care and protection. The exploitation of older persons is present though discreet or not linked to trafficking. It is evident that social work practice spaces, addressing trafficking, are not inclusive and accessible - subsequently alienating elderly victims from seeking services.

S74

Socio-demographic determinants of intimate partner violence (IPV): does sexual orientation matter? Findings from the Canadian Longitudinal Study on Aging (CLSA)

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Abstract / Résumé

OBJECTIVES: This study explores prevalence and risk factors for IPV among lesbian, gay and bisexual (LGB) compared to heterosexual Canadians aged 50+, using data from the CLSA.

METHODS: Data from participants reporting an intimate partner relationship since age 16 (n=11,727) and answering 'yes' to at least one item on the Composite Abuse Scale (Revised) – Short Form used to capture lifetime IPV experience (L-IPV) were analyzed. Stratified by sexual orientation, prevalence of L-IPV by IPV type was calculated and regression analyses with age, gender, education level, income, marital status, employment status, and living arrangement as independent variables, were performed.

RESULTS: L-IPV prevalence was highest among LB women (35.8%), followed by GB men (29.3%), heterosexual women (29.0%) and heterosexual men (16.2%) ($P< 0.001$). For heterosexuals, gender, age-group, marital status, household income, and current work status were significantly ($p<0.001$) associated with L-IPV. For LGB participants, only marital status was significantly ($p<0.01$) associated with L-IPV. The pattern was similar across all three IPV types (psychological, physical and sexual).

CONCLUSIONS: L-IPV may be more prevalent among LGB older adult women and men compared to their heterosexual peers, mirroring research findings from other younger cohorts. However, most sociodemographic associations with L-IPV in heterosexuals were not observed among their LGB peers. This could be a period effect, reflecting near universal experience of discrimination and historical, societal rejection among LGB older adults, highlighting the need for further research on risks, as well as trauma-informed approaches when designing and delivering policy, programs and services targeted to them.

S75

A conceptual analysis of help-seeking in a situation of mistreatment: Moving the understanding of vulnerability beyond age

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Abstract / Résumé

In Quebec, the government has adopted a law (L-6.3) which aims to combat maltreatment not only of older adults, but also of any adult in a vulnerable situation. Under this law, a person's vulnerability is – regardless of age – closely linked to their ability to seek or obtain help. This ability can also determine, in some cases, whether or not professionals or health and social services providers are legally required to report suspected mistreatment.

The paper presents the results of a literature review conducted following the conceptual analysis model developed by Walker and Avant (2014). The aim was to explore the concept of help-seeking and to identify its antecedents, attributes and consequences. In line with the comprehensive approach adopted by the law (L-.6.3), the conceptual analysis targeted all adult populations (18+) experiencing any form of mistreatment. Searches within five databases initially identified 9960 publications, a number reduced to 6483 once duplicates were removed. The remaining publications were then screened by titles and abstracts (n=271) and assessed for eligibility through full-text reviews (n=79).

The conceptual analysis highlights the main factors influencing the help-seeking process of adults experiencing mistreatment. By shifting the usual focus on older adults, the paper moves the reflection on mistreatment forward by approaching it from the perspective of adult vulnerability at large. Finally, the paper addresses the need for a clinical operationalization of the concepts of help-seeking and vulnerability for professionals subject to mandatory reporting under the Quebec's law.

S76

Elder abuse in the LGBT+ community: A hidden problem

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Abstract / Résumé

Compared to heterosexual age peers, LGBT older adults are more likely to live alone, be partnered, have children and have higher rates of loneliness and isolation - well known risk factors for elder abuse. Our goals were to raise awareness of LGBT+ elder abuse among health and social care providers, LGBT+ organizations, and seniors' groups and about locally available services. METHOD: In Phase 1, we brought queer older adult creative writers, queer youth activists and elder abuse/family violence researchers together to create LGBT-relevant videos, and poster/fact sheets and conducted Town Hall meetings in 6 communities in BC, plus "Dialogue Sessions" with service providers to BC's two largest ethnic minorities (Chinese; South Asian). Next, we conducted literature reviews and, in-depth interviews with 9 victims and published findings in a book (Robson et al, Springer 2023) and journal articles (OBM Geriatrics, Special Issue). Town hall/book launches were conducted across BC in 2024. RESULTS: 3 videos and 5 poster/fact sheets were produced. The videos illustrated neglect of a transgender man in a care facility, psychological and physical abuse in a lesbian couple, and financial abuse in a gay couple. The book demonstrates the impact of homophobia and transphobia and micro-aggression. These tools were well received by Town Hall/Dialogue Session attendees (n=21-57/gp), triggering active discussion and visits to our website (www.sfu.ca/lgbteol). CONCLUSION: This project demonstrated that silos that characterize potential services to abused older adults can be connected. The tools fill a gap in relevant resources for this often marginalized seniors' sub-population.

S77

Managing Incontinence – What are the main problems for older adults? Establishing a Research Agenda, Knowledge Synthesis and Translation through Community Partnership

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Abstract / Résumé

Urinary incontinence (UI), the complaint of involuntary leakage of urine, has a substantial impact on the quality of life of older adults. Most UI research is driven by researchers and lacks the patient perspective. The goal of this study was to gain the perspective of older adults in formulating a research agenda, tailored to address their questions and improve their experience with managing UI. Using community based participatory research methods, an advisory group of eight older adults with UI was recruited to be on the research team. An initial focus group was conducted to learn about their research needs. Nominal Group Technique was used and data was analyzed thematically. Employing the Delphi consensus method, an online questionnaire, containing 20 priorities for future UI research and education was developed. The online questionnaire was advertised across Canada. Fifty nine older adults with UI rated each priority on a Likert scale in the first round. The second round received an 85% response rate. A total of 11 priorities of >80% agreement were retained. The highest rated priorities included relationship between physical activity and UI, support for those with UI, causes of UI and its management, public restroom accessibility and sleep and UI. A rapid literature review was then conducted to synthesize knowledge on the impact of the lifestyle factors identified in the priority setting partnership and an evidence-based educational brochure and webinar were developed to inform older adults on the lifestyle management options for urinary incontinence.

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S78

Cultural attitudes and beliefs of older Sikh women in Edmonton, Alberta, on the management of urinary incontinence - reflections on engagement with the Sikh community

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Abstract / Résumé

Background – Urinary incontinence (UI), the involuntary loss of urine is a distressing symptom in women. Stigma can prevent South Asian women from seeking care for UI, attributed to cultural attitudes/beliefs/taboos/folklore. There are no data on older Sikh women regarding their views on UI. This reflexive piece focuses on the research team's experience of engaging older Sikh women in Edmonton as collaborators to design a study that explores how UI is perceived by older Sikh women.

Methods – The University of B.C. Community Engaged Learning Reflection Framework was used to build engagement with the Sikh community. Reflexivity was used to learn from community members on how to best engage these women. Connections/networks among Sikh community members were utilized in a snowballing technique, to reach the group of five women who enthusiastically agreed to form the research advisory group.

Results – It has been challenging to reach our target population, given participants' lack of trust, and cultural and religious barriers. Older Sikh women in religious institutions, like Sikh gurdwaras, were directly approached but were reluctant to engage. This was addressed by engaging younger/middle-aged women within the Sikh community to establish trust and garner support from older family members. Diverse Sikh organizations were engaged. An important requirement was the need for a 'safe space'.

Conclusions – Community engagement of older Sikh women can be challenging because of cultural and religious barriers associated with the taboo topic of UI. A multi-pronged approach was required to engage older Sikh women to form an advisory group to guide the next phase of our study.

S79

Day-to-day experience of managing urinary incontinence (UI) – a Photovoice study

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Abstract / Résumé

Background: The prevalence of UI increases in association with increasing age. UI impairs the lifestyle and quality of life of older adults, yet its impact on day-to-day living and the coping mechanisms employed to manage the condition are not well documented from the perspective of the older adults themselves. This study aimed to examine these factors.

Methods: This study used photovoice to explore lived experience. After completing an orientation to the study, five participants (age range 68 – 90 years) provided a diary record and twenty-five pictures each, depicting their experiences of living with UI. Semi-structured individual interviews and a focus group were conducted and analyzed using conventional content analysis. A pictogram was developed with participant involvement.

Results: Participants disclosed challenges with anxiety, being in groups, traveling/driving, taking jobs/volunteering, extra-clothing, financial and psychosocial impact of incontinence products, fluid intake management and physiotherapy. They identified these as barriers and handicaps to daily living. They also noted difficulty sharing concerns with physicians, family, and friends. Timed voiding, pre-planning bathroom breaks, proximity to washroom in the home, and opting for keyless home entry were noted as useful coping strategies.

Discussion: This study depicted significant lifestyle changes, health, and psychosocial impacts of UI in older adults; it caused considerable impact on quality of life. UI remains a taboo subject for older adults.

Conclusion: UI significantly impacts many aspects of daily life for older adults. Despite developed coping strategies, there remains a need for enhanced communication and ongoing support for individuals with UI.

S80

Development of a culturally appropriate, community delivered management program for urinary incontinence in Ghanaian women: A Feasibility Study

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Abstract / Résumé

Urinary Incontinence (UI) is a common medical condition that globally affects approximately one in three women. In Ghana and many parts of sub-Saharan Africa, obstetric fistulas are often associated with urinary incontinence, a serious condition resulting from childbirth complications. However, stress urinary incontinence is less discussed and considered rare. Understanding the cultural and social factors influencing perception and reporting of urinary incontinence in women is crucial for effective management and treatment of the condition. There exists an opportunity to support the management of UI, in conjunction with women and primary health care workers, to co-create, test, and implement a culturally appropriate program suitable for delivery in the community for the management of UI in rural Ghana. This feasibility study aimed to engage older rural Ghanaian women, frontline health care workers and relevant stakeholders in Ghana to explore their capacity, capability, and willingness to create and implement a culturally acceptable exercise-based continence management program for older women in rural Ghana using a community based participatory research approach, with in-depth interviews (IDIs) and focus group discussions (FGDs). Field and meeting notes were also collected to facilitate analysis. Data collected was analyzed via conventional content analysis. While there is a need for a culturally acceptable intervention for UI, cultural, social, linguistic, logistical and economical factors need to be taken into consideration. Findings from this feasibility study will form the foundations for the development of a sustainable, deliverable community intervention for rural Ghanaian women with non-fistulous urinary incontinence.

S81

Family caregiver satisfaction and utility of passive remote monitoring technology utilized by frail home care clients

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Abstract / Résumé

Passive remote monitoring technologies (PRM) utilize information gathered from sensors that is transmitted to a caregiver to alert them to a possible incident or changes in individuals' behaviour. While remote monitoring usage is expanding rapidly, there is relatively little empirical research focused on PRM from the perspective of those who have utilized this technology. In this research, we examined the level of satisfaction and utility of PRM from the experiences of family and friend caregivers of frail older adult home care clients. Quantitative data were collected in two Canadian provinces through interviews with 80 family and friend caregivers of frail home care clients who utilized passive RMT for at least 90 days. Data reported included types of sensors utilized, level of satisfaction with type of sensor, usability, and satisfaction with PRM. Most participants were over age 60, female, lived with the home care client, and reported moderate-to-high levels of caregiver burden. Sensors to detect wandering were frequently utilized. There was a high level of satisfaction across various types of sensors utilized and very positive utility for themselves as a caregiver and for the person they cared for. Participants identified that the technology did not have a negative impact on privacy or interfered with day-to-day life. The results of this research contribute to our scant knowledge about the high level of satisfaction and utility of PRM from those with real life experience using this technology. Mechanisms should be investigated to support the implementation of PRM for caregivers of frail older adults.

S82

Caring Near and Far: A pragmatic randomized control trial (PRCT) of a remote monitoring home care innovation

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Abstract / Résumé

This inter-provincial (NS, NB, ON) study examined how passive remote monitoring (PRM) technologies in the home supported older adults' safe aging in place and avoidance or delay of higher levels of care. Researchers in NS and ON implemented a PRM model of homecare unique to their health system contexts. Each PRM model integrated tailored PRM devices (e.g. motion sensors, cameras, door alarms) into homecare patients' residences with the aim of linking patients, family/friend caregivers, and healthcare providers to support older adults' aging in place. A pragmatic randomized control trial (PRCT) design was implemented in ON and NS to assess patients' ability to remain safely in their home and avoid or delay higher levels of care. Analyses included evaluations of 1) healthcare service utilization patterns, 2) patient functional status and quality of life, and 3) family/friend caregiver stress and functional health status. A qualitative study was also conducted to understand homecare patients' and family member/friends' acceptance of or resistance to PRM technology (e.g., privacy), and benefits and challenges of the model of care among patients, family/friend caregivers, healthcare professionals, and healthcare decision-makers. This study faced a number of challenges, including: 1) system level data privacy and confidentiality considerations that prohibited administrative data analyses between multiple provinces, 2) diversity of comfort with technology for prospective participants, and 3) COVID-19 pandemic response that changed homecare service delivery and promoted people (i.e. older adults and caregivers) to stay home.

S83

Impact of remote monitoring technologies on home care recipients' ability to stay home longer: Primary outcomes of a multi-provincial pragmatic randomized control trial

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Abstract / Résumé

A pragmatic RCT examined how passive remote monitoring (PRM) technologies support older adults to safely remain in their home and avoid/delay admission to higher levels of care. Pairs of homecare patients and their family/friend caregivers were recruited in ON and NS. Participant pairs were randomly assigned to one of two conditions: 1) standard home care (control) or 2) standard home care plus study-provided PRM (intervention). Participants provided their provincial health insurance numbers to link with provincial health administrative databases and identify if patients were admitted to higher levels of care after 1 year. 313 patient-caregiver pairs were recruited: 174 pairs in ON (60= intervention; 114= control) and 139 pairs in NS (45= intervention; 94= control). Cox proportional hazards models were used to evaluate the primary outcome in each province. Results indicate PRM was associated with a non-significant 30% reduction in risk of patients being admitted to higher levels of care in ON (hazard ratio= 0.7, 95% CI [0.3, 1.4]) and no reduction in risk in NS (hazard ratio= 1.1, 95% CI [0.3, 3.7]). Adjusting for patient sex had no impact on model estimates for either province. Limitations related, in part, to the impact of COVID-19 may have contributed to the lack of statistically significant differences between groups. However, results demonstrate a trend in favor of PRM to support patients' aging in place. Further study is required to understand if longer follow-up time allows more effects of PRM on patients' avoidance of higher levels of care to be detected.

S84

Examining the effect of passive remote monitoring technologies on family/friend caregivers of complex homecare

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Abstract / Résumé

Passive remote monitoring (PRM) technologies may support family/friend caregivers and reduce caregiver burden by providing easy access to information regarding the patient's wellbeing and safety in their home. The 12-item Zarit Burden Interview (ZBI) was implemented to understand PRM's impact on caregiver burden as part of a pragmatic randomized control trial in ON and NS. Data were collected from caregivers in both control (standard homecare) and intervention (standard homecare plus PRM) groups three times during a 1-year period. 175 participants (intervention, n= 60; control, n= 115) completed the Zarit Burden Interview at all three timepoints. Baseline ZBI scores for both control (mean= 16.63, sd= 9.25) and intervention participants (mean= 17.75, sd= 9.93) suggests both groups experienced similar levels of moderate-to-high caregiver burden when recruited. Factorial repeated measures ANOVA indicated no significant main effect of participant group on caregiver burden over 1 year [$F(2, 346)= 1.78$, $p= .17$]. However, there was a significant between-subjects effect of study group on caregiver burden [$F(1, 173)= 572.75$, $p< .001$]; contrasts revealed caregiver burden significantly decreased for intervention participants after 6 months (mean= 15.22, sd= 8.82) [$F(1, 59)= 6.13$, $p< .05$] before returning to near-baseline levels after 1 year (mean= 17.10, sd= 9.69). These results suggest that PRM can reduce caregiver burden during initial exposure; however, COVID-19 limited our ability to fully detect PRM effects on caregiver burden as the pandemic response was initiated during our data collection period. Further study is required to understand the full effect of PRM on caregiver burden.

S85

Caregiving, stress, and presenteeism among employed caregivers of older adults: A time-lagged analysis

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Abstract / Résumé

As the population ages, increasing numbers of employees are stepping into unpaid family/friend caregiver roles. For employed caregivers, these additional responsibilities can create challenges balancing work and family life, contributing to feelings of stress and reduced engagement and productivity at work. This study used the Job Demands-Resources Model as a theoretical framework to examine the effects of caregiving (demand) and caregiving help (resource) on employed caregivers' stress and subsequent presenteeism 1 year later. Secondary analysis of employed caregivers' (n = 78) survey data collected from a multi-province pragmatic RCT was conducted. The hypothesized model was tested using structural equation modeling in Mplus. The data was a good fit for the hypothesized model: Model fit: $\chi^2(15) = 19.037$, $p = .212$; CFI = .948; TLI = .923; RMSEA = .065; SRMR = .067; -2(log likelihood) = 1716.036. Stress was a significant predictor of presenteeism ($\beta = .33$, $p = .004$). Neither caregiving hours nor hours of help received were significant predictors of stress. These results emphasize the importance of addressing stress among employed caregivers to mitigate presenteeism. While caregiving hours and received support didn't directly predict stress, their impact on caregivers' well-being warrants further exploration. While future research should examine the nature and nuanced effects of caregiving dynamics on employed caregivers' stress levels and work performance, employers might consider supportive policies and flexible workplace practices to support employee retention, address stress and enhance productivity among this demographic

S86

Leading a Pan-Canadian Graduate Student Writing Mentorship Program: Possibilities and Practicalities in the 21st Century

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Abstract / Résumé

One of the more positive outcomes from the COVID-19 pandemic is the broad acceptance of virtual platforms to facilitate research and training activities. An overarching objective of holding a CIHR Chair in Sex and Gender Science (2020 – 2024) was mentorship and training of future health research scholars. As part of addressing this objective, Dr. Jennifer Baumbusch organized a pan-Canadian graduate student writing mentorship program. The aim of the program was to a) support the development of manuscript writing skills for peer-review publications among graduate students and b) foster networking and collaboration among graduate students across academic institutions. In Spring 2023, a call for applications resulted in seven graduate students being accepted to the program in addition to the two who were already part of the core research team. The group was comprised of students from seven institutions and a range of disciplinary backgrounds. From June to December 2023, we held monthly two-hour virtual workshops. Session topics included applied examples of qualitative analysis, manuscript writing and preparation, peer-review and revision processes, and innovative approaches to knowledge translation. We conducted process evaluation through online surveys that solicited feedback from participating trainees on their experience. As a result of this program, there are four manuscripts being prepared for publication. In this presentation, Dr. Baumbusch will share the topics of the workshops, the process feedback, as well as reflections on both the strengths and limitations of the program.

S87

Using a Trauma Informed Care Approach to Understanding Family Caregivers' Experiences Accessing Formal Supports in Dementia Care

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Abstract / Résumé

Objective: Family caregivers play crucial roles throughout the caregiving journey for individuals living with dementia. However, their contributions often go unrecognized, and their needs remain invisible as they provide support within the context of an episodic and fragmented formal care system. This study, guided by a longitudinal qualitative methodology informed by trauma-informed care (TIC), aimed to explore caregivers' experiences in accessing formal support.

Method: Fifteen care partners in British Columbia, Canada, participated in semi-structured interviews and maintained journal entries for up to two years, from August 2020 to October 2023. Interview and diary data were analyzed using a hybrid inductive-deductive thematic analysis approach guided by the TIC framework.

Findings: Our analysis suggests that caregivers' experiences align with existing TIC principles: 1) Safety, 2) Trustworthiness and Transparency, 3) Peer Support and Self-Help, 4) Collaboration and Mutuality, 5) Empowerment Voice and Choice, and 6) Cultural, Historical, and Gender Issues. The introduction of "Uncertainty" as a new principle in the TIC framework highlights the persistent uncertainty caregivers face, from diagnosis to the increasing inadequacy of home care, as they navigate ambiguous formal support systems.

Conclusions: This study underscores the importance of viewing caregiver experiences through a TIC lens, emphasizing the profound impact of support deficits on their physical and mental health. Our findings highlight the need for an inclusive care system that recognizes and supports caregivers. We advocate for a trauma-informed care environment that acknowledges caregivers' unique needs and knowledge and empowers them in their interactions with formal dementia care.

S88

Future Planning (Or Not): The Trajectory of Dementia Care in the Community

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Abstract / Résumé

Objective: Future planning is vital for care partners to discuss and navigate the care goals of their relative with dementia, though it poses challenges amidst the dementia journey. This longitudinal qualitative study aimed to investigate how care partners of individuals living with dementia engage in future planning amidst the unpredictable trajectory of the disease

Method: Fifteen care partners in British Columbia, Canada participated in semi-structured interviews and diary entries over a period of up to two years, from August 2020 to October 2023. The study employed thematic analysis, informed by relational autonomy and supported decision-making principles, to discern patterns and themes in care partners' experiences.

Results/Findings: The thematic analysis revealed four key themes: (1) changes to living arrangements, (2) anticipatory grief, (3) future planning with changing health, and (4) finding hope. These themes illustrate the complexities and challenges that care partners face as they navigate the dementia journey and engage in discussions about future planning.

Conclusions: The study highlights the importance of addressing future planning needs among care partners of individuals with progressive dementias. Findings underscore the necessity for tailored resources and support aimed at assisting care partners in navigating the uncertainties of the dementia journey and fostering effective future planning discussions.

S89

Reimagining Caregiving Roles and Challenging Gender Norms: A Husband's Experience with Caring for Wife Living with Dementia

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Abstract / Résumé

Objective: Despite the heavy reliance on unpaid family caregivers for providing care to people living with dementia in the community, there is a significant gap in research on the experiences of men caring for their relatives with dementia. This paper aims to help address this gap by exploring how male caregivers, specifically husbands, experience and describe their roles in caring for wives with moderate to severe dementia within the community setting.

Method: Embedded within a broader longitudinal qualitative study employing semi-structured interviews and diary entries, we performed a descriptive single case study centering on the experiences of a husband caregiver. Data were analyzed using reflexive thematic analysis.

Results/Findings: Three themes were: 1) Striving for Normalcy Amidst Uncertainty, 2) The Emotional Landscape of Caregiving, and 3) Breaking Gendered Traditions and Expectations. The husband caregiver's dedication to integrating routines, stability, and familiarity into daily life maintained a sense of normalcy for both him and his wife with dementia. Throughout his wife's dementia progression, the husband caregiver navigated a wide spectrum of emotions, from frustration and fear to hope and gratitude. The husband encountered many challenges when undertaking caregiving responsibilities, revealing overlooked aspects of gender expectations and evolving nature of caregiving roles.

Conclusion: These findings emphasize the importance of understanding and addressing the unique challenges faced by male caregivers, particularly husbands caring for wives with dementia. Identifying their specific needs is crucial for developing tailored support services and interventions aimed at improving the overall quality of dementia care and supporting caregivers more effectively.

S90

The Evolving Landscape of Decision-Making in Dementia Care

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Abstract / Résumé

Navigating decision-making for their relatives living with dementia and diminished capacity is a complex issue faced by care partners. Legislation exists across different jurisdictions to support decision-making for persons with diminished capacity, but its day-to-day utility is unclear. We aimed to explore decision-making policy and practice issues for people living with dementia and their care partners.

We performed a policy scan of international decision-making legislation to identify gaps in policy relevant to persons with dementia. Drawing on interview and diary data from a longitudinal qualitative study exploring the experiences of people living with dementia and their care partners in British Columbia, Canada, we used interpretive policy analysis to investigate the usefulness of legislation for care partners and their daily experience of decision making.

Legislative updates across many jurisdictions indicate progress in the international discussion of rights, decision making and understanding of capacity. All Canadian provinces and territories have decision making legislation and some are moving towards integrating supported, rather than substitute decision-making. Our interpretive policy analysis found families were using legislative tools and trying to use a supported decision-making approach, which often changed as the person with dementia's capacity diminished.

The dementia journey poses challenges for decision-making, particularly in the context of disease progression and diminished capacity. Supporting the participation of persons with dementia in decisions about their care as capacity diminishes requires attention to the individual's preferences and best interests, use of legislative tools and an understanding of decision making on a spectrum.

S91

Cognitive Accessibility at work, rest and play.

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Abstract / Résumé

Cognitive accessibility refers to the features of environments and technologies which impact how accessible they are for individuals with different cognitive abilities. Creating environments, services and devices that are accessible for all users, requires analysis and understanding of the barriers and challenges they pose in respect to the cognitive demands of accessing and utilising them. Whilst traditionally focused on the needs of people with cognitive disabilities, such as intellectual disability or dementia, an ageing population and longer working lives is highlighting the importance of cognitive accessibility of workplaces and technologies for increasing numbers of people. This interactive symposium will explore cognitive accessibility of various technologies and environments using scenarios and examples from recent and current projects. The individual presentations will examine cognitive accessibility in different aspects of daily life, including the workplace, home and technology adoption. The audience will learn from practical examples how to consider the cognitive accessibility of examples from their own research or environments.

S92

Considering cognitive accessibility when co-designing exercise video games (‘exergames’) for people with dementia.

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Abstract / Résumé

Objectives: Commercially available exergames could deliver physical rehabilitation to people with dementia, who are at a higher risk of balance impairments and falls. However, more information is needed about what makes these systems and games accessible for people living with dementia, particularly given their cognitive difficulties. This study aimed to explore what design elements of current exergames make them cognitively accessible for people with dementia.

Methods: Thirty-two people with dementia participated in group game testing sessions once weekly for six weeks. Each session introduced a different commercial exergame system. Data included preliminary game evaluations, video-recorded observations of people with dementia playing the games, descriptive/reflective field notes, and group feedback debriefs directly after each game. Data were analyzed descriptively and will also be analyzed using behavioural analysis software.

Results: Factors affecting game accessibility in dementia were related to (a) cognitive design elements, and (b) physical design elements. For example, many games did not include appropriate cueing (e.g., audio, visual) tailored to older audiences with cognitive challenges. Regarding physical design elements, consoles with buttons and controllers led to increased cognitive demand on the user by relying on memory of which button to push while performing the corresponding physical action (e.g., swing arm).

Conclusions: Participants enjoyed testing the games and were clear about which ones they wanted to continue. Results highlight a current lack of age-appropriate and usable games for people with dementia, leading to reduced choices/options. The findings can help inform the design of more accessible exergames for people with dementia.

S93

Everyday cognitive accessibility

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Abstract / Résumé

Expanding use of digital devices and online services in everyday life highlights the need for cognitive accessibility in multiple domains. Shopping, banking, healthcare, government and charitable sectors are among those increasingly requiring familiarity and confidence to use them. However, rapid growth and adoption of digital and internet-based provision, may leave cognitive accessibility playing catch up. This presentation draws together evidence from three studies examining the cognitive accessibility of widely available devices and applications. The first looks at the accessibility features that lead older adults with and without cognitive impairment to accept or reject new devices. The second explores the devices that people living with dementia find accessible. The third study identifies features that make digital apps accessible for people with cognitive impairment. The combined outcomes from these three studies will be presented as a model for exploring cognitive accessibility of devices and services in everyday life.

S94

Where do we start? Paving the road to cognitive accessibility in research and development

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Abstract / Résumé

This presentation will offer an introduction to cognitive accessibility and its importance in equitable access to digital spaces for persons with cognitive disabilities, including but not limited to persons living with dementia. Common cognitive accessibility barriers in our environment and in technology will be highlighted through a series of examples and exercises for attendees. The presenters will also showcase some key projects completed by Open Collaboration for Cognitive Accessibility (Open), founded by Virginie Cobigo at the University of Ottawa in 2021. Open is an award-winning social enterprise that offers an innovative research infrastructure and has completed numerous inclusive research and development projects in collaboration with technology developers, community-based organizations, federal government departments, businesses, and most importantly, persons with lived experience with cognitive disabilities to co-create solutions for an inclusive community. Through engaging examples and practical insights, attendees will gain a deeper understanding of the challenges faced by persons with cognitive disabilities and how researchers can strive for an inclusive digital landscape.

S95

When troubled family relationships reinforce zero-sum interpretations of caregiving: Implications for care advocacy

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Abstract / Résumé

Objectives: The broad term 'loved ones' in public narratives about care obscures nuances across the breadth of family and friend relationships. We explored how reluctant or ambivalent unpaid carers interpret their experiences, considering the implications for collective action.

Methods: Ten unpaid carers of older adults in Winnipeg, who identified as having reluctant, conflicted or ambivalent feelings about their role, participated in in-depth interviews. Transcripts were analyzed using descriptive summaries and case study comparison, attending to participants' interpretations and using politicization as a sensitizing concept.

Results: Participants typically felt isolated from or abandoned by other family members, and described conflictual or tense relationships with the persons they were helping. These and other care conditions led carers to reinforce zero-sum interpretations of their situations, as they struggled to limit their time and emotional energy in their relationships. Though they rarely interpreted caregiving as a public issue, their narratives hooked into critiques of formal supports for aging persons. Individually, participants responded to their situations by resisting responsibilization and/or centring their work as resistance to problematic systems. Absent a strong sense of reciprocity or interdependence, many envisioned a personal future free from providing care; however, most also hoped for formal supports they could trust.

Conclusions: Care in difficult relationships may help one assert one's rights as a carer alongside state responsibilities, yet this process is fraught with ambivalence, and zero-sum interpretations can depoliticize the issue of care. However, difficult family relationships and care conditions may not necessarily preclude intergenerational solidarity around care more broadly.

S96

Networks of care: A relational approach to understanding family and friend care for older adults in immigrant communities and

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Abstract / Résumé

Objectives: Care for older adults in Canada tends to be viewed as a private trouble of individual families. This perpetuates social inequalities and unmet care needs, particularly in minority communities that remain under-represented in academic research and public discourse. The goal of this study was to explore the experiences and challenges of family caregivers from immigrant communities and their perspectives on family and public responsibilities in supporting older adults.

Methods: In collaboration with African/Caribbean immigrant associations in Ottawa/Gatineau, we conducted 14 in-depth interviews with first- and second-generation immigrants in various family caregiving situations, including living with an older parent, helping nonkin “family” members in the community, or caring for parents in the country of origin. Transcripts were analyzed using inductive thematic analysis.

Results: Findings highlight the central role of “networks of care” and caregiving relationships involving family members, healthcare providers, community organizations, employers, and government. In the context of immigration, participants discussed how broader social networks are essential to help support caregiving relationships at the family level. They also emphasized the value of immigrant associations and churches to provide access to culturally specific services and connect families with networks of care in their new country.

Conclusions: Our study contributes to a better understanding of caregiving experiences and perspectives of immigrant communities in Canada. In addition, through framing family and friend care as a relational phenomenon, our results can help inform collective action around care for older adults as a socio-political issue and a shared public responsibility.

S97

Navigating inclusion and the politics of family care for Punjabi older adults at home

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University of Alberta, Edmonton, Canada

Abstract / Résumé

Objectives: Canada's Punjabi community is part of the fastest-growing racialized group in Canada. As a group, they are underrepresented in health and social research. This study explored the experiences and challenges of family carers from Edmonton's Punjabi community as well as their perspectives on family and public responsibilities in supporting older adults.

Methods: We interviewed 8 Punjabi Canadians providing unpaid help to an older adult living at home about their experiences and ideas for advocacy. The interviews were analyzed through abductive thematic analysis, using politicization as a sensitizing concept.

Results: Participants described tensions between cultural norms of family care and aging and those of the formal system and broader community. They reported common transportation challenges, language barriers, and lack of recognition of cultural beliefs/practices. The politics of inclusion created navigation work for access to formal care services and participation in community spaces. Participants' stories of navigation were often threaded with descriptions of negative past experiences with formal institutions as well as fear of potential future care needs.

Conclusion: The exclusion of culturally significant care compounded other forms of social exclusion experienced by older adults and their families. While many participants could identify ideas for changes in public policy, their mistrust of formal system care seemed to reinforce familial responsibility and restrict advocacy efforts to local family systems. The alienating nature of unpaid care work upheld by the current organization of care for older people at home renders non-western family traditions less visible and limits opportunities for inclusive collective action.

S98

Intergenerational silos and solidarity in rural family/friend caregiving

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Abstract / Résumé

Objectives: This presentation explains how intergenerational silos and solidarity appear in reflections on caregiver advocacy by older adult family/friend caregivers residing in rural Nova Scotia (NS). In the province population aging is pronounced and accelerating, almost 30% of Nova Scotians are caregivers, and over 41% of residents live rurally. Rural dwelling older adults are more likely to receive care from family/friends than older adults living in cities. Distance from supports and services, transportation difficulties, hospital and clinic closures, and a health human resource crisis marked by physician and nurse shortages, all contribute to rural health and social care disparities. Population shifts from rural to urban areas in the last 30+years have weakened community infrastructure, intensified intergenerational silos and increased social isolation. Policy solutions involving immigration and digital health have catalyzed population growth and attention to rural revitalization. Yet, recognition and structural supports for family/friend aging care remain limited.

Methods: A Nova Scotia case study including information from caregiver interviews, a scan of caregiving welfare policies and programs, and review of public and policy discourses on rural aging.

Results: Information was analyzed using a qualitative interpretive approach and open and closed coding framed by the six elements of intergenerational familial interaction (Bengtson & Roberts, 1991).

Conclusion: Intergenerational solidarity in rural family/friend caregiving is constrained by policy contradictions and the conditions of rural life. By mobilizing a relational model of welfare, caregiver advocacy can support caregivers, bridge generational divides, and enhance a shared sense of community.

S99

Documenting collaborative Cellphilm creation with older women who consume cannabis

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Abstract / Résumé

As few studies examine the social dimensions of cannabis consumption among older adults, it is unclear how, where, and why older adults access cannabis-related information and community (both virtually and in-person). In response to this knowledge gap, this paper documents the creation of a pilot project which collaboratively created a virtual research community, engaging 6 older women who consume cannabis in developing their own cellphilm, a video created using a cellphone or tablet (MacEntee & Flicker, 2023). We detail the formation of the hybrid (virtual and in-person), intensive cellphilm workshop where participants iteratively worked through key cellphilm steps (brainstorming; ethical considerations; storyboarding; filming and editing; and screening) to answer an agreed upon prompt: why did I join an older women's online cannabis community? As we explore the technological possibilities for supporting older women who consume cannabis, we detail and highlight the many (successful and less-than-successful) practices that supported participants and researchers to create and sustain an online community and to support participants' technology use, both in navigating Zoom as well as the particulars of cellphilm creation. Participants' cellphilms will be screened and will reveal participants' unique accounts about the complexities of their cannabis use in relation to the facilitators and barriers in seeking out cannabis related information, support, and community. As will be discussed, not only do cellphilms have the potential to "democratize the research process," encouraging greater involvement and ownership of the media-production process and its outputs, but participants' cellphilms are knowledge dissemination tools for greater interrogation of this key social issue.

S100

Creative Research Methods with Older Women who use Cannabis

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Abstract / Résumé

Our project employed a creative research methodology called Cellphilm, where older women engaged in the creation of videos using readily available mobile technologies (e.g. cellphone or tablet) to share their experiences and needs of accessing cannabis related information and support. A key objective of our study aimed to document the experiences older women research participants to inform best practices in creative approaches to virtual participatory research. This presentation provides a reflexive account of why and how we engaged with cellphilm with older women who use cannabis with specific attention to the need to increase access to older women's participation in research; provide a confidential and stigma-free space where older women could share cannabis related needs and experiences; and engaging in a creative approach to increasing older women's knowledge and comfort with using digital technologies. Our presentation will also distinguish between the use of creative and art-based approaches to research, recognizing that we are not trained artists. Rather, we identify as qualitative researchers who are drawn to using what could be termed 'arts-based' methods in our research projects by adapting the "the tenets of the creative arts as a part of the methodology" (in Jones & Leavy, 2004, pp.1-2). In this study, we drew on the arts to employ a creative approach to qualitative inquiry that can be understood as a means to bringing older women together to share information, engage in community dialogue, and generate and mobilize new knowledge.

S101

Exploring older Métis women's cannabis-related information and support needs

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Abstract / Résumé

Currently there is very little known about the impact of cannabis legalization on the Métis Nation, including the impacts specifically on Métis youth, elders, LGBTQ2S+ Métis, and pregnant Métis. There is some data that shows there may be higher rates of use of cannabis among Métis peoples, but much of it is either pre-legalization, or not disaggregated by gender or Nation. Without clearer data that is collected using methods consistent with Métis ways of doing research, as directed by Métis communities and governments based on their needs and priorities, it is difficult to say with certainty what the needs of the Métis Nation are. Of the educational initiatives related to cannabis that exist, there are few that are relevant to the Métis community. Of particular interest with this project is the information and support needs of older Métis women living in Saskatchewan who experience barriers to accessing cannabis-related information and support, and the role that creative technologies (Cellphilms) can play in addressing these needs. With a severe lack of Métis-specific cannabis research and resources, we see this project as an important step to begin to fill this gap. We also see this project as a way to promote the uniqueness of older Métis women's experiences, which challenges pan-Indigenous understandings of culture, identity, health and well-being.

S102

Older Black Women's Experiences of Accessing Cannabis-Related Information

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Abstract / Résumé

Despite the legalization of cannabis in 2018, the experiences of racialized communities related to cannabis consumption have remain largely unexplored in research. This is an important area for consideration, as cannabis prohibition and legalization have been deeply intertwined with histories of colonization and systemic racism (Schlussel, 2017; Vitiello, 2019), which have unjustly created and reinforced associations of cannabis and criminality with communities of colour (Bender, 2016). More specifically, Black people experience particular forms of stigma in relation to cannabis consumption that are rooted in anti-Black racism (Bender, 2016; Schlussel, 2017; Vitiello, 2019). As a result, Black people continue to navigate experiences of surveillance, stigmatization, and exclusion in ways that are distinct from other racialized communities (Bender, 2016), which may influence how they access information about cannabis. Additionally, little is known about how intersecting social identities, such as age and gender, influence how Black communities access cannabis-related information. Thus, the experiences of older Black women accessing information about cannabis remains an under-explored area of research. Our presentation will share the initial findings of older Black women's experiences of accessing cannabis-related information through Cellphilming, including the barriers and facilitators they encounter in their daily lives. It will also examine how virtual technologies create new possibilities for a stigma-free, anti-racist space for accessing information about cannabis. This presentation will highlight the unique experiences of older Black women who consume cannabis, their informational needs and realities, as well as opportunities for developing communities through virtual technologies.

S103

A joint effort: A participant's perspective on cellphilm creation

Jean Clyne
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Abstract / Résumé

In this paper, I explore why I got involved with this project and my experiences of creating a cellphilm. As a medical cannabis patient, I am always looking to learn more. As an older adult who did not grow up with the use of technology, creating a cellphilm was a challenge. When I told my son about this project, his comment was "do they really know how hard it will be to teach older women like you, how to do this?" Printing out instruction sheets to refer to helped immensely, however using a tablet with a much bigger screen was easier especially when editing each of the individual clips. In discussions with the other members of the research group, we found common issues in constructing our cellphilms. It was simpler to combine only a few separate clips, rather than use too many and then try to edit and combine them. Muting sound during filming rather than narrating at the same time lent to better quality sound. Everyone had a different interpretation of the topic and their own unique way of presenting it. Keeping in the time frame of under 2 minutes and staying on topic were challenging. Being together only for 2 days made it intense and stressful to meet deadlines and get it all done in a timely manner. What really made this project stand was the opportunity to come together in person. The opportunity to share information and implement the new technology, was for me, the highlight of our experience.

S104

From Tai Chi to Dance Improv: diverse older adults as guides to transformative movement research

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Abstract / Résumé

Much movement-based research on and with older adults assume older adults have limited and ever declining mobility, are risk-averse, and fear engaging their bodies in experimental movement. Extending from those assumptions, research scenarios often prioritize risk-free engagement, such as chair-based exercise and standard physical therapy exercises designed for older adult bodies imaged as frail and universal. At the same time, research shows that older adults are often bored and uninspired by such risk-adverse movement classes, resulting in poor rates of engagement. Our research team experimented with diverse movement classes in co-design practices with diverse older adults across Canada; these included Tai Chi and modern and improvisational dance where the practices foregrounded creativity, novelty, learning, study and experimentation. In addition, the Tai Chi class participants experimented with on-screen digital annotations, offering feedback on how these support learning, while dance classes were held in ABLE Village (ableplatform.ca), our online art and game platform, inviting participants to give feedback on their digital experiences of learning and engaging—both with real time and video-taped classes. Our findings demonstrate that older adults' movement interests are highly varied, evolve and shift over time, reflect abilities and interests that are amplified with age, and have great capacity and interest in digital engagements. These findings demonstrate the value in foregrounding diverse older adults as lateral research partners in disruptive research spaces, to bust myths regarding older adults' capacities, interests and risk preferences, and to incite creative, innovative and innovative research results and digital tools.

S105

Anti-Ageist Active Access Design for Older Adult Theatre Professionals

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Abstract / Résumé

The number and quality of opportunities for professionals in the live performing arts (performers, directors, choreographers, stage managers, designers etc.) diminishes as they age. This limits their opportunities for creative expression, their ability to sustain an active and meaningful career, and their opportunities for income and associated benefits such as extended health care coverage (which becomes increasingly important as people age). However, creative approaches have the potential to challenge existing ageist structures and practices and open up opportunities for old(er) professionals in the live performing arts. This study investigates stigma, accessibility, and inclusion for older adult theatre professionals, using theatrical devising and research-creation as a means of exploring these issues. Drawing 14 participants from the community engaged Creatus Project, we conducted interviews, focus groups, brief written participant reflections, and ethnographic participant observation (field notes and photos) of theatrical devising activities. The resulting thematic data describes experiences of ageism and accessibility challenges experienced by older adult theatre professionals, as well as potential creative solutions related to design, directing, rehearsing and production, playwriting and devising, and institutional structures within the industry (e.g. unions, granting structures). We also describe one research-creation outcome, a public sharing theatrical event "Ageing in the Performing Arts Test Kitchen." This study contributes to the little-studied field of ageism for older adults in the live performing arts and develops important practices of accessibility and inclusion, busting myths that employing older adults is too risky.

S106

Engineering Agents of Change using the iAM (inclusive aging and mobility) Human Conversation eXchange Digital Platform

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Abstract / Résumé

University engineering students are participating in an EcoCAR competition to design the next generation of electric vehicles. The Equity in Mobility (EiM) subteam aims to advance inclusivity and accessibility principles within the EcoCAR team. To advance these principles, the objective of this project was to use a novel, digital platform (i.e., iAM Human Conversation eXchange) to facilitate engineering students' learning about inclusive aging and mobility (iAM), intersectionality, and challenge age-related bias. Semi-structured interviews were conducted with 20 students who were members of their University's EcoCAR team and 8 community-dwelling older adults that explored their experiences using the iAM platform. Interview transcripts were analyzed using a thematic analysis approach. We found that students saw themselves as eco-conscious change agents coming into the project. However, through their participation in the iAM platform, they also came to view themselves as advocates for disability rights and anti-ageism. Following their intergenerational conversations, students better understood older adults' subjective experiences of aging and complexities surrounding their changing mobility in later life. Older adults' experiences spoke to generativity and altruism; they felt empowered sharing their experiences with younger generations to shape the future of (electric) vehicle design and transportation. Our findings support the use of iAM Human Conversation eXchange as an intergenerational platform that broadens' students' awareness of ageism and intersectionality, as well as equity in mobility. This platform can inform and transform the way in which aging and later life are considered by students where their existing beliefs about being 'older' are challenged through prompted reflection. Both age groups take this learning forward to their future interactions and everyday activities thereby creating a more inclusive community.

S107

Evaluating an evaluation tool: health-related quality of life and OPAL (Older People for Active Living) and the *Full Circle* project

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Abstract / Résumé

New Hope for Senior Citizens is a community organization located Montreal. Since 2021 New Hope, has collaborated with Concordia's mind.heart.mouth garden, created by Andrea Tremblay, where older adults and students grow organic vegetables together. New Hope uses the produce from the garden for community lunches, Meals-on-Wheels and for low-cost organic food baskets. In 2024, New Hope received funding from the *Public Health Agency of Canada to expand this program. Titled Full Circle: Healthy Living for Empowered Aging,* New Hope is required to evaluate how this community-based garden-to-table program, now framed as an 'intervention', may promote health and well-being for older adults. In this paper we discuss our implementation of a health-related quality-of-life evaluation tool, OPAL: Older People for Active Living, to fulfill governmental requirements. OPAL offers an alternative to measurement tools, such as the SF-36 ir PROMIS®, which typically focus on physical health and what people *cannot* do, rather than what they can do. The OPAL measure was created by a multilingual, international team who conducted extensive interviews with older people about what "active living" and "health-related quality-of-life" actually means to them. As these interviews revealed, active living was defined as a set of values for "being" in the world, rather than a set of specific activities. In this paper we discuss the preliminary results of our data collection using OPAL and reflect on its potential as an alternative tool for health-related interventions that require some form of measurement of results.

S108

Reconnecting older people with experiences of homelessness through co-designed therapeutic recreation programming

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Abstract / Résumé

Social isolation, mental and physical ill-health, and substance use threaten stability for older people with homeless histories who are re-housed in permanent supportive housing (PSH). Therapeutic recreation improves sense of belonging, feelings of satisfaction and coping skills of younger people who are homeless but older people with experiences of homelessness (OPEH) are under-studied. This study evaluated the impact of co-designing and participating in therapeutic recreation programming for OPEH (>55 years) and their care providers in PSH.

Participatory action research in PSH (68 beds) for older people unable to secure housing elsewhere. Residents, staff and researchers collaborated in developing recreation programming between 2019-2022. Data collected: co-design meeting notes; participant demographics; resident quality of life (WHOQOL-Age, EQ-5D, EQ-VAS) at baseline and 18 months, program participation rates, goal-setting behaviours; and qualitative interviews with residents (n=19) and staff (n=20). Informed by theories of social recreation, qualitative data were analyzed thematically, and quantitative data reported descriptively.

A resident advisory team ('The Exchange') guided program development and evaluation over 25 meetings. Program participation was high (90%); residents identified 253 goals. Individual EQ-5D domains worsened but EQ-VAS and WHOQOL-Age scores improved. Residents reported learning new skills and increased sense of connection. Staff described increasing understanding of residents' choices and behaviours.

Co-designing and implementing recreation programming increased community connectivity, social, and skill-building opportunities. Trust-building and relationship nurturing were central to project success and foundational to promoting health education, physical and mental wellness activities, and social re-integration of OPEH in PSH.

S109

Precarities of Older homelessness in Alberta: Public Policies and Future Planning

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Abstract / Résumé

Older homelessness in Alberta is growing. Many older people with experiences of homelessness (OPEH) have complex needs (physical and serious mental illness, addiction). They face individual and structural barriers to care. Historically, Alberta has developed impactful approaches to housing and social supports for marginalized groups. This review was undertaken to study relevant policy and system structures to identify opportunities to better support OPEH with complex needs.

Identification and analysis was undertaken of 1) government reports, 2) academic and grey literature, and 3) a select list of expert interviews (n=7) to report on the different factors that shape the health and social outcomes of OPEH with complex needs in Alberta.

Four policy pillars shaping the outcomes of OPEH with complex needs in Alberta were identified: 1) the housing and homelessness sector 2) continuing care in Alberta 3) federal and provincial approaches to harm reduction and 4) the operation of Canadian federal Indian policy

Five recommendations to improve the health and social outcomes of OPEH in Alberta include: 1) Enumerating OPEH using age 50 as a standard metric; 2) Avoiding increases to the age of eligibility for Old Age Security; 3) Integrating harm reduction services within continuing care; 4) Acknowledging the risks of reliance on home-based continuing care for OPEH; 5) Giving full consideration to federal Indian policy and the distinctiveness of Indigenous homelessness. Alberta's history as an early adopter of 'housing first' positions it well to be a leader in aged care reform in close collaboration with OPEH.

S110

The Development, Implementation and Evaluation of a Specialized Geriatric Outreach Service

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Abstract / Résumé

Western countries are experiencing an alarming rise in the population of older persons experiencing homelessness (OPEH), yet shelters are not traditionally designed or equipped to meet their needs. A geriatric outreach service, consisting of a geriatrician and outreach counselor, was established in two shelters in Toronto, Ontario to help address this care gap.

This study aimed to assess the barriers, facilitators, and impact of the geriatric outreach service. We conducted a mix-methods study with chart review and semi-structured interviews with OPEH and shelter staff between June 2021 and August 2023. An analysis of themes regarding the barriers, facilitators and impact of the service was conducted using framework analysis.

From interim analysis, 127 individuals were assessed by the service. There was high prevalence of cognitive impairment (59%) and other mental health conditions (depression 38%, anxiety 20%, schizophrenia or other psychosis 13%). Interviews with 23 shelter staff and 16 individuals accessing the geriatric outreach service were conducted. The main implementation barrier was reluctance by OPEH to engage with the service. Facilitators included on-site shelter leadership buy-in, shelter infrastructure (e.g. accessible clinic space), and availability of the outreach team. The outreach service had positive impacts including identifying undiagnosed and undertreated issues such as cognitive impairment and improving knowledge and ability of shelter staff to support OPEH.

We describe an impactful model of care to improve the health care of OPEH residing in shelters that could be adapted and implemented to other shelters and by other health professionals.

S111

Promoting integration and connection in temporary housing for older persons experiencing homelessness

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Abstract / Résumé

Social integration – that is, the extent to which a person is socially connected and engaged with other people – is a programmatic goal of supportive housing models and a strong predictor of successful housing outcomes among clients. While existing research has examined strategies to promote social integration within permanent supportive housing models, minimal research has considered how social integration can be promoted within temporary housing programs (THPs), particularly for older persons. To address this area of inquiry and inform service delivery in the housing and homelessness sector, we investigated social integration, participation, and connection in a scattered-site THP for older persons experiencing homelessness in Vancouver, Canada. We conducted semi-structured qualitative interviews with 11 current or former clients. Data were analyzed using a critical realist-informed thematic analysis method wherein theme development attempts to crystalize potential causal links between events (e.g., accessing a service) and experiences (e.g., feeling supported). We identified three themes: 1) technology resources and access can facilitate connection to individuals and organizations; 2) frequent communication with program staff enhances feelings of support and reduces isolation; 3) accessible built environments promote social connection and participation. Findings from this analysis offer novel insights into strategies to foster social integration and inclusion in THPs, such as through the creation of third spaces, and suggestions for supporting older persons on the pathway to exiting homelessness. We provide recommendations for enhanced person-centred support and program delivery based on the lived experiences of THP clients.

S112

Harm Reduction in Long-Term Care: A New Model of Care for People Who Use Drugs

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Abstract / Résumé

Adults with complex mental health and substance use care needs are a growing population in long-term care (LTC) settings. However, evidence on how to best meet the unique needs of this population is scant, and LTC staffing models and clinical services do not typically include options such prescribed safer supply, harm reduction supplies, and adult psychiatry.

We describe a novel model of care developed to support residents with mental health and substance use complexities (N=32) in a specialized unit co-located within a LTC home. This includes resident characteristics, services offered, uptake of services, and development of practice guidelines, procedures and additional education.

Most residents live with a diagnosed substance, alcohol or opioid use disorder (78%); of these, half also have a concurrent mental health disorder. Schizophrenia and schizoaffective disorder are also prevalent (28%). About half of the residents utilize individualized managed alcohol, opioid agonist therapy, prescribed safer supply and/or access harm reduction supplies. BC Centre on Substance Use (BCCSU) resources and education related to substance use and overdose response supplemented routine LTC practice and training of care staff.

People who use drugs are often underserved in LTC. Believed to be among the first in Canada, this LTC unit integrates mental health and substance use care services and supports within the principles of harm reduction, trauma-informed care, cultural humility and person-centred care.

S113

Intersectional research practice and existential doubts: are we on the right path?

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Abstract / Résumé

The objective of the presentation is to analyze epistemological and ethical issues generated by putting into practice an intersectional approach within the DEA study. First, in order to enlighten diverse realities, we select participants from among those identified by our community and institutional partners. Through this process, we tried to ensure that the voices heard are many and varied; however, this approach creates ambivalences within the research team, not only regarding the criteria used to make sampling decisions, but also the impact of “non-selection” of potential participants “excluded” after a pre-interview. Second, the older participants are recruited based on identity and on cultural or functional diversity criteria. They are “classified” as members of one of the interest groups; accommodations and interview questions are developed accordingly, with the perspective of cultural safety. However, this assignment does not necessarily correspond to their preferences, to what they consider important in their trajectory or social position. This leads to examine a certain form of essentialization possibly triggered by the intersectional approach. Third, the questions that may seem relevant for researchers or stakeholders to ask are not always comprehensible or even interesting for the people we interviewed. The socially constructed notions of “aging” and “social participation” may indeed be foreign to people’s experience, or even have a negative connotation for them. This requires us adapting the setting and nature of the interviews to offer a meaningful space that enables the participants to answer questions that echo their own interests and skills, and whose responses are audible in the context of the research, in line with the thematic universe that brings us together.

S114

Diversity in Aging and qualitative analysis: managing tensions between particularism and universalism

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Abstract / Résumé

The purpose of this presentation is to detail the qualitative analysis method constructed for the analysis of one-on-one interviews conducted with older adults from different sectors (Immigration, GPSD; FNI and Disability). A first data collection was completed using focus groups made up of stakeholders working in each sector and a thematic analysis was performed. A second data collection involving older adults then began with the ideal of 25 one-on-one interviews in each group to build a corpus of data consisting of 100 interviews. We wanted to explore the diversity of aging and social participation trajectories in each group and among them.. However, once having undertaken a thematic analysis of the focus groups, the research team noticed a tension between particularism and universalism that seems to underlie the study of diversity. A question therefore arose before starting the analysis of the one-on-one interviews: How can we approach what is common within and among groups without erasing what is unique in each of the individual trajectories? It is to reconcile this tension, and at the same time to facilitate the process of analyzing such a voluminous corpus of qualitative data, that a new hybrid analysis model inspired by two qualitative methods (analytical questioning and writing mode analysis) has been developed. This presentation will provide an in-depth look at what led to the creation of this model, clarify its theoretical foundations, describe the proposed steps, and share its testing.

S115

Paths to Inclusion: Indigenous Elders' Social Participation in Quebec's Urban Landscape

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Abstract / Résumé

This presentation will highlight preliminary findings of a research project aimed at better understanding the aging experience and social participation of Indigenous peoples in Quebec City. The project was developed in partnership with the Indigenous Subcommittee (comprising Indigenous Elders, stakeholders from the Quebec Native Friendship Centre, and the First Nations Health and Social Services Commission of Quebec and Labrador). Drawing on a literature review, results from two (2) focus groups with key informants, and a dozen one-on-one interviews conducted with First Nations and Inuit Elders, we will first discuss the role played by Elders in the transmission of Indigenous knowledge, the holistic perception of well-being, and social, cultural, and intergenerational engagement as factors that promote social inclusion of Indigenous Elders. We will shed new light on the factors hindering their social participation in Quebec, and the various forms these social constraints take in the city among this group. The presentation will conclude with an overview of forthcoming analyses on the collected data.

S116

A first look at the social participation of immigrant older adults in Quebec Metropolitan Community

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Abstract / Résumé

In this presentation, we focus on the aging experience of immigrants in Quebec City, and in particular on their experience of social participation. The presentation is the fruit of a two-pronged approach: (1) a literature review that produced a state-of-the-art survey of recent scientific literature on the aging process and social participation of immigrant older adults and documented the elements that facilitate or hinder the agency and social inclusion of immigrant der adults; (2) a preliminary analysis of data collected during two focus groups with resource persons and a dozen one-on-one interviews with immigrant older adults. The preliminary analysis will enable us to address aspects such as the influence of migration on the experience of aging in Quebec City; perceived differences between aging in Quebec City and aging in one's country of origin; factors that facilitate or hinder the experience of aging in Quebec City; and the relationship of immigrant older adults with the health and social services network. The preliminary analysis will also shed new light on the meaning attributed by immigrant older adults to social participation; on the factors that facilitate or hinder their social participation in Quebec City; and on the various forms it takes in the city among this group. The presentation will conclude with an overview of forthcoming analyses of the data collected.

S117

Unveiling Connections Between Older Canadians Anxiety Symptoms and Coping Strategies during COVID-19

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Abstract / Résumé

Objectives: Studies from the first year of COVID-19 tell us that older adults fared better than midlife or younger adults in terms of their mental health and wellness, including pandemic-related anxiety symptoms, perhaps owing to their resilience and to diverse coping strategies. The aim of this study was to examine and map out connections between older Canadians' symptoms of pandemic-related anxiety along with the coping strategies seemingly coaxing these into submission. **Methods:** As public health restrictions were easing across Canada, an e-survey about managing pandemic-related anxiety was administered to 1,327 older Canadians. Network analysis was employed to explore connections among their symptoms of pandemic-related anxiety, and relationships between their most pernicious symptoms and the coping strategies that they were trying to mitigate these. **Results:** We discovered a troubling trio of anxiety symptoms prone to setting off others. Symptoms of restlessness and a sense of a lack of control were primary provocateurs of eight other anxiety symptoms. Coping strategies appeared to be implemented by trial and error, with some acting in complementarity and others in opposition. Two strategies functioned as protective factors, settling older Canadians' feelings of worry, restlessness, and tension, and sparking other remedial actions. **Conclusion:** Visualizing how anxiety symptoms interconnect and spurn one another can help older individuals put their own symptom experiences into perspective. Our integrated blueprint of symptoms and mitigating strategies sheds further light on older Canadians' mental wellness recovery work. Practitioners and program developers might find these blueprints to be a useful educational resource.

S118

Perspectives of older Canadians on pandemic-related anxiety and its management

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Abstract / Résumé

Objectives: During the COVID-19 pandemic, older Canadians were at heightened risk for being hospitalized and dying, should they contract COVID-19. The prospect of transitioning into open spaces again was expected to be especially anxiety provoking. A study was conducted to evaluate self-reported anxiety levels among older Canadians and examine the coping strategies they utilized when mandated public health measures lifted. **Methods:** An e-survey was deployed to collect data from a nationally representative sample of older Canadians. A total of 1,327 responders completed the Geriatric Anxiety Scale (GAS-10) and identified mitigation strategies from a Centre for Addiction and Mental Health (2022) post-distancing mental wellness resource. Data were analyzed using descriptive statistics and multiple regression analysis. **Results**: On average, older Canadians experienced mild anxiety levels, yet nearly a quarter of them rated their anxiety as severe. Statistical analyses revealed age, gender, and perceived health as significant factors associated with anxiety levels. Six coping strategies were associated with small incremental benefits. Others such as embracing a certain level of fear and anxiety were detrimental. **Conclusion:** Older Canadians reported diverse anxiety levels and employed diverse mitigating strategies associated with losses and gains in anxiety symptoms. These signify lessons learned, including the importance of perseverance and tailored mental health initiatives, both presently and for future hardships.

S119

'Cooking Up Calm': A Palatable Mental Health Resource from and for Older Canadians

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Abstract / Résumé

Introduction: Community groups can work together to help tackle large-scale problems, like mental health harms and social isolation. Good community initiatives bring people together to raise awareness about and to share ideas and insights on how to address them. Our COVID-19 study with older people across all 10 of Canada's provinces is one such initiative.

Methods: Research team members developed a lay univariate and multivariate statistical summary of findings from an e-survey about mentally healthy living. This laid the groundwork for creating a mental health cookbook-style recipe book. A certified Research Chef developed and tested recipes for pairing with anxiety-impactful strategies. A Communications Specialist worked with design partners to create attractive designs tied to the culinary theme to showcase strategies and paired foods in a recipe book.

Results: 'Cooking up Calm' is a 33-page booklet alerting readers to anxiety-impactful strategies and sage advice about social isolation. This everyday resource speaks to the benefits of cooking beyond nutrition and offers five easy-to-make freezable and affordable recipes. While cooking, older people can take stock of strategic ingredients for mentally healthy living and national wellness support contact information. Good mental health recovery information comes from those having walked a mile in older Canadians' shoes and showcases actionable behaviors *and* advice.

Conclusion: 'Cooking up calm' is a no-cost, bilingual resource showcasing local ingredients for mentally healthy living from and for older Canadians. Ideally 'Cooking up calm' will help isolated older Canadians feel connected and part of a larger community of recovery.

S120

Social Isolation Remedy Messages: Ideas and Insights from Older People Across Canada

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Abstract / Résumé

Objectives: Public health messaging regarding the heightened risk among older people for emergent/intensive care, and succumbing to COVID-19 and the importance of social distancing was implemented with good intentions. Although COVID-19 is no longer a significant public health concern, the World Health Organization also tells us that a troubling proportion of older individuals are living more isolated lives than they did before the pandemic. The aim of this study was to learn from older Canadians' how to tackle social isolation, based on their own experiences. **Methods:** In an e-survey launched in July and August of 2022, 1,182 older Canadians shared free-text messages containing strategies for how contemporaries could live less isolated lives. This happened at a crucial time in the pandemic, when public health measures lifted and COVID-19 still lingered. **Results:** Inductive Content Analysis of these free-text messages revealed four overarching categories of remedy: 1) Cultivating community; 2) Making room for what's good; 3) Don't let your guard down; and 4) Shared hardships. These were similarly endorsed, regardless of messengers' age, sex, gender identity, education, and perceived health. **Conclusion:** We urge healthcare and social care professionals, and older people themselves to share these identified messages with other older people who are more isolated and mulling over or actively seeking company and companionship. Older individuals coping with multiple chronic illnesses may find some solace in hearing about the hardships of others in similar health circumstances. This was the only remedy category where statistically significant differences were observed between groups of messengers.

S121

Dysphagia: A patient's perspective

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Patient Partner, Edmonton, Canada

Abstract / Résumé

David Jamieson, an older adult with lived experience of dysphagia, will share his story of the physical and mental challenges of his condition. David will recount how he was diagnosed with head and neck cancer in June of 2021, after self-reporting a swelling on his neck. Prior to this, there had been no indication of a problem and David had been a physically active 59-year-old. Tests and a biopsy revealed a 3-centimeter mass on the left tonsil. David underwent surgery in July to remove the tumour and base of his tongue. A radio broadcaster at the time of diagnosis and surgery, David's health put his career in serious jeopardy as it was uncertain if his vocal folds would be damaged in the process. Post-surgery he was hospitalized for ten days and then spent several weeks recovering at home before starting a six-week course of daily radiation treatments. Somewhat naively, David thought that his swallowing difficulties would lessen, if not disappear entirely, over time. It was then he first came to understand how dysphagia would profoundly change his life. David will share how the once simple action of eating remains a struggle as he wrestles with a limited number of food choices and isolation, as he admits to being afraid of choking, and rarely eating with others or in public. His story will highlight the struggles faced by patients with dysphagia, including lack of education, inadequate access to comprehensive assessments and treatment, and the isolation experienced when eating alone.

S122

A multifactorial conceptual model of swallowing and dysphagia in older adults

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Abstract / Résumé

A conceptual model was developed to create a basis for understanding the factors leading to dysphagia and those resulting from dysphagia and to hypothesize the nature of the relationship between certain factors.

The conceptual model was developed by two academic speech-language pathologists with ≥10 years research and clinical experience in swallowing and dysphagia in older adults. A comprehensive review the literature was conducted, and relevant, evidence-informed factors associated with dysphagia in older adults were identified. The synthesis of clinical expertise and theoretical underpinnings complemented the literature review, incorporating the socio-ecological model. Discussion and brainstorming of the identified factors and their potential and/or proven relationships with dysphagia were conducted. All the factors identified were initially organized using a thematic approach, then were further structured into overarching categories (mediators, moderators, outcomes), guided by the inherent relationships between the factors. The arrangement of the conceptual model framework was undertaken once these categories had been optimized, and consensus had been achieved among the authors with support from the literature.

The model was developed to illustrate the complex multifactorial relationships between dysphagia and environmental and contextual (macro-level) factors, as well as intra- and interpersonal factors. Factors were identified to either predict dysphagia, be an outcome of dysphagia, or both.

The proposed conceptual model aids in comprehending the spectrum of factors that either increase an individual's vulnerability to dysphagia or offer protective mechanisms against it. Furthermore, it sheds light on the repercussions associated with dysphagia.

S123

Best Practices for Interprofessional Swallowing and Dysphagia Management

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Abstract / Résumé

The goal of this session is to describe best practices for managing swallowing difficulties, or dysphagia, in older adults. Dysphagia in older adults is associated with a broad range of negative health, functional, and psychosocial impacts. Therefore, older adults are best served by an interprofessional dysphagia care team, comprised of speech-language pathologists (SLPs), dietitians, physicians and nurses. SLPs serve as essential members of the dysphagia team when evaluating and managing swallowing function. This session will include a description of the distinct contributions of each team member while emphasizing the significance of collaborative care in the context of geriatric dysphagia management.

Key topics to be covered include best practices for dysphagia assessment, which include working in partnership with patients and caregivers to understand individual goals, perspectives, values, and cultural considerations. Screening, clinical, and instrumental tests will be discussed, aiding clinicians in confirming the presence of dysphagia, identifying underlying physiological issues, and guiding intervention selection in collaboration with input from other team members.

The session will also describe intervention options—categorized as compensatory, rehabilitative, or preventative—to address dysphagia in older adults. Finally, despite the absence of standardized dysphagia care processes for older adults, the session will discuss proposed integrated care pathways, highlighting the importance of interprofessional collaboration across diverse care settings.

W1

Building a Social Movement to Combat Ageism: Transforming Ageism Research into Action

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Abstract / Résumé

The Canadian Coalition Against Ageism (CCAA) is a national social change movement to combat ageism against older people while protecting and strengthening their human rights. In June 2024, the CCAA, International Longevity Centre Canada, United Way British Columbia, and other partners hosted a forum on Ageism and Health Care, Community Care, and Support to identify educational and research priorities for combatting ageism in Canada. Building upon this forum, the purpose of this workshop is to explore how collectively older persons, researchers, educational institutions, the health care system, community organizations, and other partners can work together to address the identified ageism research and educational priorities and catalyze change for older persons in Canada. During this workshop, we will present the findings from our ageism forum and a recent Canadian environmental scan. Participants will then have the opportunity to engage in facilitated small group discussions on strategies to leverage research, education, intergenerational initiatives, and policy and legislation to increase awareness of, identify, and respond to ageism. The objectives for the workshop are to 1) Share the educational and research priorities identified at the ageism forum and identify strategies for addressing these priorities, 2) Identify how members of the gerontology community can become agents of change and contribute to the social movement to combat ageism, and 3) Provide an opportunity for networking amongst partners interested in ageism research.

W2

Social Isolation and Loneliness in Older Adults: Moving from Clinical Guideline Dissemination to Meaningful Practice Change.

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Abstract / Résumé

Social isolation and loneliness have emerged as key elements affecting the physical and mental well-being of older adults across Canada.

Research from the Canadian Coalition for Seniors' Mental Health (CCSMH) shows that while most clinicians report they understand the mental and physical health risks of social isolation and loneliness, and would like to lend support, many do not feel well-equipped to address this issue. In response to this societal challenge, CCSMH has developed clinical guidelines on social isolation and loneliness specific to older adults.

CCSMH developed these clinical guidelines primarily for health care and social service professionals to support them in their professional roles working with older adults. Methodology included a rapid scoping literature review, utilizing the GRADE approach and consensus decision making.

The guidelines were informed, developed and reviewed by a pan-Canadian interdisciplinary group including academic, research, clinical and community based professional experts in this field. Two national surveys of health care and social service professionals and older adults also informed the guideline development.

These Canadian clinical guidelines are the first in the world and include 17 recommendations in the areas of Prevention, Screening, Assessment and Interventions. Workshop participants will share and explore opportunities for incorporating these guidelines into a range of practice settings.

This workshop will result in increased knowledge regarding the specific recommendations in the new clinical guidelines on social isolation and loneliness in older adults and explore practical ways to move the recommendations into meaningful practice change.

W3

Racialized immigrant and refugee older adults in Canada: unraveling precarious context, complex experiences, and resulting impacts on quality of life.

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Abstract / Résumé

Racialized immigrant and refugee older adults (RIFOA) in Canada aged 65 years and above encompass a diverse spectrum of identities, including Chinese, Black, Arab, Asian, and other racial identities. Racialized immigrant and refugee older adults who have recently migrated (within the past decade) face profound challenges including difficulties from immigration policies, language barriers, and varied environmental contexts upon arrival in Canada. This presentation illuminates the precarious circumstances faced by RIFOA in Canada and the multifaceted nature of their needs, which significantly impact their quality of life (QoL). Employing the participatory action research method, our research team conducted in-depth interviews with 20 RIFOA in two western Canadian cities, Edmonton and Saskatoon. Through thematic content analysis, several prominent themes were identified from the data, including the "Limited access to Information," "Precarious Contexts," "Experience of Isolation and Loneliness," "Limited Access to Health Care, Transportation, and Food," "Lack of Family Caregivers," and "Racism and Mental Health Concerns." This presentation will delve into these thematic findings and propose strategies to ameliorate the challenges faced by RIFOA. Specifically, we will discuss initiatives to enhance access to information, foster neighbourhood connectivity, and advocate for reviewing immigration policies to facilitate access to family caregivers and essential services for older adults. These initiatives encompass reducing wait times for healthcare appointments, improving access to food and transportation, and expanding legal aid services. By implementing these strategies in a panel discussion format at the workshop, we aim to enhance the QoL and overall well-being of newly arrived RIFOA in Canada.

W4

Evaluation of a complex implementation to shape scale, spread and sustainability of a new dementia care resource

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Abstract / Résumé

Purpose and Objectives: Our Dementia Journey Journal (ODJJ) is an interactive resource meant to support relationship-building between caregivers and care providers of persons living with dementia (PLWD). Over five years, we used the Participatory Research to Action Framework (PR2A) (SE Research Centre, 2022) to engage PLWD, their caregivers and care providers to identify that something like an "ODJJ" is needed, and to co-design it. We are working to implement and evaluate the implementation of ODJJ in continuing care homes, First Nations communities, and Hindi- and Punjabi-speaking communities. This formative evaluation is guided by Stetler et al.'s (2006) four stages and applies the Consolidated Framework for Implementation Research (CFIR). Evaluation findings are informing our scale, spread and sustainability planning.

Workshop Format: Five activities: 1) Facilitators will present the overall co-design and development of the ODJJ and why the evaluation approach was chosen. 2) Facilitators will discuss how the evaluation in two Alberta continuing care homes influenced the rolling implementation across the other community settings. 3) Facilitators will present the preliminary post-project marketing and sustainability plans. 4) Small groups will discuss challenges and opportunities of using CFIR constructs and the four formative evaluation stages, and how these approaches apply to and consider scale, spread, and sustainability in participants' future work. 5) Small groups will share their groups' learnings and takeaways in roundtable summaries.

W5

Transforming Advance Care Planning (ACP): How Accessibility Can Advance ACP

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Abstract / Résumé

Older Canadians face health changes, many aging with or into disabilities. As Canada's population ages, our systems, tools, and resources must be prepared to meet growing accessibility needs. Advance Care Planning (ACP) can meet this need. ACP is the process of reflecting, communicating, and recording one's personal and healthcare wishes. It provides patients, caregivers, and the healthcare team with clear direction regarding preferences for treatment, reducing unwanted intervention, and optimizing healthcare spending. 76% of people in Canada have given some or a lot of thought to their health and personal care needs, yet less than 1 in 5 have a plan.

Often ACP resources are only available online, are overly complex, and not in keeping with universal design principles. A lack of accessibility limits the number of people able to learn, understand, and meaningfully participate in ACP. To tackle this issue, ACP Canada collaborated with Healthcare Human Factors (HHF) to develop a more accessible ACP workbook. Grounded in universal design principles and informed by extensive consultations with stakeholders, including people with disabilities, caregivers, and healthcare providers, the workbook underwent significant revisions.

This workshop will outline key learnings and new resources from Advance Care Planning Canada's new project, *Making Advance Care Planning More Accessible for Canadians with Disabilities*. These resources include the updated My ACP Guide and the latest findings from the 2024 National ACP Public Survey. Interactive discussions, use of activities in the new ACP resources and Mentimeter surveys will be used to engage participants in reflection and learning.

W6

Modernizing the American Medicare mental health system to promote healthy aging: Recent policy updates & practice implications

Matthew Fullen
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Abstract / Résumé

66 million Americans are covered by the American Medicare program, which provides health insurance for Americans age 65+, as well as younger individuals who qualify based on long-term disabilities. Approximately 25% of Medicare enrollees meet criteria for a mental health (MH) diagnosis (Commonwealth Fund, 2023), yet, historically Medicare underutilized MH providers. After 25+ years of advocacy, several major revisions to Medicare MH law went into effect in January 2024, including the addition of licensed counselors and marriage and family therapists. This equates to 300,000 professionals who are trained in psychotherapy and counseling, resulting in expanded access to MH services for older Americans. However, there is a critical need to: 1) ensure these professionals elect to participate as Medicare-enrolled providers, and 2) expand their gerontological training, given that most of these professionals do not have a long history of working with older adult psychotherapy clients.

The purpose of this interactive workhop, *Modernizing the American Medicare mental health system to promote healthy aging: Recent policy updates & practice implications*, is to transfer knowledge about recent policy and practice advances to the Medicare system that will have a direct bearing on older Americans' access to MH services. Attendees can share their own expertise as it relates to MH policy and practice by engaging in three primary workshop objectives: a) reviewing MH trends for older Americans; b) analyzing recent policy changes to the American Medicare system; and c) evaluating efforts to prepare newly eligible MH professionals to work with older adults.

W7

Better future of care: community-engaged design and implementation of the National Caregiving Strategy

James Janeiro, Liv Mendelsohn
Canadian Centre for Caregiving Excellence, Toronto, Canada

Abstract / Résumé

Since February 2024, the Canadian Centre for Caregiving Excellence (CCCE) has been working with caregivers, care providers, researchers, regulators, policymakers, health and social care leaders, and labour to develop a National Caregiving Strategy aimed at making Canada the best place in the world to give and receive care. In this workshop, we will share the compressive national process that was developed to create the strategy, brief CAG members on the key policy elements of the strategy, and consult attendees on pathways to impactful implementation of the strategy.

Participants will take part in an interactive exercise to workshop successful implementation across sectors through facilitated small group conversations drawing on solutions-focused facilitation methodology.

The objectives of this session are to build a shared understanding of caregiving as the next fronter of public policy in Canada and be part of the creation of a network of practitioners across sectors toward successful implementation and policy reform.