Oral / Orale

O1

Aging parents and the ties that bind: Intergenerational closeness and conflict among culturally diverse families

Barbara Mitchell, Samantha Teichman
Simon Fraser University, Vancouver, Canada

Abstract / Résumé

Parent-child relationships are integral to family health and well-being over the life course. Significant shifts in immigration and family life also contribute to more diverse family experiences. Drawing from a socio-cultural life course perspective, this paper examines mid/later life parent-child relationships in terms of both positive and negative qualities. Focus is placed on child and parental characteristics (e.g., gender and ethnocultural identity) and family context. Data are drawn from a mixed-methods study of 588 parents aged 50+ with at least one child aged 19-35 who reside in Metro Vancouver, B.C. from four Canadian cultural groups: British, Chinese, Persian/Iranian, and South Asian. Using OLS regression methods, we use two dependent variable scales: positive and negative cognitive/emotional appraisals of the relationship. Results reveal that relationship quality is more positive/less negative among South Asian vs. British parents, and for those in better health and with greater income satisfaction. Having a female child was associated with positive appraisals, while non-partnered parents were more likely to report problematic relationship quality. An interaction effect was also found with Persian/Iranian mothers reporting more positive relationship with their adult children than British-Canadian fathers. Implications for theorizing and recommendations for those who work with culturally diverse aging families (e.g., counselling and health care professionals, community service providers) are also discussed.
Longitudinal Trajectories of Family Support Vulnerability for Older Adults in Anhui Province in China: Exchange, Growth and Dispersion Effects

Jin Guo\textsuperscript{1}, Andrew Wister\textsuperscript{2}, Shuzhuo Li\textsuperscript{3}
\textsuperscript{1}School of Public Policy and Administration, Xi'an Jiaotong University, Xi'an, China. \textsuperscript{2}Gerontology Research Centre, Simon Fraser University, Vancouver, Canada. \textsuperscript{3}Center for Aging and Health Research, Xi'an Jiaotong University, Xi'an, China

Abstract / Résumé

Introduction: Intergenerational family support can be precarious, especially in rural areas experiencing significant out-migration of younger workers. This study aims to understand changes in family support vulnerability trajectories and types for older adults in rural China from 2015 to 2021.

Methods: Using the sixth, seventh and eighth waves of longitudinal data (2015–2021) collected in Anhui, China, this study includes 804 older adults who participated in all there waves. The group-based trajectory model is used to describe the trajectories, and decomposition is used to divide total variation into variation caused by relative change (exchange variation) and structural changes containing growth and disperse variation.

Results: The trajectories of family support vulnerability can be classified into three types: low stable type (70.66%), slow rising type (20.72%) and high falling type (8.62%). Although vulnerability of older adults in the high falling type declined, their exchange variation shows that they experienced relative vulnerability. Older adults who are female, experiencing changes in marital status, connected to an early birth cohort, and those having few children migrate to work are more likely to experience greater vulnerability from 2015 to 2021.

Conclusion: This study demonstrates that, while most older adults are in a stable state of family support, some shift into states of vulnerability. Older adults, especially those whose vulnerability declines but also in cases in which family support exchange variation rises, are difficult to identify directly and require further research. This study has implications for understanding the dynamics intergenerational support and potential effects on well-being.
Development of a guide for family members who are transitioning a loved one into a Long Term Care Home

Susanne Jeanette Langdon, Marie-Lee Yous
McMaster University, Hamilton, Canada

Abstract / Résumé

Introduction: Admission day, when a family member is transitioning their loved one into a Long Term Care (LTC) Home, can be an emotional day for all involved. Relevant information given to the family members can be confusing, happens fairly quickly and tends to be overwhelming. We felt the development of a quick guide for the family would assist in this process.

Objective: The development of a ‘quick guide’ for family members was thought to be a way of easing stress and confusion.

Method: Literary review and collection of information was done over the course of seven months, including the use of research literature, relevant published books and journals, websites and from one-on-one discussions with family members, administrators and the staff of LTC homes around the most common stressors on admission day.

Findings: It was found that much has been written from the administrative perspective, but little is available for a family member trying to navigate through the process of admissions day into a LTC Home. Based on the recommendations of LTC stakeholders and the search conducted, the guide included a list of resources and answers to commonly asked questions such as what activities are available to residents.

Conclusion: It is imperative that family members have something at their fingertips either before admissions day, or in their hands when they leave the home. This information must be accurate, quick and easy to access. This will help in decreasing the emotional stress felt by family members on admissions day.
What do we mean when we say it’s reciprocal? Examining youth and older adult experiences of reciprocity in an intergenerational program

Amber Dukart
University of Calgary, Calgary, Canada

Abstract / Résumé

Intergenerational programs (IGPs) have become an increasingly popular response to ageism, social isolation, age segregation, and the breakdown of traditional family structures in dominant Canadian society. These programs aim to foster reciprocal, mutually beneficial relationships and promote greater understanding and respect across generations. While reciprocity is seen as a core principle and process of IGPs by both researchers and practitioners, the field lacks a fully developed definition of this concept. Furthermore, very few studies in the literature explicitly focus on the notion of reciprocity within intergenerational interactions, with the majority of IGP research focusing on a single generation. In this presentation, I will discuss dominant theories often used to conceptualize intergenerational relations and the role of reciprocity in IGP research and practice. I then share findings from my master’s thesis that examines how young and old IGP participants experience reciprocity within their intergenerational relations. These findings highlight the importance and impacts of reciprocal intergenerational connections from the perspectives of youth and older adults involved in an IGP. Finally, I discuss theoretical approaches that help elucidate the reciprocal production of relations between generations and offer suggestions for intergenerational research and practice to better meet the needs of youth and older adults.
O5

GrandPals Intergenerational Program: Outcomes-based evaluation

John Puxty¹,², Sarah Webster², Heather Braund¹, Jules Myer³, Marc Mailhot³,⁴
¹Queen's University, Kingston, Canada. ²Providence Care, Kingston, Canada. ³GrandPals National Program, Kingston, Canada. ⁴Elementary Educator, Orangeville, Canada

Abstract / Résumé

Objectives: The GrandPals Program is an intergenerational initiative that connects generations through the power of storytelling. This program evaluation aims to identify the extent to which the GrandPals program is meeting its intended objectives and the needs of participants in programs in Ontario, Manitoba and Saskatchewan.

Method: Six programs are participating in the program between February and June 2023. Using an outcomes-based evaluation approach, the older adult volunteers, teachers, students, and coordinators are being recruited to share their experiences. Data sources include pre and post program surveys completed by the older adult GrandPals, facilitated discussions with students, semi-structured interviews with older adults and program facilitators, reflections from the end of program celebration, and program documents. All qualitative data are analyzed using a thematic approach and quantitative data will be analyzed descriptively. The findings will identify the extent to which each program objective is met, and be used for ongoing refinement of the program.

Results: Initial findings suggest that the GrandPals are looking for three main outcomes of the program: to have a better understanding of what topics to discuss with younger generations, how they can better relate to younger generations, and how to enhance their storytelling skills.

Conclusions: Feedback collected through this evaluation will be used to refine future iterations of the GrandPals program. Generally, the GrandPals are excited to participate and eager to learn how to interact more effectively with younger generations.
The Impact of Unpaid Caregiving on Working Life Expectancy

Brian Beach¹, Lawrence Sacco², Holendro Singh Chungkham²
¹UCL (University College London), London, United Kingdom. ²Stockholm University, Stockholm, Sweden

Abstract / Résumé

In the context of population aging, policymakers are eager to encourage and enable longer working lives, assuming this will lead to increased tax revenue and reduced demand on social security and health care systems. However, many factors drive early labor market exit, and blanket policy strategies to extend working lives often ignore the nuances that shape the length of real working lives.

To address this, this study applies a refined methodological approach to measure working life expectancy (WLE) among people age 50+, examining the impact of unpaid caregiving responsibilities. WLE is estimated using multi-state models allowing for reversible transitions between work and non-work, reflecting the dynamic and complex nature of modern labour market transitions and exits. Data are drawn from the English Longitudinal Study of Ageing (ELSA), with comparison to results from the Swedish Longitudinal Occupational Survey of Health (SLOSH).

Results suggest that WLE is significantly impacted by the intensity of unpaid caregiving (i.e., the number of hours per week) as well as the duration of care responsibilities over time. Findings reinforce existing evidence that unpaid caregiving plays a role in reducing the length of working life. Differences between England and Sweden also suggest that institutional contexts may be able to enhance the ability for unpaid caregivers to remain in paid work.

Given the anticipated growth in the prevalence of unpaid caregiving in advanced economies, findings highlight the need for better coordination of support to those needing care to strengthen the ability for older people to remain in employment.
Diarizing Experiences of Caregiving for People Living With Dementia: A Longitudinal Qualitative Study

Kishore Seetharaman¹, Lucy Kervin¹, Koushambhi Khan², Heather Cooke³, Jennifer Baumbusch²
¹Simon Fraser University, Vancouver, Canada. ²University of British Columbia, Vancouver, Canada. ³Alzheimer Society of British Columbia, Vancouver, Canada

Abstract / Résumé

Providing tailored and meaningful supports and services to people living with dementia and family caregivers requires a good understanding of the multidimensional and dynamic nature of the caregiving experience. Employing longitudinal qualitative methodology offers a useful way of unpacking the temporal aspects of the caregiving journey in relation to the progression of dementia. In this study, we sought to understand the everyday experiences of family caregivers, challenges encountered along the way, and how they address their support needs over time. Monthly diaries were written by fourteen family caregivers in British Columbia, Canada over a two year-period, resulting in a total of over 150 entries. Thematic analysis of the diary data helped characterize caregiving as a balancing act involving a range of needs, demands, stressors, and responsibilities. Participants’ diaries offered emotionally rich insights on their struggles and challenges, including feeling overwhelmed, experiencing loss of control, and finding it hard to maintain a sense of self while providing care for their family members and navigating formal supports. Participants also shared accounts of successes in their caregiving journey, illustrating their resilience, resourcefulness, and coping mechanisms by drawing on practical and emotional support from family, friends, and community. The diaries offer critical perspectives on caregiving that bring to light gaps and opportunities for dementia care policy and practice to better support family caregivers, such as providing access to mental health services and fostering autonomy, flexibility, and competency in service delivery.
Family caregivers’ preparedness for navigating the signs of worsening health conditions in a rural dwelling relative at risk for hospital readmission.

Mary Fox, Jeffrey Butler
York University, Toronto, Canada

Abstract / Résumé

Objectives. To explore family caregivers’ perspectives of their preparedness to navigate the signs of worsening health conditions in a rural-dwelling relative recently discharged from hospital at risk for hospital readmission

Methods: In this qualitative descriptive study, semi-structured interviews were conducted by telephone with 16 family caregivers to explore their preparedness for navigating the signs of worsening health conditions in a relative recently discharged from hospital at risk for hospital readmission. Data were thematically analyzed.

Results. Participants were mostly women (88%), living with their relative (63%) who was most often a parent (56%) admitted for a medical illness (63%) and discharged at high risk for hospital readmission. Three themes were identified: 1) family caregivers’ need for preparation on navigating worsening health conditions was related to concerns about being far from medical help, 2) family caregivers felt unprepared to detect the signs of worsening health conditions and hence struggled to interpret and respond to changes in their relative’s health, and 3) family caregivers provided several suggestions on how to optimize preparation for rural caregivers.

Conclusions: Findings indicate that family caregivers are largely unprepared to navigate the signs of worsening health conditions in a relative recently discharged from hospital at high risk for hospital readmission following a medical illness. Healthcare professionals can anticipate that family caregivers, particularly those whose relatives live far from medical help, need information on the signs that their relative’s health may be worsening, and how to detect and respond to the signs. Healthcare professionals may allocate more of their time to preparing caregivers of a relative living in a remote area with limited access to healthcare professional follow-up.
Rebuilding Trust and Collaboration Between Families and Long-Term Care Providers Post-Pandemic

Heather Cooke¹, Susan Prosser¹, Mariana Hudson¹, Dhruba Aggrawal²
¹Alzheimer Society of B.C., Vancouver, Canada. ²University of British Columbia, Vancouver, Canada

Abstract / Résumé

While the nature of family involvement changes following the move of a relative living with dementia into long-term care, it does not end. Families provide a range of instrumental support that reaffirms familial bonds, preserves identity and dignity, and sustains the physical and psychological well-being of their relative living with dementia. However, the COVID-19 pandemic and resultant visitation restrictions profoundly disrupted families' roles and relationships. Feelings of helplessness, anxiety, fear, frustration, and anger were woven through caregivers' narratives, due to differing ideas of what it meant to be essential, limitations associated with masking and physical distancing, disrupted care routines, and limited visiting hours. Using interpretive description, we explored families' perspectives on rebuilding trust and collaboration with long-term care providers, post-pandemic. In the spring of 2023, focus groups were conducted with 12 family caregivers (six wives and six adult daughters). Findings centered on three key themes. The first, “the meaning of trust”, illustrates how, for families, trust is inextricably linked to care quality. The second, “recognition of caregiver personhood”, focuses on the need for care providers to recognize and respect family members’ caregiving identity and their changing caregiving role. The final theme, “the strategic nature of relationship building”, describes how families with more successful collaborative relationships intentionally manage and nurture staff relationships. Study findings offer valuable insights for developing effective strategies for fostering collaborative relationships that are essential to quality care provision in the post-pandemic era.
O10

Exploring university family-friendliness at the University of Manitoba: A focus on students, staff, and/or faculty members caring for older people

Stephanie Chesser, Samantha Steele-Mitchell
University of Manitoba, Winnipeg, Canada

Abstract / Résumé

Over the past several decades, Canadian universities have implemented policies and supports to address family-related care needs. With a strong emphasis on supporting parents, these initiatives can be argued to have potentially overlooked the needs of university community members engaged in other forms of caregiving (e.g., parents, grandparent, spouse). The purpose of this study was to qualitatively examine the perspectives of University of Manitoba-affiliated (i.e., student, staff, and/or faculty member) caregivers about the concept of university family-friendliness and the ways that the institution could better support caregivers. While the original study included in-depth interviews with 14 university-affiliated caregivers completed between February and April 2022, this presentation will focus on the perspectives of seven participants who were caregiving for an older person/people. Interviews were coded using an inductive thematic analysis approach in NVivo 12. Findings demonstrated a diversity of aging-related caregiving contexts represented within the University of Manitoba community (e.g., caring for a parent, grandparent, older extended family member, simultaneously caring for children and an older relative), as well as a recognition that the expectations and supports available to caregivers could vary depended on their role within the university (e.g., student versus staff versus faculty member). Concerns about a lack of recognition within policies and/or amongst administrators for elder care were also expressed by several of the participants. Overall, the findings from this study suggest that university family-friendly initiatives likely need to be diversified to address the caregiving contexts that can exists within post-secondary communities.
What happens to social networks during caregiving? Perspectives from caregivers of persons living with stroke (PLWS)

Jovana Sibalija¹, Colleen McGrath¹, Carri Hand³, Anna Garnett², JB Orange¹
¹Western University, London, Canada. ²Western University, London, Canada

Abstract / Résumé

Objectives: The objective of the current study was to examine how family caregivers of persons living with stroke (PLWS) navigate their relationships with members of their social networks during caregiving.

Method: Ethnographic methods were used with 8 family caregivers of PLWS in Ontario. Each participant completed: a semi-structured interview, a contact diary with a follow-up interview, and a concentric circle network map followed by a semi-structured interview. Data were analyzed using thematic analysis.

Findings: Caregivers reported both positive and negative changes in their relationships with the PLWS, family, and friends. Changes to relationships occurred over the course of one year to three years poststroke. Changes to the relationship with the PLWS included changes to frequency and modes of communication, activities and time spent together, and relationship quality. Changes to familial relationships included experiencing conflict and relationship strain, and the exacerbation of issues in already strained relationships. Changes to friendships included having less time to spend with friends, a deepening of friendships, and changes to disclosures around feelings about the caregiving experience. Caregivers highly valued receiving support from others with similar caregiving experiences.

Conclusion: The study findings extend our knowledge of how caregiving can impact various interpersonal relationships, going beyond the relationship between the caregiver and PLWS. Understanding the relationships and changes within stroke caregivers’ social networks provides valuable insight into identifying caregivers in most need of support and to develop and examine the effectiveness of targeted interventions.
Challenges in fighting racism among older Chinese immigrants in Canada

Weiguo Zhang
University of Toronto, Toronto, Canada

Abstract / Résumé

We aim to understand the challenges older Chinese immigrants face, and the underlying structural and cultural barriers, in fighting racism at personal and collective level in the Canadian context. With application of community based participatory research and participant observation in implementation of a community Anti Racism Anti Hate project in a Chinese immigrant organization in 2022-2023, we witness a variety of challenges including denial of systemic racism in Canada, irrelevance of fighting racism among older adults, and fear and stress in fighting racism. We notice a dramatic differences in perception of racism, various coping strategies at personal level, and ways in fighting racism at the community level. We argue that structural and cultural factors in both host and home societies shape such perceptions and adoption of various means in dealing with racism.
“(Non) Decision Regarding Long-Term Care Placement”: South Asian Older Adults’ and Family Caregivers’ Perspectives

Sherin Jamal¹,², Kelli Stajduhar², Sheryl Reimer-Kirkham³, Karen Kobayashi²
¹Fraser Health Authority, Surrey, Canada. ²University of Victoria, Victoria, Canada. ³Trinity Western University, Langley, Canada

Abstract / Résumé

Objective: This study explores the decision-making process of South Asian (SA) families regarding long-term care (LTC) placement for older adults and the role of the older adult in this process. It also examines the factors that lead to the consideration of LTC as a care option in SA families.

Method: This analysis is part of a larger ethnographic study that employed critical theoretical perspectives to explore the needs, preferences, and decision-making of SA older adults and their families regarding LTC. Data were collected through in-depth qualitative interviews, participant observation, and document review. The sample included 18 SA older adult-family caregiver dyads, seven key informants, and included SA older adults residing in LTC, assisted living, and those living at home in the community.

Results: Study findings indicate that the decision to move to LTC is essentially a (non) decision influenced by the interaction of a range of meso and macro-level factors in the neoliberal context, particularly economic resources of the family, inadequate home support, and the prohibitive cost of private in-home care. Micro-level factors such as variation in expectations for care and caregiving, smaller family networks, and availability of family members to provide care also influenced placement decisions.

Conclusions: The study illuminates the complexity and difficulty of LTC placement for SA families in the space of (non) decision along with variation in decision-making and attitudes towards care and caregiving. Shared decision-making in the context of person-centred care can support SA families when placement of older adults in LTC is necessitated.
O14

Toward Inclusive and Meaningful Partnerships with Ethnocultural Communities in Fraser Health Long-Term Care and Assisted Living Research

Sherin Jamal¹, Janice Sorensen¹, Valorie Crooks², Kirsten Rossiter¹, Akber Mithani¹
¹Fraser Health, Surrey, Canada. ²Simon Fraser University, Burnaby, Canada

Abstract / Résumé

Objectives: Meaningful partnerships with ethnoculturally diverse communities are crucial for promoting equitable care and health services. The aim of this study is to identify the barriers and challenges that South Asian community members face when participating in research and quality improvement initiatives related to Long-Term Care and Assisted Living (LTCAL), and to recruit new members from these communities for the existing LTCAL Research Partners Group.

Methods: Consultation dialogues will be held with different South Asian groups in the Fraser Health (FH) region to obtain their insights about research and challenges to participation. The consultation dialogues will be conducted using a focus group format, and the location and timing of meetings will be convenient to each group. The existing FH LTCAL Research Partners Group will work to support the integration of new members.

Results: The study will track the access to various South Asian groups via contacts and the traction in interest generated. The study will also determine the interest generated for further participation through the consultative dialogues and assess the effectiveness of the approach.

Conclusions: This study will help to make inroads with these communities to enable their inclusion in research and build ongoing relationships between researchers and patient partners. This will facilitate more meaningful, more impactful research and quality improvement initiatives to support equitable care for the diverse populations in FH. The ultimate outcome will be the recruitment of 2-3 ethnoculturally diverse members to the existing LTCAL Research Partners Group.
Resettlement of Older Syrian Refugees in Canada: Key Individual Factors of Social Inclusion

Mahmudul Hassan¹, Jill Hanley¹, Sepali Guruge²
¹McGill University, Montreal, Canada. ²Toronto Metropolitan University, Toronto, Canada

Abstract / Résumé

Newcomer older adults are underrepresented in research in Western countries. Research studying older immigrants tends to focus on immigrants who have aged in their country of the destination rather than on those who migrated as older adults. Also, there is a similar lack of attention to older adults who are recently resettled refugees. Less likely to join the labour market or be heads of households, older recently (re)settled refugees may have less contact with health, social, and settlement service agencies, despite being at risk of social exclusion and social isolation. We apply a conceptual framework developed by the ICOI (Inclusive Communities for Older Immigrants) project to analyse the data from a pan-Canadian survey (the SyRIA.lth project) that included 372 Syrian refugee-older adults (51+ years) among nearly 2,000 resettled Syrian refugee respondents. Without discounting the degree to which structural issues and (host) community and societal behaviour and resources shape the social inclusion and exclusion of refugees, in this paper, we explore the individual indicators that facilitate a person’s social inclusion. Results indicate that good health conditions, a strong sense of belonging, regular communication, and supportive relationship of older Syrian refugees with their families, children, relatives, and friends facilitate older Syrian refugees in a relatively good position to obtain social inclusion, despite education and language challenges.
Social isolation in community-dwelling older adults: Understanding the role of resilience

Anna Garnett¹, Kristin Prentice², Richard Booth³, Lorie Donelle⁴, J. B. Orange², Fiona Webster²
¹Western University, LONDON, Canada. ²Western University, London, Canada. ³Western University, Londo, Canada. ⁴University of South Carolina, Columbia, USA

Abstract / Résumé

Background: Many community dwelling older adults experienced an increase in social isolation during the COVID-19 pandemic, yet some older adults were more resilient than others. Increased understanding about how the multi-dimensional construct of resilience in community-dwelling older adults was impacted by COVID-related social isolation could inform the development of programs to support vulnerable older adults.

Objectives: To enhance understanding of how community-dwelling older adults were impacted by prolonged social isolation during COVID-19, a qualitative descriptive study was conducted to: (1) explore the self-reported factors supporting their resilience during COVID-19 related social isolation, and (2) to help understand the intentional and unintentional outcomes of the government mandated health measures.

Method: A qualitative descriptive approach with content analysis guided this research. Using convenience sampling, a member database of older adults from a university research centre on aging, exercise and activity who had previously consented for research purposes was used to identify and invite a wide sample of community-based older adults to participate in the study.

Results: A total of 19 older adults were recruited and participated in in-depth interviews. Factors that supported older adults’ resilience during COVID-19 included maintaining positivity, drawing on historical experiences of resilience and finding opportunities to connect with their community. However, collective safety came with losses: such as time, freedom, opportunity, engagement and initiative.

Conclusion: The findings provide insight on contributing factors to resilience against social isolation in older adults and suggest the value of collective, community-based approaches to build resilience across variable contexts in this population.
Life at 100: Joy and future planning at 100

Beverlee Ziefflie¹, Heather Nelson², Susan Page³, Paula Mayer¹, Kelly-Anne Riess⁴
¹Saskatchewan Polytechnic, Regina, Canada. ²University of Regina, Regina, Canada. ³Community Member, Regina, Canada. ⁴Industry Partner, Regina, Canada

Abstract / Résumé

Centenarians represent a small but growing segment of the population with 9500 Canadians being 100-years of age or older. There has been limited examination of the day-to-day lives of centenarians.

Objectives

The objectives of this qualitative study were to examine what brings centenarians joy and how they approach future planning. It is hoped that through the creation of a documentary for knowledge dissemination, we will dispel widespread myths on aging.

Methods

Semi-structured interviews were conducted in dyads with a centenarian and a family member. Six centenarians living in assisted living facilities along with six family members participated. Braun and Clarke’s Reflective Thematic Analysis was used to find common themes. The interviews were videotaped and used to create a short, publicly available documentary.

Results

Centenarians in this study viewed their experiences today through the lens of their long and fascinating lives. Thematic analysis resulted in four themes: 1) Finding Joy, 2) Looking Forward, 3) Putting Challenges into Perspective, and 4) Act your Age. The centenarians in this study found moments of joy each day and continued to look towards the future. Additionally, participants had experienced significant loss during their lives but found ways to carry on. Interestingly, the centenarians felt pressure to act their age and rebelled against societal constraints and their aging bodies.

Conclusions

Centenarians continued to be actively engaged in their lives and experienced a full range of emotions. It is essential that we examine ways to reduce stigma for centenarians and optimize wellness.
O18

Songs of unsung heroes: Visions and actions of older community champions of the Age-Friendly Community movement

Miya Narushima, Pauli Gardner, Majuriha Gnanendran, Jaclyn Ryder, Mei Low, Lynn McCleary
Brock University, St. Catharines, Canada

Abstract / Résumé

Objectives: We will present part of the findings of our larger community-engaged study with older adult volunteers in the Age-Friendly Niagara Network (AFNN) in Ontario. Since 2008, the AFNN has successfully expanded as a truly older adult volunteer-driven grass-roots movement. Given that the literature tends to examine age-friendly initiatives as government-led, in this study, we listened to the voices of those older community leaders who are the driving force behind the AFNN movement.

Method: Grounded in a narrative study approach, we conducted a semi-structured individual online interview with older adult volunteers (n=8) across Niagara. These “community champions” have devoted countless hours to the AFNN volunteer work over the years. Our research team asked about their life histories, their motivations, benefits and challenges, and their vision for the future of the AFNN.

Results: Although their life histories vary, all participants’ narratives reveal their passion and devotion to make a “community for all ages” in their own localities. Their stories also suggested the tangible changes they achieved through age-friendly community work, and some of the successful ingredients of their movement. At the same time, their narratives also underscore their persistent efforts to elevate their visibility in each community.

Conclusions: The findings of our study identified a counter-narrative to help us understand this social movement among empowered older adults who are publicly debunking ageism. We hope our study will contribute to the growing scholarship about the meanings of civic engagement within the current neo-liberal and healthy aging discourse.
O19

Resilience in Home and Community Care Nurses: A Scoping Review

Denise Connelly¹, Emma Butler¹, Tracy Smith-Carrier², Kristin Prentice¹, Anna Garnett¹, Diana Pearson³, Nancy Snobelen⁴
¹Western University, London, Canada. ²Royal Roads University, Colwood, Canada. ³Lambton College, Sarnia, Canada. ⁴WeRPN, Mississauga, Canada

Abstract / Résumé

Introduction: Home and community care faces increasing workforce shortages of Registered Practical Nurses and Registered Nurses to provide health care for people living within these settings. Given longevity in nursing is related to resiliency, one strategy for recruitment/ retention of these nurses is to understand the factors influencing resiliency in this sector.

Aim: To synthesize the nursing literature about the professional factors related to resiliency in home and community care nurses to inform strategies to mitigate attrition in this workforce.

Method: The Arksey and O’Malley’s framework and Preferred Reporting Items for Systematic Reviews, and Meta-Analyses Extension for scoping reviews were used. MEDLINE, PsycINFO, CINAHL, EMBASE, and Scopus were searched. English language studies published on any date addressing resilience of nurses working in home and community care were included.

Results: Eight articles met the criteria: one qualitative, one quantitative, two mixed-methods, three narrative reviews, and one commentary. Identified domains were: personality and work-related characteristics of being resilient as an individual and home and community care nurse; nature of home and community care work, and organizational infrastructure, policy and practices contributing to resilience as a home and community nurse; and strategies to promote resilience amongst nursing staff.

Conclusions: The findings inform the message that supporting resiliency in home and community nurses is a shared challenge informed by professional and organizational factors. Future research should address how organizations, nurses and the professional associations can operationalize resilience-related factors in a shared approach to build the home and community nursing workforce.
O20

Life-Course Risk and Protective Factors of Multimorbidity Resilience among Older Adults in Rural China: A Longitudinal Study in Anhui Province

Jin Guo1, Andrew Wister2, Jie Wang1, Shuzhuo Li3
1School of Public Policy and Administration, Xi’an Jiaotong University, Xi’an, China. 2Gerontology Research Centre, Simon Fraser University, Vancouver, Canada. 3Center for Aging and Health Research, Xi’an Jiaotong University, Xi’an, China

Abstract / Résumé

Introduction: Multimorbidity resilience reflects older adults’ ability to cope with, adapt to, and rebound from its adverse effects through mobilizing resources. This study revised the Multi-domain Multimorbidity Resilience Index based on the Life-Course Model of Multimorbidity Resilience referring to the life situations of older adults in rural China to measure the multimorbidity resilience from 2018 to 2021 and to explore the factors influencing multimorbidity resilience from the perspective of Life-Course theory.

Methods: This study used the seventh and eighth waves of longitudinal data (2018–2021) collected in Anhui, China. 945 older adults with two or more chronic diseases were selected, and 1201 (person-year) observations were collected and studied. A mixed linear model examined the effects of early and later factors on multimorbidity resilience.

Results: Multimorbidity resilience was negatively correlated with age and decreased faster with age after the outbreak of the COVID-19 epidemic. Married older adults have higher multimorbidity resilience. Exposure to hunger was associated with lower multimorbidity resilience when later factors were considered. Self-reported health before age 15, access to medical resources, and multimorbidity resilience were positively correlated. In addition, this study verified the relationship between multimorbidity resilience and the number of chronic diseases, exercise frequency, religious beliefs, self-reported health, and economic satisfaction, among other factors.

Conclusions: This study explored ways to measure the multimorbidity resilience of older adults in rural China and further examined the influence of life-course factors on resilience to direct policy development from a life-course perspective that encompass prevention and post-treatment to achieve active aging.
Users’ Perspective toward i-GESS (Inter-Generational Engagement in Secondary Schools)

Daniel W.L. Lai¹, Xue Bai²
¹Faculty of Social Sciences, Hong Kong Baptist University, Hong Kong, China. ²Department of Applied Social Sciences, The Hong Kong Polytechnic University, Hong Kong, China

Abstract / Résumé

Intergenerational interaction benefits individuals and society as a whole by promoting mutual understanding and respect between different age groups, leading to a stronger sense of community and social cohesion. It also allows for the transfer of knowledge, skills, and experiences from older generations to younger ones, fostering personal growth and development. The i-GESS program aims to strengthen the bonds between younger and older generations through co-creation learning opportunities and interactive activities. A group of secondary teachers (n=6) students (n=14), university students (n=18), and older adults (n=20). The results from the in-depth interviews showed that there has been a significant increase in the confidence of older adults and young people. Furthermore, both parties reported an increase in their level of trust, leading to better mutual understanding in the group. Additionally, the participants demonstrated a significant improvement in their innovative thinking skills, ultimately enhancing their teaching and learning experiences. The i-GESS model holds the potential to be applied in various intergenerational contexts, making it an effective tool to facilitate intergenerational connections and interactions. Through the incorporation of intergenerational elements in teaching and learning, students and older adults could gain a deeper understanding of each other, resulting in numerous benefits that contribute to a more age-friendly social environment.
Cycling Without Age: Experiences of Intergenerational Pilots and Passengers

Shelley Canning, Alison Pritchard Orr, Gurneesh Purba
University of the Fraser Valley, Abbotsford, Canada

Abstract / Résumé

Globally, we anticipate a significant increase in the number of people over the age of 65 years. This demographic reality will impact societies in significant ways, illuminating the imperative to address systemic ageism. In the recent Global Report on Ageism (2021), the WHO highlighted the importance of intergenerational connections in addressing age-related stigma and discrimination.

As part of the University of the Fraser Valley’s (UFV) commitment as an Age-Friendly university, we initiated an intergenerational programme establishing a Cycling without Age (CWA) chapter in partnership with a local “Seniors’ Community Living” complex. CWA is a non-profit organization aiming to address inequities by enabling older adults to continue to access the natural environment through cycling, as passengers in a “trishaw”. This innovative programme also provides rich opportunities for youth and young adults to engage in intergenerational relationships and learn about the ageing experience as trishaw pilots.

In spring 2023, UFV Kinesiology students took the lead in training undergraduate students as trishaw pilots, taking older adults on bike rides along the local river trails. In this presentation we share our experiences in establishing this community engaged, intergenerational programme as well as share the findings from a qualitative study exploring the experiences of the participants. We drew on a narrative approach to “hear” the stories within the experiences, conducting individual interviews with six university student trishaw pilots and 12 older adult trishaw passengers living in a local supportive living complex. Our findings highlight the rich benefits of this programme for both pilots and passengers.

For the most recent version, please see the complete online program.
Pour la version la plus récente, veuillez consulter le programme complet en ligne.
Intergenerational Café: A Pilot Study

Constance Dupuis, Anthea Innes, Mason McLeod, Equity Burke, María Belén Miguel
McMaster University, Hamilton, Canada

Abstract / Résumé

Research suggests that intergenerational engagement can positively impact both younger and older adult populations, countering the negative effects of agism. This paper presents the findings of a pilot Intergenerational Café which brought together older adults (n=12) from the Hamilton area and McMaster students (n=6) in a series of four café sessions (March-April 2023) to better understand the potential of such programming to promote social health and wellbeing in our age segregated society. The design of this Intergenerational Café program builds on the success of dementia cafés to reduce social isolation and facilitate social connection, as well as the outcomes of consultations with older adults via the Gilbrea Centre SHARE Group and students via the Gilbrea Centre Student Group (Nov 2022- Feb 2023). The Café program included a music-based session, an art viewing session, an art creation session, and a chocolate tasting session which aimed to encourage intergenerational collaboration, social engagement, group connections, and comradery. A mixed method design included, mood questionnaires, completed by participants immediately prior to and immediately after each session, ethnographic style participant observation of each Café session and focus group discussions with students and older adults after the completion of the four Café sessions. A thematic analysis across all data collected demonstrates the perceived benefits to participating in the cafes and their suggestions for improvements. We conclude that a café model is a useful approach to promoting intergenerational engagement opportunities. This co-presented paper will include reflections from participants and the research team.
Well-being, Intergenerational Learning and Transmission through Digital Narrative Gerontology: a Case Study of Older Adult - Young Adult Pairs

Béatrice Crettendand Pecorini, Emmanuel Duplàa
University of Ottawa, Ottawa, Canada

Abstract / Résumé

Despite Canada’s aging population, the adaptation of our society to this phenomenon is not yet realized, ageism, this discrimination by age, is still very present. One way to respond to this challenge is to strengthen the bonds between generations in society through, for example, intergenerational programs who can reduce the perception of stereotypes about other generations (Barbosa et al., 2021; Pentecouteau & Eneau, 2017), strengthen intergenerational solidarity, and help develop capital and social cohesion (Topping, 2020). This research, based on digital narrative gerontology (Crettendand Pecorini, 2019), draws on the theories of lifelong learning and intergenerational learnings. Digital narratives were created within older adult - young adult pairs from the oral life story of the older adult during several weekly meetings, supported by the multimedia skills that the young adult acquired during workshops we have set up prior the meetings. Case study supports thematic analysis of the data collected from individual and pairs semi-directed interviews, logbooks, debriefings, and digital narratives. The preliminary results confirm the results obtained in 2019 – that this approach supports improved general well-being, a reduction in the perception of stereotypes about other generations, a reduction in feelings of loneliness and isolation, the strengthening of intergenerational solidarity, satisfaction to rediscover one's life or the projection of one's life stimulated by example, the acquisition of new knowledge, as well as the pride of digital narrative creation and its sharing. This innovative project can be applied in schools, colleges, and universities as well as in community centers and seniors' residences.
Using Creative Methodology to Explore LGBTQ+ Love and Relationship Experiences across the lifespan: Developing Inclusive and Healthy Spaces through Positive Intergenerational Exchange

Mei Lan Fang¹,², Judith Sixsmith¹, Michael Gratzke¹
¹University of Dundee, Dundee, United Kingdom. ²Simon Fraser University, Vancouver, Canada

Abstract / Résumé

Introduction: Important lessons can be learned from the intergenerational sharing of lifetime love and relationship stories between multigenerational LGBTQ+ people, to inform education, healthcare, and policy. However, such exploratory studies have been limited. The aim of this participatory, co-creation study was to explore younger and older peoples’ LGBTQ+ love and relationship experiences using creative methodology.

Methods: Three 2-hour virtual fictional writing and storytelling workshops were conducted at the height of COVID-19. Participants included 3 middle-aged adults; 2 adults; and 5 youths who identified as either lesbian, gay, bisexual, transgender or queer. Participants’ stories were audio-recorded, transcribed and thematically-analyzed to capture understandings of: intergenerational knowledge exchange and LGBTQ+ love and relationships across sociocultural and environmental contexts shared through a self-reflexive creative writing process.

Findings: Six themes emerged from the analysis: role of technology in facilitating and hindering love and relationship experiences; making non-romantic connections within LGBTQ+ communities; impact of COVID-19 on LGBTQ+ love and relationships; creating one’s own community (logical versus biological families); and storytelling as beneficial for understanding one’s own experience. Key findings culminated in a collection of short stories premised on lifetime LGBTQ+ love and relationship accounts of inclusion and exclusion, and disseminated in the shape of a zine.

Conclusions: Participants reported that being able to craft their stories was a freeing experience, enabling sense-making to occur. Using creative methodology was demonstrated as an effective way to facilitate intergenerational engagement, and bring to light the complexities of LGBTQ+ love and relationships across generations in a safe environment.
O26

Engaging teaching, research & practice communities in co-designing better systems to support caregivers

Jasneet Parmar1,2, Sharon Anderson1, Michelle Lobchuk3, Elisabeth Drance4, Laurie Caforio1, Tanya L’Heureux1, Jamie Stewart1, Glenda Tarnowski1, Cecilia Marion5,6, Arlene Huhn7, Donna Thomson8, Joelle Fawcett-Arsenault9, Marlene Rassock5, Leslee Charles1,2, Gwen McGhan10, Sandra Lundmark11, Colleen Turkington12, Charlotte Pooler2, Johnna Lowther13

1University of Alberta, Edmonton, Canada. 2Alberta Health Services, Edmonton, Canada. 3University of Manitoba, Winnipeg, Canada. 4University of British Columbia, Vancouver, Canada. 5Covenant Health, Edmonton, Canada. 6St. Paul’s University, Ottawa, Canada. 7Alzheimer’s Society of Alberta, Edmonton, Canada. 8McMaster University, Hamilton, Canada. 9Alberta Association on Gerontology, Edmonton, Canada. 10University of Calgary, Calgary, Canada. 11Island Health, Edmonton, Canada. 12College of Licensed Practical Nurses of Alberta, Edmonton, Canada. 13Caregivers Alberta, Edmonton, Canada.

Abstract / Résumé

The importance of building community and organizational capacity to implement change is well-documented in research, but less attention has focused on how to build the capacity to support family caregivers (FCGs). An integrated system to support FCGs includes: 1) macro-level policy regimes; 2) meso-level FCG-friendly communities, health and social care systems, and providers trained to support FCGs; 3) micro-level assessment of FCGs needs and tailored supports; and 4) practice improvement research. We report on the use of co-design to foster multi-level interdisciplinary multi-organizational work towards an integrated caregiver support system in Alberta. We convened a series of consultations to determine community-identified priorities to support FCGs. Stakeholders prioritized competency-based education for health providers about person-centered care for FCGs. We engaged FCGs, researchers, health and social care providers/leaders and policy makers to co-design and deliver education for health providers about providing person-centered care for FCGs. In 2022, we hosted six webinars to raise awareness of the need for systemic FCG support and to strengthen our network. Next, we will work with an expert and stakeholders to create a strategy map to weave together the actions of FCGs, researchers, health and social care providers, and leaders to build a “no wrong door”, seamless health & social care support system to enable FCGs to maintain their well-being & sustain care. Strategy Maps capture stakeholders’ collaborative goals and provide strategic directions to guide complex implementations. Co-design is a useful problem-solving approach toward systems transformation and culture changes required to build systemic supports for FCGs.
O27

Recommendations of family research partners for a Virtual Community of Practice for caregivers of persons living with dementia

Marie-Lee Yous¹, Ruthie Zhuang², Nicole Beaudry¹, Shelley Griffith¹, Frances Shirley Laming-Vancer¹, Susanne Jeanette Langdon¹, Paul Lee¹, Sylvie Sylvestre¹, Aki Tomizawa¹, Sharon Kaasalainen¹, Carrie McAiney³

¹McMaster University, Hamilton, Canada. ²Western University, London, Canada. ³University of Waterloo, Waterloo, Canada

Abstract / Résumé

Introduction: Family caregivers supporting persons living with dementia at home or in long-term care receive very little preparation in their role. In this study we worked with caregivers as research partners to design a Virtual Community of Practice for caregivers which includes an interactive website, a toolkit, and discussion forums. A community of practice consists of a group of people who share common challenges and want to enhance their knowledge through regular interactions.

Objective: To explore the recommendations of family research partners for a Virtual Community of Practice for caregivers.

Method: A qualitative descriptive design was used. Six workshop sessions were held by Zoom with family research partners from Ontario. At each session two to three research partners were present. Prior to the first workshop session, research partners were asked to review a draft Community of Practice website. Workshop sessions were recorded and analyzed using thematic analysis.

Findings: Seven research partners participated in this study. Overall, research partners reported that the initial website provided helpful information related to strategies to meaningfully engage and stimulate people living with dementia. Research partners also recommended: (a) having resources available in different languages; (b) additional tailoring of activities to different stages of dementia and cultural considerations; (c) videos on how to communicate and interact with persons living with dementia; and (d) self-care resources for caregivers.

Conclusions: Findings revealed the importance of ensuring that the Virtual Community of Practice meets the needs of culturally diverse populations.
“A friend during troubled times”: Experiences of family caregivers to persons with dementia when receiving professional support via a mobile app.

Åsa Dorell1, Hanne Konradsen1,2, Ana Paula Kallström3, Zarina Nahar Kabir4
1Karolinska Institute, Stockholm, Sweden. 2University of Copenhagen, Copenhagen, Denmark. 3Formerly at Karolinska Institute, Stockholm, Sweden

Abstract / Résumé

Objective: The aim of the present study was to describe the experiences of family caregivers of persons with dementia who received professional support through a mobile app and usage of the app.

Methods: Support was offered to family caregivers of persons with dementia by two nurses of the research team through a mobile app over an eight-week period. Fifteen family caregivers of persons with dementia were recruited to test STAV (“STöd för AnhörigVårdare” [Support for family caregivers]). A total of 12 family caregivers agreed to use the app and to be interviewed. The interviews were conducted 4-16 weeks after the use of the mobile app. The interview texts were analysed using thematic analysis approach.

Results: The results of this study provide insight into experiences, needs, and the barriers faced by family caregivers of persons with dementia in receiving professional support through the mobile app STAV and its usage. The main findings show that there is a need for a mobile app for family caregivers to receive support and information easily and without having to leave home to meet health care professionals.

Conclusions: Interactive apps for family caregivers of persons with dementia have the potential of being an important tool through which to provide professional support, particularly when face to face meetings are not feasible due to constraints such as time, distance to health care services, and even restrictions due to conditions such as the current COVID 19 pandemic.
Evidence for feasibility and preliminary effect of an Acceptance and Commitment Therapy (ACT) Tele-Counselling Program for Care Partners of Persons with Dementia.

Pamela Durepos¹, Nicole Cormier², Janine Olthuis¹, Sheila Boamah³, Odette Gould⁴, Chandra MacBean⁵, Makayla Lanteigne⁶, Rose McCluskey⁷, Rachel MacLean¹, Karrie Pickford¹, Kate Tucker¹, Sharon Kaasalainen⁸,³

¹University of New Brunswick, Fredericton, Canada. ²Alzheimer Society of New Brunswick, Moncton, Canada. ³McMaster University, Hamilton, Canada. ⁴Mount Allison University, Sackville, Canada. ⁵Alzheimer Society of New Brunswick, Fredericton, Canada. ⁶Université de Moncton, Moncton, Canada. ⁷University of New Brunswick, Saint John, Canada. ⁸Gladys Sharpe Chair of Nursing, Hamilton, Canada

Abstract / Résumé

Objectives: This study aimed to evaluate the feasibility and potential effect of a new Acceptance and Commitment Therapy (ACT) tele-counselling program for care partners of persons with dementia in New Brunswick, Canada.

Methods: A 2-group randomized controlled feasibility pilot study was completed with English and French-speaking care partners recruited through the Alzheimer Society. Participants were randomly assigned to the intervention group [IG] (n=15) where they received 6-8 individual sessions over 4-6 months via text, telephone or videoconference, or to the usual care [UC] control group (n=15). Outcomes included enrolment and retention rates, satisfaction, usability and pre-post levels of depression, anxiety and stress, burden, engagement and acceptance.

Results: Thirty persons agreed to be screened for eligibility and all (100%) enrolled in the study. Retention was high at 97%. Participants were mainly from rural locations (53%) and represented 6/7 geographic regions. All participants were very or mostly satisfied with the ACT program and perceived usability was high (95.2%). Results from intention-to-treat analysis demonstrated statistically significant improvements in anxiety (p<0.01), stress and burden (p<0.05) amongst IG participants and nonsignificant improvements for depression, engagement and acceptance. No significant differences were observed between IG and UC characteristics or outcomes pre or post-test. Remote-delivery was described as a major facilitator for the intervention.

Conclusions: The results provide evidence for the feasibility, acceptability and preliminary effect of the ACT program amongst care partners of persons with dementia, who often face barriers to accessing mental health support. Next steps include a larger trial and scale-up of the program.
Lessons from Family Caregivers on Managing Communication During a Public Health Emergency

Gwen McGhan, Deirdre McCaughey
University of Calgary, Calgary, Canada

Abstract / Résumé

Background: Providing accurate, accessible public health messaging (PHM) is critical during a health emergency as key public health recommendations may be misconstrued. Misinformation about health emergencies, such COVID-19, are problematic as false cures and incorrect transmission information can deter protective health behaviours.

Design: Family caregivers (FCGs) were surveyed to assess their needs and generate recommendations to inform policies about care access, resources and agency supports. A Community Advisory Committee (CAC) including partner organizations and FCGs was convened to guide this study. The CAC provided direction through survey design, study implementation, and results interpretation. An online survey was conducted during one of the COVID-19 waves with FCGs for people living with dementia. The study population included those living in urban and suburban areas and FCGs across the care continuum: in the community, in assisted/supportive living, and in long-term care.

Findings: The majority of FCGs rated their COVID-19 knowledge as good/excellent, but PHM could be improved in specific areas to better support their needs. The majority of respondents gave a poor rating to messaging about: 1) locating community care services and 2) how to provide care whether they or the person living with dementia contracted COVID-19. Most FCGs rated their knowledge about COVID-19 (e.g. virus knowledge, disease spread, and protecting themselves and the person living with dementia from infection) as good or excellent.

Conclusion: Tailored messaging is needed in both short-term and long-term contexts to align with public health emergency communication models that emphasize the importance of transparency, clarity and focus in PHM.
Value co-creation with family caregivers to people with dementia through a tailor-made mHealth application: A qualitative study

Aber Sharon Kagwa¹, Hanne Konradsen¹-²-³, Zarina Kabir¹
¹Karolinska Institutet, Stockholm, Sweden. ²Herlev and Gentofte Hospital, Copenhagen, Denmark. ³University of Copenhagen, Copenhagen, Denmark

Abstract / Résumé

Background: Digitalization has been recognized as an efficient and cost-effective solution to address the aging population and the rise in people with dementia. Digitalization has also introduced new concepts within service-dominant logic namely, value co-creation, which is transitioning healthcare dynamics from a provider-centric to a customer-centric approach. The literature indicates that this transition is slow in healthcare due to the complex service context consisting of multi-stakeholders. The study aimed to explore how family caregivers to people with dementia living at home, as consumers of healthcare services co-create value in a multi-stakeholder context through a tailor-made mHealth application.

Methods: A qualitative explorative design was used. Data were collected through semi-structured interviews with 12 purposively sampled family caregivers of people with dementia living at home. The data were analyzed deductively using content analysis. Eight themes of value co-creation activities were used to form a coping scheme through which the data were sorted and condensed. Thereafter experiential value was derived from the family caregivers’ perspective.

Results: The findings show how family caregivers to people with dementia engaged with a mHealth application and other actors in their service network through different levels of value co-creation activities.

Conclusions: The study showed willingness among family caregivers to people with dementia living at home, who mostly consisted of older people, to implement new technology to assist them with their caregiving tasks. The different value co-creation activities adopted by the family caregivers generated different levels of experiential value.

Keywords: Family caregiver, Dementia, mHealth, Value co-creation, Service dominant-logic
Ageing in Canada’s first women’s shelter program

Siu Mee Cheng
Street Haven, Toronto, Canada. Toronto Metropolitan University, Toronto, Canada

Abstract / Résumé

Introduction: Street Haven (SH) has the distinction of having established Canada’s first women’s shelter in 1968. It was created as a response to the lack of supports for vulnerable and high-risk women living in Toronto. It has been on the frontlines of serving homeless women. The profile of shelter users has changed and evolved over the last few years, and shelter clients are presenting with greater care complexity. This care complexity is linked to the ageing of the shelter client population. This situation is a result of the housing affordability crisis in Toronto, where more women are unable to afford housing and are becoming homeless. Objectives: The presentation will provide an overview of the health and social care needs of older adult clients ageing in the Street Haven shelter. Method: Descriptive analysis of secondary data arising from client shelter program data (n=91) was undertaken to better understand the health and social care needs of older adults ageing in the shelter program. Results: Older adult clients represent approximately 25 percent of all (SH) shelter clients. These clients are presenting with significant health and social care needs that include multiple chronic diseases, mental illness, developmental challenges, and challenges with activities of daily living and are suffering from deep poverty. Conclusions: The affordable housing crisis in Toronto is resulting in women ageing homeless and in shelters, and reveals the intersection between ageing and housing. This is an urgent call for government action to address the housing affordability crisis in Canada.
Enhancing eviction prevention supports for older adults in social housing

Christine Sheppard1,2, Seong-gee Um1, Brenda Roche1, Sarah Gould2, Andrea Austen3, Sander Hitzig4,2
1Wellesley Institute, Toronto, Canada. 2University of Toronto, Toronto, Canada. 3City of Toronto, Toronto, Canada. 4Sunnybrook Research Institute, Toronto, Canada

Abstract / Résumé

Introduction: Evictions are a key source of housing instability for low-income older renters. This community is particularly vulnerable to evictions due to a complex interplay of financial, social, and health factors that place housing at-risk. This research explored the experiences of evictions among low-income older renters living in social housing to identify promising practices that can promote housing stability.

Methods: In-depth qualitative interviews and focus groups were conducted with 58 older adult tenants living in social housing as well as 58 local health and community service providers who support them. Discussions explored challenges tenants faced managing their tenancy, the types of supports they needed to maintain their housing, and their experiences with an eviction (tenants) or supporting someone through an eviction (service providers).

Results: Tenants and service providers shared many stories where housing was threatened by an eviction, and they discussed the need to transform eviction prevention strategies to be more proactive. Specifically, three key needs were identified to improve eviction prevention supports for older tenants: (1) the need to understand the root cause; (2) the need for more senior-friendly communication; and (3) the need for proactive eviction prevention supports spanning the eviction continuum.

Discussion: Low-income older adults faced several obstacles maintaining successful tenancies and were at an increased risk of eviction. To improve housing experiences for this community, targeted interventions are needed to ensure that tenants have access to “seniors-specific” eviction prevention programs and community support services that address the underlying root causes leading to eviction.
Inclusive Place-making with the ‘Seldom Heard’: The IncludeAge Project

Mei Lan Fang¹ ², Judith Sixsmith¹, Joe Tai²
¹University of Dundee, Dundee, United Kingdom. ²Simon Fraser University, Vancouver, Canada

Abstract / Résumé

The COVID-19 pandemic has worsened social exclusion issues, especially for marginalized social groups such as older individuals with intellectual and developmental disabilities (IDD) and those identifying as lesbian, gay, bisexual, trans, queer and beyond (LGBTQ+). The IncludeAge project, funded by the UK Economic and Social Research Council, aims to investigate how physical and virtual spaces can become more inclusive for these seldom heard groups, enhancing social inclusion and supporting health equity. The research presented focuses on marginalized mid-aged people (40+) and their daily struggles to negotiate inclusion in local and online communities, leading towards co-developing solutions for inclusive communities. The presentation will introduce new and innovative ways of participatory working, using ArcGIS Story-mapping to work alongside older people with IDD and those identifying as LGBTQ+ throughout the research process. The goal is to include seldom heard groups in the design and development of inclusive aging spaces and places. The presentation will also discuss findings as they relate to the current discourse and definitions of ‘community’ and ‘inclusion’, highlighting the challenges and benefits of community participation, particularly for those experiencing social exclusion in the post-COVID world. Our analysis of the findings emphasizes the importance of involving the seldom heard, who are often under-served groups, in shaping government policies and organizational practices in the future of inclusive place and space research, design, and development with and for older people. It is critical to include seldom heard people in the decision-making process to ensure their perspectives are considered while creating age-friendly and inclusive communities, both in the physical and virtual world.
O35

The iAM Human Conversation eXchange: Developing a community-engaged teaching & learning platform focused on inclusive aging and mobility (iAM)

Brenda Vrkljan, Esther Liu, Joyla Furlano, Sheila Boamah, Allison Dube
McMaster University, Hamilton, Canada

Abstract / Résumé

Objectives: Advancing equity, diversity, and inclusion (EDI) has come to the forefront as a major societal issue, as the COVID-19 pandemic amplified existing inequities, including age-based bias. Together with community-dwelling older adults and research trainees from different disciplines, the objective of this project was to explore how a novel teaching and learning platform (i.e., iAM Human Conversation eXchange) that includes a variety of activities focused on inclusive aging and mobility (iAM) can address such bias.

Methods: Semi-structured interviews were conducted with 10 community-dwelling older adults and 5 research trainees to explore their experiences using the iAM platform. Interview transcripts were independently reviewed by 2 members of the research team who jointly identified key themes. Another member audited this review process.

Results: Themes shared by older adults and trainees converged on issues of EDI, agism, intersectionality, and cultural humility where the value of iAM activities, particularly intergenerational ‘conversations’, were emphasized. The importance of these activities occurring synchronously alongside other suggestions to improve the platform’s design and delivery were highlighted.

Conclusions: Our findings support the use of iAM Human Conversation eXchange as a community-engaged teaching and learning platform that increases awareness of ways to create more inclusive research programs involving older people. Next steps include integrating user feedback with further evaluation to examine the platform’s effectiveness with addressing agism and other forms of bias. By advancing knowledge, skills, and abilities of both trainees and older adults, the iAM platform will inform and transform the way in which aging research is conducted.
Permanent housing for women in midlife and older who are survivors of domestic violence: A strengths-based approach

Lori Weeks¹, Zihui Wang¹, Christie Stilwell¹, Opeyemi Adeyi¹, Arezoo Mojbafan¹, Hajar Masoud²
¹Dalhousie University, Halifax, Canada. ²Atira Women's Resource Society, Vancouver, Canada

Abstract / Résumé

Few Canadian organizations support women in midlife and older who have experienced domestic violence. One exception is Atira Women’s Resource Society, a not-for-profit organization operating in the greater Vancouver area that is dedicated to supporting women affected by violence by offering safe and supportive housing and by delivering education and advocacy aimed at ending all forms of gendered violence. Atira provides permanent and affordable housing to older women both in age-specific buildings and buildings supporting women of all ages. We interviewed 23 women about their housing experiences living in three buildings located in Vancouver’s Downtown Eastside and Burnaby (Margaret’s n=9, Sísele n=9, The Secord, n=5). Most were aged 55-74 (91%) and many were Indigenous (35%) or immigrants to Canada (17%). All experienced various forms of violence and many experienced low-income, visible or hidden homelessness, a variety of physical health challenges, and mental health/addictions issues. While some characteristics differed between the three buildings, all featured secure buildings with private suites, a harm reduction philosophy, on-site staff support, common areas, and assistance with meals. Atira supported the women to make meaningful contributions (e.g., training and employment opportunities with Atira) and fostered the development of positive and supportive relationships. The women described strategies they utilized to deal with challenging situations (e.g., interpersonal conflict) and identified ways to further strengthen the delivery of affordable and safe housing. This research contributes to our knowledge about how community-based organizations can effectively support the housing needs of diverse and vulnerable older women who experienced gender-based violence.
Perspectives on avoiding re-harm and other ethico-methodological considerations in race and ethnicity research in older adult care

Kimberly J. Lopez, Diya Chowdhury
University of Waterloo, Waterloo, Canada

Abstract / Résumé

A 2021 scoping review described significant psychosocial burdens experienced by care workers, including moral job injury, poor communication, poor work/life balance, increased violence, and lack of financial security (Franklin & Gkiouleka, 2021). Further, legacies of gender and race politics and labour allocation have shaped the nature of PSW and other “minority”-dominated care labour, facilitating a disproportionate number of persons of colour and women living perpetually under-waged, precariously employed, susceptible to chronic stress, and vulnerable to race and gender-based care labour precarities (RGBCLPs), including harm from LTCH administration and colleagues, family members, and residents. In our team’s work to understand RGBCLPs in LTCH, our priority was to ensure that harm was not reproduced through the process of narrative data generation.

To redress harm, work through a Transformative Justice (TJ) framework may be a more “humane and just approach than punitive discipline” (Sandwick, 2019, p.3); it emphasizes remediating harm, supportive dialogue, privileging relationships, attending to root causes of misunderstanding, and developing collective accountability (Fronius et al, 2019; Zehr, 2014). Influenced by Indigenous peoples of Turtle Island and Aotearoa (McCaslin, 2005), TJ attempts to unpack systemic conditions that enable harm (Kim, 2021). TJ involves resisting the perpetuation of these harms, restoring energy from the labourousness of systemic oppressions, and seeking equity. To disrupt extractive research practices and move towards “free-from-harm” labour and inquiry, this discussion will centre the importance of a critical researcher politic, decentering of actor personal narrative in justice work, and the role of establishing mechanisms for remediating RGBCLP and harm.
Effectiveness of a meta-cognitive group intervention for older adults with SCD or MCI: The ASPIRE randomized controlled trial.

Shlomit Rotenberg\textsuperscript{1,2,3}, Nicole D. Anderson\textsuperscript{3,4}, Malcolm A. Binns\textsuperscript{3,5}, Elizabeth R. Skidmore\textsuperscript{6,7}, Angela K Troyer\textsuperscript{8,9}, Julie Richardson\textsuperscript{10,11}, Feng Xie\textsuperscript{12,11}, Emily Nalder\textsuperscript{1,2}, Yael Bar\textsuperscript{3}, Naomi Davids Brumer\textsuperscript{1}, Alana Bernick\textsuperscript{3}, Deirdre R. Dawson\textsuperscript{1,2,3}

\textsuperscript{1}Department of Occupational Science and Occupational Therapy, University of Toronto, Toronto, Canada. \textsuperscript{2}Rehabilitation Sciences Institute, University of Toronto, Toronto, Canada. \textsuperscript{3}Rotman Research Institute, Baycrest Academy for Research and Education, Toronto, Canada. \textsuperscript{4}Departments of Psychology and Medicine (Psychiatry), University of Toronto, Toronto, Canada. \textsuperscript{5}Dalla Lana School of Public Health, University of Toronto, Toronto, Canada. \textsuperscript{6}School of Health and Rehabilitation Sciences, University of Pittsburgh, Pittsburgh, USA. \textsuperscript{7}Department of Occupational Therapy, University of Pittsburgh, Pittsburgh, USA. \textsuperscript{8}Neuropsychology and Cognitive Health Program, Baycrest Hospital, Toronto, Canada. \textsuperscript{9}Department of Psychology, University of Toronto, Toronto, Canada. \textsuperscript{10}School of Rehabilitation Science, McMaster University, Hamilton, Canada. \textsuperscript{11}Department of Health Research Methods, Evidence, and Impact, McMaster University, Hamilton, Canada. \textsuperscript{12}Centre for Health Economics and Policy Analysis (CHEPA), McMaster University, Hamilton, Canada.

Abstract / Résumé

Objectives: We examined the efficacy of ASPIRE, a meta-cognitive group intervention, in improving performance of everyday-life activities among community-dwelling older adults with SCD or MCI.

Methods: In this double-blind randomized controlled trial, 264 older adults with SCD or MCI were randomly assigned to 10 weeks of ASPIRE (n=131) or a Brain Education control group (n=133), delivered in eight community centres across the Greater Toronto Area. Data were collected pre-intervention, immediately post-intervention, and three- and six-months post intervention. The primary outcome was improvement in performance and satisfaction with daily activities not trained in either interventions, rated on a 10-point Likert scale using the Canadian Occupational Performance Measure (COPM). Secondary outcomes were subjective cognition, depression, self-efficacy, quality-of-life, and cognitive functioning. We used a linear mixed effects regression model to explore changes in outcome measures.

Results: Clinically significant improvement (change ≥ 2 points) was found post intervention in 32.5% of untrained activities in ASPIRE; and 30.6% in Brain Education. There were no significant group effects in the proportion of improved performance (exp(β) =0.96, z=-0.15, \(p=.879\)) or satisfaction (exp(β) =0.94, z=-0.29, \(p=.775\)). The improvements remained stable in both arms over six months (Performance: exp(β) =1.03, z=1.54, \(p=.124\); Satisfaction: exp(β) =1.01, z=.34, \(p=.737\)). Improvements from pre- to post-intervention were found in both arms on subjective cognition and self-efficacy, with no significant group effects. Conclusions: A meta-cognitive strategy approach and an adult learning activity may have similar potential to improve subjective cognition, self efficacy, and engagement in daily activities.
Feasibility of the In-Person DELIGHT Program for People with Dementia and their Care Partners

Olivia Tupling¹, Heather Keller¹, Carrie McAiney¹, Sevana Hagverdian¹, Kayla Regan¹, Bill Heibein², Gail Roth³, Lloyd Schneider², Marg Shoemaker², Laura Middleton¹

¹University of Waterloo, Waterloo, Canada. ²N/A, Waterloo, Canada. ³Alzheimer Society of Waterloo-Wellington, Waterloo, Canada

Abstract / Résumé

Improving supports to enhance quality of life for people with dementia is a priority of research and practice. The DEmentia Lifestyle Intervention Program for Getting Healthy Together (DELIGHT) was co-designed by people with dementia, care partners, community stakeholders, and researchers with the goal of promoting ‘living well’ with dementia. The aim here was to assess the feasibility of the 8-week in-person DELIGHT program. The DELIGHT program incorporates exercise and social, facilitated discussion on topics related to health and well-being (healthy eating, physical activity, social support, mental well-being, sleep). Feasibility was evaluated through recruitment, attendance, and completion rate, along with semi-structured interviews with participants and program instructors. Exploratory effectiveness outcomes included quality of life, physical activity, balance confidence, exercise self-efficacy, nutrition risk, balance, strength, and fitness. A total of 10 people living with dementia and 7 care partners were recruited to the two program offerings through targeted advertisement, health care professional referral, and a repository of people living with dementia interested in exercise research programs. Of these, 94% completed the program and all completed post-program evaluation and average attendance was 90% demonstrating acceptability and feasibility of the in-person program. Common reasons for missed sessions included conflicting commitments and unrelated illness. Qualitative analysis revealed that participants appreciated the program and describe gains from participation. Results show successful feasibility and will inform a large-scale evaluation and implementation of the DELIGHT program to improve the wellbeing of people living with dementia and their family care partners and promote ‘living well’ with dementia.
Older Person’s Exercise and Nutrition Study: the OPEN study

Anne-Marie Boström1,2,3, Tommy Cederholm4, Gerd Faxen-Irving1, Erika Franzen1, Helena Grönstedt5, Åke Seiger1, Sofia Vikström1, Anders Wimo1
1Karolinska Institutet, Stockholm, Sweden. 2Karolinska University, Huddinge, Sweden. 3Stockholms Sjukhem, Stockholm, Sweden. 4Uppsala University, Uppsala, Sweden. 5Karolinska University Hospital, Stockholm, Sweden

Abstract / Résumé

Objectives: The OPEN Study evaluated effects of daily sit-to-stand exercises and a protein-rich oral supplement on functional and nutritional status, and the experiences of the participants.

Method: Eight care homes in the Stockholm region were cluster randomized. The intervention group (IG) were offered sit-to-stand exercises (up to 4 times/day) combined with a protein-enriched oral supplementation twice daily for 12 weeks. The control group (CG) were offered standard care. Primary outcome was sit-to-stand capacity, whereas secondary outcome was nutritional status. Interview studies with residents and staff were performed.

Results: 120 residents were recruited (mean 86 years, 2/3 female). The IG (n=52) increased weight significantly more than CG (n=50). Intention-to-treat analyses did not show an effect on functional outcomes. Nearly half of the IG residents had a reasonably high adherence to the intervention. Subgroup analyses indicated that sit-to-stand capacity and fat-free mass improved among those with higher adherence to the intervention, especially compared with low compliant residents. Post-hoc logistic regression analyses showed that base-line sarcopenia, better self-perceived health and higher adherence to the nutritional supplementation were associated with improvement in sit-to-stand capacity. Positive experiences from the residents and staff in the IG were found from the interviews.

Conclusion: Older people living in care homes responded to sit-to-stand exercises combined with protein supplementation, especially if they were sarcopenic and had better self-perceived health at base-line, and were compliant with the protein supplementation. This study shows that in very old and sarcopenic people, life-style modifications may have beneficial effects on function and well-being.
Effectiveness of peer-to-peer health coaching with older adults experiencing chronic health conditions

Patrick McGowan, Scott Hofer
University of Victoria, Victoria, Canada

Abstract / Résumé

Objectives: To assess whether peer-to-peer coaching aids older adults to better manage their chronic health conditions, and if coaching effectiveness is further enhanced by using home-based electronic devices.

Methods: The study employed a pre-post intervention randomized controlled trial design with three groups – control (no coach, no device), coach-alone, and coach and devices. Participants were 163 older adults living on South Vancouver Island, British Columbia, Canada, aged 65 to 98 years, with one or more chronic health conditions and access to a computer and Wi-Fi. Responses on five questionnaires assessed health outcomes pre- and post-intervention: Self-Efficacy Scale, PHQ-9, Medical Care, Patient Activation Measure and the RAND 36-Item Health Survey 1.0 Questionnaire.

Results: Compared with the control group (no coach, no device), participants with a coach reported decreased depression, higher activation levels and energy levels, and better handling of role limitations due to physical health, social functioning, and communication with their physician. Participants with coaches and devices showed similar improvements on these measures with further decreases in depression severity as well as improved self-efficacy, better handling of role limitations due to emotional problems, higher level of emotional well-being and general health ratings, and lower pain. Post-study Interviews with 17 subjects in the group that had assistive devices indicated that using the devices assisted them to monitor and achieve their weekly goals.

Conclusion: Peer-to-peer coaches alone and in combination with assistive devices demonstrated several positive outcomes for patients with chronic conditions that lasted at least 90 days. Using devices further enhanced some outcomes.
Implementation Strategies and Implementation Outcomes for Physical Activity Interventions in Long-Term Care Facilities: A Scoping Review

Ariane Geerts, Deanna Vervaecke, Brad Meisner
York University, Toronto, Canada

Abstract / Résumé

The benefits of physical activity (PA) for long-term care (LTC) residents are well documented; however, the implementation of evidence-based PA interventions in LTC remains a challenge. This scoping review aimed to synthesize and examine the use of implementation strategies and implementation outcomes for PA interventions in LTC. We searched six databases (i.e., MEDLINE, CINAHL, Embase, PsycInfo, SportDiscus, and Web of Science) up to March 12, 2021 for studies that reported on the implementation of PA interventions that: (1) were conducted in LTC settings; (2) reported on an intervention (e.g., a program or approach to care) that focused exclusively or partially on resident PA or mobility; and (3) examined processes of implementation. We categorized implementation strategies according to the Expert Panel for Recommendations on Implementing Change Framework and the implementation outcomes according to the Implementation Outcomes Taxonomy. Further, a consultation exercise was conducted with the authors of the included studies to validate findings and expand on the use of PA implementation strategies in LTC. We identified 30 papers representing 14 projects that used 29 discrete implementation strategies. All but one project used a combination of implementation strategies. Strategies that trained and educated staff were the most used. Studies most frequently included fidelity and feasibility as implementation outcomes. Associations between implementation strategies and implementation outcomes were mixed. The consultation exercise added valuable details on the effective use of implementation strategies. Findings can inform the successful implementation of future PA interventions in LTC.
Student-led mall-walking program in older adults with dementia: A pilot study protocol

Manon Lemonde¹, Winnie Sun¹, Kanika Bansal²
¹Ontario Tech University, Oshawa, Canada. ²University of Mount Union, Alliance, USA

Abstract / Résumé

People with dementia frequently reduce their community ambulation causing increased home isolation, heightened risk of falls and poor quality of life (QoL). Evidence suggests that long-lasting exercise programs enhance physical function in dementia, however, sustainable community-based walking programs designed specifically for people with dementia are scarce. We propose an innovative student-led mall-walking program with personalized biofeedback from wearable sensors to improve community ambulation in people with dementia. We hypothesize that this pilot mall-walking program will be safe, feasible, and effective in improving community ambulation and QoL in people with dementia.

Ten older people with dementia will participate in biweekly student-led mall-walking sessions for 6 weeks. Mall-walking will include 40 minutes of forward and backward walking and weekly feedback reports from Fitbit on daily walking performance. Safety and feasibility will be quantified through number of adverse events, participant compliance and a user perception questionnaire. Efficacy measures will include community steps/day recorded by Fitbit, and QoL after Alzheimer’s Disease questionnaire. Descriptive statistics and Wilcoxon Sign-ranked tests will test the hypothesis.

Our previous mall-walking intervention resulted in 100% compliance, no adverse events, and significant improvements in community steps/day (Pre-intervention: 2046±1250 steps/day; post-intervention: 3543±1606 steps/day; p<0.05) in five stroke survivors. As we target improved abilities and confidence to walk in a socially engaging and supervised community setting, we hypothesize similar results in people with dementia.

This project will advance geriatric research by implementing innovative and sustainable approaches to enhance walking activity, social participation, and QoL in people with dementia.
Social Capital and well-being of South Asians in Hong Kong

Daniel W.L. Lai¹, Alison X.T. Ou², Vincent W.P. Lee³, Doris S.F. Yu⁴, Jia Li⁵, Shireen Surood⁶, Gary K.K. Lau⁷
¹Faculty of Social Sciences, Hong Kong Baptist University, Hong Kong, China. ²Department of Sport Physical Education and Health, Hong Kong Baptist University, Hong Kong, China. ³Department of Social Work, Hong Kong Baptist University, Hong Kong, China. ⁴School of Nursing, The University of Hong Kong, Hong Kong, China. ⁵Department of Social Work, The Chinese University of Hong Kong, Hong Kong, China. ⁶Decision Support Services, Alberta Health Services, Alberta, Canada. ⁷Faculty of Medicine, The University of Hong Kong, Hong Kong, China

Abstract / Résumé

Social capital is important to aging people’s health and well-being as the relationships facilitate access to valuable resources, enhance social connections, and strengthen social support. Yet, research on the role of social capital of aging ethnic minorities in non-western societies has been scant. This study examined the effects of social capital on the health and well-being of aging South Asians in Hong Kong, a predominant Chinese society. A purposive sample of 215 older South Asian people aged 55 and above took part in face-to-face survey interview in the period of COVID-19 pandemic. A 25-item of the World Bank’s Social Capital Assessment Tool was used to measure the six dimensions of social capital including social participation, social support, social connection, trust, cohesion, and reciprocity. The results of hierarchical linear regression revealed that except for social support, all other five dimensions of social capital were associated with better health and well-being among aging South Asians. The social connection dimension showed the strongest positive correlation with the health and well-being variables when compared with the other four dimensions. The findings further substantiated the importance of social capital for aging people from ethnic minority backgrounds. Thus, policy strategies and programs should consider how to enhance the various dimensions of social capital, particularly in social connection, social participation, trust, and belonging. Existing approaches and efforts for building social capital should be further examined for their relevancy and adaptability for aging adults in unique ethnic cultural contexts.
Home and neighbourhood places matter for social connectedness: A community-engaged virtual photovoice study to explore older adult experiences during the pandemic and beyond

Callista Ottoni¹, Meghan Winters², Joanie Sims-Gould¹
¹University of British Columbia, Vancouver, Canada. ²Simon Fraser University, Vancouver, Canada

Abstract / Résumé

Background and objectives: Social connectedness (meaningful, close, constructive relationships with others) protects against loneliness, and improves quality of life for older adults. We partnered with the West End Seniors’ Network to co-design research that explores community-dwelling older adults’ social connectedness during the COVID-19 pandemic and beyond. Our objective is to advance understanding of how, why, when, and where social connectedness matters for older adults’ ability to maintain well-being in their chosen homes and neighbourhoods.

Methods: We collected interview, survey, and photovoice data with 31 participants, aged 55+ years, in April 2020 (during the initial COVID-19 pandemic lockdown) and April 2022. All Vancouver residents, 68% of participants lived alone, almost 4 times the Vancouver average.

Results: Three dimensions of home and neighbourhood were particularly important barriers and facilitators for participants’ social connectedness: (i) immediate neighbours (ii) virtual spaces (rooted from home), and (iii) outdoor greenspaces. The positive or negative qualities of these dimensions shifted, sometimes dramatically, over time. Many participants struggled to maintain social relationships over the longer course of the pandemic which negatively impacted their well-being and comfort in their chosen homes and neighbourhoods.

Conclusions: Our approach extends current research to illustrate the nuances and range of older adult experiences, including the interwoven emotional, physical, and practical dimensions of social connectedness, and how these change over time. Finally, researcher and community organization partnerships have the potential to positively impact policy and programs to facilitate social connectedness.
Increasing Prosocial Behaviour in Community-Dwelling Older Adults Through Phone Visiting Programs: A Systematic Review

Heather Nelson\textsuperscript{1}, Nicholas Wingerak\textsuperscript{2}, Erin Langman\textsuperscript{3}, Beverlee Zieffle\textsuperscript{4}, Susan Page\textsuperscript{5}, Deborah Norton\textsuperscript{5}, Paula Mayer\textsuperscript{4}, Natasha Hubbard Murdoch\textsuperscript{6}, Shannon Fuch Lacelle\textsuperscript{7}  \\
\textsuperscript{1}University of Regina, Regina, Canada. \textsuperscript{2}University of Regina, Toronto, Canada. \textsuperscript{3}Dalhousie University, Halifax, Canada. \textsuperscript{4}Saskatchewan Polytechnic, Regina, Canada. \textsuperscript{5}community member, Regina, Canada. \textsuperscript{6}Saskatchewan Polytechnic, Saskatoon, Canada. \textsuperscript{7}Private Psychologist, Regina, Canada

Abstract / Résumé

Objectives:

There is a large and growing older adult population who are inordinately burdened by loneliness and low-mood, which play a significant role in physical and mental health. The objective of this mixed methods systematic review was to examine the impact and effectiveness of phone visiting programs on loneliness and mood in community-dwelling older adults.

Methods:

This systematic review was conducted in accordance with the JBI methodology for mixed-methods systematic reviews. Our team sought published relevant literature across the following databases: MEDLINE (PubMed), CINAHL with Full Text (EBSCO), PsycInfo (OVID), Embase (Elsevier), and Cochrane Central Register of Controlled Trials (CENTRAL).

Results:

A total of 8,741 records were located. Following screening, 11 articles were included in the systematic review.

All studies located found positive impacts for older adults who participated in phone programs. Meta-analysis showed the use of phone visiting programs led to a statistically significant reduction in loneliness and positive observed effects for depression. Meta-aggregation was used to draw qualitative themes from the data resulting in three primary themes: Makes You Feel Better, Needing Connection, and Beyond the Phone Call.

Conclusion:

The evidence found in the systematic review supported the use of phone visiting programs to reduce loneliness and depression. Further, phone visiting promoted older adults to feel better, and more connected, thereby, enhancing other aspects of their lives. The results of the systematic review support the importance of phone programs, however, more study is needed to strengthen the findings.

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Older adults’ social engagement in neighbourhood spaces: Findings from a community-engaged ethnography

Carri Hand¹, Zahra Fatina¹, Jami McFarland², Debbie Laliberte Rudman¹, Colleen McGrath¹, Jason Gilliland¹
¹University of Western Ontario, London, Canada. ²University of Guelph, Guelph, Canada

Abstract / Résumé

Objectives: To present findings from a community-engaged ethnography, addressing how neighbourhood spaces shaped older adults’ social engagement, contributing to experiences of inclusion and exclusion in neighbourhoods. Method: An advisory panel of older adults, community organizations, and university researchers developed and implemented an ethnography with 38 older adults living in two neighbourhoods in a mid-sized Canadian city. Participants engaged in narrative interviews, go-along interviews, activity-space mapping with follow-up interviews, and photo elicitation interviews. We analyzed data using thematic and data visualization techniques. Results: Participants valued social engagement in various neighbourhood spaces, ranging from casual interactions on sidewalks to more organized groups such as coffee shop gatherings. However, participants noted insufficient spaces for informal socializing in the two neighbourhoods, as well as loss of such spaces over time. For example, a mall that was an important gathering place was renovated to remove indoor seating and spaces. Socializing was shaped by intersections of class, gender, ethnicity, and age, as participants navigated perceived differences between themselves and others. For example, some participants experienced pubs as places of inclusion, whereas others avoided them for class-based reasons. Road and sidewalk maintenance was often a barrier to accessing informal gathering places. Conclusions: Our findings highlight the need to foster diverse, accessible, age-inclusive neighbourhood places for social engagement, that are separate from consumerism. Collaboration is needed to identify, develop and advocate for such opportunities, such as developing local spaces into places of informal social engagement, fostering social engagement in existing activity spaces, or expanding existing social opportunities.

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The use of social prescribing to enhance support and skill-building for families affected by dementia

Sarah Eveneshen, Heather Cooke
Alzheimer Society of B.C., Vancouver, Canada

Abstract / Résumé

The practice of social prescribing offers a holistic approach to care, where health-care providers and community connectors link patients or clients with resources and supports relevant to their situation. By alleviating the need for enhanced in-office education of dementia and caregiving, social prescribing has the potential to increase health-care provider capacity to deliver more clinical care while also improving patients’ well-being, confidence, and sense of control over their health journeys.

The Alzheimer Society of B.C. has offered First Link® dementia support to families affected by dementia since 2015 through a partnership with the B.C. Ministry of Health. In 2021-22, 543 health-care providers referred 2,627 people in 413 communities across B.C. to services that included the First Link® Dementia Helpline, follow-up support calls, dementia education, caregiver and early-stage support groups and the Minds in Motion® fitness and social program.

Over a six-month period between June-December 2022, 1,168 participants who participated in a First Link® program or service completed an online survey to provide feedback on their experience. The results indicate a 74% increase in feelings of social connection, an 82% increase in dementia-related knowledge, and an 84% increase in confidence to apply newfound knowledge to daily life.

Understanding the impact of social prescribing practices on families affected by dementia has important implications for both health-care provider and patient capacity. Findings highlight the importance of increased awareness of social prescribing practices and the bi-directional benefits to people affected by dementia and those in a social prescribing role.
Sustainability of a Tailored, Community Dementia Care Program

Gwen McGahan¹, Deirdre McCaughey¹, Jessica Power Cyr²
¹University of Calgary, Calgary, Canada. ²The Glencoe Club, Calgary, Canada

Abstract / Résumé

Background: COVID-19 public health measures led to considerable changes in care provision for people living with dementia. People living with dementia and their family caregivers (caregiving dyad) in the community managed these changes with limited access to supportive care resources and services including community programs. To address this need, our study examined a tailored, community dementia program (TCDP) prescribed for the individual abilities of person living with dementia.

Design: A mixed methods design was used for the 11-week TCDP with nine caregiving dyads. The TCDP was held for three hours twice weekly. The goal was to facilitate social, cognitive and physical engagement for the person living with dementia as well as provide a respite period and support group for the family caregivers.

Findings: Midway and end-of-program findings from focus groups highlighted the importance of the socialization and the engagement the TCDP fostered. Since the completion of the study, our community partner has continued to offer the program. To date, there have been an additional four sessions with over 35 program participants. Our community partner indicated the design of the original TCDP, which included the three engagement components for the person living with dementia and the family caregiver support groups, has facilitated the sustainability of the TCDP.

Conclusion: Overall, the TCDP proved to be a positive intervention and has the potential to be tailored to the needs of the caregiving dyad as well as the resources of the community in which the program is offered.
Ageism in Canada: Findings from a National Consultation

Laura Kadowaki, Barbara McMillan, Kahir Lalji
United Way British Columbia, Burnaby, Canada

Abstract / Résumé

This presentation reports on the findings of a national consultation on ageism conducted as a part of the work of the Forum of Federal, Provincial and Territorial Ministers Responsible for Seniors. Canadians were invited to participate in the consultations in two ways: 1) by participating in a FPT Seniors Forum led roundtable consultation or a stakeholder-led consultation (25 consultations total) or 2) by completing an ageism questionnaire (n=2,920). Basic descriptive statistics were used to describe the quantitative questionnaire results. The qualitative open-ended questionnaire comments and notes from the roundtable and stakeholder-led consultations were analyzed to identify themes. In the questionnaire, respondents were asked whether they had ever experienced ageism themselves, and approximately half (48.4%) responded yes. Over two-thirds of questionnaire respondents (69.9%) believed that ageism has increased in Canada since the COVID-19 pandemic began. Themes that emerged from the qualitative feedback related to ageism and employment included the negative impacts of ageism in the workplace, older workers struggling to find employment, being pressured to retire, and older workers being fired, laid off, or forced to retire. Themes related to health and health care included health care providers assuming that symptoms were due to age and older adults being denied care or provided with different treatments. Additional themes were identified related to ageism and social inclusion, safety and security, and media and social media. The findings from this national consultation suggest that ageism is an important concern for many older Canadians and strategies are needed to address ageism in Canada.
Ageism within Adult Day Programs: Directors’ Perspectives and Experiences

Deanna Vervaecke, Brad A. Meisner
York University, Toronto, Canada

Abstract / Résumé

Ageism exists within many healthcare settings and a variety of healthcare professions. There is a call for an even more comprehensive examination of how ageism manifests in healthcare to better understand older adults’ experiences in these settings. Adult day programs (ADPs) are community-based programs which provide health supports and social services to typically older people and unpaid caregivers. However, there is stark paucity of research in this healthcare setting, especially in terms of ADP directors’ views on, and observations of, ageism in ADP settings. As such, this study aimed to explore ADP directors’ perspectives and experiences of ageism in the ADPs they direct. Using qualitative description methodology, semi-structured interviews were conducted with 18 ADP directors in Ontario, Canada. Transcribed interview data were analyzed using qualitative content analysis. Findings demonstrated that ADP directors acknowledged and witnessed the manifestation and expression of ageism at multiple levels (i.e., intrapersonal, interpersonal, organizational, and population) and from multiple parties (e.g., clients, unpaid caregivers, frontline staff, health and social service providers, and decision makers). ADP directors described examples of ageism as more covert and paternalistic than obvious and hostile. Several strategies ADP directors employed to address ageism were also discussed, including reflecting on their own internalized ageism, providing accurate unbiased aging education, and adopting care philosophies that focus on client abilities rather than chronological age or age grouping. Findings may inform multi-level programs, services, and policies that involve multiple relevant and interested parties to address ageism in ADPs and healthcare more broadly.
Do psychology of aging-focused courses reduce ageism among undergraduate students: A Quasi-Experimental Study

Éric R. Thériault¹, Elizabeth Russell²
¹Cape Breton University, Sydney, Canada. ²Trent University, Peterborough, Canada

Abstract / Résumé

As a population, university students are often ageist. The study objective was to better understand the effectiveness of an aging-focused course in changing the ageist attitudes and beliefs of undergraduate students. A quasi-experimental method was used, conducted over three academic years at two similar universities. This study compared post-course ageism among students who took a Psychology of Aging course (experimental group), compared to a control group enrolled in Health or History of Psychology courses. Students' attitudes toward older adults were measured before and after the completion of these courses using three different quantitative measures: Aging Semantic Differential (ASD), Fraboni Scale of Ageism (FSA) and Expectations Regarding Aging (ERA). Results showed that the rates of ageist attitudes and beliefs were significantly lower after taking a Psychology of Aging course. However, interestingly, this was also the case for those in the control group. Digging deeper, differences-in-Differences (DiD) analyses found that post-course declines in ageist attitudes and beliefs were significantly greater in the experimental (Psychology of Aging) group on the measures of: ageist stereotypes (the ASD measure), and expectations of aging (the ERA measure). However, on some aspects of ageism (measured through the FSA), both experimental and control groups saw declines, but the declines were significantly greater among the experimental group on the FSA’s indirect prejudice and stereotype subscales. Conclusions suggest that a Psychology of Aging course may reduce undergraduate students’ ageist stereotypes and expectations; however, more work may be needed to understand and thus to address every aspect of youth ageism.
The Impacts of “Positive” Ageism: A Systematized Critical Review

Matthew Le, Deanna Vervaecke, Brad A Meisner
York University, Toronto, Canada

Abstract / Résumé

Ageism is a widespread issue that has significant implications on aging populations and the lives of older people. “Positive” forms of ageism are more subtle and pervasive than negative expressions of ageism and are often overlooked in research and by many members of society. Current reviews focus on negative or hostile forms of ageism as the de-facto type of ageism without considering intersectional perspectives. Ageism intersects with other social locations (e.g., gender, race) that influence individuals’ lived experiences. The overall aim of this systematized critical review was to synthesize the evidence on “positive” ageism and to evaluate how current research includes intersectional perspectives. A search was performed in eight bibliographic databases to identify primary research studies on “positive” ageism that use a causal research design. The search yielded 1,537 studies of which 10 met the eligibility criteria. The inclusion of intersectional analyses was assessed using the PROGRESS-Plus framework. Among the eligible studies, definitions of “positive” ageism included positive and benevolent labels that affected a range of outcomes across several disciplines (e.g., communities, institutions, interpersonal interactions). Some studies captured a few identity intersections with age (e.g., race, ability); however, there was a stronger emphasis on gender. Findings address the current evidence gap in ageism research and highlight additional knowledge gaps in intersectional methods for future ageism research. Results call attention to “positive” ageism and can inform future policy and practice to address its implications on current and future older peoples in society.
Justice and Inclusion for People Living with Dementia Through the Lens of Neurodiversity: A Theoretical Commentary

Katie Aubrecht, Emily Reid-Musson, Shala Knocton
St. Francis Xavier University, Antigonish, Canada

Abstract / Résumé

Despite calls for person-centered dementia care and inclusive citizenship for people living with dementia (Kitwood, 1997; Innes, 2009; Bartlett, 2022), dementia continues to be conceived as a neurocognitive disorder, a devastating form of “social death” and an overwhelming care burden (Basting, 2008; Innes, 2009; Aubrecht and Keefe, 2017). In contrast, the term neurodiversity considers differences in the human brain as valuable and natural variations in modes of learning, communicating, and perceiving environments (Singer, 1999). Neurodiversity has been used to claim identity, as well as claim autism rights and acceptance of autism, ADHD, and other developmental, cognitive and psychosocial conditions. Yet neurodiversity is rarely used to understand dementia or promote inclusion of people living with dementia even though dementia involves neurocognitive difference. Using the lenses of critical gerontology and critical disability studies, the objective of the research is to explore how neurodiversity can help advance more inclusive and accepting understandings of dementia and of people living with dementia. This theoretical paper draws from critical disability studies and critical gerontology to explore some of the possible reasons for the absence of dementia from neurodiversity, including ageism within the neurodiversity framing and social movement, as well as dementia stigma and lack of attention to cognitive disability within disability rights and wider society. The paper also presents potential lines of inquiry regarding neurodiversity and dementia that may be of interest to critical gerontology, the sociology of dementia, and critical disability scholarship. Neurodiversity can help advance the rights and inclusion of people living with dementia, as well as combat stigma against dementia. Yet dementia also reveals some of the limitations of conventional framings of neurodiversity.
Supporting Long-Term Care Staff in Managing Stress: A Coherent Breathing Intervention

Brittany DeGraves¹, Heather Titley¹, Yinfei Duan¹, Trina Thorne¹, Sube Banerjee², Janice Keefe³, Liane Ginsburg⁴, Jordana Salma¹, Kathleen Hegadoren¹, Ruth Lanius⁵, Ravjoot Randhawa¹, Ashley Daigle¹, MacKinna Hauff¹, Cybele Angel¹, Carole Estabrooks¹

¹University of Alberta, Edmonton, Canada. ²University of Plymouth, Plymouth, United Kingdom. ³Mount Saint Vincent University, Halifax, Canada. ⁴York University, Toronto, Canada. ⁵Western University, London, Canada

Abstract / Résumé

Objectives: The need for interventions to address stress and promote the mental and physical well-being of long-term care (LTC) home staff increased with the COVID-19 pandemic. Staff faced acute and longer-term stressors, including short staffing, additional work tasks, and dealing with severe resident isolation and illness. We evaluated the effectiveness of a coherent breathing stress management strategy for staff in 31 LTC homes in Alberta, Canada, from January to September 2022.

Methods: This was a pre-post intervention study with process evaluation. Our final analytic sample was 254: 126 care aides, 98 nurses, and 30 managers. The two intervention groups were comprehensive (breathing plus biofeedback) and basic (breathing only). Participants were asked to complete breathing sessions daily, 5-7 times a week increasing from 2-10 minutes per session over an 8-week period. To evaluate stress, anxiety, psychological distress, depression, insomnia, resilience, burnout, compassion satisfaction and compassion fatigue, participants completed questionnaires pre- and post-intervention. We used mixed-effects regression models to assess the effect of time (pre-and post-) and group controlling for covariates.

Results: Pre-post improvements in the measures of stress (b=-2.5, p<0.001), anxiety (b=-0.5, p<0.0001), psychological distress (b=-0.9, p<0.001), depression (b=-0.4, p<0.0001), resilience (b=0.2, p<0.001), and insomnia (b=-1.5, p<0.001) were statistically significant. The pre-post improvements did not differ between the two intervention groups.

Conclusions: Coherent breathing is a simple, promising and easily accessible strategy to improve LTC staff’s stress, mental health and physical health. Research using a controlled intervention design is now needed.
How did you get here? Career pathways of directly-funded home care workers

Christine Kelly1, Lisette Dansereau1, Yeonjung Lee2,3, Allison Williams4
1University of Manitoba, Winnipeg, Canada. 2Chung-Ang University, Seoul, Korea, Republic of. 3University of Calgary, Calgary, Canada. 4McMaster University, Hamilton, Canada

Abstract / Résumé

Directly-Funded (DF) home care allows users to organize and purchase their own care services and is expanding globally. Little is known about the career pathways of those working in DF home care.

Objective: Our study aims to answer: what experiences and factors shape the career paths of DF workers, and what influences their decision to work directly for their clients?

Methodology: Drawing on Cranford’s (2020) framework exploring tensions between flexibility and security, the study involved remote interviews with 20 DF workers (directly employed and agency employed) in two Canadian provinces. Coding was performed by two members of the research team using Dedoose qualitative analysis software followed by axial coding and thematic analysis.

Results: Through exploring work experiences and life trajectories, we found three factors central to understanding workers’ pathways to and within DF care: A) consideration of flexibility-autonomy, as workers value stable relationships and high autonomy in working directly for a client; B) consideration of safety-security, as in exchange for lower pay there are some (limited) improvements to safety for agency employed workers; and, C) education-citizenship, as DF can act as an entryway into the paid care labour market for workers lacking credentials and a stepping stone towards professionalization.

Conclusion: Our study shows that workers directly employed by their clients enjoy more flexibility but lack security, whereas agency-employed workers risk immediate reductions in working conditions in exchange for limited improvements in safety and supervision and, like other frontline care work, DF represents a key career pathway for many women, particularly racialized and migrant women.
Strategies for Negotiating Boundaries between Home Care Aides and Older Adults During Routine Home Care Delivery

Elizabeth Kalles¹, Emily King², Paul Holyoke¹
¹SE Research Centre, SE Health, Toronto, Canada. ²VHA Home HealthCare, Toronto, Canada

Abstract / Résumé

Objectives:

Home care aides (e.g., personal support workers; PSWs) provide a large proportion of in-home care services for older adults living in Canada. While care plans are prescribed, completing them involves negotiating with clients/family around the care's delivery. High-performing home and community PSWs and their supervisors were engaged in research workshops to identify field-tested strategies for compassionately setting and maintaining boundaries during care. These can be used to inform future training and practice materials.

Methods:

Both PSWs (n=9) and supervisors (n=4) were engaged as experts-by-lived-experience in workshops (n=3) held across Southern Ontario in 2019. Participants were given a series of vignettes describing commonly occurring care situations and asked to identify what boundary challenges they observed and how they would approach them, with particular attention to the tactics and phrases they would employ. Participants were also engaged in discussion about the principles underlying PSWs’ negotiation strategies.

Results:

Analysis of the data produced several key pieces of information, including an overview of the thought process involved in recognizing a boundary-challenge and choosing how to respond (i.e., by making an exception, or maintaining the boundary); and tactics, including helpful phrases, for reinforcing boundaries while carrying out their chosen approach. Supervisor and organizational support were highlighted as critical to successful boundary management.

Conclusion:

Engaging home and community care experts to identify strategies for negotiating and maintaining care boundaries is an important first step in developing teaching and practice materials that guide care providers on how to safely deliver high-quality care to clients.
Abstract / Résumé

Background: Long-term care (LTC) homes in Ontario face challenges of recruiting and retaining qualified staff prepared to address resident care needs.

Objectives: To gain knowledge of the barriers and facilitators associated with recruiting and retaining nurses (RPNs/RNs) and personal support workers (PSW) in LTC.

Method: Online survey questionnaires were distributed to staff working in a municipal home, and to PSW and nursing students. Staff participants (n=93) ranked how they perceived their work in LTC during COVID-19 to inform staffing stability efforts, and were invited to elaborate further on their responses using open-ended questionnaire. Nursing student participants (n=11) ranked how they perceived working in LTC.

Results: Findings revealed that staff participants (57%) reported intentions to remain in their LTC employment, leaving about 43% of the workforce at risk of leaving. Four themes emerged from this study: (1) Embracing resident centred care as the top priority; (2) Rebuilding a health workplace through enhanced leadership and organizational support; (3) Promoting quality of care through open communication and professional development opportunities; and (4) Transforming work scheduling policies and staffing practices to support workforce retention.

Conclusion: Senior leaders and LTC organizations play a critical role in refocusing staffing stability efforts. To help make LTC a workplace of choice, major changes must be considered to include greater visibility and presence of leadership, ongoing training and education, and revisit scheduling policies and practice with input from part-time and casual staff.
Emotional Well-being of Frontline Workers in Residential Care Facilities

Angela Curl\textsuperscript{1,2}, Amy Restorick Roberts\textsuperscript{1,2}
\textsuperscript{1}Miami University, Oxford, USA. \textsuperscript{2}Scripps Gerontology Center, Oxford, USA

Abstract / Résumé

Residential Care Facilities (RCFs) require staff (e.g., direct care workers [DCW]; similar to personal support workers in Canada) to provide care services to their residents, but workforce shortages pose significant challenges to recruitment and retention of RCF frontline workers. The pandemic exacerbated existing workforce shortages in Canada and the United States, due to many factors including emotional distress and health concerns. Using data from the most recent Ohio Biennial Survey of Residential Care Facilities (n=438 facilities that employed at least one DCW), this study examined administrator perspectives about emotional struggles/concerns of their DCWs. In May 2020, almost half (47.3%) of the administrators indicated that the majority of the DCWs were exhibiting “difficulty with emotionally handling everything.” This decreased to 16.0% in April 2021, indicating that the emotional stress during the height of the COVID-19 pandemic had a short-term – and long-term – impact on staff. An ordinary least squares regression analysis was conducted to examine predictors the prevalence of emotional struggles faced by DCWs, controlling for facility and county-level characteristics. Results indicated that facilities with low and medium retention rates for DCWs in 2019 were more likely to have frontline staff with long-term emotional struggles during the COVID-19 pandemic, as were facilities with memory care units. Facilities may be able to improve staff retention by providing more support for the emotional-wellbeing of direct care workers, as well as raising wages and improving working conditions (Chan-Nguyen & Grady, 2023).
From Community Engagement to Informing Social Policy on Aging in Place

Suzanne Dupuis-Blanchard\textsuperscript{1}, Mathilde Thériault\textsuperscript{1}, Alisson Haché-Chiasson\textsuperscript{1}, Danielle Thériault\textsuperscript{1,2}  
\textsuperscript{1}Université de Moncton, Moncton, Canada. \textsuperscript{2}Vitalité Health Network, Edmundston, Canada

Abstract / Résumé

Although most older adults are aging in place, many provinces still lack an efficient model of service delivery that is reliable and accessible. For the past four years, a project titled Nursing Home Without Walls (NHWW) has been ongoing in New Brunswick. Corroborating research, the project is a direct result of multiple community engagements identifying local priorities for aging in place. Community-based, flexible, and using existing infrastructure, the objectives of NHWW are to: ensure that older adults have access to services and information related to aging in place; provide social health initiatives; increase knowledge on health-related issues important to aging in place; and empower local communities to respond to the needs of an aging population. With a mixed descriptive evaluation approach, 350 older adults completed surveys on how (or if) the program supported them to age in place and a total of 27 older adults and collaborators were interviewed individually. The results from data analysis confirm the positive impacts of the project in the lives of older adults in four rural communities, showing that older adults have access to services along with initiatives that address social isolation. This presentation will provide a description of the process involved in the development of the project, including a brief explanation of the community engagement process, the results of data analysis, students’ experiential learning, and how the project transitioned from a pilot project to a governmental program currently in expansion.
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Investigating the perceptions and lived experiences of the socio-spatial context of walkability among older adult immigrants: A scoping review

Farinaz Rikhtehgaran, Atiya Mahmood, Mohammadjavad Nouri
Simon Fraser University, Vancouver, Canada

Abstract / Résumé

The influence of the neighbourhood environment on pedestrian mobility and social participation of older adults is well-documented in the literature. Previous studies have identified two general categories of environmental factors, physical (e.g., sidewalk conditions, lighting) and social (e.g., sense of belonging, social integrity). Despite the vast number of studies, the mainstream literature focuses primarily on the walking experiences of white native-born older adults. However, evidence suggests that older adult immigrants (OAlis) often self-report poorer health status and less walking than their native-born counterparts. Considering the limited and fragmented literature within different disciplines, our scoping review aims to understand how neighbourhood environments influence pedestrian mobility and social participation of OAlis. Based on Arksey and O’Malley’s framework, peer-reviewed journal articles and conference papers published in English from 2000 to 2022 were reviewed and presented using the PRISMA approach. We examined empirical studies in which OAlis directly participated in research. Our findings revealed four main influential categories: (a) personal characteristics (health status, attitude and information, language fluency and acculturation, life history), (b) financial environment (access to financial resources, level of income and financial dependence), (c) built environment (sidewalks, local destinations, public transportation, legibility and architectural style), and (d) social environment (social support, cultural norms, proximity to ethnic communities and sense of belonging, sense of safety). Time and weather were also identified as natural forces influencing the walking experiences of OAlis. A comprehensive overview of the literature was provided in our scoping review to contribute to the body of knowledge.
Revving Up Rural Nova Scotia: A Project to Improve Public Transportation in the Village of New Minas

Rebecca Casey, Alexandria Delaney
Acadia University, Wolfville, Canada

Abstract / Résumé

The Village of New Minas, a rural community in Nova Scotia, is often referred to as the "Shopping Centre of the Valley" and is a motor centric community. Since many residents and visitors rely on New Minas for their shopping needs, transportation is an important issue but there is little information about what happens when people are unable to drive. We spoke with 20 older adults in individual semi-structured interviews and focus groups to learn about their thoughts and experiences about using public transportation in New Minas. Overall, the results emphasized a need to improve accessibility and awareness of the bus system. Most of the participants have never used the bus before and feel uncomfortable using the bus. They want more information about how to use the bus, where to wait for the bus, how to purchase tickets, and how to access and read the bus schedule. There was also a fear that buses were not accessible, and participants reported that bus stops are often inaccessible for people who use mobility devices. Participants recommended implementing a buddy system and workshops on how to use the bus. There is a need for New Minas and the local bus company to learn from the experiences of older residents and work towards making a more welcoming and accessible transit system. Improving bus ridership is also important as it is a more energy efficient way to travel. Ultimately, improving transportation in New Minas will improve the quality of life for both locals and visitors.
Partnership Working Towards a Senior’s Centre of the Future

Andrew Sixsmith¹, Mei Lan Fang²,¹, Rebecca White¹, Gerry Dragomir³, Clemencia Gomez³
¹Simon Fraser University, Vancouver, Canada. ²University of Dundee, Dundee, United Kingdom. ³411 Seniors Centre Society, Vancouver, Canada

Abstract / Résumé

Background: As health services face growing challenges in offering meaningful and appropriate support to a significant number of older adults who desire to reside in their homes, it is imperative to mobilize the resources, expertise, and capacity within the community sector to address the needs of an aging demographic. This study presents a community-engaged, participatory research program developed through a collaboration between the Seniors 411 Centre in Vancouver, BC and the Science and Technology for Aging Research (STAR) Institute at Simon Fraser University.

Objective and aim: The collaboration between Seniors 411 Centre and STAR Institute aimed to address the community's immediate and long-term needs through an action-oriented program. Rather than conducting research, the collaboration focused on close cooperation to help community organizations adapt to a technology-based world and develop a vision for a senior centre of the future using innovative participatory concepts.

Methods: To enhance participatory collaboration with community stakeholders, we examine the significance and practical applications of transdisciplinary principles in conjunction with the principles of Community-based Participatory Research (CBPR). Furthermore, we demonstrate the practical applications of the Age-Friendly Living Ecosystem model to inform collaborative partnerships shaped by systems at multiple levels: micro, meso, macro, and exo.

Results and implications: The practical applications of our collaborative approach and methods have facilitated discussions that have enabled senior centres to be more attuned to the needs of older adults. The tools and frameworks based on research findings have helped community partners understand community needs, advocate for them, and plan strategically. The approach has also enhanced the organization's capacity for evidence-based approaches towards a seniors center of the future.
Building Community Partnerships to Enhance the Impact of B.C.’s Provincial
Better at Home Program: An Evaluation of Individual and Community-Level
Impacts

Kahir Lalji, Bobbi Symes, Camille Hannah
United Way British Columbia, Burnaby, Canada

Abstract / Résumé

Better at Home programs help older adults in communities across British Columbia with non-medical
tasks such as light housekeeping, transportation, grocery delivery, and friendly visiting, helping them to
remain at home and stay connected to their communities. Better at Home is funded by the Province of
British Columbia and managed by the United Way. An evaluation of 81 Better at Home programs took
place over 2022/23 and data was collected via site visits; document and administrative data review; and
interviews (n=87) and a survey (n=399) of program stakeholders. This presentation reports on the
integration of Better at Home programs within communities and their individual and community-level
impacts. The main program impacts reported by older adults in interviews were: helping them to remain
independent and at home, feeling safe and supported, and feeling connected and valued. Program staff
viewed light housekeeping, transportation, and prepared meal delivery and grocery services as the most
valuable for supporting aging in place. Over 2021/22, a total of 244,875 services were provided. At the
community level, programs were identified by stakeholders as strengthening inter-community networks,
supporting aging in place, and filling in gaps in the health care system. Program staff reported that, on
average, programs had 11 community partners. The most common partners were regional health
authorities, seniors advocacy organizations, and food-related, social service or housing non-profits.
Further growing community partnerships was a key recommendation for improving program efficiency
and sustainability. Additional recommendations included increasing support and training for staff and
ensuring sufficient multi-year program funding.
The Coordination of Aging in Place: Exploring the Disconnect Between Our Aspirations and the Reality in Ontario

Kelly Kay
University of Toronto, Toronto, Canada

Abstract / Résumé

Despite an extensive literature describing enablers of aging in place, the experiences and requirements of older adults of advanced age living with complex health conditions, or frailty, who wish to remain living at home remain under-examined. Tracing from experiences reported by older adults aged 75+ living with complex health conditions (clinical frailty) and their caregivers as they carry out their everyday activities and work to remain living at home, this doctoral study examined the coordination of current health and social care services, one of the most impactful enablers of aging in place. By applying techniques drawn from Institutional Ethnography (IE) and the Voice Centred Relational (VCR) approach, in addition to qualitative interviewing, this investigation specifically examined how it happens that older people who intended to live out their lives at home may be unable to do so. A detailed review of coordinating texts, including procedures, processes, policy, programs, legislation and regulation, activated by various actors, illustrates how both texts and actors are implicated in an Ontario health system that is not designed for a major cohort of its population. Results include the identification of more than 150 coordinating texts activated by various actors, that along with particular discourses of risk and frailty (when used as a label) and various work processes create a push toward institutional care. This study suggests new tools for health system leaders and demonstrates the need for integration, systematic planning and better coordination to make aging in place a reality for all older adults.
Understanding home care pathways over time: insights from longitudinal qualitative inquiry

Laura Funk¹, Kaitlyn Kuryk¹, Lauren Spring², Rosanne Burke², Michelle Lobchuk¹, Marilyn Macdonald³, Julie Rempel¹, Grace Warner³, Janice Keefe²
¹University of Manitoba, Winnipeg, Canada. ²Mount St Vincent University, Halifax, Canada. ³Dalhousie University, Halifax, Canada

Abstract / Résumé

Qualitative inquiry can offer unique insights into the trajectories of older home care clients receiving non-medical forms of supportive home care. A social gerontological perspective is used in this in-depth case study analysis of twelve home care clients in two Canadian provinces, drawing on 129 interviews with key actors between 2019 and 2021. Using narrative and case-based methods, we analyzed changes over time by contextualizing these changes within clients’ overall lives and wellness, and through exploring the complex forces and processes shaping change. We found that in one respect, service change was experienced by clients daily, in terms of disruptions to schedules and workers, even if the level or type of service in a care plan on paper was unchanged. With regards to long-term changes in client well-being, these were complex, fluid, and not always apparent to or ‘assessable’ by case coordinators. Several intersecting forces shaped these trajectories: level and type of disability or illness, living and housing situations, family/friend supports and community integration, and access to and interactions with home care supports and workers, and access to private resources. The effects of home care policies tended to be more subtle or indirect overall, with some exceptions. Findings provide a rich base for more nuanced theorizing of change over time for older adults receiving home care, and can guide the integration of equity based considerations in home care program policy and practice.
Understanding the Hospital-to-Home Journey for Home Care Clients: Qualitative and Quantitative Perspectives

Marianne Saragosa¹,², Sonia Nizzer³, Katherine Zagrodney², Emily King²,³,⁴,⁵, Sandra McKay²,³,⁵,⁶,⁷
¹Sinai Health, Toronto, Canada. ²VHA Home Healthcare, Toronto, Canada. ³University of Toronto, Toronto, Canada. ⁴University of Waterloo, Waterloo, Canada. ⁵University Health Network, Toronto, Canada. ⁶Michael Garron Hospital, Toronto, Canada. ⁷Toronto Metropolitan University, Toronto, Canada

Abstract / Résumé

Objectives – Individuals receiving home care who experience hospital stays can find transitions between care settings challenging. The objectives of this work were to describe the characteristics and health service utilization of home care personal support clients who experienced a hospital admission (“hospital hold”), identify factors that predict 30-day hospital readmission, and map their care transition journey.

Methods – We performed a retrospective cohort study with administrative data of clients who received publicly funded personal support services and experienced a hospital hold between September 30, 2018, and October 1, 2021. We conducted a qualitative descriptive study utilizing patient journey mapping through semi-structured interviews with clients and caregivers of persons receiving home care in the community.

Results – Approximately 20% of adult home care clients experienced a hospital hold and resumed home care services. Of these 3992 clients, 662 (16%) returned to hospital within 30 days. Those with lower social support had a higher likelihood of 30-day readmission, while those who received more intensive home care services post-hospital were less likely to have a 30-day readmission. Seven participants contributed to codesigning a collective journey map informed by four categories: (1) Touchpoints as interactions with the health system; (2) Pain points as barriers in the health system; (3) Facilitators to positive care transitions; and the (4) Emotional impact of care transitions.

Conclusions – These findings provide a greater understanding of home care clients’ care transitions and factors associated with their risk of hospital readmission within 30 days. The evidence can be used to inform targeted supports to reduce hospital readmissions.

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From Alleyways to Penthouses - delivering COVID Vaccinations to Toronto's Homebound Seniors

Ann Stewart¹ ², Lorna McDougall¹, Doret Cheng¹ ², Dorothy Wedel¹, Laurie Green¹ ², Amy Freedman¹ ²
¹St. Michael's Academic Family Health Team, Toronto, Canada. ²University of Toronto, Toronto, Canada

Abstract / Résumé

Homebound older adults are a key population in need of COVID vaccination, and yet least able to access local vaccine centres and pharmacies. In response, members of the home visit team at St. Michael's Hospital Academic Family Health Team made vaccination house-calls throughout 2021. Our team consisted of a pharmacist, nurse practitioner, several family physicians and an administrative coordinator. Some staff were reallocated from other projects to participate in this effort. We began by providing vaccines to homebound older adults and up to two caregivers within our Family Health Team. EMS, though initially charged with this task, was overwhelmed by the magnitude of this time-sensitive need. A network quickly developed with the Local Health Integration Network (LHIN). Referrals came from the LHIN, community physicians and agencies, acute care and directly from patients and caregivers. In total we vaccinated 449 unique patients across central and east Toronto. 443 received 2 doses of vaccine, and 342 received 3rd doses. The patients who received care varied widely in their medical concerns (frailty, mental health, developmental delay) but were united in their relief at being able to receive vaccine in their home. Initially, our vaccination project faced challenges obtaining supply, cold storage and ensuring timely administration. The project changed and improved from week to week - depending on vaccine supply and patient need. Providing homebound care to older adults is of increasing importance, and this project demonstrates a rapidly developed inter-professional intervention to meet a pressing need in the community.
Paper 3. Food Insecurity Among Older Adults During COVID: The Community Responds

Andrea Tremblay\textsuperscript{1,2}, Constance Lafontaine\textsuperscript{2}, Kim Sawchuk\textsuperscript{3,4}
\textsuperscript{1}Concordia University, MONTREAL, Canada. \textsuperscript{2}ACT Lab, Montreal, Canada. \textsuperscript{3}Concordia University, Montreal, Canada. \textsuperscript{4}ACT Labb, Montreal, Canada

Abstract / Résumé

The COVID-19 pandemic exacerbated food insecurity among older adults. Food insecurity is defined as the “inability to acquire or consume an adequate diet quality or sufficient quantity of food in socially acceptable ways, or the uncertainty that one will be able to do so” (Health Canada, 2020). Social distancing measures, difficulty accessing online delivery alternatives and limited social circles meant that many older adults became food insecure. Others found themselves facing increasingly difficult situations as many community organizations that offered services were unable to meet the growing demand for assistance.

In response, a number of intersectoral initiatives arose as citizens, organizations and local governments rallied to create food delivery initiatives that were specifically targeted to older adults. From 2023 to 2024, Ageing + Communication + Technologies (ACT) Lab collaborated with a local health authority (CIUSSS Centre-Ouest-de-l’Île-de-Montréal) and a community organization (New Hope Seniors’ Centre) on a participatory action research project that involved developing and operating a grocery service for older adults. A complementary qualitative study to understand community-level strategies was developed to address worsening food insecurity among Montreal’s older adults. This included 22 interviews with non-profit workers, the CIUSSS, and the organizers of intersectoral pop-up projects.

This presentation discusses these initiatives, highlighting how community organizations mobilized resources and adapted their services to meet the needs of the older population during COVID. We highlight the structural barriers that our participants faced, such as the difficulty of conducting outreach among socially isolated older adults, bureaucratic roadblocks from all levels of government, and funding challenges.
Community-engaged research on aging and mental health: Adapting a visual model to guide mental health conversations among older adults, caregivers and care providers in home and community care

Justine Giosa1,2, Elizabeth Kalles3,1, Paul Holyoke1, Carrie McAiney2,3, Nelly Oelke4,5, Katie Aubrecht6, Olinda Habib Perez2, Heather McNeil1, Tatianna Beresford6, Adriane Peak4
1SE Research Centre, Markham, Canada. 2University of Waterloo, Waterloo, Canada. 3Schlegel-UW Research Institute for Aging (RIA), Waterloo, Canada. 4University of British Columbia, Okanagan, Kelowna, Canada. 5Rural Coordination Centre of British Columbia, Kelowna, Canada. 6St. Francis Xavier University, Antigonish, Canada

Abstract / Résumé

Objectives: This multi-phase research study aims to co-design and test evidence-based mental health conversations in home and community care settings across Canada. The objective for Phase 1 was to adapt and validate a visual model for describing the mental health of aging Canadians along a continuum.

Methods: Four online workshops were held with older adults, caregivers and care providers across Canada (n=59) to adapt an existing visual model—The Mental Health Continuum (MHC)—to be more context-relevant to aging care in the community. Workshop activities were developed with a working group of experts-by-experience (n=31). Content analysis of workshop transcripts led to an adapted MHC for Aging Canadians that was made available for public consultation via a national online survey (n=1068).

Results: The MHC for Aging Canadians reflects the following recommended adaptations: rename model components to be more context relevant; revise colours used to be more inclusive; remove clinical jargon and diagnostic labels; include action-oriented steps and prompts to consider change over time; and add more aging-relevant signs and signals to distinguish between levels on the continuum. Each adaptation received more than 76% endorsement (> 3 on a 5-point Likert scale) from survey respondents.

Conclusions: A context-relevant evidence base has been crucial to fostering meaningful collaboration with community organizations in the research. The validated MHC for Aging Canadians is being used to guide co-design (Phase 2) and testing (Phase 3) of mental health conversations in rural and urban home and community care settings (n=7) across three provinces (NS, BC, ON).
Engaging with Experts-by-Experience for Aging-Focused Mental Health Research and Action: An example of a Community-Driven Collective

Elizabeth Kalles¹, Justine Giosa¹, Paul Holyoke¹, Members of the CAARE for Mental Health Group²
¹SE Research Centre, SE Health, Toronto, Canada. ²The CAARE for Mental Health Group, Toronto, Canada

Abstract / Résumé

Objectives:
Older adults are an equity-deserving group who are often not included in research on mental health. The Canadian Aging, Action, Research and Education (CAARE) for Mental Health Group is a collective of community experts-by-experience who are raising the profile of aging and mental health in Canada and mobilizing knowledge about priority research questions identified by aging Canadians.

Methods:
The main activities of the CAARE Group for 2023/24 include 1) participating in an advisory capacity for ongoing and upcoming mental health initiatives in other organizations; 2) recruiting more members that represent diversity in aging perspectives across Canada; and 3) establishing a user-friendly knowledge hub for aging and mental health resources in Canada.

Results:
The CAARE Group (n=17) is an example of experts-by-experience working to improve research and practice, while also teaching others how to involve older adults equitably and inclusively in mental health research. To date, multiple organizations have expressed interest in engaging the CAARE Group, and the group welcomes further opportunities with researchers and organizations seeking insight. A video to raise awareness about the CAARE group has been created by members and will be shared. Members are also exploring additional funding to expand inclusive facilitation and membership activities (e.g., bilingual meeting facilitation). The resource hub will build on our existing microsite webpage.

Conclusion:
Older adults and other experts-by-experience can and should be engaged in aging-focused mental health research- and action-projects. The CAARE Group is a vital support for initiatives addressing previously identified aging and mental health priority research questions.
Co-creating capacity-building opportunities for patient-oriented research on aging: The McMaster Collaborative for Health and Aging

Soo Chan Carusone\textsuperscript{1}, Cassandra D’Amore\textsuperscript{2}, Subhash Dighe\textsuperscript{1}, Lance Dingman\textsuperscript{1}, Tina Falbo\textsuperscript{1}, Michael Kirk\textsuperscript{1}, Joyce Luyckx\textsuperscript{1}, Mark McNeil\textsuperscript{1}, Kim Nolan\textsuperscript{1}, Penelope Petrie\textsuperscript{1}

\textsuperscript{1}McMaster Collaborative for Health and Aging, Hamilton, Canada. \textsuperscript{2}McMaster University, Hamilton, Canada

Abstract / Résumé

Background:

The McMaster Collaborative for Health and Aging is part of the Ontario SPOR SUPPORT Unit’s network of 14 health research centres that champion the implementation of Canada’s Strategy for Patient-Oriented Research. The objective was to partner with trainees, older adults, caregivers, and researchers to co-create training opportunities and tools to increase the capacity to plan, conduct and use patient-oriented research related to aging.

Method:

The Collaborative used reflective practices and an iterative approach to engage members (i.e., trainees, older adults, caregivers, researchers) to envision and create tools, supports, and learning opportunities to build capacity for patient-oriented research on aging.

Results:

Members prioritized intergenerational knowledge exchange and resources that advance engagement. The Collaborative co-created tools, modules, events, and structures that support capacity development for undertaking patient-oriented research. To foster reciprocity and collective learning, members of the Collaborative highly valued interactive activities that bring together older adults and trainees.

The Collaborative Conversations (webinar) series provides a platform for researchers and partners with lived experience to share successes and challenges of research done in partnership. A trainee Engagement Fund and patient-oriented research e-workbook provide mentorship, structure, and financial support for trainees to engage older adults meaningfully and ethically as research partners.

Conclusion:

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The McMaster Collaborative is committed to ensuring that older adults and caregivers are centred in all aspects of research on aging. By co-creating and providing teaching and learning tools grounded in best practices, the Collaborative aims to enhance the quality and impact of patient-oriented research on aging.
Partnering with peer researchers for enhanced community engagement

Andrea Trenholm, Gary Irwin-Kenyon, Julia Strang, Joyce Ang
St. Thomas University, Fredericton, Canada

Abstract / Résumé

Purpose:
This paper describes the methodology and experiences of Peer Researchers participating in our community-based Healthy Seniors Pilot Project about civically engaging older adults (55+) to co-develop a programming model to serve their community by supporting seniors to age in place.

Methods:
We relationally recruited seven peer researchers from the community being studied, providing them with training on the project’s purpose, interviewing methods, and technical aspects over two days, before the first community engagement session. Peer researchers conducted 37 initial interviews and 21 end-point interviews. The project was grounded in an appreciative inquiry framework, focusing on strengths, successes, values and hopes rather than deficits and problems. We thematically analyzed data collected from regular debrief meetings, feedback throughout the project, and a final focus group interview for core learnings.

Results:
Preliminary analysis identified five core themes related to Peer Researchers’ experiences and contributions to the project, including (1) Community connections and relationships, (2) Skills and competencies development, (3) Clarity of expectations, (5) Integration with the project team, (6) Assets recognition.

Conclusions:
The Peer Researchers were central to this civic engagement project’s success, from relational recruitment and framing interviews as conversations with friends, facilitating break-out tables and observing during events, to providing essential feedback for formative project improvement. Several recommendations emerged to enhance Peer Researcher experience in future projects, including improved communication about the project and their role, integration with the project team and recognition of the assets Peers Researchers bring.
Community conversations on aging in the right place: By and for seniors

Michelle Dueckman, Marguerite Thomas
Parachute, Toronto, Canada

Abstract / Résumé

Objectives

The Community Conversation project aim was to co-create with seniors a series of virtual events on various topics related to aging in place and fall prevention. The project sought to hear directly from seniors across Canada about issues of most importance to them to inform future work in this area.

Method

With funding from the Government of Canada, this New Horizons project engaged three paid seniors to co-create and facilitate the series. To ensure meaningful participation of seniors across Canada, the project team developed a virtual format for engaging seniors with minimal barriers to access while building their capacity for technology use and an agenda that would ensure time and space for seniors to share their thoughts and discuss directly with their peers. Each event was facilitated by a senior and featured a subject matter expert introducing the chosen topic and a personal story by a senior providing perspective. Events included breakout rooms for guided discussion and time for the expert to respond to questions and provide guidance.

Results

To date, the total reach of the project includes 914 senior registrants, 774 recording views, 1,839 webpage visits, 134 information packages downloads and positive comments and engagement from seniors.

Conclusions

This project created a proven virtual event and facilitation process to engage seniors across Canada and supported the social participation and inclusion of seniors. Importantly, seniors were given the opportunity to inform future work in aging that directly impacts them.
“I am a caregiver but can’t even see my parent!” COVID-19 visitor restrictions in long-term care and retirement homes in Ontario

Evelyne Durocher¹, Matthew Lam², Mary Egan³, Sanjum Hunjan¹, Janet Njelesani⁴
¹McMaster University, Hamilton, Canada. ²CAMH, Toronto, Canada. ³Université d’Ottawa, Ottawa, Canada. ⁴New York University, New York, USA

Abstract / Résumé

Background: To limit spread of COVID-19, Canadian long-term care and retirement homes adopted lockdown restrictions throughout 2020 and 2021. Residents could not leave homes; family members and others were barred from entering. These restrictions resulted in unintended consequences. Family members were uncertain of and concerned for residents’ wellbeing.

Objective: In this study, we examine the experiences of family caregivers of older adults in long-term care and retirement homes in relation to the COVID-19 pandemic restrictions.

Method: Thirty-two family caregivers of older adults in long-term care and retirement homes across Ontario participated in semi-structured interviews. We conducted a thematic analysis guided by a critical occupational approach and concepts of relational autonomy.

Results: Participants reported experiencing distress in relation to five areas: (1) losses in function for residents during the pandemic and not knowing what “could have been”; (2) perceptions of decreased quality of life for residents; (3) challenges enacting their caregiver role given evolving restrictions; (4) inconsistencies in and lack of rationale for how restrictions were interpreted and enacted; and (5) how they were treated by various levels of policymakers.

Conclusion: The caregiver role can be highly meaningful. Restrictions in long-term care and retirement homes significantly disrupted the engagement of family members in the occupation of caregiving and cut caregivers off from their family members, which caused distress across various domains. Caregiver-engaged research has the potential to inform how caregiving roles could be adapted and facilitated in various contexts and circumstances.
Exploring Indigenous Carers Experiences during COVID-19 through Community-Based and Arts-Informed Methods

Bharati Sethi\(^1\), Allison Williams\(^2\)
\(^1\)Trent University, Peterborough, Canada. \(^2\)McMaster University, Hamilton, Canada

Abstract / Résumé

**Objective:** The objectives of this Community-based Participatory Research, using arts-based methods were to: 1) engage with Indigenous Transnational Carer-Employees (TCEs) to understand the impact of the COVID-19 pandemic on caregiving; and 2) adapt existing research approaches to support culturally responsive strategies. TCEs are immigrant or Indigenous populations who reside and work in Ontario, Canada while simultaneously providing informal care to family members and other significant people elsewhere. Transnational caregiving may involve long-distance moral, emotional, and/or financial support.

**Method:** This study focused on strengthening academic-community partnerships by collaborating with a Research Advisory Committee (RAC) that included key stakeholders and elders/leaders from Indigenous populations. The RAC members provided direction and consultation throughout data collection, analysis, and knowledge dissemination.

Medicine bundles and tobacco ties were offered and provided to 10 Indigenous TCEs (F=8; M=2) before the virtual interviews on Zoom. Conversational, in-depth interviews were based on the sharing of traditions and stories. Participants also had the opportunity to submit an art piece that reflected their caregiving experiences.

**Results:** Thematic analysis of the interview data and the artwork identified the lack of access to on-reserve and off-reserve health/social services. Further, COVID-19 significantly exacerbated feelings of caregiver burden and distress. The isolation and inability to attend ceremonies due to pandemic-related travel restrictions were additional sources of stress for participants.

**Conclusions:** When working with culturally diverse populations, the balance between Western research methods and non-traditional ways of approaching research and gathering data allows for a wholistic understanding of the participant’s experiences.
Vulnerable but essential workers: Older-adult personal support workers’ (PSWs) contributions during the COVID-19 emergency response

Haorui Wu, Mandy Yung
Dalhousie University, Halifax, Canada

Abstract / Résumé

Older adults tend to be stereotyped as a vulnerable, passive and dependent group in the global context of disaster. This project aims to portray, by exploring the contributions of older personal support workers (PSWs, aged 50+) within their individual-work-family triangulation, a different perspective, that is that older adults are empowered and resilient stakeholders. This qualitative project interviewed 13 older PSWs who provided direct and essential support to vulnerable people in long-term care (LTC) facilities and in general community settings in the Greater Toronto Area of Canada during the first three waves of the COVID-19 pandemic. The project discovered the following contributions of these older PSWs. At the individual level, they protected their own physical and mental well-being. At the work level, they took up extra responsibilities to reduce the spread of the virus, managed and coped with their clients’ unfavourable behaviours and stresses, and maintained the organization’s operation by supporting their co-workers. At the family level, they eased their family’s financial hardships and protected their family members from the virus. In the context of high health risk and resource shortage situations associated with COVID-19, this study puts forth that older PSWs were a group of dedicated and committed professionals who contributed their experience, skills, energy and knowledge to support the vulnerable population, which shed light on the idea of more widely engaging older adults into emergency response.
Canadian Long Term Care Employees' Intention to Leave and Associated Mental Health Profiles During the COVID-19 Pandemic

Mauda Karram¹, Kim Ritchie², Andrea D’Alessandro-Lowe¹, Senay Asma¹, Sangita Singh¹, Emily Sullo¹, Reshna Ninan¹, Freddy Bishay¹, Margaret McKinnon¹,²,³,⁴
¹McMaster University, Hamilton, Canada. ²Trent University, Peterborough, Canada. ³St. Joseph’s Healthcare Hamilton, Hamilton, Canada. ⁴Homewood Research Institute, Guelph, Canada

Abstract / Résumé

Introduction: Throughout the COVID-19 pandemic, long-term care (LTC) employees faced myriad occupational challenges including working with inadequate resources, replacing family at end-of-life, and isolating residents for prolonged time periods. Such experiences pose a serious risk for poor worker wellbeing. Given the paucity of literature considering LTC employees’ mental health, this study aimed to describe the mental health profiles of LTC employees who were likely or unlikely to leave their profession and/or organization, and to understand associated contributing factors.

Methods: As part of a national Canadian study, HCPs were recruited to participate between February 2021 and March 2023. The following mixed-methods analysis will consider LTC employees’ demographic data (e.g., profession, age, sex, gender), likert rating of their intention to leave their profession and/or organization with associated open text-boxes, and various psychometrically validated mental health measures.

Results: One hundred and ten (N = 110) LTC employees, including nurses (n=39), personal support workers (n=27), recreational therapists (n=9), and others (n=5), participated in the survey. Preliminary results indicate that approximately 1 in 3 LTC employees are more than fifty percent likely to leave their profession and 2 in 5 LTC employees are more than fifty percent likely to leave their employer/organization. Further analyses will be completed by the conference deadline.

Conclusions: As HCPs in LTC settings continue to face occupational challenges, it is crucial to understand the factors that may be influencing their intention to leave their profession and/or organization. There remains an urgency for organizations to take responsibility for employee wellbeing, which may ultimately increase staff retention and resident satisfaction.

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Recognizing the Moral Distress Experience of Community-based Health and Social Care Professionals

Jodi Webber¹, Tracy Trothen², Marcia Finlayson², Kathleen E. Norman²
¹Algoma University, Sault Ste Marie, Canada. ²Queen’s University, Kingston, Canada

Abstract / Résumé

Covid 19 has exhausted healthcare providers, in some cases violating core values that are fundamental across care professions. Moral distress (MD) occurs when one knows the ethically correct action to take but feels powerless to act in the way one believes is right. MD has been studied in many contexts but a gap in understanding has remained about the experience outside of acute care settings. Community-based health and social professionals are charged with the responsibility of designing and implementing care plans to meet the needs of older adults and their caregivers at home. This group of providers face mounting pressures and moral struggles as caseload sizes grow without the corresponding resources to meet the needs. There has been an implicit expectation, even before the pandemic, to do more with less. We interviewed 24 participants from a predominantly rural health region and identified three factors contributing to MD symptoms: reluctant clients, human resource shortages and system challenges; all factors in the creation of perceived morally precarious care plans. Study participants described frustration, guilt, anger, and grief at not being able to act consistently with their core values and provide the amount and/or quality of care their clients and unpaid caregivers deserved. However, the consequences of MD for community-based professionals were not consistent with their hospital-based colleagues’ experiences, suggesting participants may have been able to cultivate moral resilience through the positive reframing of adversity and therefore maintain a sense of moral integrity. We suggest strategies to support education and build collective resilience.

Carrie Shorey, John Mielke, Colleen Maxwell, Suzanne Tyas
University of Waterloo, Waterloo, Canada

Abstract / Résumé

Background: As the population ages, understanding factors, such as daily stressors, that contribute to cognitive decline becomes increasingly important. Given aging immigrants may face additional daily stressors compared to non-immigrants (e.g., language barriers, financial need), this study investigated the association between daily stressors and cognitive function in immigrant and non-immigrant populations.

Methods: Participants were from the Canadian Longitudinal Study of Aging’s Comprehensive cohort (aged 45-85 at recruitment; n=30,097). Stratifying by immigrant status and sex, the association between daily stressors and standardized memory and executive function (EF) at baseline and three-year follow-up was analyzed in separate linear regression models adjusting for age, sex, education, and inflammation.

Results: Daily stressors were associated with cognitive decline in immigrant and non-immigrant groups at baseline and follow-up. When stratified by sex, daily stressors significantly predicted poorer cognitive performance in both male and female non-immigrants at baseline and follow-up; for immigrants, however, this effect was only seen at baseline with daily stressors predicting poorer memory and EF in male immigrants and poorer EF in female immigrants. Further, in immigrant males the association between daily stressors and baseline EF was significantly more pronounced (B=-.12; p>.000) than in non-immigrant males (B=-.03; p>.000).

Conclusion: Daily stressors are associated with poorer cognitive function in immigrant and non-immigrants, with non-immigrant males and females showing the strongest association. However, immigrant males may be particularly vulnerable to the acute effects of daily stressors on EF. These findings underscore the need to consider daily stressors when assessing cognition, especially in aging immigrants.
Psychological stress, healthy lifestyle behaviours, and cognitive health among older adults: Findings from two longitudinal cohort studies

Danielle D’Amico1, Udi Alter2, Alexandra Fiocco1
1Toronto Metropolitan University, Toronto, Canada. 2York University, Toronto, Canada

Abstract / Résumé

Although chronic stress is a risk factor for poor age-related cognitive health, limited research has evaluated resilience factors that may minimize the stress-cognition relationship. Engaging in a healthy lifestyle is protective against cognitive decline and may therefore interact with stress to buffer its impact on cognition. The objective of the current study was to examine the moderating role of a healthy lifestyle in the relationship between psychological stress (i.e., distress and cumulative stress exposure) and cognitive functioning among 1297 older adults in the 9-year MIDUS study (M_age = 69.0±6.4, 57.8% female) and 1272 older adults in the 3-year NuAge study (M_age = 74.1±4.1, 51.9% female). Psychological stress and healthy lifestyle behaviours were indexed using self-reported questionnaires at baseline, and cognitive function was assessed using standardized neuropsychological tests at baseline and follow-up. Controlling for sociodemographic and health-related characteristics, higher cumulative stress exposure was associated with poorer baseline performance and slower decline over time in global cognition and executive function, but not episodic memory in the MIDUS cohort. Distress was not associated with baseline or change in cognition in the NuAge cohort. A healthy lifestyle did not moderate the stress-cognition relationship in either cohort. Exploratory analyses showed a significant relationship between cumulative stress and cognition among females, and a significant distress-cognition relationship among males. This study lends support for a lifespan model of cognitive aging, suggests that the cognitive health consequences of stress extend beyond immediate timescales, and highlights the need for sex- and gender-based analyses in aging research.
Racial Differences in Financial Hardship and Self-Rated Health among Middle-Age and Older Adults: Does Social Support Moderate the Association?

Gillian Marshall\textsuperscript{1}, Kim Stansbury\textsuperscript{2}
\textsuperscript{1}University of Washington, Seattle, USA. \textsuperscript{2}University North Carolina State, Raleigh, USA

Abstract / Résumé

The purpose of this study was to examine the associations between four specific indicators of financial hardship (difficulty paying bills, food insecurity, reduced medication use due to cost, out-of-pocket expenses) and self-rated health by race: African American (N=1621) and White (N=7380) adults. This was a cross-sectional study using data from the Health and Retirement Study. Path analysis was used to examine the relationships between financial hardship and self-rated health and whether this relationship is mediated by social support. Results from the multiple group path analysis supported the hypothesis in that the main effect between all measures of financial hardship and self-rated health are positively associated even after controlling for demographic and sociodemographic characteristics. Results also indicate that social support was related to better self-rated health among both older African and White Americans. Social support also significantly mediates the relationships between all financial hardship measures and self-rated health for older adults: that is, positive support can offset some of the harmful effects of financial hardship on self-rated health. This research highlights the important role that expanded socioeconomic measures, such as financial hardship, play in the lives of older adult populations. It also highlights the differences in financial hardship and health and the impact of social support by racial group African Americans and White Americans.
The association between shift work exposure and frailty among middle-aged and older adults: results from the Canadian Longitudinal Study on Aging (CLSA)

Durdana Khan1, Chris Verschoor2,3,4, Heather Edgell1, Michael Rotondi1, Hala Tamim1
1School of Kinesiology and Health Science, York University, Toronto, Canada. 2Health Sciences North Research Institute, Sudbury, Canada. 3Northern Ontario School of Medicine, Sudbury, Canada. 4Department of Health Research Methods, Evidence and Impact, Hamilton, Canada

Abstract / Résumé

Objective

The aim of the study was to investigate the association between shift work (SW) exposure and the proportion of frailty among middle-aged and older adults.

Methods

Longitudinal secondary data analyses were performed using the Canadian Longitudinal Study on Aging. Individuals aged 45–85 years were included at the baseline (N = 47,740). Three primary SW variables were derived at baseline: 1) ever exposed to SW; 2) SW exposure in longest job; and 3) SW exposure in current job. Frailty was operationalized using a deficit accumulation model utilizing 52 items. Multinomial regression models were constructed adjusting for covariates (sociodemographic, lifestyle, and reproductive factors) to evaluate the association between SW exposures and frailty at a 3-year follow-up.

Result

One out of every five Canadians was exposed to SW during their jobs at some point in their lives. Overall, at the 3-year follow-up, 66.8% of participants were categorized as non-frail, 26% as mildly frail, and 7.2% as frail. Participants who reported ever being exposed to SW were significantly associated with frailty (OR male = 1.30, 95% CI, 1.01–1.68; OR female = 1.41, 95% CI, 1.09–1.83) compared to daytime workers. Particularly, female participants working in rotating shifts (OR = 1.55, 95% CI, 1.17–2.07) in their longest jobs were more likely to be classified as frail compared to daytime workers.

Conclusion

Circadian disruption due to SW may contribute significantly and act as preliminary markers for frailty. The gender difference in risk of frailty supports the significance of considering gender when addressing...
Frailty and targeting interventions in old age. As the population ages, increased awareness of SW may contribute to better health outcomes.
The association between shift work exposure and cognitive impairment among middle aged and older adults: results from the Canadian Longitudinal Study on Aging (CLSA)

Durdana Khan, Heather Edgell, Michael Rotondi, Hala Tamim
School of Kinesiology and Health Science, York University, Toronto, Canada

Abstract / Résumé

Objective: Given the mixed findings reported from the limited studies on shift work (SW) in relation to cognitive performance, this study aims to examine the association between SW and cognitive impairment measures based on normative standards from the Canadian population.

Methods: Cross-sectional analyses were performed using baseline Canadian Longitudinal Study on Aging database, including 47,811 middle-aged and older adults (aged 45–85 years). Derived SW variables were: ever exposed to SW, SW exposure in longest, and current job. Unadjusted and adjusted multivariable logistic regression models were used to evaluate associations between SW and cognitive impairment individually, and also for overall cognitive impairment.

Result: One-fifth Canadians were exposed to SW during jobs. Cognitive impairment was noted to be higher among those who reported exposure to any type of SW compared to daytime workers. Logistic regression analysis showed that exposure to night SW in current job (OR, 1.79; 95% CI, 1.09–2.98) and longest job (OR, 1.53; 95% CI, 1.04–2.27) was associated with overall cognitive impairment. In terms of domain-based measures, night SW in longest job (OR, 1.45; 95% CI, 1.04–2.01) was associated with memory function impairment, and those exposed to rotating SW both current (OR, 1.35; 95% CI, 1.05–1.73) and longest job (OR, 1.16; 95% CI, 1.01–1.34) showed impairment on executive function measures, compared to daytime workers.

Conclusion: Disruption of the circadian rhythm, due to SW has negative impact on cognitive function in middle-aged and older adults. By taking modifiable risk factors like SW into account, workers may be able to reduce cognitive impairment both during jobs and after retirement, thereby supporting active aging of the workforce.
Stories of missing incidents among persons living with dementia through the lens of personas and case scenarios

Christine Daum¹,², Vanessa Vahedi¹, Emily Rutledge¹, Adebusola Adekoya¹, Antonio Miguel-Cruz², Lili Liu¹
¹University of Waterloo, Waterloo, Canada. ²University of Alberta, Edmonton, Canada

Abstract / Résumé

Objective: Persons living with dementia are at risk of getting lost and going missing due to wayfinding challenges. Yet, gaps exist in understanding the characteristics and circumstances of dementia-related missing incidents. There are few knowledge translation materials intended for first responders and care partners that create awareness of risks of going missing. The purpose of this project was to develop case scenario knowledge translation products informed by the analysis of missing incidents involving persons living with dementia obtained from Medic-Alert® Foundation Canada’s hotline database. Method: Our approach was informed by qualitative description and conventional content analysis. We analyzed 515 notes documented by Medic-Alert® hotline operators that summarized their conversations with people who reported or found a missing person. Results: Information in these notes included: demographics, living situation, and circle of support of the missing person; precipitating events; by whom, where, and in what condition they were found. We created a series of personas and scenarios that depict the range of characteristics and circumstances of missing events based on the themes and frequencies identified through our analysis. Our scenarios were scrutinized by five experts with lived or professional experiences with missing incidents involving persons with dementia to ensure relevance and relatability. Conclusion: The eight scenarios we created can be integrated into knowledge translation products such as videos and toolkits to promote awareness and knowledge among first responders and care partners of persons living with dementia.
Models for systematically conducting discussions after a missing person living with dementia is found: Implementation in Canada

Christine Daum\textsuperscript{1,2}, Lauren McLennan\textsuperscript{1}, Elyse Letts\textsuperscript{1}, Cathy Conway\textsuperscript{1}, Lili Liu\textsuperscript{1}

\textsuperscript{1}University of Waterloo, Waterloo, Canada. \textsuperscript{2}University of Alberta, Edmonton, Canada

Abstract / Résumé

First responders and community service providers help persons living with dementia who go missing; this can be frequent in the case of repeated missing incidents. These events are stressful and can be traumatic for the missing person and care partners, and searches add demand on police capacity. Follow-up discussions are common practice with some populations and in some jurisdictions in the United Kingdom. Systematically conducting such discussions with persons living with dementia and their care partners after a missing incident contribute information on the circumstances leading to the incident, and identify supports to reduce repeated incidents. The purpose of our presentation is to describe different models for follow-up discussions with persons living with dementia and those in their circles of support. These models were generated in collaboration with stakeholders representing police services and community organizations serving persons living with dementia and care partners. Implementation models were also informed by: a scoping literature review; semi-structured interviews with police and service providers in Canada and the United Kingdom (n=20); two focus groups with police officers and community service providers (n= 11). We are piloting these implementation models, evaluating the processes, and proposing recommendations for scale-up. Our implementation models can guide first responders, community organizations, and vulnerable persons registries who support persons living with dementia at risk of going missing and their care partners.
An exploratory factor analysis of risk factors associated with dementia-related missing incidents from the perspective of stakeholders

Antonio Miguel-Cruz1,2,3, Hector Perez1, Christine Daum1,2, Emily Rutledge1, Andrew Faller-Saunders1, Elyse Letts1, Lili Liu1
1University of Waterloo, Waterloo, Canada. 2University of Alberta, Edmonton, Canada. 3Glenrose Rehabilitation Research, Innovation & Technology (GRRIT) Hub, Glenrose Rehabilitation Hospital, Edmonton, Canada

Abstract / Résumé

Introduction: We conducted a literature search identifying 27 risks associated with going missing among persons living with dementia (PLWD), events with potentially serious consequences. This study aims to: a) determine which risk items are most important from the stakeholders' perspective and b) classify them into types of risks.

Methods: We conducted semi-structured interviews with 32 stakeholders (PLWD, care partners, organizations, and health professionals; mean age of 54.8 years (SD=13.7), 81.3% women). Participants rated the importance of the 27 risks. Principal component analysis with varimax rotation and Kaiser normalization was performed using participants’ ratings. Nonparametric analyses assessed differences in risk load of items across factors.

Results: The exploratory factor analysis grouped 20 risk items into five groups, accounting for 74.9% of the variance. A team of experts (e.g., researchers, health professionals) identified appropriate labels and definitions for the five groups of risk items as follows: mental status (α = 0.823), basic activities of daily living (ADL) (α = 0.785), executive function (α = 0.701), instrumental ADL (α = 0.656), and responsive behaviour (α = 0.741). Bartlett’s test of sphericity, p < 0.001.

Conclusion: The five factors we obtained encompass ideas of person-specific characteristics, environmental settings, and the interplay between factors. Findings suggest that the five factors do not exist in isolation. However, risk identification is integral to prevention. Further analysis is needed to explore and validate the five-factor model, which could be a valuable tool for PLWD, care partners, and organizations to evaluate the risk of getting lost among PLWD.
Tracking with care: Ethical tensions in the adoption and use of real-time location systems in institutional settings caring for people living with dementia

Andria Bianchi¹, Josephine McMurray², Alisa Grigorovich³, Lynn Haslam-Larmer⁴, Andrea Iaboni⁴
¹Unity Health Toronto, Toronto, Canada. ²Wilfrid Laurier University, Waterloo, Canada. ³Brock University, St. Catharine’s, Canada. ⁴KITE Research Institute, Toronto, Canada

Abstract / Résumé

Objectives: Real-time location systems (RTLS) are increasingly being implemented in institutional settings to track the movements of persons living with dementia with the intent to improve patient safety and quality of care. The aim of our study was to explore factors that impact the implementation of RTLS in these settings, and focus here on ethical considerations and tensions with respect to their adoption and use when patients are unable to provide consent.

Methods: In a mixed methods concurrent study, an RTLS was installed on a secure inpatient dementia unit in a hospital in Ontario, Canada. We conducted post-installation interviews with care providers to learn about their expectations, experiences, and perspectives of the clinical use of this technology. A focused thematic analysis of the interviews identified ethical contradictions, tensions, and implications.

Results: HCPs (N=16) largely overlooked the ethical considerations in the adoption and use of RTLS with dementia patients, and were unprepared to resolve the contradictions and tensions between its clinical utility and patients’ rights to privacy and autonomy. Issues of consent, coercion, and deception were discussed in ways that may conflict with espoused institutional goals of person-centred care – an issue of ethical significance.

Conclusion: Resource constraints and higher expectations of care quality are driving RTLS use in healthcare settings. Given the importance of assent and dissent in clinical practice, our findings will provide important guidance in the implementation, adoption and use of RTLS, with a focus on their ethical adoption and use in institutions caring for patients living with dementia.

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Balancing Institutional Goals and Stakeholder Values: A Real-Time Location System Implementation Case Study in a Long-Term Care Home

Alisa Grigovich¹,2, Kyle Smilovsky³, AnneMarie Levy¹, Leia Shum², Andrea Iaboni², Josephine McMurray³
¹Brock University, St Catharines, Canada. ²KITE Research Institute, Toronto Rehabilitation Institute – University Health Network, Toronto, Canada. ³Wilfrid Laurier University, Waterloo, Canada

Abstract / Résumé

Objectives: Real-time location systems (RTLS) are increasingly being used to track the activities of older adults with cognitive impairment in institutional care settings. Anticipated benefits include higher quality of care and improved safety. Research suggests that there may be “value tensions” between stakeholders when RTLS are implemented in long term care homes. This implementation case study in a privately-owned long term care home (LTCH) in Ontario explored the attitudes and experiences of residents, care partners, and organizational decision-makers with the implementation of an RTLS.

Using a mixed methods design, residents, care partners, institutional decision-makers, and front-line staff completed a brief survey then participated in two in-depth semi-structured interviews six months apart. Interview questions explored participant values and preferences for RTLS, decision-making with respect to adoption and refusal, and alignment of implementation decision-making and institutional goals and values. Thematic analysis identified inconsistencies between the goals of RTLS and stakeholder values.

Results: Participants (N=60) demonstrated a limited understanding of the RTLS (e.g., how it could be used, data storage, and issues related to privacy and autonomy). Residents were generally unaware of its purpose and more concerned with its aesthetics. Care partners acknowledged RTLS were inconsistent with resident values but placed safety and standards of care ahead of privacy. Organisational decision-makers and staff valued different RTLS goals.

Conclusions: The use of pervasive monitoring technologies in long term care homes to enhance safety and quality of care may be perceived differently by stakeholder groups.
O90

Relationship between the use of technology and cognitive decline: A scoping review

Christine Dufresne¹, Alexie Galipeau¹, Francesca Joanette¹, Jérémie Legault¹, Lisa Sheehy², Anne Monahan³, Krista Whitney³, Anne Harley³, Heidi Sveistrup².¹
¹University of Ottawa, Ottawa, Canada. ²Bruyère Research Institute, Ottawa, Canada. ³Bruyère Continuing Care, Ottawa, Canada

Abstract / Résumé

Objective

The use of technology is becoming more important for people to live independently in the community; therefore the use of technology should be considered an instrumental activity of daily living (iADL). Change in the ability to perform iADLs may be associated with cognitive decline. The objective was to determine if there is a relationship between change in technology use and cognitive decline in older adults.

Methods

Search terms were entered into PubMed, Embase, Cochrane Library and CINAHL between May-July 2021, with an update in February 2022. The following terms (and their synonyms) were combined with “AND”: technology, older adults, capability, cognitive decline.

Identified records were screened by two researchers for appropriateness, first by title, then by abstract. The full text of the remaining articles was assessed. The final articles were analysed using a data extraction table.

Results

2,994 articles were identified; 2,974 were excluded based on the title or abstract, leaving 20 to review. Three articles were added in February 2022 for a total of 23.

Individuals with mild cognitive impairment had more difficulty using technology, used less technology, used less efficient techniques when using technology and had difficulty comprehending, interpreting and responding to messages. These changes progressed as cognitive decline progressed. One questionnaire, the Everyday Technology Use Questionnaire, was found that assesses change in the use of technology in 7 domains over time.

Conclusion

Assessment and monitoring of the use of technology by older adults may identify individuals in early cognitive decline, allowing for early intervention.

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Tracing Older Adults’ DataspHERes

Nicole Dalmer¹,², Cal Biruk¹
¹McMaster University, Hamilton, Canada. ²Gilbreath Centre for Studies in Aging, Hamilton, Canada

Abstract / Résumé

Taking the domestication of digital objects into older adults’ lives as a starting point, this session reports on a two-phase pilot project that gathered older adults’ experiences and understandings of digital devices in their homes. In phase one, semi-structured interviews with a small group of older adults in Southern Ontario revealed the understandings older adults have of data, and the vernacular terms they employ to discuss data and technology. Interviews also captured their embodied experiences of living with and among data and engaging with digital objects. Participants discussed the enmeshed emotions and orientations (fear, anxiety, pleasure, and suspicion) they adopt with reference to both data and data-generating devices. In phase two, in participants’ homes or in places of significance to them, older adults identified key data objects (data-generating devices such as smart phones, tablets, Fitbits, glucose monitors, and digital picture frames) in their spaces and were prompted to talk about the objects’ utility as well as to reflect on the data that enter and exit those objects. The exercise enabled participants to speculate about with whom data are shared, and where they are stored. So, too, did older adults articulate the affective and personal relationships they have to each of these objects and the data they collect or store. The two phases collectively revealed that both digital objects and the data from these objects bear traces of the history, culture, relations, and personal circumstances in which they are used and made. Our findings foreground the importance of attending to entanglements of data, digital devices, bodies, emotions, and place when thinking about older adults’ relationships to data and technology.
Aging with technology: Unpacking the 'technogenarian'

Barbara Marshall¹, Nicole Dalmer², Katz Stephen¹, Kirsten Ellison³
¹Trent University, Peterborough, Canada. ²McMaster University, Hamilton, Canada. ³Independent scholar, Toronto, Canada

Abstract / Résumé

Gerontechnology, both academic and commercial, is rife with stereotypical depictions of older people in the digital era. Seeking to “imagine elders as technology users rather than problems to be solved” (Joyce 2021:190), we conducted four focus groups with 29 participants in varied settings and including a range of ages, living situations, and socio-economic statuses. Four important themes emerged from focus group discussions: 1. Participants used a wide variety of apps and devices for a multiplicity of purposes, challenging both stereotypes of “technophobic elders” and the frequent assumption that health concerns are the main reason for engagement with digital technologies in later life. 2. Experiences of digital technology use were shifting and complexly situated, with different technologies taken up or resisted as contexts changed, and negotiated through a web of relationships among people, bodies, devices, knowledges, and environments. 3. There was a shared, critical awareness about digital capitalism, manipulation of information, and environmental impacts of digital technology which defies many of the stereotypes of ‘older people and technology’. 4. Some participants characterized themselves in technophobic terms, even as their descriptions of their experiences and activities contradicted this, suggesting internalization of ageist stereotypes. Conclusions suggest that open-ended discussions with older people of diverse socio-economic status and living situations may inform a more nuanced understanding of technogenarians than mainstream gerontechnological academic, commercial, and policy frameworks promote. Further, critical qualitative research is essential in order to challenge the limits imposed by digital ageism and techno-solutionism in the everyday lives of older adults.
Abstract / Résumé

Understanding the technology use of people with dementia in the workplace

Kristina Kokorelias\textsuperscript{1,2}, Katherine Bak\textsuperscript{3}, Louise Nygård\textsuperscript{4}, Anna Mäki-Petäjä-Leinonen\textsuperscript{5}, Ann-Charlotte Nedlund\textsuperscript{6}, Mervi Issakainen\textsuperscript{5}, Charlotte Ryd\textsuperscript{4}, Jennifer Boger\textsuperscript{7}, Arlene Astell\textsuperscript{2,3,8}.

\textsuperscript{1}Sinai Health, Toronto, Canada. \textsuperscript{2}University Health Network, Toronto, Canada. \textsuperscript{3}University of Toronto, Toronto, Canada. \textsuperscript{4}Karolinska Institutet, Stockholm, Sweden. \textsuperscript{5}University of Eastern Finland, Joensuu, Finland. \textsuperscript{6}Linköping University, Linköping, Sweden. \textsuperscript{7}University of Waterloo, Waterloo, Canada. \textsuperscript{8}Northumbria University, Newcastle, United Kingdom.

Introduction. People who develop dementia while they are working face multiple challenges staying in employment, including issues with workplace technology. However, technology could also be supporting, for example, assisting with scheduling, tracking, and completing tasks, depending on occupation and environment. This study aimed to learn about the technology experiences of people with dementia in the workplace.

Method. Twenty-eight people who developed dementia whilst employed were interviewed. They were recruited in Canada, Finland, and Sweden as part of a larger study into their experiences in the workplace, including the use of technology. Participant ages ranged from 46-71 years of age.

Results. The interviews revealed a number of barriers and facilitators to workplace technology relating to usability, accessibility, and cognitive demands. Technology was used for a variety of tasks at work and participants also shared ways in which they adapted everyday technologies to support them in their efforts to continue at work.

Discussion. The technology needs of individuals with dementia in the workplace is under explored. Learning from their experiences with workplace technologies and personal adaptations of consumer products, can provide the basis for developing new technological supports alongside other accommodations.
Exploring Relational Arts for Persons Living with Dementia and Their Family Members in Virtual Spaces

Sherry Dupuis¹, Taylor Kurta¹, Eden Champagne¹, Stephanie Steh¹, Katia Engell²
¹University of Waterloo, Waterloo, Canada. ²The Bitove Method, Toronto, Canada

Abstract / Résumé

Despite evidence of the significance of the arts for life quality, persons living with dementia (PLwD) often lack access to, and are excluded from, these opportunities. This is largely due to the profound stigma associated with dementia and the ‘clinification’ of the arts that place priority on the arts for therapeutic outcomes (e.g., reducing symptoms of dementia) rather than for life enrichment. The Dotsa Bitove Wellness Academy (DBWA) sought to challenge the arts as therapy focus by creating a non-clinical space for collective art-making grounded in relational caring philosophy, prioritising relational processes. When the pandemic hit, the artists and leaders from the DWBA translated their theoretically grounded relational arts program to a virtual space – The Bitove Method. Using participatory action research, we aimed to explore how relational caring principles central to relational arts were translated to the virtual space. We conducted 10 research conversations with artists and leaders involved in the transition and 14 observations of arts sessions and bi-weekly team huddles. Critical creative hermeneutic analysis guided our analysis process. By intentionally engaging relational literacies (e.g., bringing the authentic self), leveraging supports (e.g., learning and sharing together), and embracing creativity (e.g., exploring multimodal media/arts to enhance engagement), artists and leaders identified new possibilities of relational arts in virtual spaces. This research expands understandings of relational caring, demonstrating the possibilities of relational caring and relational arts for older adults in virtual spaces, and offers key insights to inform other virtual programs designed for PLwD and their care partners in the community.
O95

Using Collaborative Song-Writing to Re-Imagine Dementia

Sherry Dupuis1,2, Pia Kontos3,4, Simon Law5, Robin Gertin6,5, Taylor Kurta1,5, Holly Marland7, Wally Cox8, Terrie Montgomery9, Brian Leblanc10, Jennifer Carson11,12, Casey Acklin11,12
1Recreation and Leisure Studies, University of Waterloo, Waterloo, Canada. 2Co-Founder, Reimagining Dementia: A Creative Coalition for Justice, Waterloo, Canada. 3KITE Research Institute, Toronto Rehabilitation Institute - University Health Network, Toronto, Canada. 4Co-Founder, Reimagining Dementia: A Creative Coalition for Justice, Toronto, Canada. 5Reimagining Dementia: A Creative Coalition for Justice, Toronto, Canada. 6The Bitove Method, Toronto, Canada. 7Reimagining Dementia: A Creative Coalition for Justice, Hebden Bridge, United Kingdom. 8Reimagining Dementia: A Creative Coalition for Justice, Lakeport, California, USA. 9Reimagining Dementia: A Creative Coalition for Justice, Duluth, Georgia, USA. 10Reimagining Dementia: A Creative Coalition for Justice, Clearwater, USA. 11School of Public Health, University of Nevada Reno, Reno, USA. 12Reimagining Dementia: A Creative Coalition for Justice, Reno, USA

Abstract / Résumé

Stigma associated with dementia is profound and causes harm to people living with dementia (PLwD) and their families. The consequences of stigma (e.g., isolation, abuse, neglect), coupled with ageism, were exacerbated during the pandemic, with COVID-19 disproportionately claiming the lives of older citizens globally. Eliminating stigma associated with dementia has been identified as an urgent priority by organisations across the Globe. In response, we formed an international coalition of PLwD, family members, professionals, artists, interdisciplinary researchers, policy makers and others – Reimagining Dementia: A Creative Coalition for Justice – to collaboratively work to transform the discourses, conditions, and practices that oppress and discriminate all who are affected by dementia. In this presentation, we describe an arts-based and inter-generational research initiative of the coalition – “Let’s Reimagine” – which is a co-created song/video project that aims to challenge stigma, show how PLwD can engage, connect, and flourish in community with others, and advocate for relational caring policies and practices. Grounded in liberatory arts and authentic partnerships, our iterative process involved: engaging in arts-based activities and recording interviews with PLwD to explore experiences of stigma; co-creating musical riffs and lyrics for the song based on analysis of these activities and interviews; working with soloists living with dementia and other coalition members to audio-record the song; and video creation, which involved collecting photos, video clips, and art that support the song’s messages. We hope our process inspires and informs other collaborative, arts-based initiatives aiming to achieve a more just, caring, and inclusive society. https://www.youtube.com/watch?v=rDTsb7VUZSE

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Challenging stigma associated with dementia and fostering relational caring in the community: Exploring the impact of filmed research-based theatre

Pia Kontos1,2, Alisa Grigorovich3, Sherry Dupuis4, Romeo Colobong1, Julia Gray5, Christine Jonas-Simpson6, Alexine Serota7
1KITE Research Institute, Toronto Rehabilitation Institute - University Health Network, Toronto, Canada. 2Dalla Lana School of Public Health, University of Toronto, Toronto, Canada. 3Brock University, St. Catharines, Canada. 4University of Waterloo, Waterloo, Canada. 5University of Toronto Scarborough, Toronto, Canada. 6York University, Toronto, Canada. 7Schlegel-UW Research Institute for Aging, Waterloo, Canada

Abstract / Résumé

Objectives: Longstanding concerns about stigmatizing attitudes and care practices have prompted urgent calls for culture change in dementia care. Relational caring has the capacity to reduce stigma associated with dementia by shifting the focus from deficits and behavior management, to attending to the centrality of interconnections between individuals and socio-cultural, political, and environmental forces for quality care and quality of life. Education and public awareness, particularly through arts-based approaches, have been identified as key strategies to achieve this shift. Yet rarely are the arts utilized in such initiatives, and particularly so in community care settings. With an interest in redressing this, our team evaluated the impacts of a filmed research-based drama – Cracked: new light on dementia – in terms of challenging stigma, exposing inhumane care policies and practices, and increasing understandings of relational caring.

Method: We conducted interviews with 32 participants, including family carers of people living with dementia, formal care providers affiliated with community-based dementia care, and the general public at 3 and 8 months post-screening.

Results: Our analysis illustrates the effectiveness of Cracked in reducing stigma by demonstrating changes in understandings of dementia and changes in practice. Our analysis also includes attention to how the film, as a form of cultural production, deepened engagement and facilitated transformation.

Conclusion: Cracked offers an effective strategy for decreasing the stigma associated with dementia by promoting relational caring across community settings. Our research also illuminates the aesthetic qualities of filmed-based approaches needed to prompt personal and social transformation.

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Older adults’ artistic, digital, and social engagement in Southwestern Ontario: Findings from a collaborative, community- and arts-driven study

Jami McFarland¹, Carla Rice¹, Nadine Changfoot², Tara La Rose¹, Carmela Alfaro-Laganse³, Colina Maxwell⁴, Simon LeBrun⁴, Jim Ruxton⁵, David Bobier⁶, Kathy Smith¹, Suad Badri¹, Maggie Perquin¹, Becky Katz¹

¹University of Guelph, Guelph, Canada. ²Trent University, Peterborough, Canada. ³McMaster, Hamilton, Canada. ⁴Centre[3] for Artistic + Social Practice, Hamilton, Canada. ⁵Ontario College of Art and Design, Toronto, Canada. ⁶VibraFusionLab, London, Canada

Abstract / Résumé

Objectives: To present findings from a community- and arts-driven study exploring the significance of accessible and inclusive digital technologies that promote the artistic and social participation of variously marginalized older adult communities (e.g., disabled, Black, Indigenous, 2SLGBTQ+, and/or newcomer).

Method: A multidisciplinary team of older adult artist-facilitators, members from an artist centre, and university researchers collaboratively developed and implemented qualitative and arts-based research methods with 50 older adults living in Southwestern Ontario. Participants engaged with virtual creative programming and participated in semi-structured interviews. We analyzed the data using thematic analysis.

Results: We found that digital options to participate in the arts are overwhelmingly wanted/needed by older adult communities in Southwestern Ontario. For example, participants described a need for continued social connection in the absence of accessible, in-person creative opportunities—opportunities that were curtailed by the COVID-19 pandemic, costly, socially or physically exclusive, or altogether unavailable. If opportunities to participate in the arts online did exist for older adults, these were described as disappearing due to changing social distancing controls, and/or as limited by ageist and ableist attitudes. For instance, some participants talked about avoiding existing creative programs developed for older adults because they found them to be too elementary and infantilizing.

Conclusions: Our findings underscore a need to foster and promote digital arts for older adults. Collaboration with older adult communities and older adult-serving organizations is needed to identify and advance such opportunities, such as developing a simplified digital hub to store interactive arts programming and resources for older adults.
‘Dancer Not Dementia’: Using film to challenge stigma and to foster dance lives

Pia Kontos1,2, Rachel J. Bar3, Romeo Colobong1, Devin J. Sodums4, Rosanne Aleong4
1KITE Research Institute, Toronto Rehabilitation Institute - University Health Network, Toronto, Canada.
2Dalla Lana School of Public Health, University of Toronto, Toronto, Canada.
3Canada’s National Ballet School, Toronto, Canada.
4Baycrest Centre for Geriatric Care, Toronto, Canada

Abstract / Résumé

Objective: Dance has been shown to support empowerment, creative self-expression, and sociability, however, it is rarely adopted with the explicit intention to support these aspects of engagement in the context of dementia care. Instead dance is primarily adopted in dementia care as a form of therapy to improve cognitive and physical health outcomes. This is far too narrow given the power of dance to increase social inclusion by supporting embodied self-expression, creativity, and social engagement of people living with dementia.

Method: In order to foster broad community awareness building and education about the value of dance for life enrichment, we developed a short documentary film – Dancer Not Dementia – about dance for people living with dementia. To evaluate the impact of the film, we conducted focus groups and/or interviews with people living with dementia, family carers, government policy makers, formal care providers affiliated with long-term and community-based dementia care, members of the dance community, and the general public. Data were collected within one week of watching the film and then again 8-12 weeks later.

Results: Our analysis focuses on the extent to which/ways in which Dancer Not Dementia challenges stigma and motivates dance for people living with dementia.

Conclusions: Documentary film has enormous potential to trigger individual and organizational change. Our analysis contributes to a growing understanding of how the arts may challenge entrenched and oppressive attitudes and social relations, and support more inclusive and relational approaches to caring.
From crisis to care: Learnings from one long-term care home during COVID-19

Titus Chan¹, Ashley Flanagan¹, Natalie Iciaszczyk¹, Samir Sinha¹,²,³,⁴
¹National Institute on Ageing, Toronto, Canada. ²Sinai Health System, Toronto, Canada. ³University Health Network, Toronto, Canada. ⁴University of Toronto, Toronto, Canada

Abstract / Résumé

Background: Impacts of the COVID-19 pandemic within long-term care (LTC) homes across Canada have prompted intense scrutiny and enhanced public attention on infection prevention and control protocols. In particular, policy experts have called for better examination into the full effects of LTC pandemic restrictions, alongside innovative ways of supporting resident-family/visitor connections during isolation. Objective: Our aim was to describe in detail the impacts of COVID-19 restrictions and the experiences of maintaining visitor presence among various LTC stakeholders. Methods: We employed a case study methodology at one Jewish LTC home located in Ontario. A convergent-parallel mixed-methods design was used, involving a short survey (n=24) alongside semi-structured interviews and focus groups (n=34). We engaged a range of community members at the home, consisting of residents, family members/visitors, frontline staff, and leadership personnel. Descriptive and non-parametric statistics were used to analyze survey data, while thematic analysis was utilized for qualitative transcripts. Results: Qualitative findings highlighted the impacts and experiences of COVID-19 protocols in 3 broad areas: home operations and day-to-day experiences; frontline staff; and stakeholder engagement. Quantitative findings aligned with these areas, highlighting strategies used to navigate protocols—with outdoor/window visits significantly associated with sense of connection to loved ones. Interestingly, distinct differences in attitudes emerged as opinions on and support for isolation protocols varied greatly among the stakeholder groups. Conclusions: This case study yielded five practice and policy recommendations for navigating pandemic protocols in LTC, together highlighting the importance of fostering trust with community members and promoting resident-centered care.

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Recommendations related to visitor and movement restrictions in long-term care and retirement homes in Ontario during the COVID-19

Matthew Lam¹, Mary Egan², Evelyne Durocher³
¹CAMH, Toronto, Canada. ²Université d'Ottawa, Ottawa, Canada. ³McMaster University, Hamilton, Canada

Abstract / Résumé

Background: Older adults living in long-term care and retirement homes in Canada have experienced severe impacts of COVID-19, including the highest rates of infection and death both in Canada and globally in long-term care homes. Efforts to protect residents early in the pandemic included restricting their movement and activity inside the homes, as well as prohibiting visitors, including family members, from entering the homes. Such restrictions appeared reasonable early in the pandemic but have led to significant harms. To date, there has been little critique of pandemic resident and visitor restrictions in a way that could facilitate future policy design.

Objective: In this paper, we present the results of a qualitative study in which we explored the experiences of 43 residents of long-term care or retirement homes, family members, and staff throughout the pandemic in relation to recommendations for how restrictions could have been created and applied differently.

Results: The participants offered recommendations for policy-design related to infection control, communication, social contact and connection, care needs, and policy and planning.

Conclusion: It is now clear that visitor and movement restrictions, a major tool in limiting spread, are harmful to both residents and families. The inclusion of the voices of those most affected by policies and directives is a necessity in their design.
Presenting Syndromes Symptoms During a COVID Outbreak in a Nursing Home

Kristina Swain¹, Kathleen Klaasen², Samuel Quan³, Philip St John³,⁴
¹University of Manitoba, Winnipeg, Canada. ²Riverview Health Centre, Winnipeg, Canada. ³Section of Geriatric Medicine, University of Manitoba, Winnipeg, Canada. ⁴Centre on Aging, University of Manitoba, Winnipeg, Canada

Abstract / Résumé

BACKGROUND: The SARS CoV–2 (COVID) pandemic disproportionately affected nursing home (NH) residents in Canada. NH residents with COVID may present more frequently with atypical symptoms (e.g. changes in the level of consciousness) than typical respiratory symptoms. OBJECTIVES: 1. To describe an outbreak of COVID in a NH; and 2. To determine if atypical symptoms were common, and 3. If atypical presentations were associated with death. METHODS: Case series of a COVID outbreak in a Manitoba NH from October 2020 to January 2021. PARTICIPANTS: 198 residents who received a COVID test within a 200 bed NH. RESULTS: 163 of the 198 residents tested positive for Covid. The mean age was 84.6 years, 62% were women, and the mean BMI was 25.5 kg/m². Sixty three (38.7%) residents died. Non-respiratory symptoms were common, including: changes in level of consciousness (32.5%); cognition (32.1%); appetite (47.2%) and oral intake (44.8%). Cough was a common typical presenting respiratory symptom (42.3%), but other typical symptoms: fever, shortness of breath, sore throat and myalgias were rare. Atypical presenting symptoms were associated with mortality. Other factors which predicted death were: older age, needing assistance with mobility or feeding prior to COVID infection, hypoxemia, and increased respiratory rate. CONCLUSIONS: Atypical symptoms of COVID are common amongst NH residents. The mortality associated with atypical presentations was high.
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How approaches to communication affected family and staff experiences with COVID-19 family visitation programs: A comparative case study of three long-term care homes

Emily Hubley¹, Grace Warner², Melissa Andrew³, Stephanie Chamberlain³, Mary Jean Hande⁴, Lori Weeks², Janice Keefe¹
¹Mount Saint Vincent University, Halifax, Canada. ²Dalhousie University, Halifax, Canada. ³University of Alberta, Edmonton, Canada. ⁴Trent University, Peterborough, Canada

Abstract / Résumé

The aim of this study is to understand how approaches to communication affected staff and family’s experience with family visitation programs implemented in long-term care (LTC) homes due to COVID-19 visitor restrictions. Three of six LTC homes in NS and PEI were selected from a larger study assessing the implementation of family visitation program to illustrate a spectrum of communication approaches. A comparative case study method is used to analyze multiple data sources, public health directives, policy documents from health authorities and homes, administrator surveys, and interviews with 31 family members and 28 staff. Results indicated the externally-driven nature of the program led to top-down communication problems causing misunderstanding and frustration for both staff and families across all homes. Despite limited implementation flexibility, Home ‘A’ employed creative communication strategies such as video calls and one-on-one information sessions. Comparatively, Homes ‘B and C’ employed more top-down communication styles. Communication that was delayed and unclear led staff to feeling ill-equipped to enforce rules and answer questions from families. Consequently, families described frustration and stress with the visitation program. Despite requirements to adhere to provincial regulations, and often, accreditation standards, LTC homes are not alike. The organization’s structure, culture, leadership, and resources play into their administrations’ ability and/or desire to embark on innovations in communicating, and/or risk-taking with the interest of residents, families, and staff in mind. We discuss how our case studies can offer insights into the conditions necessary for improved communication outcomes among residents, staff and families during uncertain circumstances.
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Resident and Family Perspectives on the Impact of COVID-19 on Mealtime Experiences in Long-term Care Homes

Heather Keller¹,², Sarah Wu³, Allison Cammer⁴, Hannah O’Rourke⁵, Hana Dakkak², Christina Lengyel⁶, Vanessa Trinca³, Ruth Harvey⁷, Natalie Carrier⁸, Susan Slaughter⁵
¹Schlegel-UW Research Institute for Aging, Waterloo, Canada. ²University of Waterloo, Waterloo, Canada. ³University of British Columbia, Vancouver, Canada. ⁴University of Saskatchewan, Saskatoon, Canada. ⁵University of Alberta, Edmonton, Canada. ⁶University of Manitoba, Winnipeg, Canada. ⁷St Francis Xavier University, Antigonish, Canada. ⁸University de Moncton, Moncton, Canada

Abstract / Résumé

COVID-19 pandemic restriction measures resulted in the exclusion of family members from long-term care homes (LTCHs) during the first wave of the pandemic. Restrictions heavily targeted congregate dining practices, however, little is known about the effects of these measures on residents and family caregivers. The purpose of this study was to understand the impact of these experiences on mealtimes from the perspective of family caregivers and residents. Interpretive Description was used to understand these experiences. Between January and March 2021, a convenience and snowball sample of 17 caregivers (n=15 women; n=2 men) and 4 residents (n=2 women; n=2 men) were recruited via social media and networks to participate in a telephone interview. Interviews were conducted by a single researcher. Analysis revealed three themes. 1) ‘Compromised mealtimes means compromising community’ highlights the importance of meals to the cohesion and sense of belonging of residents and family in the home. The shared meaning and experience provided through mealtimes were missed by participants during the pandemic. 2) ‘Family caregivers are indispensable at meals’ denotes the added value of family members for supporting eating assistance and providing social support and encouragement to residents. 3) The dangers of eating alone reflects the concerns expressed when residents ate in their rooms without supervision, including sufficient physical assistance and social opportunities. Shared mealtimes are an essential activity in LTCHs. Every effort should be made to minimize overly restrictive measures during infectious disease outbreaks, thereby supporting residents’ dining experience, especially when engaging with family members.
Fall risk screening and assessment for older adults: challenges and solutions

Hélène Gagné¹, Brian Hyndman²
¹Parachute, Toronto, Canada. ²The Michener Institute of Education at University Health Network, Toronto, Canada

Abstract / Résumé

Short statement of the objectives:

The aim of the stakeholder consultations was to identify barriers and enablers to implementing best practices in fall risk screening and assessment and discuss existing and potential strategies to overcome these barriers.

Method

The Ontario Fall Prevention Collaborative (OFPC), a diverse group of health and social service practitioners from across Ontario, conducted three stakeholder consultations in the Winter and Spring 2023 with practitioners and clinicians in primary care, Ontario Health Teams and community and public health settings. Literature reviews on clinical practice guidelines for fall risk screening and assessment as well as the barriers and enablers for implementation were conducted as evidence-informed knowledge to seek input from the consultation session participants.

Results

Initial results point out to a general consensus on identified barriers to implementation with lack of time and resources as the leading barriers. Emerging strategies to overcome these barriers proposed by the participants are: a) greater investment in financial and human resources; b) staff training and capacity building; c) involvement of other allied health professionals; d) patient education; and e) system reforms.

Conclusions

Implementation of best practices for fall risk screening and assessment among older adults need to address specific barriers to implementation that are context dependent, setting specific and also address system level infrastructures such as billing codes, communication and leadership. Recommendations for action will be generated by the OFPC and will form the basis of its future work.
How do staff and family caregivers of people living with dementia address balance impairments and concerns about falling? A qualitative study.

Erica Dove¹,², Arlene Astell¹,²
¹Rehabilitation Sciences Institute, Toronto, Canada. ²KITE, Toronto Rehabilitation Institute, Toronto, Canada

Abstract / Résumé

Background: People with dementia have 2-8 times more falls than people without dementia. Major risk factors for falls in dementia include balance impairments and concerns about falling. Caregivers (both paid/staff and unpaid/family) may play an active role in fall prevention and rehabilitation. This study aimed to understand how caregivers experience and address people with dementia’s fall risk factors (e.g., poor balance).

Method: To understand their experiences, eight staff caregivers (mean age: 38.75 years; 87.5% female) took part in two focus groups, with four in each group. In parallel, eight family caregivers (mean age: 64.0 years; 87.5% female) were interviewed. Participants were asked about challenges they observe and experience in caring for people with dementia regarding mobility, falls, balance impairments, concerns about falling, exercise, and dementia-specific rehabilitation. Interview and focus group data were transcribed and analyzed via reflexive thematic analysis to identify prevalent themes.

Results: Experiences between staff and family caregivers differed, reflecting their differing roles and contexts. These included access to resources, use of technology, barriers to exercise in care settings versus the home, and lack of rehabilitation for falls in dementia. Overall, participants reported a lack of rehabilitative support for people with dementia.

Conclusions: This study highlighted the important role of both staff and family caregivers in managing falls and fall risk factors in dementia. The lack of rehabilitative (i.e., clinical) support for people living with dementia suggests a need for novel fall prevention and recovery interventions which can be implemented in the real world (e.g., homes, day programs).
Feasibility of the Bungee Mobility Trainer for inpatient geriatric and stroke rehabilitation

Lisa Sheehy¹, Heidi Sveistrup¹,², Martin Bilodeau²,¹, Hillel Finestone¹,³, Vivian Welch¹,², Jonah Marek³,¹
¹Bruyère Research Institute, Ottawa, Canada. ²University of Ottawa, Ottawa, Canada. ³Bruyère Continuing Care, Ottawa, Canada

Abstract / Résumé

Objective

The objective was to assess the feasibility of using the Bungee Mobility Trainer (BMT), a stable partial body-weight-support walker, in inpatient geriatric and stroke rehabilitation units.

https://neurogymtech.com/products/bungee-mobility-trainer/

Methods

Occupational therapists and physiotherapists were recruited to use the BMT with consenting stroke and geriatric rehabilitation inpatients who required at least one or two assists to walk. Therapists used the BMT for walking and balance exercise during their usually-scheduled therapy sessions over up to three weeks. Usage, usability and safety of the BMT were tracked. Therapists and research staff kept logbooks, and therapists and patients were interviewed to understand their assessment of acceptability, enjoyment, perceived benefit and desire to continue use.

Results

Five physiotherapists, 3 occupational therapists and 17 patients consented; 7 therapists and 10 patients completed the study. Patients used the BMT 0-8 times each, for balance and walking activities. Some therapists found the BMT time-consuming and intimidating to patients. One therapist was very comfortable with the device and found it helpful to increase rehabilitation intensity. Some patients found the seat and backrest uncomfortable. Some participants felt that other exercises would be more beneficial, however two patients enjoyed the freedom of the BMT and were able to take many more steps with it. There were no serious adverse events.

Conclusions

The BMT is safe in an inpatient rehabilitation setting and may increase the activity performed by some patients. Choosing appropriate patients is important, as is the comfort level of the therapist. Modifications to the seat and backrest would improve comfort.
Objective

To examine the concordance and distribution of physical, psychological, cognitive, and social Frailty Index (FI) subdomains in community-dwelling adults 45-85.

Methods

Using an overall 127-item FI based on data collected between 2012-2015 on Canadian Longitudinal Study on Aging Comprehensive Cohort participants (n = 30,097), physical, psychological, cognitive, and social subdomain-specific FIs were created. Each FI was divided into quintiles with the highest 20% (Q5) being the frailest. We assessed subdomain FI quintile concordance (Goodman and Kruskal’s gamma), described the joint distribution of those most frail (Q5) by sex and age, and estimated the association between sex and age with Q5 subdomain FIs membership (logistic regression).

Results

Concordance among FI subdomain quartiles was low. The highest gammas (0.25-0.36) were between the physical/psychological and psychological/cognition subdomains. Concordance was generally higher in females and decreased with age. Females had higher odds of Q5 membership for physical (1.7), psychological (1.6) and social frailty (1.1), and lower odds for cognitive frailty (0.7) than males. The odds of Q5 membership increased with age for all subdomains except psychological, which peaked at 45-54 and decreased with age. The prevalence of Q5 membership in most combinations of frailty subdomains increased with age except psychological and psychological+social which were the highest in adults 45-54.

Conclusion

Our results suggest low concordance among frailty subdomains with the relationship between Q5 membership differing by sex and age. These data may help to better target frailty interventions, but longitudinal data are needed to understand inter-associations across subdomains over time.
Engaging with LGBTQ+ older adults inclusively: Exploring the impact of a new training on occupational therapy students

Samuel Turcotte¹², Julien Rougerie³, Denis Cormier-Piché³, Nathalie Veillette¹², Johanne Filiatrault¹²
¹Université de Montréal, Montréal, Canada. ²Centre de recherche de l’Institut universitaire de gériatrie de Montréal, Montréal, Canada. ³Fondation Émergence, Montréal, Canada

Abstract / Résumé

Objective: To explore the impact of a new training for occupational therapy students about older adults’ sexual and gender diversity on: 1) knowledge about LGBTQ+ older adults’ realities and 2) self-efficacy related to occupational therapy competencies pertaining to communication and social justice.

Methods: A 2.5-hour single training session was delivered by an expert from a non-profit community organization whose mission is to educate and raise awareness about the realities of LGBTQ+ older adults. A single-group pre-experimental study was conducted with 60 occupational therapy students from an undergraduate occupational therapy program in Montreal, Canada. Participants completed online questionnaires administered before and after the training. The questionnaires were developed in collaboration with an LGBTQ+ older adult and the trainer and were pre-tested in a pilot study. Descriptive statistics and paired t-tests were used for data analysis.

Results: The sample consisted of 93% women and most participants (82%) did not identify as LGBTQ+. The training resulted in a significant increase in participants’ knowledge about the realities of LGBTQ+ older adults (p < 0.001) and self-efficacy related to occupational therapy competencies pertaining to communication and social justice (p < 0.001). A strong majority of participants (97%) suggested that this training should be integrated into the professional curriculum of all future occupational therapists. High levels of satisfaction were expressed with the content, format, duration, and facilitation of the training.

Conclusion: Educating tomorrow’s occupational therapists about the sexual and gender diversity of older adults can help shape more inclusive health and social services for LGBTQ+ communities.
Aging with Intellectual and Developmental Disabilities: Needs Assessment of Training Needs for Staff Supporting Clients in Northern Ontario

Kajany Gunarajan¹, Tanya Hill², Barry Isaacs¹
¹Surrey Place, Toronto, Canada. ²DPRA Canada Inc., Toronto, Canada

Abstract / Résumé

The aim of the needs assessment was to understand the training and capacity requirements of professional care providers in Northern Ontario to support aging adults with intellectual and developmental disabilities (AAIDD).

There were 105 managers and direct support staff who support AAIDD that participated in the online survey. The survey was followed by three focus groups with a total of 13 participants from management and direct support staff. Survey data was analyzed through descriptive statistics and content analysis was used with focus group responses.

The findings revealed that respondents faced challenges in multiple areas when providing care for AAIDD. Most of the participants had little or no knowledge of topics relating to aging and IDD. Respondents expressed the need for enhanced support in behaviour management techniques, care planning and assessment with AAIDD. The focus groups revealed core capacity needs which addressed gaining various skills in relation to their practice (e.g., in documentation) and knowledge of the aging process and how to support behaviour. Consequently, a curriculum was developed to address these identified needs.

The curriculum was specifically designed to improve capacity and support for AAIDD. We developed a course that addresses behaviour management techniques, care planning and assessment, and IDD. This curriculum was built to increase capacity and support for adults living with IDD as they age. The curriculum was presented and overall, training staff’s knowledge and confidence scores, related to the topic on and working with AAIDD, increased after completing the course.
Civility Matters: An Online Toolkit for Long-Term Care Home Staff

Heather Cooke\textsuperscript{1}, Rhonda Croft\textsuperscript{2}, Jennifer Baumbusch\textsuperscript{1}
\textsuperscript{1}University of British Columbia, Vancouver, Canada. \textsuperscript{2}B.C. Nurses' Union, Vancouver, Canada

Abstract / Résumé

Conditions associated with uncivil workplace relationships, such as excessive workloads, limited resources and high job demands, all describe the current long-term care (LTC) workplace. Of concern is the potential workplace incivility has to disrupt respectful and collaborative relationships essential to quality care provision. In conjunction with the challenges of an aging workforce, ongoing staff shortages, and retention and turnover issues, there is a clear need to attend to the issue of workplace incivility within the LTC sector. Our previous research highlighted how constant exposure to gossip, exclusion, and blame and criticism impacted aides’ physical and mental well-being and care delivery. However, there is no sector-specific resource to address workplace (in)civility in LTC or support LTC organizations to create civil workplaces. Together with SafeCare BC, union and industry partners, we created Civility Matters, an online toolkit to support staff to address workplace (in)civility LTC and promote supportive and collaborative workplace relationships. The toolkit targets both front-line staff and supervisors and managers, with separate sections for each. It includes webinars on the nature and impact of incivility, practice-based scenarios for addressing (in)civility and positive workplace relationships, and a collection of e-resources for creating collaborative and cooperative workplaces. While designed to be accessed by individuals, the toolkit can also be used by on-site educators to facilitate discussion around workplace (in)civility. This presentation will provide an overview of the toolkits’ usefulness, relevance, and potential for practice change to improve workplace relationships and in turn, care quality.
GPA Bathing: A six-unit eLearning curriculum to increase confidence and knowledge of final-year nursing students when bathing persons living with dementia

Victoria McLelland¹, Angel Wang¹,², Michele Bliss¹, Lori Schindel Martin³
¹Advanced Gerontological Education, Hamilton, Canada. ²Michael Garron Hospital, East York, Canada. ³Daphne Cockwell School of Nursing, Toronto Metropolitan University, Toronto, Canada

Abstract / Résumé

Objectives

When a person living with dementia experiences responsive behaviours during bathing, nursing students providing bathing care can feel anxiety and distress. Nursing students have limited formal education on dementia-specific bathing interventions, and therefore are unprepared for supporting people with bathing-related responsive behaviours when they enter clinical practice. The Gentle Persuasive Approaches (GPA) Bathing curriculum was developed to strengthen care providers’ knowledge, confidence, and skill to provide person-centred, evidence-informed bathing care. This study is the first evaluation of all 6 GPA Bathing units.

Method

Final-year Toronto Metropolitan University nursing students (n=420) completed six GPA Bathing units, which were built upon best practice bathing competencies identified in the literature and included video case studies. Pre- and post-GPA Bathing, participants completed a 20-item bathing self-efficacy measure. Pre-GPA Bathing, participants described previous experiences, feelings, and approaches in bathing people living with dementia and their learning goals. Post-GPA Bathing, participants discussed planned future approaches and satisfaction with the units.

Results

Students described feeling afraid, helpless, and incompetent when providing bathing care to a person with responsive behaviours. Distressed by their inability to provide competency-based care in these contexts, they expressed need for formal education. Post-GPA Bathing, students’ bathing self-efficacy scores significantly increased (p<.001) compared to baseline. They reported plans to use specific tools and strategies from GPA Bathing and greater confidence in providing bathing care in future clinical practice.

Conclusions

GPA Bathing provides nursing students with needed strategies and confidence to provide person-centred bathing care and equips them with entry-to-practice competencies.
The Flipping Stigma Toolkit: Educating and Learning about Stigma against Dementia

Paulina Malcolm[^1], Lynn Jackson[^2], The Flipping Stigma Action Group[^2], Ania Landy[^1], Jim Mann[^2], Mariko Sakamoto[^3], Eric Macnaughton[^1], Alison Phinney[^1]

[^1]: The University of British Columbia, Vancouver, Canada.  
[^2]: The Centre for Research on Personhood in Dementia, Vancouver, Canada.  
[^3]: The University of Victoria, Victoria, Canada

Abstract / Résumé

An Action Group (AG) of people living with dementia in British Columbia (BC) was formed in 2019 as part of a CIHR-funded participatory action research project. Early discussions within the group focused on defining and understanding dementia-related stigma and discrimination, and AG members considered their responsibility to educate others. The Flipping Stigma Toolkit (www.flippings stigma.com) is an educational, online resource that provides users with short vignettes in AG members’ own voices of their experiences of stigma and discrimination, and how they have chosen to respond. Presentations, formal feedback sessions, and training sessions about the Toolkit were held with various stakeholders and community-serving organizations across the province with the goal of better understanding how helpful and usable the Toolkit could be in different contexts. During these knowledge translation activities, the Flipping Stigma team of AG members and UBC researchers asked community members what they had learned from the Toolkit about stigma, if they could think of times where the Toolkit may have been useful in the past, and if they could see themselves using the Toolkit in their own community contexts moving forward. Feedback includes that it is an informative educational tool that highlights important insights about stigma and discrimination in the words of those with lived experience. Several community organizations in BC are now using the Toolkit to train their staff and volunteers. As the Toolkit continues to be a valuable resource educating others, it also makes room for adaptation as further feedback is received and new opportunities arise.
Senior’s Health Pilot Project – A Learning Approach

Erika Dugas¹, Sara Naam¹, Brigitte Sonier-Ferguson¹, claire johnson², Martine Poirier¹
¹Vitalité Health Network, Moncton, Canada. ²Université de Moncton, Moncton, Canada

Abstract / Résumé

Background - Learning Clinical Units (LCU) represent an innovative strategy where interdisciplinary teams (including researchers, clinicians, healthcare managers and patient partners) work together to address complex health problems and help bridge the Research-Clinical Practice gap. In 2019, Vitalité Health Network (New Brunswick, Canada) implemented its first LCU to identify and address main gaps in seniors’ healthcare. We undertook a process evaluation to assess the implementation processes of our Senior’s Health LCU pilot project.

Method – Semi-structured interviews were conducted in 2021 with key stakeholders. Data were collected on seniors’ healthcare gaps identification and prioritization, clarity of roles and responsibilities, project management, and implementation barriers and strengths. In addition, perceived overall implementation process satisfaction was measured among all participants.

Results - Participants reported being generally satisfied with the implementation process. Participants appreciated the interdisciplinary aspect of the project, especially the participation of researchers and patient partners. Implementation barriers identified were the large number of meeting attendees, lack of human and financial resources, and lack of physician engagement. Although, the COVID-19 pandemic negatively impacted the project timeline, several improvement recommendations were identified by participants, including the importance of offering support to the LCU teams, promoting physician engagement and ensuring that patient partners actively participate in all project milestones.

Discussion – Results from this study highlight the importance of interdisciplinary collaborations and health organization infrastructures that support innovation, research, evaluation, and best practices implementation.

Conclusion – Lessons learned from the Senior’s Health LCU pilot project assessment provided crucial information to improve ongoing projects, develop knowledge transfer strategies, as well as inform future Learning Health Systems initiatives at Vitalité Health Network.
O114

The Perspective of Staff towards the Implementation of Telepresence Robot in Dementia Care in Institutional Care Settings

Lillian Hung\textsuperscript{1}, Grace Hu\textsuperscript{2}, Joey Wong\textsuperscript{1}, Haopu Ren\textsuperscript{3}, Nazia Ahmed\textsuperscript{2}, Ali Hussein\textsuperscript{2}, Erika Young\textsuperscript{2}, Annette Berndt\textsuperscript{4}, Jim Mann\textsuperscript{4}, Rekesh Corepal\textsuperscript{5}, Lily Wong\textsuperscript{4}

\textsuperscript{1}Innovation in Dementia and Aging Lab, Department of Nursing, University of British Columbia, Vancouver, Canada. \textsuperscript{2}Innovation in Dementia and Aging Lab, University of British Columbia, Vancouver, Canada. \textsuperscript{3}Innovation in Dementia and Aging Lab, Department of Interdisciplinary Studies, University of British Columbia, Vancouver, Canada. \textsuperscript{4}University of British Columbia, Vancouver, Canada. \textsuperscript{5}Alzheimer Society of British Columbia, Vancouver, Canada

Abstract / Résumé

Although there are emerging studies on the use of telepresence robots in dementia care within institutional settings, there is limited literature on the perspectives of frontline staff members who play a significant role in dementia care delivery. Using the Consolidated Framework for Implementation Research (CFIR) as a guide, we conducted 10 focus groups and 10 semi-structured interviews in four long-term care (LTC) homes and one hospital in British Columbia, Canada. We included 50 frontline staff members from diverse disciplines, such as nursing, social work, occupational therapy, and recreational therapy, to understand their experiences supporting residents and their families using telepresence robots. Our thematic analysis identified five themes:

1) Design quality: The robot is easy to use but heavy to carry, and the screen is too small for those with visual impairments.

2) Access to knowledge: Regular, gamification-based training provides staff with the knowledge to support robot users.

3) Resources availability: Technical and infrastructural resources, management support, operating and storage spaces, and educational materials were available.

4) Adaptability: The use of the robot could be flexibly adapted to meet local needs and situations.

5) Engagement: Staff’s work and contributions in supporting the use of robots by residents and families have been acknowledged.

Our study offers insights for future research, focusing on 1) exploring staff’s experiences in implementing telepresence robots and similar technologies in LTC homes and hospitals and 2) developing plans, tools, and practices to enhance staff-focused implementation.
Age-Related Bias in Artificial Intelligence: A Scoping Review of the Academic, Grey and Legal literature

Charlene Chu¹, Simon Donato-Woodger¹, Tianyu Shi², Kathleen Leslie³, Shehroz Khan⁴, Rune Nyrup⁵, Amanda Grenier⁶
¹Lawrence Bloomberg Faculty of Nursing, University of Toronto, Toronto, Canada. ²University of Toronto, Toronto, Canada. ³Athabasca University, Athabasca, Canada. ⁴University Health Network, Toronto, Canada. ⁵University of Cambridge, Cambridge, United Kingdom. ⁶Factor-Inwentash Faculty of Social Work, University of Toronto, Toronto, Canada

Abstract / Résumé

Objectives: The rapid advancement of artificial intelligence (AI) has raised concerns regarding the possibility of bias and discrimination, which can exacerbate inequalities. Digital ageism, which refers to age-related bias in AI and technological systems, has become an issue of interest but its prevalence and methods of addressing bias are less investigated. This scoping review explores digital ageism by identifying different types of age-related bias in AI, how and when it is encoded, and mitigation strategies.

Methods: A comprehensive search strategy was conducted across five databases, grey literature, and legal literature. Articles were included if they mentioned an AI application, were related to age, and bias.

Results: Out of 7595 academic articles and 2639 grey literature documents, 74 were included in this review. Results revealed that age recognition and facial recognition systems were the most common AI applications involving age. Convolutional neural networks and support vector machines were the most frequently used machine learning algorithms. We identified 9 types of bias frequently introduced in the "data to algorithm" and "algorithm to user" phases, particularly with representation and evaluation bias. Nine articles employed mitigation strategies to reduce age-related bias. We summarize the ethical, legal, and societal implications of age-related bias. Conclusions: The paper highlights how digital ageism can be perpetuated and amplified in AI systems. The paper concludes with implications for AI and future research recommendations for mitigating digital ageism in machine learning models. This work contributes foundational knowledge to the emerging field of research on this topic.
Co-creation of a system for reporting health-related measures derived from wearable sensors: advancing the use of wearables for self-management of health in older adults and persons living with neurodegenerative disease.

Karen Van Ooteghem, F. Elizabeth Godkin, Vanessa Thai, Kit Beyer, Benjamin Cornish, Kyle Weber, Hannah Bernstein, Soha Osama Kheiri, Richard Swartz, Brian Tan, William McIlroy, Angela Roberts

1Department of Kinesiology and Health Sciences, University of Waterloo, Waterloo, Canada. 2Department of Nanotechnology Engineering, University of Waterloo, Waterloo, Canada. 3Department of Systems Design Engineering, University of Waterloo, Waterloo, Canada. 4Department of Medicine (Neurology), Sunnybrook Health Sciences Centre, University of Toronto, Toronto, Canada. 5Rotman Research Institute, Baycrest Health Sciences, Toronto, Canada. 6School of Communication Sciences and Disorders, Western University, London, Canada. 7Department of Computer Science, Western University, London, Canada. 8Canadian Centre for Activity and Aging, Western University, London, Canada

Abstract / Résumé

Objectives: There has been tremendous growth in wearable technologies for health monitoring but limited efforts to optimize methods for sharing wearables-derived information with older adults and clinical cohorts. This study aimed to co-develop, design, and evaluate an approach for information-sharing regarding daily health-related behaviors captured with wearables.

Method: A participatory research approach was adopted with iterative stakeholder- and evidence-led development of reporting, and evaluation in a sample of older adults (n=15) and persons living with neurodegenerative disease (NDD) (n=25). Stakeholders included persons with lived experience and health providers, charity representatives, and aging/NDD researchers. Report information was custom-derived from raw data captured by two limb-mounted inertial measurement units and a mobile electrocardiography device worn by participants for 7-10 days. The report was evaluated two weeks following delivery. Data were summarized using descriptive statistics for the group and stratified by cohort and cognitive status.

Results: Participants (n=40, 60% female) ranged in age from 60-87 years (median 72). 82.5% found the report easy to read or understand, 80% reported the right amount of information, 90% found the information helpful, 92% shared the information with a family member or friend, and 57.5% made a behavior change. Differences emerged in sub-group comparisons. A range of profiles existed in terms of participant interest, uptake, and perceived utility.

Conclusions: The reporting approach was generally well-received with perceived value that translated into enhanced self-awareness and self-management of health-related behaviors. Future work should examine potential for scale, and the capacity for wearables-derived feedback to influence longer-term behavior change.

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O117

Can Patients with Dementia be Identified in Electronic Consultation (eConsult) Database Using Natural Language Processing?

Arya Rahgozar¹, Tracy Deyell¹, Danica Goulet², Sheena Guglani³, Celeste Fung³, Ramtin Hakimjavadi¹, Clare Liddy¹, Erin Keely², Sathya Karunanathan¹
¹University of Ottawa, Ottawa, Canada. ²Ottawa Hospital, Ottawa, Canada. ³St Patrick's Home, Ottawa, Canada

Abstract / Résumé

Background: Provider-to-provider communication captured on eConsult – a platform connecting primary care providers (PCPs) to specialists - contains rich text data that can be leveraged to support timely detection, identification, and care of people living with dementia.

Objectives: To harness the clinical content and question types routinely captured in eConsult for accurate, efficient, and scalable identification of dementia cases using Natural Language Processing (NLP), a text-mining technique, in conjunction with manual screening.

Method: We searched all eConsults submitted in 2021 by PCPs to specialists for patients aged 65 and older for dementia-related terms. A research associate and medical student manually screened and classified the results into dementia-positive and dementia-negative. We then isolated the PCP questions, used the screening annotations, set up binary targets to train machine learning models to detect dementia cases. Topic-modeling was used to gain an understanding of the interpretability of model predictions.

Results: Of the 489 cases captured through text-mining for dementia related terms, 302 were determined to involve patients with dementia. The initial learning model applied to the manually screened and clinician confirmed dementia-positive versus dementia-negative cases achieved 77% F1 score. Twelve semantically related topics were identified with predictive ability to discriminate between dementia-positive and negative cases.

Conclusions: Using a combination of manual and NLP techniques, we developed a method that has a high positive predictive value and can allow for rapid, accurate identification of dementia cases in large text-based datasets, saving PCP’s time and resources. We are currently adapting this method for identifying long-term care residents.
Now You Deceive Me, Now You Don’t: Adapting existing frameworks to address designed deception in dementia care technologies

Alexandra Landy
University of Waterloo, Waterloo, Canada. University of Toronto, Toronto, Canada

Abstract / Résumé

Objectives: Technologies and practices designed for dementia care often incorporate deception in order to create artificial realities and allow caretakers to prevent unintentional emotional pain. This project considers scenarios where deception is currently used in dementia care, the ethical and moral debate surrounding the practices, and how existing frameworks for guiding technological development and The Canadian Charter of Rights for People with Dementia can be updated to explicitly address these concerns.

Method: Proposed changes to existing guidelines are based on a narrative literature review to identify current dementia care practices, existing arguments surrounding ethical and moral concerns of deception, and frameworks and guidelines that aim to protect the rights of people with dementia.

Results: Deception plays a role in various aspects of dementia care, including technology designed for dedicated dementia villages and monitoring patients without their knowledge. Factors to consider surrounding deception in technological development and dementia care include prioritizing informed consent when deception is present, limiting data collection to protect privacy, and clearly outlining potential risks for patients and caregivers.

Conclusions: Suggestions to directly address the concerns of intentional deception in dementia care aim to draw attention to the importance of setting clear boundaries and guidelines to determine the difference between benevolent lies and harmful deceit. The final decision of when and how deception is appropriate in dementia care should be left to health care professionals, patients, and their families, rather than designers, developers, and researchers that may build deception into the technology that they create.
Volunteering as a Pathway to Active Ageing: Voices from Chinese Senior Immigrants in Canada

Yidan Zhu¹, Weijia Tan², Liuxi Wu², Jingyi Hou², Tianyang Qi², Weiguo Zhang²
¹Texas State University, San Marcos, USA. ²University of Toronto, Toronto, Canada

Abstract / Résumé

This study explores how volunteering contributes to active ageing of Chinese senior immigrants in Canada. Three research questions were explored. 1). How do Chinese senior immigrants perceive their volunteer experience in relation to active ageing? 2). What motivates Chinese senior immigrants to engage in volunteer activities, and how does this relate to their active ageing? 3). What impact does volunteering have on the physical, mental, and social well-being of Chinese senior immigrants, as well as the community and their family members? Based on the theoretical framework of active ageing, we conducted semi-structured in-depth interviews with 11 Chinese senior immigrants in Canada. Through a grounded theory approach, we analyzed the interview data to investigate the motivations, social context, and impact of volunteering on their physical, mental, and social well-being. The findings of this study suggest that volunteering can be an important pathway to active ageing for Chinese senior immigrants. Participants reported positive impacts on their physical, mental, and social well-being, such as increased life satisfaction and social connectedness. Participants were motivated to volunteer for a variety of reasons, including a desire to give back to their communities and maintain social connections. Some wished to act as a model, through volunteering, for their grandchildren to participate in community activities in future, which might enhance family solidarity and harmony. However, challenges such as language barriers and lack of knowledge about available opportunities can limit their participation. In conclusion, to promote the active ageing of Chinese senior immigrants through volunteering, organizations and policymakers should tailor volunteering opportunities to the needs and interests of senior immigrants and create supportive and inclusive community and support system.
Do current social participation spaces answer the needs of the baby boomers?

Dolores Majón-Valpuesta¹,², Louis Braverman³, Chantal Viscogliosi¹, Julie Castonguay⁴, Johanne Filiatrault⁵, Valeria Poulin⁶, Ginette Aubin⁶, Marie Beaulieu¹, Émilie Raymond⁷, Samuèle Rémillard-Boilard¹, Mélanie Levasseur¹

¹Centre de recherche sur le vieillissement, Université de Sherbrooke, Sherbrooke, Canada. ²Universidad de Sevilla, Sevilla, Spain. ³Université de Bretagne Occidentale, Brest, France. ⁴Centre collégial d'expertise en gérontologie du Cégep de Drummondville, Drummondville, Canada. ⁵Université de Montréal, Montréal, Canada. ⁶Université du Québec à Trois-Rivières, Trois-Rivières, Canada. ⁷Université de Laval, Québec, Canada

Abstract / Résumé

The increasing diversity of the aging population requires further consideration of the factors influencing the social participation of older adults, especially the new generation, the baby boomers. In addition to the heterogeneity of this generation, the wide spectrum, and latest forms of social participation, including virtually, necessitate to question the opportunities of current participation. Knowing how relevant and adequate they are to the needs of baby boomers would not only enable better investment of resources, but also can improve meaningful lifestyle for older adults. This study thus aimed to explore if the current social participation opportunities of the baby-boom generation have been adapted to their needs. Using an exploratory qualitative design, 50 individual interviews were conducted between September 2021 and June 2022 with 30 women and 20 men resident in Quebec and aged 58 to 74, French (n=31; 62.0%) or English (n=19; 38.0%) speaking. Almost two thirds of the participants (n=31; 62.0%) reported having a wide variety of social participation opportunities that evolve and improve over time and favor social interaction. According to the other third (n=19; 38.0%), these opportunities did not respond to their needs, because of limited access (activities designed for healthy older adults) or lacked diverse and innovative proposals (perpetuation of old participation spaces). The participants also discussed the importance that social participation opportunities are further adapted based on factors like age, independence, interests, place, or socioeconomic status. These findings highlight that social participation opportunities should be adapted but also redesign for this generation.
Reading and writing activities shared with others as a mean for social participation in older adults: Developing a practical guide resulting from a scoping review, an environmental scan and a qualitative study

Mélanie Levasseur\textsuperscript{1,2}, Olivier DezuYer\textsuperscript{1}, Nathalie Bier\textsuperscript{3}, Julie Babin\textsuperscript{1}, Monique Harvey\textsuperscript{1}, Martin Lépine\textsuperscript{1}, Nathalie Watteyne\textsuperscript{1}, Godeliva Debeurme\textsuperscript{1}, Marie Lee Biron\textsuperscript{1}, Noëmie Brière\textsuperscript{1}
\textsuperscript{1}Université de Sherbrooke, Sherbrooke, Canada. \textsuperscript{2}Research centre on Aging, Sherbrooke, Canada. \textsuperscript{3}Université de Montréal, Montréal, Canada

Abstract / Résumé

Essential in maintaining health in aging, shared reading and writing activities is an example of older adults’ social participation. These recreational activities involve dynamic relationships based on either personal development or volunteer accomplishments. Few tools based on the best scientific evidence that include integrated knowledge about their benefits are available to support professionals in supporting shared reading or writing activities for older adults, both in person and remotely. This study thus aimed to develop a practical guide on shared reading and writing activities for older adults. An intersectoral action research was carried out in partnership with the Université du troisième âge, FADOQ Estrie and Association québécoise des retraitées des secteurs public et parapublic. Three main steps were followed: 1) synthesizing the evidence on the effects of these activities (scoping review), 2) inventorying currently implemented initiatives (environmental scan), and 3) exploring the perceptions of twelve older women and men about their effects (qualitative study). The results highlighted that shared reading and writing activities are mostly beneficial to older adults regarding health, cognitive and social capacities, self-esteem, social participation (social network). Moreover, participation of older individual in shared reading and writing activities was facilitated or limited by physical and social environmental factors (e.g., having a friend to do the activity). In addition to building interest, increasing confidence and maximizing the benefits of shared reading and writing activities for more older adults, the results of this study will be of use to professionals seeking to develop further skills in the field.
O122

Life Satisfaction and Psychological Wellbeing of Chinese Senior Adults in Canada amidst the Pandemic: Resilience and Social Support Matter

Lixia Yang1, Ziyu Su2, Lu Wang1
1Toronto Metropolitan University, Toronto, Canada. 2University of Toronto, Toronto, Canada

Abstract / Résumé

This study examines the role of perceived social support and resilience for life satisfaction and psychological wellbeing among Chinese senior immigrants in Canada in late Pandemic stage (Jan. – Feb., 2023). A sample of 191 community participants met the inclusion criteria and finished the key outcome measures completed an on-line survey that includes questions on sociodemographic and COVID-related information (possible covariates), as well as standardized measures assessing outcome variables [Satisfaction with Life Scale (SWLS) and World Health Organization-Five Well-Being Index (WHO-5)], primary predictors [Multidimensional Scale of Perceived Social Support (MSPSS) and Brief Resilience Scale (BRS)], and Brief Coping Questionnaire (BACQ) as a moderator. Multi-level hierarchical regression models identified social support and resilience as significant predictors for better life satisfaction (MSPSS: $\beta = 1.37$, BRS: $\beta = 3.13$) and psychological wellbeing (MSPSS: $\beta = 1.69$; BRS: $\beta = 3.34$), $p < .001$. They explained almost half of variance in life satisfaction ($R^2 = 0.44$) and wellbeing ($R^2 = 0.45$). These effects remained even after controlling for coping, as well as other potential sociodemographic or COVID-related covariates ($p s \leq .024$). Coping did not predict the two outcomes ($p s \geq .115$), with the only exception as a positive prediction of the approach coping for life satisfaction ($\beta = 1.51$, $p = .042$). Those who were less optimistic about Canada’s pandemic measures or with perceived discrimination reported lower life satisfaction or wellbeing ($p s \leq .048$), and those with high family contraction worry reported lower wellbeing ($p = .014$). The results highlight the importance of social support and resilience in the life satisfaction and psychological wellbeing of Chinese older immigrants.
Peer leadership is not enough. The importance of empowerment and community for older adult health self-management

Mary Hynes\textsuperscript{1,2,3}, Monika Kastner\textsuperscript{4,5}, Nicole Anderson\textsuperscript{6,5}, Arlene Astell\textsuperscript{2,5,7}
\textsuperscript{1}University of Toronto (IMS), Toronto, Canada. \textsuperscript{2}University Health Network/KITE, Toronto, Canada. \textsuperscript{3}AGEWELL NCE, Toronto, Canada. \textsuperscript{4}North York General Hospital, Toronto, Canada. \textsuperscript{5}University of Toronto, Toronto, Canada. \textsuperscript{6}Rotman Research Institute, Baycrest Toronto, Toronto, Canada. \textsuperscript{7}University of Reading, Reading, United Kingdom

Abstract / Résumé

Background: As the older adult population grows, improved health self-management could reduce the expected social and financial healthcare costs. Reducing health risks often leads to better health outcomes and peer support groups have a history in supporting self-management of health risk behaviour.

Objective: To learn if older adults have successfully provided peer leadership in group interventions for older adult health management.

Method: Using the Joanna Briggs Institute methodology for scoping reviews we searched three databases (Medline, Embase, and AgeLine) for articles describing older adult leadership for older adult health improvement in older adult health promotion or improvement groups. From the initial 16,000+ results, 19 studies met the criteria for full text screening and analysis.

Results: Of the 19 studies, 12 used peer leaders and seven had a reciprocal support model. For those using peer leaders, training varied from none to 30 weeks. Older adult leadership or reciprocal support, occurred in a range of settings and health conditions, including diabetes, prostate cancer and general health improvement. Interventions lasted from four weeks to 24 years. No quantifiable patterns of health management were observed. What has emerged is that positive physical and behaviour changes occurred more often when peer leaders or co-facilitators were expected to motivate or encourage participant engagement or mutual support and where expectations included participant goal setting behaviour.

Conclusions: When asked participants preferred and appreciated peer leadership. However, those feelings didn’t always result in positive health changes. Sharing and empowerment appear to be the essential ingredient for improved health management.
Meaningful activity for people with dementia with acute health needs: Exploring the role of therapeutic recreation in hospital settings

Elaine Moody, Heather McDougall, Simran Bhamra
Dalhousie University, Halifax, Canada

Abstract / Résumé

A hospital admission for a person with dementia can be upsetting; changes in routine, activity level, and physical environment can be difficult. Admission to hospital has also been associated with adverse health outcomes for people with dementia, such as infections, falls, and mortality. The hospital setting is not well suited for people with dementia, but there is a growing awareness of the need for changes to better reflect their needs. Our purpose is to describe the need for meaningful activity among people with dementia in hospital and explore the role of recreation therapists in this setting.

We conducted a secondary analysis of interview data from people with dementia who had a hospital stay (N=4), their caregivers (N=12) and nurses (N=12). We developed an analytic framework to identify examples of meaningful activity, and perspectives of participants on the need for activity support.

People with dementia and caregivers identified many areas where people with dementia in hospital had meaningful activities at home which were not considered when admitted to hospital. Some caregivers suggested a lack of purposeful activity contributed to responsive behaviours. Nurses and nurse leaders identified challenges in attending to the activity and recreation needs of people with dementia in hospital, but suggested that activities such as drawing, conversation, and music therapy had a positive effect.

The role of therapeutic recreation is well established in long-term care; with growing numbers of people with dementia needing acute care, it is vital to apply what has been learned in long-term care to acute care settings.
Outdoor based support for people living with dementia

Anthea Innes¹, Vanina Dal Bello-Haas¹, Equity Burke¹, Mason McLeod¹, Dylan Lu²
¹McMaster University, Hamilton, Canada. ²McMaster, Hamilton, Canada

Abstract / Résumé

This paper will report on the views of people living with dementia, their care partners and older adults on outdoor based support and care for people living with dementia. This work addresses a gap in our knowledge about alternative forms of care and support to the day care or senior care models of care that are largely provided indoors in Canada. We will report on our findings from data collected from January – June 2023, using focus groups (including 2 walking focus groups in the outdoors) with people living with dementia, their care partners and older adults exploring their views about the potential of outdoor based activities to support the wellbeing of people living with dementia; and focus groups and 1-1 interviews with staff working in organizations who provide older people programing, dementia services and outdoor activities. This study presents an investigation of alternative forms of care and support for people living with dementia in Canada that aligns with the World Health Organization focus on dementia as a public health priority requiring creative approaches to provide high quality support and care. It has implications for academic knowledge and care policy about promoting social health and wellbeing for people living with dementia.
O126

**State of the Evidence on the Impacts of Swimming for Older Adults with Cognitive Impairment: A Systematic Review**

Mirou Jaana¹, Danielle Cruise¹, Chloe Georges²
¹University of Ottawa, Ottawa, Canada. ²Université de Sherbrooke, Quebec, Canada

**Abstract / Résumé**

**Objective**

To critically appraise and synthesize evidence on swimming impacts for older adults with cognitive impairment.

**Methods**

Following the PRISMA guidelines, we searched four databases (Medline, APA PsychInfo, CINAHL, Scopus) using a search strategy combining swimming, cognitive health, wellbeing, and dementia. Articles published in English and presenting empirical results were included. A coding scheme was developed and used by two researchers (81% interrater agreement).

**Results**

Seventeen studies met the inclusion criteria (out of 3915 articles) and were conducted in 2007-2019 across 11 countries (none in Canada). The level of evidence was generally low; no randomized trials and studies having cross-sectional/pre-post designs, with small samples. Dementia and general cognitive decline were the most common conditions. Most studies involved program-based swimming led by trained instructors in public swimming pools. Reasons for swimming included enhancing cognitive well-being, pleasure/fun, and recommendations from medical practitioners. Facilitators and barriers were grouped using the Social Ecological Model. Intrapersonal factors facilitated older adult’s participation in swimming (e.g., pleasure, enjoyment of swimming). Organizational/community factors were the most cited barriers (e.g., cost of the programs, transportation to/from the pool). Swimming had significant positive effects on cardiovascular health (4 studies), movement and completion of daily tasks (5 studies), and executive functioning, attention, and memory (8 studies).

**Conclusion**

Swimming represents a nonpharmacological intervention that can benefit older adults with cognitive impairment and be useful in the Canadian context given the availability of indoor public swimming pools. Future research should consider more rigorous designs to confirm the magnitude and impacts of swimming.

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A collaborative initiative to support the social participation and inclusion of frail older adults through tailored seasonal gardening workshops.

Jenna Davis¹, Kathleen Bingham², Salinda Horgan³, Sandra Easson-Bruno¹
¹Waypoint Centre for Mental Health Care, Penetanguishene, Canada. ²University Health Network Centre for Mental Health, Toronto, Canada. ³Queen’s University, Kingston, Canada

Abstract / Résumé

The presentation will describe and present findings of a collaborative initiative to support the social participation and inclusion of frail older adults who participate in Adult Day Programs through tailored seasonal gardening workshops.

Study objective: The North-Simcoe Muskoka specialized geriatric service partnered with Bradford Greenhouses (a local community gardening centre) to bring four seasonally designed gardening workshops to five Adult Day Programs in the Simcoe and Muskoka regions (a total of 20 workshops). The workshops were delivered by Greenhouse staff and volunteers. The workshops were designed with the intention of engaging Adult Day Program participants in learning about and creating a seasonal gardening project to keep. NSM-SGS and Adult Day Program staff provided hands-on support throughout.

Study methods: an impact program evaluation was carried out to assess the effectiveness of the project in achieving its ultimate goals (i.e., fostering collaboration, encouraging active engagement, building capacity, and providing a sense of empowerment). Both quantitative and qualitative methods were used to understand the impact of the project on organizations, staff, and older adults.

Study results: The findings reveal the impact of the project with respect to collaboration, active engagement, capacity building, and empowerment. As well as connections to critical program mechanisms that helped make these outcome achievable.

Conclusion: Participants will learn of our collaborative experience designing, implementing, and studying these seasonal gardening workshops, including successes, challenges and lesson learned.

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Changing the conversation about healthy aging

Olive Bryanton¹, Jessie Lees¹, Jodi Webber², Maria MacLean¹, Jessica Strong¹, William Montelpare¹, Dylan Gellespie¹, Morgan Inman¹, Adam Shea¹, Mark Tatasciore²
¹University of Prince Edward Island, Charlottetown, Canada. ²Algoma University, Sault Ste. Marie, Canada

Abstract / Résumé

Abstract

Purpose: The purpose of this study was to engage older adults about their experiences related to healthy aging and aging in place, and to learn about their motivations that help maintain and improve their health and social well-being as they navigate the aging process.

Method: A two-phase mixed method of inquiry was used to learn from the life experiences of older adults. An online survey, focus groups and individual interviews were used to explore in-depth experiences and identify gaps. Older adults were involved in various aspects of the study including questionnaire development, qualitative analysis, and ongoing advice.

Results: This study revealed that the current aging population is living in a system that was not developed to address their present situations. The social aspects of health are not adequately supported, and more focus is needed in upstream initiatives around prevention and health promotion. The importance of knowing your population and understanding changing requirements related to each cohort’s characteristics, values, and worldviews were identified and the need to change the conversation about aging from responding to needs, to recognizing the strengths and capabilities the older population brings and building upon those attributes is crucial.

Conclusion: Seeking the advice of older adults and meaningfully engaging them to identify requirements and develop solutions is critical for policymakers as they change and implement programs and services to support healthy aging and social well-being. Building upon the strengths and capabilities of older adults is essential as they become true partners in developing solutions for healthy aging.
Validation of the social behaviour observation tool (SBOT) for residents in long-term care

Leia Shum\textsuperscript{1}, Lynn Haslam-Larmer\textsuperscript{1}, Twinkle Arora\textsuperscript{1}, Noor Malik\textsuperscript{1}, Andrea Iaboni\textsuperscript{1,2}
\textsuperscript{1}KITE Research Institute, Toronto Rehabilitation Institute UHN, Toronto, Canada. \textsuperscript{2}Department of Psychiatry, Temerty Faculty of Medicine, University of Toronto, Toronto, Canada

Abstract / Résumé

**Objectives:** Measuring social engagement in people in long-term care (LTC) is challenging due to unclear definitions and lack of reliable, objective measures. Direct observation allows for structured assessment of resident behaviours and context in which social interactions occur. Our objective was to develop and validate an observational tool to describe the nature of social interactions of LTC residents.

**Methods:** Existing methods for social behaviour observation in children and older adult populations were identified through literature review. These tools were modified using observable domains of social interactions within the Revised Index for Social Engagement (R-ISE).

Opportunities for social interactions and activities were noted, and residents scored on making contact with others and sociable behaviour. To establish inter-rater reliability, two raters simultaneously observed 24 residents. For content validity, 31 resident ratings were compared to Qualidem subscales and R-ISE.

**Results:** In 88% of observations, residents had an opportunity to interact with activities or others. Residents had social contact in 44% of observations.

Agreement between raters was on average 86%, with highest agreement (98%) for rating presence of visitors and lowest agreement (71%) for whether residents showed recognition/awareness of others. The overall Cohen’s kappa coefficient was 0.7947.

The SBOT “Sociability” subscore was correlated with the Qualidem Social Isolation subscore (0.5098,\textit{p}=0.0034) and total R-ISE score (0.5283,\textit{p}=0.0023). SBOT “Making Contact” subscore was not correlated with either assessment.

**Conclusions:** There was a high degree of inter-rater reliability and moderate correlation with existing assessments of social interaction. The SBOT provides detailed information on residents’ social behaviours.
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How do community healthcare professionals develop therapeutic relationships with clients with marginalized identities?

Danielle Knipping, Anna Garnett, Yolanda Babenko-Mould
Western University, London, Canada

Abstract / Résumé

Objective: Home- and community-based services (HCBS) and strong therapeutic relationships are both associated with improved health outcomes and quality of life in older adults. However, HCBS must meet the needs of clients with marginalized identities to ensure that these benefits are equitable. Therefore, this study aims to understand how registered healthcare professionals providing HCBS in Ontario develop therapeutic relationships with clients with marginalized identities.

Methods: This study uses an interpretive descriptive approach and is informed by the theory of cultural humility. Semi-structured interviews are being conducted with registered healthcare professionals providing HCBS in Ontario.

Results: Preliminary findings suggest that registered healthcare professionals who develop strong therapeutic relationships with clients with marginalized identities demonstrate creativity and flexibility, strive to collaborate with clients and families, and set expectations, both explicitly and implicitly, regarding how they will behave within the therapeutic relationship. Providers utilize the home environment to build connections and seek shared experiences to build trust and rapport. Participants develop their practice by engaging in learning that focuses on experiences and perspectives of marginalized populations. Limited time, client distrust in healthcare, language barriers, and home environments that are perceived to be unsafe for the client or provider can slow or impede the development of strong therapeutic relationships.

Conclusions: Improving the quality of HCBS for clients with marginalized identities through the development of strong therapeutic relationships requires flexibility, creativity, and willingness to learn. Healthcare systems, organizations, and professionals should aim to support conditions that facilitate strong therapeutic relationships with clients with marginalized identities.
The British Columbia 2SLGBTQI+ older adults needs' assessment

Robert Beringer¹, Matthew Heinz²
¹University of Victoria, Victoria, Canada. ²Royal Roads University, Victoria, Canada

Abstract / Résumé

Objectives: Canadian research provides empirical evidence of older 2SLGBTQI+ concerns. The purpose of the British Columbia 2SLGBTQI+ needs assessment was to document the current needs of this community.

Methods: Individuals 55 years or older, living in British Columbia, and identifying as part of the 2SLGBTQI+ community were invited to participate. A total of 51 individuals participated in one-on-one interviews between January and September 2022, and 115 individuals completed an online survey between September and December 2022.

Results: Interviews identified three prominent clusters of concern: health and health care; loss of mobility and independence compromising the ability to age in place; and loneliness, social isolation, and lack of community. Three sub-themes consisted of access to culturally competent and safe long-term care; access to safe and affordable housing; and concern about long-term financial resources.

Conclusion: Survey responses reflected a need for trained, affordable, respectful home support services to age in place and nursing homes, care homes, assisted living facilities and housing communities dedicated to 2SLGBTQI+ older adults. The survey responses also emphasized the need for access to health care, especially 2SLGBTQI+ inclusive health care and the need for social connections and a community network. Community members expressed disappointment regarding the lack of progress that has been made in British Columbia in light of similar research findings over the past two decades. Twenty-five recommendations in the areas of governmental responsibility, training and education, social inclusion, and long-term care/housing were developed based upon the findings of this needs assessment.
New Brunswick HEARS: A community-based approach to hearing health equity in Atlantic Canada

Marilyn Reed¹, Kate Ellis², Danielle Kent², Carrie Nieman³,⁴,⁵
¹Baycrest Health Sciences, Toronto, Canada. ²Loch Lomond Villa, Saint John, Canada. ³Department of Otolaryngology–Head and Neck Surgery, Johns Hopkins University School of Medicine, Baltimore, USA. ⁴Cochlear Center for Hearing and Public Health, Johns Hopkins Bloomberg School of Public Health, Baltimore, USA. ⁵Center for Innovative Care in Aging, Johns Hopkins University School of Nursing, Baltimore, USA

Abstract / Résumé

Age-related hearing loss is a highly prevalent disorder that goes largely undiagnosed and untreated, with serious consequences for social inclusion, health and quality of life. Hearing loss has been identified as a global health concern by the World Health Organization and a leading potentially modifiable risk factor for dementia in two Lancet Commission reports. While there is evidence that interventions can mitigate these risks, many older adults with hearing loss delay or avoid help-seeking due to barriers to care such as access, cost and stigma associated with hearing aids. Innovative, affordable, and evidence-based hearing screening and rehabilitation solutions are needed to address these barriers and overcome delays in the identification and management of hearing loss. HEARS (Hearing Equity through Accessible Research Solutions) is a community-based hearing screening and rehabilitation program tailored to older adults developed by a team at Johns Hopkins as one such solution. This presentation describes a study whose objective was to assess the acceptability and benefit of the HEARS program delivered to lower-income older adults with hearing loss in New Brunswick, known for having a population with a high proportion of low income older adults. Results indicated that the HEARS program is feasible to implement, despite Covid-19 pandemic related challenges, highly acceptable to participants, and associated with a range of benefits that include improved communication function, self-efficacy and perceived social support. The success of HEARS in this population indicates its ability to extend the reach of hearing services for older adults who may not otherwise access care.
Redefining Health-Related Quality of Life: Listening to Difference

Kim Sawchuk¹, Julia Henderson², Nancy Mayo³
¹Concordia University, Montreal, Canada. ²University of British Columbia, Vancouver, Canada. ³McGill University, Montreal, Canada

Abstract / Résumé

According to the International Society of Quality of Life Research (ISOQOL), HRQL is “subjective and multi-dimensional, encompassing physical and occupational function, psychological state, social interaction and somatic sensation”. Most definitions of HRQL are applied in the context of health care where the focus of HRQL is mostly on what doesn’t work, assessing pain, fatigue, depression, mobility limitations etc. Many of the questionnaires to assess HRQL, such as PROMIS, are generic measures that query older people within a clinical context and are often exported to assess social programs for older people, or treatment interventions, that they were not intended to assess. However older adults do not necessarily self-define as patients, even if they have chronic conditions. Instead, as research indicates, older adults seek to age and live as well as possible for as long as possible, an understanding of aging that typically is not captured in clinically driven measures (Barr). In this presentation we discuss the process of building a measure to assess Health-Related Quality of Life that incorporates the perspective of older adults, and a diversity of older adults into a redefinition of HRQL. Data gathered from 143 interviews indicates a need to change the language used to define health-related quality of life as a way to account for what older adults perceive as important ways of being, belonging and connecting to others and to the world. In particular, we focus on eight semi-structured interviews conducted with a diversity of older adults from Montreal’s cultural and racialized communities.
Social participation of seniors with intellectual disabilities: findings and recommendations

Élise Milot, Romane CouvreYe
Université Laval, Québec, Canada

Abstract / Résumé

Advancing age triggers several transitions likely to influence the social participation of seniors with intellectual disability (ID). To provide appropriate support, a better understanding of their perspective on their social participation through aging is crucial. To gather this knowledge, a literature review and an exploratory study conducted with fourteen seniors with ID were conducted. Different findings emerged from that process. First, it seems that aging is perceived as a period full of promises for some, and an experience marked by rupture and conflict for others. Also, many seniors with ID feel that they are not involved in decision-making processes regarding their social participation needs. However, the involvement in activities offered by a self-advocacy organization would have enabled some of them to develop the knowledge and confidence necessary to defend their rights and interests with significant people in their lives. This involvement had positive effects on their sense of belonging and on their support network. Finally, the participation of seniors with ID in activities in an inclusive context seems to be very limited due to the presence of prejudices and to the inadequacy of supports, among other things. These observations lead to several recommendations to ensure that practices and communities foster their full social participation and inclusion.
Moving online: Older exercisers’ experiences of a live online exercise program.

Giulia Coletta, Kenneth Noguchi, Kayla Beaudoin, Angelica McQuarrie, Ada Tang, Stuart Phillips, Meridith Griffin
McMaster University, Hamilton, Canada

Abstract / Résumé

Older adults commonly report barriers to participation in exercise, including access to activities, transportation, and cost. Such barriers may influence the proportion of older adults who do not meet the Canadian 24-Hour Movement Guidelines. Recently, older adults have rapidly adopted technology for healthcare and are increasingly using digital health technologies to improve access to care. Technology may therefore be a valuable mode of delivery to reduce barriers to exercise and increase participation rates within this population, particularly following the COVID-19 pandemic. We developed a live online, group-based exercise program for older adults facilitated by healthcare professionals via Zoom. Participants (n=31) attended an 8-week program thrice weekly focused on strength, balance, and aerobic activity. Following the program, all participants were invited to participate in an optional 30-minute, one-on-one interview via Zoom with a research team member. Using a thematic analysis of semi-structured interviews (n=22; 16 women, 6 men; 70±4 y), several themes were identified, and many suggested that live online exercise programs can attenuate commonly reported barriers to participation. Participants discussed how the online format reduced concerns about transportation (e.g., time spent travelling, driving, and parking), improved their access through ease of participation from their desired training location and mitigated poor weather conditions. The COVID-19 pandemic created a new barrier for older adults, and participants discussed how technology allowed them to feel safe by exercising at home. Given these reported experiences, we posit that online exercise programs may aid in motivating and maintaining adherence to exercise programs for older adults.
Faisabilité d’un programme de réminiscence en visioconférence destiné aux aînés en résidence et leurs proches.

Maude Dessureault¹, Gabrièle Dubuc², Marie-Ève Leblanc², Lyson Marcoux²
¹Université du Québec à Trois-Rivières, Trois-Rivières, Canada. ²Université du Québec à Trois-Rivières, Québec, Canada

Abstract / Résumé

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A Virtual Partner-Based Peer Support Exercise Intervention for Older Adults with Cancer: The Partner4Exercise Pilot Randomized Controlled Trial

Jenna Smith-Turchyn1, Madison F. Vani2, Anthea Innes1, Marla Beauchamp1, Stuart Phillips1, Julie Richardson1, Catherine M. Sabiston2
1McMaster University, Hamilton, Canada. 2University of Toronto, Toronto, Canada

Abstract / Résumé

Objectives:
To determine the feasibility and preliminary effectiveness of a novel partner-based peer support exercise intervention for older adult female cancer survivors.

Methods:
Older adult female cancer survivors who had internet access and took part in less than 150 minutes of exercise per week were included in this study. All participants were matched with a partner and given a peer support guide, information on current exercise guidelines, and a Fitbit. Dyads in the intervention group had weekly 1-hour virtual sessions with a qualified exercise professional for 10 weeks. Participants in the control group independently supported their partner around exercise for 10 weeks. The primary outcome was feasibility. Secondary outcomes included exercise volume, social support, quality of life, physical function, and physical activity enjoyment.

Results:
Eighteen participants (9 dyads) were included in the trial. Recruitment rate was 90%. The mean age of participants was 72 years. Most had early-stage breast cancer (n=11; 61%) and were post-treatment (13; 72%). Most participated to increase their strength (16; 89%) and fitness level (14; 78%). The most important factors in an exercise partner were having someone of a similar age, availability, and exercise level (all n=13; 72%). Seven participants (39%) needed technical assistance at the beginning of the study. Trends in improvements in secondary outcomes are being analyzed and will be presented.

Conclusions:
A virtual partner-based peer support exercise intervention for older adults with cancer is feasible. Findings will inform future methods aimed at increasing exercise in older adults with cancer in the post-pandemic era.
The effects and costs of using videoconferencing with long-term care residents with major neurocognitive impairment: expensive or essential?

Marie-Soleil Hardy¹, Camille Savoie¹, Clémence Dallaire¹, Chaimaa Fanaki¹, Philippe Voyer¹, Maria Cecilia Gallani³, Machelle Wilchesky², Marie-Pierre Gagnon¹, Maude Laberge¹, André Côté¹, Vincent Couture¹, Bernadette Dallaire¹, Éric Gagnon¹

¹Université Laval, Québec, Canada. ²McGill University, Montreal, Canada

Abstract / Résumé

Introduction: Residents of long-term care (LTC) homes with major neurocognitive disorders are particularly vulnerable to social isolation and loneliness. Visit restrictions associated with the pandemic have unfortunately exacerbated residents' loneliness and isolation. To mitigate these negative effects, videoconferencing has been used to maintain contact with their loved ones.

Objectives: Our study aimed to evaluate the cost analysis and implementation effects of videoconferencing among elderly people with major neurocognitive disorders in LTC homes in Quebec and their family caregivers.

Methods: A mixed-methods convergent design was used to collect data in four LTC homes. Semi-structured interviews and measurement tools were used to collect data at two times. Estimates of cost-effectiveness and cost-utility ratios based on perceived quality of life measured by the EQ5D-5L and quality-adjusted life year (QALY) were also assessed.

Results: 17 caregivers, 4 managers, 27 family members and 27 residents were recruited. Qualitative results revealed short-term effects on residents. No time effect and no communication modalities effect were significant for the degree of engagement and pleasure. The cost analysis showed that videoconferencing was less expensive than a face-to-face meeting.

Conclusion: This research demonstrated the importance of maintaining contact between residents and their relatives. On the other hand, impacts on the organization remain to be examined, especially in terms of financial resources.
Facilitating the use of videoconferencing by cognitively impaired long-term care residents: the staffs' engagement

Marie-Soleil Hardy, Chaimaa Fanaki, Camille Savoie, Clémence Dallaire, Philippe Voyer, Maria Cecilia Gallani, Machelle Wilchesky, Marie-Pierre Gagnon, Maude Laberge, André Côté, Vincent Couture, Bernadette Dallaire, Éric Gagnon

1Université Laval, Québec, Canada. 2McGill University, Montreal, Canada

Abstract / Résumé

Aim: To describe the acceptability of facilitating videoconferencing by staff members and managers.

Background: During COVID-19, many long-term care (LTC) homes were constrained to prohibit face-to-face visits. To maintain the presence of the family, many LTC homes facilitated the use of electronic tablets to connect their residents to their family caregivers.

Methods: Qualitative and quantitative data collection through semi instructed interviews on the acceptability and LTC homes characteristics were collected with a convenience sample including seventeen (17) staff members and four (4) managers.

Results: Results from managers’ interviews report the LTC homes’ characteristics and the way videoconferencing was implemented. In this study affective attitude, burden, ethicality, opportunity costs, perceived effectiveness, and self-efficacy are reported as per the constructs of the Theoretical Framework of Acceptability. The results suggest a favorable acceptability and a positive attitude of managers and staff members toward the use of videoconferencing in LTC to preserve and promote contact between residents and their family caregivers. However, participants reported some challenges related to the burden and the costs regarding the invested time and staff shortage.

Conclusions: LTC home staff and managers reported a clear understanding of the acceptability and challenges regarding the facilitation of videoconferencing by residents to preserve their contact with family caregivers. The videoconferencing intervention purpose fits within the culture and philosophy of LTC homes that strive to embrace a person-centred care model that prioritizes personhood and quality of life, by creating and supporting engagement in relationships among workers, family caregivers, and residents.
Using videoconferencing as a means of communication and stimulation with hospitalized elderly: acceptable and feasible?

Marie-Soleil Hardy¹, Marie-Philippe Tremblay², Liliane Bernier², Yves Roy², Marilène Gosselin³, Philippe Voyer¹, Clémence Dallaire¹
¹Université Laval, Québec, Canada. ²CISSS de Chaudière-Appalaches, Lévis, Canada. ³Université de Sherbrooke, Sherbrooke, Canada

Abstract / Résumé

Background: The elderly occupy a large proportion of hospital beds. This clientele is more likely to be rapidly affected by clinical practices that are not adapted to their condition. Stimulation and facilitation of contact with relatives are interventions that should be emphasized in the hospital. These strategies have potential effects on preventing physical and mental complications in hospitalized older adults.

Aim: The purpose of this presentation is to share the results of a pilot study aimed to evaluate the acceptability of the use of the videoconferencing as a means of stimulation and communication between the elderly hospitalized in acute care and their relatives, as well as the preliminary effects on the elderly.

Methods: Semi-structured interviews with 11 multidisciplinary staff members, 14 relatives and 14 hospitalized elderly were conducted on three different care units in an acute hospital. Quantitative and qualitative data on acceptability were collected from all participants. Measurement tools have been used to evaluate the level of engagement and pleasure of the elderly.

Results: The results suggest a favorable acceptability and positive attitude of staff members, relatives, and hospitalized older adults toward the use of videoconferencing. However, care team members reported difficulties related to workload, time investment, and staff shortages.

Conclusion: There are several challenges associated with using videoconferencing with hospitalized elders. However, the satisfaction of the elderly and their families and the effects observed show the importance of contact in acute care settings. Thus, recommendations will be proposed to facilitate the integration of videoconferencing in hospital context.
The Comprehensive Approach to Dementia Data Monitoring in Canada (CADDM) Project: A Holistic Model of Dementia

Vanessa Vucea-Tirabassi¹, Katelyn Wheeldon²,¹, Navjot Gill²,¹, Camryn Berry²,¹, Carrie McAiney²,¹, George Heckman²,¹
¹Schlegel-UW Research Institute for Aging, Waterloo, Canada. ²University of Waterloo, Waterloo, Canada

Abstract / Résumé

The current Canadian Chronic Disease Surveillance System provides overall and age-adjusted incidence and prevalence rates of dementia, and age-standardized mortality rates, all stratified by sex. A dementia surveillance system should reflect the heterogeneous nature of dementia by tracking more fully the various factors that increase the risk of developing dementia or affect someone's experience living with it. Our objective was to develop an evidence-informed, comprehensive, and holistic person-centred framework to inform the enhancement of dementia data collection and monitoring in Canada. The Holistic Model of Dementia was 1) developed from a realist synthesis of peer-reviewed literature on factors affecting the risk and experience of dementia; 2) refined through 28 Pan-Canadian focus groups/interviews involving 17 persons living with dementia and 78 care partners from diverse backgrounds; and 3) finalized and validated by stakeholders. The model describes the broad range of factors that influence the development of dementia and experience of living with dementia. Factors thus identified span four domains: 1) individual; 2) social, community and cultural networks; 3) structural living and working conditions; and 4) general socioeconomic, policy and environmental conditions. Additionally, focus group/interview findings revealed diverse and complex experiences of individuals impacted by dementia. Results from the realist synthesis and focus groups/interviews were integrated into the model; while some degree of overlap existed, new insights were discovered with respect to diversity. This information will enhance and expand dementia surveillance in Canada and inform more person-centred planning, program, and service development.
Developing a Data Exploratorium for the 2018 General Social Survey on Caregiving

Celine Latulipe, Yengin Loay, Zach Havens
University of Manitoba, Winnipeg, Canada

Abstract / Résumé

In 2018, StatsCan conducted a General Social Survey that focused on caregiving, collecting over 20,000 responses from both caregivers and care receivers. While the survey does not focus solely on caregiving of older adults, many respondents were providing care to people over the age of 65 and the majority of care recipient respondents were older adults. The survey generated a rich and complex dataset, covering topics ranging from types of assistance provided, living arrangements, health issues, and demographic information ranging from racial and gender identity, to frequency of religious/spiritual activities. The dataset contains hundreds of variables, and the tables are not conducive to either casual browsing or targeted information seeking. While StatsCan has published summary reports, these are static and limited in scope. We filtered the dataset to look at only responses related to caregiving of older adults and developed a web-based application that enables interactive exploration using drop-down filters which update displayed histograms, tables and comparative bar charts. We are also developing curated data vignettes: snapshots of interesting results. When a user clicks on one of these vignettes, the filters and charts update to show the vignette, allowing users to then explore the data from that vignette starting point (e.g., they could then filter the vignette further to look at racialized older adults or to look at caregivers who are themselves 65+). This application will be tested with older adults and caregiver participants as part of a new project on aging and interactive data exploration.
The Many Faces of Dementia in Canada

Joshua Armstrong¹, Saskia Sivananthan¹, Josée Guimond¹, David Stiff², Paul Smetanin²
¹Alzheimer Society of Canada, Toronto, Canada. ²Canadian Centre for Economic Analysis, Toronto, Canada

Abstract / Résumé

With the rapidly increasing size of the dementia population, it is important to enhance our understanding of the similarities and differences that are found across the people living with condition. This work takes a closer look at the many faces of dementia in Canada by highlighting the diversity that is found within the Landmark Study projections. To conduct these forecasts, a simulation model was developed using demographic characteristics and risk factors for dementia to estimate the numbers of people living with dementia in Canada from 2020-2050. From the results of the Landmark Study, we will highlight findings related to Indigenous Peoples, ethnic origins, sex, and young-onset dementia. For Indigenous Peoples of Canada, dementia numbers are estimated to increase by 273% (2020: 10,800; 2050: 40,300). People of Asian origin will increase from 8% of people living with dementia in 2020 to 24% by 2050. The changes are driven both by future immigration, and by people who have already immigrated to Canada in the past few decades. In 2020, 61.3% of dementia diagnoses were in females and this sex ratio is projected to stay constant over the three decades. The Landmark Study also projects that there could be over 40,000 people under the age of 65 living with dementia in Canada by 2050. These findings illustrate the changing landscape of people living with dementia in Canada. These demographic characteristics, as well as other distinctions across population groups, profoundly affect the way in which dementia is experienced and their care needs.
Mapping Community-Level Prevalence of Modifiable Risk Factors for Dementia in Canada

Sandra Magalhaes¹,², Paramdeep Singh¹, Samuel Cookson¹, Pamela Jarrett³,⁴, Andrew Sexton⁵, Karla Faig⁶, Chris McGibbon⁵,⁷

¹New Brunswick Institute for Research, Data and Training (NB-IRDT), University of New Brunswick, Fredericton, Canada. ²Department of Sociology, University of New Brunswick, Fredericton, Canada. ³Horizon Health Network, Saint John, Canada. ⁴Faculty of Medicine, Dalhousie University, Saint John, Canada. ⁵Institute of Biomedical Engineering, University of New Brunswick, Fredericton, Canada. ⁶Horizon Health Network, Fredericton, Canada. ⁷Faculty of Kinesiology, University of New Brunswick, Fredericton, Canada

Abstract / Résumé

A large proportion of dementia risk is attributable to modifiable factors such as physical inactivity, hypertension, and social isolation. Prevention strategies will be essential to mitigate the expected increased number of people living with dementia. Data on the distribution of risk factors can help support these efforts.

The objective of this study was to derive community-level prevalence estimates for dementia specific modifiable risk factors.

Statistics Canada Canadian Community Health Survey (CCHS; 2001-2020) data were used to develop prediction models for several mid-life (age 45-64; heavy drinking, obesity, hypertension) and late-life (age 65+; smoking, physical inactivity, social isolation, diabetes) risk factors. Prevalence was estimated from the prediction model using age and sex stratified Census (2001-2016) population counts for communities across New Brunswick. Spatial-temporal models were used to increase the robustness of predicted prevalence estimates.

The risk factors with the highest prevalence were physical inactivity (67%), obesity (34%), and hypertension (31%). These three risk factors, in addition to risk factors for social isolation and smoking, were also found to have highest variability across communities. The prevalence of obesity, hypertension and diabetes increased over time, whereas smoking and social isolation remained consistent. While physical inactivity had the highest prevalence, this was found to decrease over time.

National population-based survey and Census data can be used to inform of the burden of dementia risk factors at the community-level. Community-level risk factor data may be helpful in directing resources to communities with the highest burden and to monitor changes in risk for these communities.
Lessons Learned from Participatory Action Research with People with Dementia, their Care Partners, and Health Care Providers on Hospital-to-Home Care Transitions

Mary Fox¹, Souraya Sidani², Jeffrey Butler¹, Ann MacLeod³, Ilo Maimets⁴, Kathleen Hunter⁵, Adrian Wagg⁶, Sherry Dahlke⁶, Marilyn MacDonald⁷, Evelyne Durocher⁷, Lori Weeks⁸, Brenda Elias⁸, Madonna Macdonald⁹, Brad Meisner¹, Mark Skinner³, Debbie Burris⁹, Susan Stevens¹⁰
¹York University, Toronto, Canada. ²Toronto Metropolitan University, Toronto, Canada. ³Trent University, Peterborough, Canada. ⁴York University, Peterborough, Canada. ⁵University of Alberta, Edmonton, Canada. ⁶Dalhousie University, Halifax, Canada. ⁷McMaster University, Hamilton, Canada. ⁸University of Manitoba, Winnipeg, Canada. ⁹NS Health Authority, Halifax, Canada. ¹⁰Mount Saint Vincent University, Halifax, Canada

Abstract / Résumé

Objectives: Developing interventions using participatory action research requires the active engagement of decision-makers in the health and social service sector, those providing services to older adults and their care partners, and the older adults receiving services. The pandemic has made stakeholder engagement challenging when examining supports needed during hospital-to-home transitions. There is a lack of research using participatory approaches with people with dementia and those who support them, particularly regarding interventions to facilitate the post-hospitalization recovery of people living with dementia after they return home.

Method: People with dementia, their care partners, and health care providers worked with researchers to develop seven pictorial, evidence-based interventions. Four interventions target physical functioning (orthostatic tolerance, walking, safety, and activities of daily living) and three target cognitive functioning (sleep, communication, and sensory orientation).

Results: Our participatory approach provides valuable insight into the perspectives of end-users on the interventions. Involving people living with dementia, their care partners, and frontline knowledge users in assessing the acceptability of the interventions will ultimately facilitate implementation and knowledge translation.

Conclusion: Tailored, evidence-based supports are especially important when people with dementia are transitioning home after a hospital stay. Participatory action research is a valuable methodology that facilitates knowledge exchange between decision-makers and service users.
Promoting goodwill and countering resident-to-resident aggression in private seniors' residences in Quebec through the Program GIFT in residence

Roxane Leboeuf¹, Marie Beaulieu¹, Hélène Carbonneau², Mélanie Levasseur¹, Marie-Chantal Falardeau¹
¹Université de Sherbrooke, Sherbrooke, Canada. ²Université du Québec à Trois-Rivières, Trois-Rivières, Canada

Abstract / Résumé

Background: Resident-to-resident aggression (RRA) in private seniors' residences (PSRs) is a complex problem that affects the well-being of residents. While a growing number of practices are deployed in Quebec, few combine the promotion of goodwill with actions to counter RRA.

Aim: To present the content of the Program GIFT in residence and the training designed to promote its implementation in PSRs in Quebec.

Method: Resulting from a participatory action research with four PSRs, the program was developed, tested and evaluated according to the intervention mapping approach. The program was co-developed with residents, employees and managers and its content is based on a needs study during which 25 individual interviews were conducted with residents, employees and stakeholders involved in RRA. The evaluation was conducted through individual and group interviews with residents (n = 25), employees (n = 21) and managers (n = 4). The training was tested in five facilities.

Results: The Program GIFT in residence aims to promote goodwill and to counter RRA within PSRs. It includes a document that presents the program, guides PSRs in diagnosing their needs, and then supports its implementation. It comes with three modules: 1) Mechanisms for welcoming new residents, 2) Managing situations of RRA, and 3) Promoting goodwill. It includes more than 30 tools. A 2h30 training supporting PRSs in the implementation of the program is available.

Conclusion: The program is relevant for promoting goodwill and countering RRA in PSRs and the training accompanying it promotes its implementation and sustainability in facilities.
Resident-to-resident aggression within couples: A multiple case study on issues regarding the respect of residents’ rights during resident-to-resident aggression.

Roxane Leboeuf¹, Marie Beaulieu¹, Karine Lefeuvre²
¹Université de Sherbrooke, Sherbrooke, Canada. ²École des hautes études en santé publique, Rennes, France

Abstract / Résumé

Background: In private seniors' residences (PSRs), resident-to-resident aggression (RRA) occur in different contexts, but few studies have documented this problem within couples. However, with the ageing population, more couples are moving into PSRs or forming and ending between residents over time. Further documenting the problem is important to better understand its nature and issues.

Aim: To present the inter-case analysis of RRA occurring within couples in PSRs.

Method: Four data collection methods were used in this qualitative multiple case studies research: 15 individual interviews with residents, relatives, employees, managers and stakeholders; 38 hours of direct and non-participant observation within PSRs; documentary analysis; secondary analysis of individual and group interviews from research conducted on RRA in PSRs in Quebec. A thematic analysis was conducted with two combined approaches: ecological and respect of rights.

Results: Of the 29 documented RRA, four occurred within couples. Several aggression types are documented: psychological, ableism, physical, material and financial, sexual, and violation of rights. Respect of the residents’ rights is influenced by the interaction between specific individual factors, and environmental factors. Individual factors include: loss of functional autonomy of one or both partners, help refusal by the target partner, and the aggressor partner’s life course. Environmental factors identified are: absence of family support, perception of the PSRs’ role, lack of resources and trivialization of the problem.

Conclusion: RRA occurring within couples is a complex and multifactorial problem. More research is needed on the matter, as well as on domestic violence in PRSs.
Response to Elder Abuse in BC: Policy Implications of Gaps Between Legislation and Practice

Joan Braun
Lakehead University, Thunder Bay, Canada

Abstract / Résumé

This session involves a presentation of results from a recent study on response to elder abuse under British Columbia’s Adult Guardianship Act (AGA). The AGA authorizes designated responders to investigate and intervene where adults are being abused and are unable to seek support and assistance on their own. Most cases involve older adults with dementia. The purpose of this qualitative study was to examine how the AGA is implemented in cases of elder abuse. The findings revealed a gap between the intended purpose of the legislation and what occurs in practice. Designated responders, who participated in the study, described preferring mitigating risk of harm by providing support, thus avoiding the need for intrusive interventions. The approach they described aligns with the statute’s guiding principles. However, they also explained that designated responders are sometimes unable to provide support when it is needed, due to obstacles such as a paucity of resources and agency-wide structural and systemic issues. Some participants provided examples of instances where support was not provided and where the situation escalated, with more intrusive interventions eventually required. In contrast, minimally intrusive measures would have been sufficient to mitigate risk earlier. This failure to provide support in a timely way creates a gap between the statute’s foundational principles and the functioning of the response to elder abuse in practice. This presentation includes a discussion of these findings as well as the implications of the findings from a policy perspective.
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The Indigo Survivors Project: Exploring Elder Abuse in the LGBT+ Community

Claire Robson¹, Jennifer Marchbank², Gloria Gutman³, Makaela Prentice¹
¹Simon Fraser University, Burnaby, Canada. ²Simon Fraser University, Surrey, Canada. ³Simon Fraser University, Vancouver, Canada

Abstract / Résumé

Objective: Traditional research on elder abuse has focused on gendered power relations but omitted issues associated with LGBTQ+ population aging. The Indigo Survivor Project, the subject of this presentation, described and analyzed the lived experience of elder abuse in the queer community.

Method: Participants comprise two gay men, two trans women, and five lesbians, all aged 60+. In the first of two meetings, participants told their stories. In the second meeting they confirmed and refined the edited version of their narrative. Throughout the process, participants had access to professional counselling provided by an experienced trauma counsellor hired for this purpose by QMUNITY (British Columbia’s queer and trans resource centre), a partner in the project.

Results: The types of abuse and context reported include abuse and neglect in long term care, abuse in in-home care, financial abuse by partners, partner violence, and spiritual abuse. Among key themes extracted from the narratives was a feeling of being different from an early age and the impact of homophobia and transphobia reflected in micro-aggressions experienced over their life course.

Conclusion: LGBT+ older adults have lived through times when homosexual and trans identifications were criminalized and pathologized and being ‘out and proud’ was not a viable option for many. Against this background elder abuse is at once similar and yet different from that experienced by their heterosexual age-mates – a reality that must be considered in designing and providing preventive or mitigating programs and services.
Health and Social Services Institutions’ Mistreatment Policies: What Support Do Health Institutions Need to Ensure Compliance with the law?

Anne-Sophie Dube¹, Pearce Simamonika¹, Meghan Houle², Sarita Israel¹
¹Centre de recherche et d'expertise en gérontologie sociale (CREGÉS), Montreal, Canada. ²Concordia University, Montreal, Canada

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) requires health and social services institutions to adopt mistreatment policies. These institutional policies must meet specific requirements set out in the law. The law was modified and sanctioned in April 2022 to request that all institutions submit their mistreatment policy to the Minister responsible for Seniors for approval with or without modifications. Support tools were created to help institutions develop and revise their policies in compliance with the law. A research protocol was developed and implemented to evaluate the impact of these tools on policy compliance. The research team tested and validated an evaluation grid containing 8 distinct sections based on all the requirements of the law. Preliminary results show that certain institutions misunderstand requirements regarding mandatory reporting procedures. These results suggest that support tools do not entirely ensure policy compliance and that institutions may need additional personalized support.
Concrete actions to prevent and counter LGB mistreatment in private residences for older adults

Marie-Ève Bédard¹, Carmen Lemelin¹, Myriam Chiasson¹, Julie Castonguay¹, Marie Beaulieu², Julie Beauchamp³
¹Centre collégial d'expertise en gérontologie du Cégep de Drummondville, Drummondville, Canada.
²Université de Sherbrooke, Sherbrooke, Canada.
³Université Laval, Québec, Canada

Abstract / Résumé

Interventions to prevent and counter situations of mistreatment of lesbian, gay and bisexual (LGB) persons in private residences (PR) for older adults are poorly documented. This communication aims to identify and better understand them.

Fifteen semi-structured individual interviews were conducted with two managers, one of whom was gay, five employees, two of whom were lesbian or bisexual, and eight residents, three of whom were lesbian or gay, in five PRs in Quebec. The 60-minute interviews, which were digitally recorded and transcribed verbatim, were subjected to qualitative analysis.

Interventions to prevent and counter LGB mistreatment in PRs can be divided into four categories: Interventions for the LGB person being mistreated (e.g., Take a moment to identify how you feel); Interventions for the person witnessing the mistreatment of an LGB person (e.g., You can ask the person experiencing the mistreatment what they would like to do with the situation); Interventions for the person mistreating an LGB person (e.g., What is your goal in doing this? Put yourself in the other person's shoes); Interventions at the organizational level (e.g.: The rules of conduct in the residence should be clear and visible, to prevent problematic situations that could degenerate into mistreatment of LGB persons).

This knowledge was used to develop the serious game The Closet is for Broomsticks and its implementation guide. These tools contribute to a better understanding of LGB mistreatment in PRs, as well as to the identification and implementation of interventions to prevent and counter it. They are available free of charge on the web.
Nakoda Oyáde Ománi Agíktųža: Adapting the Canadian Indigenous Cognitive Assessment in a Nakoda First Nation Community

Nicole Akan¹, Felix Ashdohon², Diane Smith², Karen Ryder², Theresa O'Watch², Julia Rowat³, Joyla Furlano³, Letebrhan Ferrow³, Gail Boehme¹, Jennifer Walker³
¹File Hills Qu'Appelle Tribal Council, Fort Qu'Appelle, Canada. ²Carry the Kettle First Nation, Carry the Kettle First Nation, Canada. ³McMaster University, Hamilton, Canada

Abstract / Résumé

Objective: The goal was to adapt the Canadian Indigenous Cognitive Assessment (CICA), which was initially developed by Anishinaabe First Nations communities in Ontario, for Carry the Kettle (CTK) Nakoda Nation in Saskatchewan.

Methods: The project was guided by a Nakoda Advisory Group (NAG), using Indigenous research methodologies, from 2018 through 2023, with some interruption due to COVID-19. Meetings were led by a community-based research coordinator on CTK and were grounded in prayer. The NAG translated the CICA tool into Nakoda, and then backtranslated into English. Where needed, other fluent Nakoda speakers were consulted. In addition, the NAG reviewed the relevance and appropriateness of the CICA items for CTK.

Results: Many of the sections of the CICA were difficult to translate due to Western biomedical thinking and a lack of grounding in Nakoda understandings embedded in the tool. As such, a full translation of the CICA into Nakoda was not possible. One section of the CICA had to be modified for improved cultural safety, which resulted in the assessment requiring the person to fold a tea towel instead of a piece of paper. The minimally modified version of the CICA was determined to be appropriate for use with CTK members.

Conclusion: The adaptation of the CICA with CTK resulted in a minimally modified version of the tool. This indicates that the CICA may require minimal adaptation to be used in different First Nations community contexts.
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Assessing the psychometric properties of the Geriatric Suicide Ideation Scale among middle-aged and older men

Marnin Heisel¹, Gordon Flett²
¹Western University, London, Canada. ²York University, Toronto, Canada

Abstract / Résumé

Background: Middle-aged and older men have high suicide rates, necessitating focused risk detection. The Geriatric Suicide Ideation Scale (GSIS; Heisel & Flett, 2006) was developed given the need for an age-specific, multidimensional suicide risk assessment tool. This scale has shown strong psychometric properties in clinical, community, and residential samples; yet, research has lagged its utility with middle-aged and older men.

Objectives: To assess the psychometric properties of the GSIS administered to men, 55 years and older, participating in a 12-session Meaning-Centered Group for those facing the transition to retirement.

Method: The GSIS and measures of psychological risk and resiliency factors were administered to 82 men (M=63.3, SD=4.6 years) at a pre-group assessment point. Psychometric analyses investigated participant response characteristics, internal consistency, and construct validity.

Results: Participants scored relatively low on measures of depression and suicide ideation; however, 10-15% endorsed mild to moderate levels of depression or reported a history of suicide behaviour. Findings demonstrated acceptable internal consistency for GSIS totals (α =.88) and subscale scores (α =.62-.81). Positive associations between the GSIS and negative psychological factors (e.g., depression, hopelessness, and history of suicidal behaviour) and negative associations with positive factors (life satisfaction, psychological well-being, and meaning in life) attested to its construct validity.

Conclusions: Findings support use of the GSIS in research and practice with middle-aged and older men, and will be discussed in the context of upstream approaches to suicide prevention.
Adapting and Administering the Age-Friendly Inventory and Campus Climate Survey in a Canadian Post-Secondary Context: Experiences and Reflections

Chantelle Zimmer, Maya Goerzen, Ann M Toohey, David B Hogan, Jennifer Hewson, Meghan H McDonough, Gwen McGhan
University of Calgary, Calgary, Canada

Abstract / Résumé

Objective: Post-secondary institutions belonging to the Age-Friendly University Global Network are committed to making higher education settings more inclusive of older people. To assess the University of Calgary’s age-friendliness, the Brenda Strafford Centre on Aging administered the Age-Friendly Inventory and Campus Climate Survey (ICCS) developed in the United States. This instrument comprehensively examines actual and perceived age-friendliness. In this presentation, we share our experience with the instrument in the Canadian post-secondary context.

Method: The University of Calgary’s Executive Leadership Team and Research Ethics Board approved our proposal to conduct the assessment. The ICCS was tailored for our specific context by adding, removing, and changing the language of some items. Administrators completed an Excel workbook containing objective age-friendly inventory items relevant to their unit, while faculty, staff, and students completed an online survey about their awareness and perceptions of age-friendly campus practices. The process and challenges of administering the ICCS were documented to assess its value and feasibility.

Results: The ICCS was transferrable to a Canadian context, with minor modifications made to adapt it to the University of Calgary’s setting. However, the size and complexity of our university led to challenges administering the instrument, especially the survey. Significant effort was required to prepare the survey and related communications for distribution through the Provost Office to all faculty, staff, and students.

Conclusions: The ICCS can be used to assess university age-friendliness in Canada. The instrument may be challenging to use though in large and administratively complex post-secondary institutions.
The interRAI CHESS scale is comparable to the Palliative Performance Scale in predicting 90-day mortality in a palliative home care population

Nicole Williams¹, Kirsten Hermans², Joachim Cohen³, Anja Declercq², Ahmed Jakda⁴, James Downar⁵, John P. Hirdes⁶, Dawn M. Guthrie¹
¹ Wilfrid Laurier University, Waterloo, Canada. ² KU Leuven, Leuven, Belgium. ³ University of Brussels, Brussels, Belgium. ⁴ McMaster University, Hamilton, Canada. ⁵ University of Ottawa, Ottawa, Canada. ⁶ University of Waterloo, Waterloo, Canada

Abstract / Résumé

Objectives: The main objectives of the study were to examine how well the interRAI Changes in Health, End-Stage Disease, Signs and Symptoms (CHESS) Scale predicts mortality in palliative home care, and whether improvements could be made by adding additional items to the CHESS. A secondary objective was to assess how the CHESS Scale compared to the Palliative Performance Scale (PPS) in predicting mortality.

Methods: This retrospective cohort study utilized secondary data collected from 2011 to 2018 on individuals receiving palliative home care in Ontario who were assessed with both the interRAI Palliative Care (interRAI PC) instrument and the PPS (n=80,261). The CHESS Scale includes 12 items, ranges from zero to five, and has been shown to be a significant predictor of mortality. Logistic regression models were used to evaluate the relationship between 90-day mortality, while the c-statistic was used to provide an estimate of the model’s ability to discriminate between the outcomes.

Results: The CHESS Scale was an acceptable predictor of 90-day mortality (c-statistic=0.68; p <0.0001) and was comparable to the PPS (c=0.69; p <0.0001). The CHESS Scale performed slightly better than the PPS in predicting mortality when combined with other interRAI PC items (e.g., demographic characteristics, functional status) (c= 0.72; p <0.0001).

Conclusions: The interRAI CHESS Scale is a decision-support tool available to home care clinicians that can be used alongside the PPS when estimating prognosis. This tool can assist with the development of care plans, discussions with the person and their family, and referrals to specialist PC teams.
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Outil d’aide au partenariat et de référence pour les personnes proches aidantes au Québec

Marjolaine Landry¹, Marie-Pascale Pomey², Sacha Ghadiri³
¹Université du Québec à Trois-Rivières, Trois-Rivières, Canada. ²Université de Montréal, Montréal, Canada. ³HEC Montréal, Montréal, Canada

Abstract / Résumé

L’engagement des professionnels de la santé et des services sociaux, dans une perspective de partenariat avec les proches aidantes de personnes âgées, s’avère essentiel. Objectifs : 1) mieux soutenir les médecins, infirmières et autres professionnels dans l’intégration des personnes proches aidantes de personnes âgées en perte d’autonomie comme partenaires de soins et 2) développer un outil d’aide au partenariat et de référencement. Méthode : Une phase de validation et une phase pilote de l’outil ont été réalisées auprès de médecins, infirmières, travailleur social et psychologue œuvrant dans un groupe de médecine familiale (GMF) au Québec. Pour la validation de contenu et de la forme de l’outil proposé, huit professionnels (n = 8) ont participé à cette phase et dix (n = 10) ont participé à la phase pilote. Toutes les données ont été recueillies dans le cadre d’entrevues téléphoniques semi-structurées, enregistrées et retranscrites. Résultats : L’outil a été testé auprès de trente personnes proches aidantes d’âgées (n = 30). Les participants ont tous mentionné vouloir poursuivre l’utilisation de l’outil qui prend entre 5 à 10 minutes à compléter. Les résultats indiquent aussi que l’utilisation de l’outil favorise l’échange et la création d’un lien de partenariat entre les professionnels de la santé et les personnes proches aidantes, contribue à les repérer plus précocement et ainsi modifier leur parcours. Conclusions : Les résultats obtenus encouragent des études à plus grande échelle. L’outil mis en ligne est disponible sur le site de Référence aidance Québec et en processus d’implantation à travers le Québec.
Exploring Occupational Engagement Among Aging Muslim Immigrants in Places of Identity

Carri Hand, Nada Nasir
Western University, London, Canada

Abstract / Résumé

Objective: The purpose of this ethnographic study is to enhance the understanding of how aging Muslim immigrants enact diverse occupations and negotiate identities across places. Occupations are activities individuals participate in that engage or occupy their attention, interests, and/or expectations.

Methods: 13 Muslim immigrants in London, Ontario, engaged in 4 data collection sessions each: a narrative, follow-up, and photo elicitation interview, and a mapping exercise. In addition, 3 representatives from diverse organizations engaged in semi-structured interviews. Data analysis involved two iterative stages; 1) transcription and core summaries, and 2) coding, categorizing and theme development. Authors also engaged in reflexivity and holistic content analysis.

Findings: Findings revealed how migration prompted participants to re-construct life through meaningful occupations that supported their multiple identities across diverse places. As they planted new roots, participants engaged in occupations that supported their education, employment, care role, social network, and community membership. Participants engaged in these occupations across diverse places including: home, community center, mosque, park, and recreation centers. Throughout their integration experience, participants experienced discrimination due to intersectional disadvantages, however, many looked for various ways to overcome challenges demonstrating considerable resilience. Participants built and maintained social connections, learned new skills, and became active members in their community, which informed their aging experience.

Conclusion/Implications: This study gives added knowledge to the intersections of immigration, occupation, place, identity, and aging. Findings can also support community organizations and policy makers to create long term integration services to address challenges aging immigrants face to enhance their quality of life.

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Vieillir en situation de neurodiversité au Québec (Canada) : le rôle joué par les organismes communautaires dans le parcours de résilience et de résistance des personnes âgées

Marie-Hélène Deshaies¹, Shari Brotman², Laura Pacheco³, Laurie Fournier-Dufour³, Fanny Leblanc¹, Émilie Raymond³, Élise Milot¹

¹Université Laval, Québec, Canada. ²Université McGill, Montréal, Canada. ³Memorial University of Newfoundland, St-John, Canada

Abstract / Résumé

Les expériences des personnes qui vieillissent en situation de neurodiversité sont généralement invisibilisées entrainant leur exclusion sociale, le déni de leur citoyenneté et d’importants obstacles à la reconnaissance de leurs droits. Le terme neurodiversité réfère notamment à des personnes vivant avec une déficience intellectuelle, un trouble du spectre de l’autisme ou la trisomie 21. Cette étude vise à comprendre les parcours de vie et les défis associés au vieillissement d’adultes âgés en situation de neurodiversité. Soixante entretiens ont été réalisés auprès de personnes demeurant dans les villes de Montréal et de Québec : 20 personnes âgées en situation de neurodiversité, 20 personnes proches aidantes et 20 prestataires de services. L’étude s’appuie sur l’approche narrative intersectionnelle des récits de vie (Brotman et al., 2019) afin d’explorer l’interaction complexe entre les systèmes qui façonnent les expériences des personnes âgées vieillissant en situation de neurodiversité et la construction de leur identité. Pour plusieurs des personnes âgées en situation de neurodiversité rencontrées, les organismes communautaires ont été des lieux importants qui ont contribué à la construction de leur identité personnelle et collective. À travers leur participation à ces organismes, ces personnes ont pu exprimer leurs besoins et leurs réalités spécifiques et mobiliser différentes formes de résilience et de résistance. Cette présentation souhaite mettre en lumière le rôle déterminant joué par ces organisations dans le parcours de vie de personnes âgées en situation de neurodiversité et ce, à partir de leurs propres points de vue et perspectives.
O159

Experiences of resilience and resistance across the life course: Stories of Indigenous women aging with neurodiversity and their families in Montreal

Rachel MacKenzie¹, Shari Brotman¹,², Aglaé Mastrostefano¹, Laura Pacheco³, Jennifer Tourangeau⁴, Waleed Al-Ahmad⁵
¹McGill School of Social Work, Montreal, Canada. ²Regular Researcher, CREGÉS, Montreal, Canada. ³Memorial University School of Social Work, St. John’s, Canada. ⁴Two Spirit Traditional Knowledge Keeper and Holder/Indigenous Academia Research Methodology Consultant, Grande Prairie, Canada. ⁵Psychotherapist, Montreal, Canada

Abstract / Résumé

Objectives: Research on the intersections of neurodiversity (ND), aging, and Indigeneity that centres the voices of Indigenous people is underrepresented within gerontology. This gap undermines the capacity of health and social care systems to address disparities, confront colonialism, and create culturally safe and inclusive programs and policies. This paper contributes to new knowledge by exploring the stories of two Indigenous older women, illuminating how agency is enacted across the life course.

Methods: The intersecional life story narrative approach was used to explore the complex interplay of systemic forces that serve to shape lived experience/identity. In total, 60 interviews were undertaken in Quebec over 3 years (20 interviews with both older adults living with ND and their family caregivers, and 20 interviews with service providers). This presentation centres on the stories of two older Indigenous women who identified as living with neurodiversity, or as caring for them.

Results: Challenges confronted across the life course (i.e. the impact of (re/dis)location from home, family, culture, and language) and the strengths, agency, resilience and resistance enacted by Indigenous people living with neurodiversity and their families are presented. Gaps/challenges encountered within public-sector services are identified.

Conclusions: Attention to the importance of building connection, honouring identities, and developing cultural safety in the access to, and delivery of both public sector and community-based services is addressed. Finally, the paper calls attention to the ways in which narrative forms of research can be adapted to better honour the voices and worldviews of Indigenous peoples.
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AARP Research: Adults living with a Disability

Cassandra Cantave\textsuperscript{1}, Aisha Bonner Cozad\textsuperscript{2}
\textsuperscript{1}AARP, Atlanta, USA. \textsuperscript{2}AARP, District of Columbia, USA

Abstract / Résumé

The number of older adults is expected to continue to increase for the next several decades. In fact, by 2030, one out of every five adults in the U.S. will be 65 years or older, with 17.7 million that are living with a disability and 9.5 million who are living with two or more disabilities. This session will provide participants with insights from the AARP Vital Voices Research. We will discuss the experiences of adults age 45+ who have a disability. We will explore the impact of Covid-19 on older adults with disabilities in terms of economic security, health care, livable communities, work and jobs and social connection. Our research shows that the covid-19 pandemic drove the incidence of adults age 45+ reporting a disability or chronic disease limiting their ability to fully participate in work, school household, or other activities. The data also shows that since the pandemic, interest among adults with a disability or chronic disease in having flexible working arrangements, keeping up with technology, and starting a new job or career increased. These insights and others will be examined by age, race, ethnicity, state of residence, as well as sexual orientation/gender identity.
“It’s as if they think I can’t do anything because I’m older”: The construction of ageist experiences in the Ontario workplace and labour market

Amanda Bull1, Nicole Dalmer1,2
1McMaster University, Hamilton, Canada. 2Gilbrea Centre for Studies in Aging, Hamilton, Canada

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, this study 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. Using Braun and Clarke’s (2006) six-stage framework for thematic analysis, five key themes that each mediate the varying experience of ageism in the workplace and labour market emerged: (1) the nature of the ageist interaction; (2) psycho-social consequences; (3) preferred coping mechanisms; (4) intersections of discrimination; and (5) degree of COVID-19 impact. This paper discusses the nuances, contradictions, emotions, and realities that constitute the experience of ageism in the Canadian workplace. In-depth analyses of these results allow us to understand the importance of age in the workplace and labour market, as well as the role that age segregation throughout the life-course plays in the perpetuation of ageist attitudes and behaviours throughout one’s working life.
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British Columbia’s Long-Term Care Provincial Network - Bridging Evidence to Practice

Kirsten Rossiter¹, Sonia Hardern², Michelle Smith³, Susanne Watson⁴, Amanda Leddy⁵, Waqar Mughal⁶, Stirling Bryan⁷
¹Fraser Health, Surrey, Canada. ²Vancouver Coastal Health, Vancouver, Canada. ³Interior Health, Kelowna, Canada. ⁴Northern Health, Smithers, Canada. ⁵Island Health, Victoria, Canada. ⁶BC Support Unit, Vancouver, Canada. ⁷Michael Smith Health Research BC, Vancouver, Canada

Abstract / Résumé

Objectives: The Long-Term Care Provincial Network embeds research and translates knowledge into evidenced-based best practices in British Columbia’s (BC) Long-Term Care (LTC) sector, with the explicit goal of enhancing resident, family and staff experiences and outcomes.

Methods: The LTC-Provincial Network is a collaborative partnership between Michael Smith Health Research BC (BC’s health research agency), the BC Ministry of Health, BC’s five health authorities, and research/academic partners. A collaborative and evidence-based approach is employed, facilitated by a team of regional research practice leads with leadership and analytic support from Health Research BC. The primary activities include facilitation and support of provincial and local initiatives that are available to all LTC homes with publicly-funded beds.

Results: This provincial network supports integrated knowledge mobilization and data-driven action to bring adoption of evidence-based best practices to the BC LTC sector. More specifically, the network 1) promotes active and meaningful participation of residents, families and staff in identifying LTC research and implementation priorities; 2) is a resource for research teams seeking knowledge mobilization support, guidance or partnership; and 3) supports collection and use of standardized data and metrics across BC.

Conclusions: With dedicated regional leads in each health authority across BC, connected through a provincial network, collaborative partnerships have been promoted, and connections created within and across the LTC system in BC. Further, lessons learned from across the province have been leveraged to have the greatest impact on research and innovation for the LTC sector.
Nurse Practitioner / physician collaborative relationships in long-term care: a scoping review

Lynn Haslam-Larmer¹, Alexandra Krassikova¹, Claudia Spengler², Kathryn May¹, Carrie Heer³, Sid Feldman⁵, Benoit Robert⁶, Dana Cooper⁷, Gail Dobell⁸, Aria Wills⁴, Kelly Kay⁹, Poonam Sehgal¹⁰, Sharon Kaasalainen¹¹, Carrie McAiney¹², Jennifer Bethell¹, Katherine McGilton¹

¹KITE Research Institute, Toronto Rehabilitation Institute, University Health Network, Toronto, Canada. ²University of Toronto, Toronto, Canada. ³The Ottawa Hospital, Ottawa, Canada. ⁴Bruyère Research Institute, Ottawa, Canada. ⁵Baycrest Health Sciences, Toronto, Canada. ⁶Perley Health, Ottawa, Canada. ⁷Nurse Practitioners Association of Ontario (NPAO), Toronto, Canada. ⁸Ontario Health, Toronto, Canada. ⁹Provincial Geriatrics Leadership Ontario (PGLO), Toronto, Canada. ¹⁰Ontario Nurses' Association (ONA), Toronto, Canada. ¹¹McMaster University, Hamilton, Canada. ¹²University of Waterloo, Waterloo, Canada

Abstract / Résumé

Objectives:

An increasing number of long-term care (LTC) residents are receiving care from nurse practitioners (NPs) working in collaboration with physicians. Despite this trend, the resources and capacities necessary for effective collaboration have not yet been clearly elucidated. To address this gap, his scoping review aims to answer the question, “What are the structures, processes and outcomes of collaborative models of care involving NPs and Physicians in long-term care (LTC) homes?”

Methods:

As part of this scoping review, seven databases and grey literature were explored to gather information. The studies that described NPs and physicians working together in LTC were included. We then summarized and synthesized the literature based on the Donabedian model, which evaluates healthcare quality based on three dimensions: structure, process, and outcome. We then identified factors which influence collaborative practice at the macro, meso, and micro levels.

Results:

Out of the 66 studies included in the review, 47 (71%) of them identified structural factors which have the potential to influence collaboration at one or more levels. There was a limited number of studies that referred to process, or the ‘how to’ enable collaborative practice. 34 (52%) of studies described resident, staff, and health system outcomes.

Conclusions:

Many studies did not provide sufficient details on the nature and extent of collaborative relationships between NPs and physicians. Our review emphasizes the significance of structural factors which impact collaboration. Future work should focus on describing the processes associated with successful collaborative models of care between NPs and physicians.
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Examining User Engagement Practices within Nursing Home Councils

Sheila Novek¹, Heather Cooke², Alison Phinney¹, Mary Shariff³, Genevieve Thompson³, Isabel Huang¹
¹UBC, Vancouver, Canada. ²Alzheimer Society of BC, Vancouver, Canada. ³University of Manitoba, Winnipeg, Canada

Abstract / Résumé

User engagement initiatives, which broadly refer to involving service users in program or policy development, have gained prominence in health and social care. Resident and family councils are commonplace in nursing homes, offering a potential mechanism for user engagement. However, little is known about these councils or the extent to which they enable meaningful forms of engagement. This study aims to address this gap through focused ethnographic research with a resident and family council within a Vancouver nursing home. Employing in-depth interviews with staff, families and residents, as well as participant observation with each council, the study explores how nursing home councils work and the broader contexts and everyday practices that support and constrain their efforts. Informed by the multidimensional framework of patient engagement developed by Carman et al. (2013), this presentation will describe and compare the level of engagement afforded by each council along a continuum from consultation, to involvement, to partnership and shared leadership. We will then reflect on the factors that facilitate and constrain meaningful engagement such as meeting in person or virtually, relationships with management and resource constraints. The presentation will conclude with a discussion of promising practices and barriers to meaningful engagement in the context of nursing home councils.
Stakeholders involved in designing and implementing the care benefits in China’s social long-term care insurance policy: a conceptualization based on a study of Suzhou’s pilot policy

Weijia Tan
University of Toronto, Toronto, Canada

Abstract / Résumé

Objectives: Population ageing has brought much pressure to China. The current research on China’s long-term care insurance (LTCI) policy focuses on the policy design but has focused in a limited way on the dynamics between and among different stakeholders. This paper helps fill this gap by examining the experiences of policymakers, service providers, and service users who have been involved in designing and implementing care benefits in Suzhou, one LTCI pilot city in China.

Method: Twenty in-depth, semi-structured interviews were conducted with five policymakers who have been participated in the policy design, ten professionals in the LTC field, and five service users. Interviews were transcribed verbatim and coded thematically using NVivo qualitative software, guided by the principles of grounded theory.

Results: Data analysis demonstrates older adults, families, community residents, healthcare service providers, insurance companies, assessment institutions, researchers, and government officials were the stakeholders involved in the policy process. The study findings identify three stages in the policy: policy design, benefits application, and service delivery. The findings uncover both positive and negative experiences of the stakeholders in the policy process.

Conclusions: First, policymakers designing LTCI policy should involve various stakeholders to benefit from their knowledge and perspectives. Second, a digital LTCI information management system can be established to realize data sharing and facilitate communication between stakeholders in the application and assessment processes. Third, this study suggests increasing the wages of formal caregivers given that healthcare service providers are in shortage of formal caregivers due to the current low average pay.
A careful balancing act: Findings from HSO’s public engagement in the development of HSO’s new National Long-Term Care Services Standard

Ashley Flanagan¹, Titus Chan¹, Samir Sinha¹,²
¹National Institute on Ageing, Toronto, Canada. ²Sinai Health System and University Health Network, Toronto, Canada

Abstract / Résumé

Background: In light of the crisis that surfaced in Canadian long-term care homes during the COVID-19 pandemic, Health Standards Organization developed a new National LTC Services Standard to better enable the future provision of resident-centred, high-quality care. To facilitate its development, a series of engagement activities over three phases (throughout 2021 and 2022) were undertaken to ensure the insights and feedback of residents, families, and the LTC workforce were at the forefront of the new standard’s development. These insights and feedback were summarized in a series of three What We Heard Reports. Objective: The final What We Heard report sought to capture recommendations from Canadians for improving LTC, with special consideration towards the day-to-day experiences of residents and essential caregivers. Methods: Three methods of virtual qualitative data collection were employed: semi-structured resident interviews; five facilitated town halls, including breakout sessions; and a 60-day public review of a working draft of the standard, followed by a short questionnaire. Participation was open to anyone across Canada with interest in LTC; however, targeted efforts were made to invite the participation of individuals from equity-deserving groups. Data from all three sources was analyzed using thematic analysis and findings were synthesized through a consensus process. Results: 779 community members participated across resident visits (n=63), town halls (n=134), and the public review (n=582). Four high priority areas for improving LTC emerged: improving care experiences; enhancing communication; supporting the LTC workforce; and (4) enabling good governance. Conclusions: Findings highlight widespread public support, and re-affirm existing calls from community advocates, towards a positive and meaningful transformation of the perception, delivery, and experiences of the Canadian LTC landscape.
Addressing gaps in spiritual care in long-term care

Jane Kuepfer
Schlegel-UW Research Institute for Aging, Waterloo, Canada. Conrad Grebel University College, Waterloo, Canada

Abstract / Résumé

The spiritual needs of residents in long-term care (LTC) are mentioned in 15 places in the new HSO National LTC Services Standard, as it describes care, cultural safety, quality of life, and well-being. Spirituality is integral to resident rights, equity, diversity and inclusion guidelines, supportive relationships, appropriate space, meaningful activity, mealt ime practices, meeting social needs, and even strategies for pain management. Attention to spirituality is essential to a palliative approach to care, and in supporting a resilient workforce.

Despite the vital importance of spirituality, many LTC homes have little idea how to support it. Our pre-pandemic quantitative research showed that less than half of LTC homes in Ontario employ someone whose primary responsibility is spiritual care. During the pandemic, qualitative interviews discerned that while the pandemic magnified awareness of spiritual needs, a gap in resources to support administrators in understanding and providing spiritual care in their homes remains.

In Spring 2023, a national survey was distributed to better understand and prioritize the resources and information needed by administrators and their broader teams to enhance spiritual care in both LTC and retirement homes. Results indicated that two broad categories of resources are needed: resources to support the hiring and training of spiritual care providers (e.g., job description templates, interview questions, professional development resources) as well as informational resources for leaders (e.g., ways to adapt current programming to address the spiritual domain of care). This presentation will elaborate on the results and provide information on next steps including how the survey is informing the development of resources for homes across Canada.
A compositional analysis of time spent in movement behaviours and depression in Canadian older adults 65 years of age and above: Findings from the CLSA

Shawn Hakimi, Luc Martin, Mark Rosenberg

School of Kinesiology and Health Studies, Queen's University, Kingston, Canada. Department of Geography and Planning, Queen's University, Kingston, Canada

Abstract / Résumé

Study Objectives: Associations between daily time spent in physical activity (moderate-to-vigorous physical activity (MVPA) and light-intensity physical activity (LIPA)), sedentary behaviour (SB) and sleep (collectively referred to as ‘movement behaviours’) and depression are typically studied without considering that movement behaviours are compositional, co-dependent variables. Study objectives were to use compositional data analysis to: 1) examine the relationship between movement behaviour composition and depressive symptoms, and 2) estimate the degree to which changing time spent in any movement behaviour within the movement behaviour composition is associated with depressive symptoms.

Methods: Data on 5,652 older Canadian adults ≥ 65 years of age from the Canadian Longitudinal Study on Aging were analysed. Compositional data analysis was used to examine the relationship between 24-hour movement behaviour and depressive symptoms.

Results: Daily movement behaviour composition was associated with depressive symptoms in older Canadians. Specifically, relative time spent in MVPA and LIPA was associated with lower depressive symptoms, respectively. Relative time spent in SB and sleep was associated with higher depressive symptoms, respectively. Time substitution modelling showed reallocating time out of SB and sleep into MVPA, and to some extent LIPA, was associated with lower depressive symptoms. Reallocating time into SB from any other movement behaviour was associated with higher depressive symptoms.

Conclusions: Twenty-four-hour movement behaviour is associated with depressive symptoms in older Canadians. Using compositional data analysis is advantageous because it shows how reduction in SB and increase in MVPA can lead to improvements in mental health for older Canadian adults.
O169

**Racial Differences in Financial Hardship and Depression among Older Adults**

Gillian Marshall¹, Kim Stansbury²
¹University of Washington, Seattle, USA. ²North Carolina State University, Raleigh, USA

**Abstract / Résumé**

Background: The purpose of this study was to examine the association between three specific indicators of financial hardship (difficulty paying bills, food insecurity, and reduced medication use due to cost) and depressive symptoms among older white and African American adults. Methods: Cross-sectional data of persons 65 years and older using the 2016 wave of the Health and Retirement Study were analyzed (N=3014). Hardship indicators included (difficulty paying bills, food insecurity, and reduced medication use) which were dichotomized (0=no hardships; 1=1 or more hardships). Logistic regression was employed to conduct data analysis. Results: Participants who reported having difficulty paying bills had 3 times greater odds of reporting three or more depressive symptoms When stratified by race and adjusting for demographic factors, whites who were food insecure had nearly a 3.0 higher odds of high depressive symptoms (95% CI: 1.59-5.51) and African Americans who took less medication due to cost had a 5.1 higher odds of reporting higher depressive symptoms (95% CI: 2.30-11.2) compared to those who did not report these hardships. Conclusion: This research highlights the important role expanded socio-economic measures such as hardship play in the lives of older adult populations. It further elucidates the differences in the specific measures of hardship that impact older adults by race.
O170

The Impact of Key Later Life Events on the Trajectory of Depression

Brian Beach¹, Paola Zaninotto¹, Eun-Jung Shim²
¹UCL (University College London), London, United Kingdom. ²Pusan National University, Busan, Korea, Republic of

Abstract / Résumé

Previous research has highlighted a number of key life events that characterise the experience of later life, such as retirement, bereavement, unpaid caregiving, the development of long-term chronic conditions, and hospitalisation. Such events are likely to play a role in shaping older people’s mental health.

We examined the impact of key life events on the trajectories of depression using data from the English Longitudinal Study of Ageing (ELSA), following respondents aged 50-69 from 2002/03 through 2018/19. Key events were identified when reported between 2004/05 and 2016/17. Depression was measured over time using the CES-D score, with a cutoff of 4+ indicating likely clinical depression.

We found no statistically significant changes in the trajectory of depression following the onset of a limiting long-term illness, becoming an unpaid caregiver, one’s own retirement, and admission to a hospital due to a fall. In contrast, spousal bereavement, spousal retirement, and hospital admissions due to reasons other than a fall were all associated with statistically significant changes in depression trajectory for the better. No events were associated with worsening changes in depression trajectories.

Findings underscore the importance of delivering mental health support to people at risk of experiencing key transitions in later life. Moreover, identifying significant changes in the trajectory of depression does not account for the level of depression at a given event; for example, the greatest improvement was observed following spousal bereavement, but probability of depression was highest at the time of this event.
Gender and changes in depression among middle-aged and older Canadians during the first wave of the COVID-19 pandemic

Denise Cloutier, Sean Browning, Margaret Penning
University of Victoria, Victoria, Canada

Abstract / Résumé

Objectives: This longitudinal study assessed changes in depression among Canadians aged 45+ during the first year of the pandemic. Drawing on intersectionality and stress process theorizing, we examined: gender differences in changes in depression, the role of age and income levels in influencing these changes, and whether social isolation and loneliness mediated these relationships.

Method: Data from the Canadian Longitudinal Study on Aging (CLSA), including the COVID-19 surveys, were utilized. The study included samples of 12,728 women and 11,240 men who participated in the COVID-19 exit survey. For each sample, linear mixed models were used to model change in depression over time.

Results: Depression increased during the pandemic among women and men. Among women, those with low incomes (all age groups) and those with moderate incomes aged 75+ revealed less of an increase in depressive symptoms than the reference group (women aged 45-64 with high incomes). Among men, those with low incomes (all age groups) and moderate incomes aged 65-74 revealed less of an increase in depression compared to the reference group (men aged 45-64 with high incomes). Social isolation and loneliness increased for both genders and partially or fully mediated several age/income differences in depression change.

Conclusions: The pandemic had a greater impact on depression among the most privileged age/income groups (both genders). Despite their significantly lower pre-pandemic depression, this advantage narrowed in the first year of the pandemic. Social isolation and loneliness account for some but not all of these differences in increasing depression levels.

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Investigating associations between loneliness and suicide ideation in community-residing older adults

Marnin Heisel¹, Yevin Cha², Gordon Flett³
¹Western University, London, Canada. ²McMaster University, Hamilton, Canada. ³York University, Toronto, Canada

Abstract / Résumé

Background: Older adults have high rates of suicide, necessitating theory and research on the advent of suicide risk, and approaches to mitigate risk in later-life. The experience of loneliness may be particularly noxious, with researchers identifying significant associations with depression, hopelessness, suicide ideation and behaviour (Cheung et al., 2016; Wiktorsson et al., 2010).

Objectives: To investigate the potential contribution of loneliness to the onset or exacerbation of suicide ideation among community-residing older adults.

Method: We recruited 173 adults over the age of 65 (M=73.9, SD=6.1 years), into a two-year longitudinal study of psychological risk and resiliency to suicide ideation. Participants completed measures of suicide ideation, loneliness, and other negative and positive psychological factors over four time-points.

Results: Loneliness was significantly positively associated with concurrent depression, social hopelessness, and suicide ideation (r = .42 to .50, p<.01), negatively associated with psychological well-being and perceived social support (r = -.37 to -.46, p<.01), and differentiated between participants who endorsed or denied having ever engaged in suicide behaviour (t(165) = 4.4, p<.01). Baseline loneliness additionally explained significant variability in the onset of suicide ideation over a 1-2 year follow-up period, controlling for age, sex, and baseline depression and suicide ideation (ΔF(1,104)=4.0, p<.05).

Conclusion: Loneliness may contribute to the onset or worsening of suicide ideation among older adults, necessitating age-specific approaches to suicide risk identification and reduction that involve consideration of interpersonal connections and support.
O173

Potentially Inappropriate Medication Use in Community-dwelling Older Adults: a Longitudinal Analysis of the International Mobility in Aging Study (IMIAS).

Afshin Vafaei¹, Edison Pineda², Alejandra Fernandez Cardona³, Carmen Lucia Curio Borrero², Juliana Fernandes⁴, Fernando Gomez Montes²
¹Western University, London, Canada. ²University of Caldas, Manizales, Colombia. ³Alma Mater Hospital of Antioquia, Medellin, Colombia. ⁴Federal University of Pernambuco, Recife, Brazil

Abstract / Résumé

Objectives: Many older adults use a high number of medications to manage their chronic diseases and therefore at high risk for being prescribed potentially inappropriate medications (PIM). Our aim was to estimate the prevalence, types, and changes in the trajectories of PIM in community-dwelling older adults (>65 years).

Methods: We analyzed 4-years longitudinal data from Canada, Latin America, and Albania. PIMs were identified using the validated Beers criteria in three time periods: 2012, 2014, and 2016. Longitudinal bivariate analyses were performed to estimate changes in the proportions of PIM from 2012 to 2016 using Cochran's Q or Friedman tests, as appropriate.

Results: 820 participants were followed for 4 years. Mean age in 2012 was 69.1 years, about half (50.9%) were women, and 40.2% of the participants received at least one PIM. More than 50% of the sample reported at least one PIM with an average number of 1.65 (SD: 0.96) in 2012, 1.73 (SD: 1.03) in 2014, and 1.62 (SD:0.92) in 2016 with no statistical differences between measurements (Friedman test p.value = 0.20). The most frequent PIM categories belonged to gastrointestinal drugs (39.4%), analgesics (18.8%), delirium-related agents (15.4%), benzodiazepines (15.2%), and cardiovascular medications (14.2%)

Conclusions: In our samples, prescription of PIM was a substantial and sustained issue with no observed significant variability over time. Potential side effects of this unsafe medical practice in the care of older adults warrants clear policies regarding regular and timely monitoring of medication use in old age.
O174

Assessing the Efficacy and Side Effects of Cannabis Use among Older Adults Seeking Rheumatologic Care through the Creation of Global Measures

Cheryl Sadowski¹, Sammy Lowe¹, Allyson Jones¹, Tarek Turk¹, Shelby Yamamoto¹, Kali Gregg², Linda Kolewaski¹, Joanne Olson¹, Pauline Paul¹, Elaine Yacyshyn¹
¹University of Alberta, Edmonton, Canada. ²Saskatchewan Polytechnic, Regina, Canada

Abstract / Résumé

Objectives: To investigate and measure the efficacy and side-effects of cannabis use experienced by older adults (65+) seeking care for rheumatologic conditions.

Methods: Adults who had an ICD-9 diagnostic code for rheumatologic conditions and a billing code related in the past year were contacted through the Alberta Health Services to participate in a survey regarding cannabis use throughout the lifetime. They were also asked to rate the efficacy of their cannabis use on various health outcomes (e.g., mood, pain) and experiences of side-effects related to use. Exploratory factor analysis was used to create global measures of efficacy and side effects. Bivariate analyses compared measures between current and past cannabis users.

Results: Our sample included 892 older adults (mean age=72.0 years, SD=5.7), with 384 (43.0%) current users and 508 (57.0%) past users. The most common rheumatologic conditions reported were osteoarthritis (n=605, 67.8%) and rheumatoid arthritis (n=169, 18.9%). 750 (84.1%) and 289 (33.0%) participants reported physical and mental comorbidities, respectively. Exploratory factor analyses yielded a single global efficacy score (7-items, α=0.83-0.85), and three global side-effect scores encompassing sensory (e.g. heightened senses); 3-items, α=0.85-0.89), dampening (e.g. fatigue, poor memory; 7-items, α=0.83-0.88), and activating (e.g. hallucinations, anxiety; 7-items, α=0.83-0.88) symptoms. Current cannabis users reported significantly higher mean efficacy and dampening side-effects scores compared to past users.

Conclusion: Older adults who use cannabis report reasonable efficacy with use. Current use is associated with increased side-effects, particularly dampening-related responses. Thus, cannabis might serve as an effective tool for managing rheumatic conditions among older adults.
Antihypertensive Deprescribing in Long-Term Care: OptimizeBP Preliminary Analysis

Cheryl Sadowski¹, Roni Kraut¹, Erik Youngson², Tina Korownyk¹, Jeffrey Bakal¹, Scott Garrison¹
¹University of Alberta, Edmonton, Canada. ²Alberta Health Services, Edmonton, Canada

Abstract / Résumé

Background: Antihypertensive medication use is prevalent in frail older adults, yet may have limited benefit and may be harmful. The purpose of this study is to determine in frail older adults in long-term care facilities (LTCF) whether deprescribing antihypertensive medication to a systolic blood pressure (SBP) of 140 ±5 mmHg compared to standard practice changes time to all-cause mortality.

Methods: This is a randomized controlled, 2 parallel groups, open-label, event-driven trial. Participants were residents in LTCF in Alberta, Canada, ≥70 years of age with a hypertension diagnosis and ≥1 antihypertensive medication. The intervention involves pharmacists deprescribing antihypertensive medication every second week to a target SBP of 140 ±5 mmHg using an algorithm developed by investigators and reviewed by experts. The study will end when 247 events (deaths) are reached. The outcome measures include all-cause mortality (primary outcome), quality of life and cost (secondary outcomes). Deprescribing success is presented in this preliminary descriptive analysis.

Results: The study has been running for 15 months and has 9 facilities (n=262 residents). Among residents in the intervention group followed for ≥90 days (n=87), 74% (n=64) had the antihypertensive dosage reduced by at least 50%, and 45% (n=39) had at least one antihypertensive discontinued. Among residents in the control group followed for ≥90 days (n=84), 20% (n=17) had a dosage reduction of at least 50% and 11% (n=9) had at least one antihypertensive discontinued. Of those who were deprescribed in the intervention group 5% (n=4) had the antihypertensive restarted at 90 days, compared to 1% (n=1) in the control group.

Conclusion: Deprescribing antihypertensive medication is feasible and sustained in a long-term care setting.
Improving pharmacy services for older adults – Identifying barriers faced by community pharmacists when filling hospital discharge prescriptions

Tyler Adams¹, Natalie MacDonald¹, Selena Oakes¹, Siyum Mohiuddin¹, Heather Naylor¹, Penny Demmings¹, Samantha Fowler¹, Christine Boudreau², Michael LeBlanc¹, Sarah Bridges¹, Douglas Doucette¹, Carol Reimer¹, Vikram Devaguptapu¹, Carole Goodine¹

¹Horizon Health Network, Fredericton, Canada. ²Sobeys Pharmacy, Fredericton, Canada

Abstract / Résumé

Objective: We examined community pharmacist satisfaction with the hospital discharge process and identified opportunities to improve pharmacy services for older adults during hospital discharge.

Method: Pharmacists from 17 community pharmacies completed a cross-sectional survey about their satisfaction with processing hospital discharge prescriptions. The survey included eight 5-point Likert scale questions and one open-ended question. We used descriptive statistics to summarize close-ended questions and content analysis for the open-ended question.

Results: Forty-one community pharmacists completed the survey (M age = 44 ± 10.4; 61% female). The majority of participants thought that hospitals were not easy to contact (54%), they did not have enough time to prepare prescriptions (63%), and patients or caregivers did not understand medication changes and the reasons for change (54%). There was variability among respondents regarding the amount of information needed to support and care for patients; 39% disagreed they had all the information they needed, but almost an equal amount agreed. The open-ended responses supported these findings. Indeed, several participants expressed inadequate time to process and fill discharge prescriptions, and a lack of patient diagnosis or admission reason, make it difficult to understand patients’ treatment plans. Furthermore, a lack of communication between hospitals and community pharmacists was a common theme.

Conclusion: Through this survey, we identified community pharmacists’ perceived barriers to filling medications prescribed in hospital. These results can be used to inform improvements to the hospital discharge process, thereby contributing to increased community pharmacist satisfaction and improved pharmacy services for older adults during hospital discharge.
O177

What motivates adult patients to use medical cannabis for the treatment of chronic musculoskeletal pain: results from a mixed methods study.

Edeltraut Kröger¹,², Malek Amiri¹, Laurence Guillaumie³, Pierre-Hugues Carmichael², Lise Poisblaud², Nathalie Jauvin⁴, Pierre Dagenais⁵, Anaïs Lacasse⁶, Pierre Pluye⁷, Clermont Dionne¹,² ¹Université Laval, Québec, Canada. ²Centre d’excellence sur le vieillissement de Québec, CIUSSS CN, Québec, Canada. ³Université Laval, Quebec, Canada. ⁴Institut national de santé publique de Québec, Québec, Canada. ⁵Université de Sherbrooke, Sherbrooke, Canada. ⁶Université de Québec en Abitibi Temiscamengue, Rouyn Noranda, Canada. ⁷McGill University, Montreal, Canada

Abstract / Résumé

Background: Chronic musculoskeletal pain (CMP) affects many older adults and has multiple causes. Current pharmacological options do not always provide optimal relief. Although the interest in this treatment option is increasing, evidence on its efficacy and safety to treat CM remains conflicting. Knowledge about patient perceptions of this therapeutic option is also limited.

Objective: To explore patients’ perceptions and concerns regarding the use of medical cannabis (MC) for the treatment of CMP.

Methods: The qualitative study phase used semi-structured interviews with patients, based on the Theory of Planned Behavior (TPB), conducted in Quebec, Canada, in 2020. A hybrid inductive and deductive analysis approach was guided by the TPB. Results were used to develop an online questionnaire in 2021, to further explore and quantify which elements of the TPB, together with pain and other patient characteristics, affect the intention to start or continue use of MC to treat MCP.

Results: The qualitative phase (26 participants) showed that patients agreed on MC as a last-line option due to the lack of scientific evidence regarding its safety and efficacy. They perceived MC as a potentially beneficial alternative, while the possibility of psychoactive and respiratory adverse effects was a disadvantage, as was the stigma of cannabis itself. The quantitative phase (166 participants) showed that pain levels, prior MC use, behavioral and control beliefs affect subjective norms, attitude towards MC use and the ability to procure it, which in turn affect the intention to start or continue MC use.

Contributions: Study results helped to develop a decision box to improve shared decision making between patients and physicians, about medical cannabis to treat chronic musculoskeletal pain.
Integrated Community Care 4All: Principles for Transforming Seniors Care?

Amy Salmon¹, Sanja Simic²
¹Vancouver, Vancouver, Canada. ²Conconi Family Foundation, Vancouver, Canada

Abstract / Résumé

In 2020, the Transnational Forum on Integrated Community Care (TransForm) published “Integrated Community Care 4All: New Principles for Care”. Therein, TransForm articulated a vision for Integrated Community Care (ICC), to engage and empower people in local communities to move beyond health and social care ‘delivery’ in favour of genuine ‘co-development’ with the individuals and communities that are traditionally seen as care recipients. TransForm’s vision of ICC is focussed on supporting people’s priorities and life goals and improves both health and social cohesion. Importantly, it underscores the importance of valuing and fostering the capacities of all to become change agents, co-producing health and wellbeing.

In this presentation, two TransForm collaborators will ask the question: to what extent can the work of TransForm on ICC be used to transform community care by, with, and for seniors in Canada? In so doing, we will review TransForm’s seven effectiveness principles for ICC, which focus on co-developing health and well being, enabling participation, building resilient communities, and evaluating outcomes to inform and adapt service delivery. We will consider what it would mean if TransForm’s effectiveness principles for ICC were to be used to guide the development, delivery, and accountability of seniors community care initiatives, and the policy and practice shifts such an approach would require. Finally, we will invite reflections and dialogue on the relevance and applicability of TransForm’s ICC effectiveness principles, and ways they might be taken up to empower and engage seniors and informal care providers to create conditions in communities where seniors can thrive.
O179

Increasing Knowledge, Improving Attitudes and Creating Change in the Care of Older Adults: A Provincial Common Orientation

Kelly Kay¹,², Shaen Gingrich³, Heather MacLeod⁴,⁵, Linda Rochon⁶, Mary-Lynn Peters⁷, Laura Harrison⁸

¹Provincial Geriatrics Leadership Ontario, Ontario, Canada. ²University of Toronto, Toronto, Canada. ³North East Specialized Geriatrics Centre, Sudbury, Canada. ⁴Queens University, Kingston, Canada. ⁵Perley Health, Ottawa, Canada. ⁶North East Specialized Geriatrics Centre, Timmins, Canada. ⁷Regional Geriatric Program of Toronto, Toronto, Canada. ⁸Baycrest, Toronto, Canada

Abstract / Résumé

Approximately 640,000 older adults Ontarians live with complex health conditions. Across health care organizations there is an imperative to respond appropriately and proactively to the population health needs of this growing demographic. Thus, health and social care professionals (HSCPs) require improved understanding of the unique needs of older adults using health services yet few HSCP professional education programs provide sufficient exposure to older adult care.

The Provincial Common Orientation (PCO) is a core, standardized training, developed by Ontario’s specialized geriatrics community. Intended for professionals working with older adults to address training gaps, and delivered virtually through collaborative, interactive progressively tiered learning, PCO supports relevant, professional development and ongoing connection to clinical supports. Tiers 1 and 2 are supported by an 11-week facilitated series. To date, 140 participants have engaged in this series, across more than 12 health professional roles and roughly 25 health care organizations. Participants consistently self-report an average weekly increase in knowledge acquisition of 14%. More than 90% report enhanced professional satisfaction and improvements in the quality of care they provide to older adults.

The PCO is preparing the Ontario workforce to provide and advocate for better care to older adults, expanding the focus of organizational efforts such as those aimed solely at reducing Alternate Level of Care (ALC). For example, following one 11-week cohort, participants returned to their organizations with questions about the appropriateness of ALC designation, instead offering ideas for restorative and rehabilitative care planning, reflecting new understanding of the requirements for care of older adults.

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Understanding the Experience of Advance Care Planning for Older Adults Transitioning into Long-Term Care Homes

Missy Thomas\textsuperscript{1,2}, Chantal Trudel\textsuperscript{2}, Amy Hsu\textsuperscript{1}
\textsuperscript{1}Bruyère Research Institute, Ottawa, Canada. \textsuperscript{2}Carleton University, Ottawa, Canada

Abstract / Résumé

This research used service design to understand and illustrate the experiences of older adults and care partners during the transition to long-term care (LTC). Service design is a human-centered approach for understanding and improving systems to reflect user and provider needs.

Qualitative methods were used to understand the experiences and perspectives of subject matter experts (SMEs) in LTC and advance care planning and care partners of older adults who recently transitioned into Ontario LTC homes. Service design artifacts (e.g. stakeholder and journey maps) were developed to document the current system.

Results revealed that Ontario lacks an integrated approach to advance care planning, leaving older adults and their care partners unprepared during the LTC transition. Many healthcare professionals introduce and encourage components of planning, however, it is not approached holistically. For example, LTC placement coordinators may initiate conversations about planning for future care, but focus on living arrangements. Results also revealed a lack of alignment between healthcare SMEs and care partners on what is meant by ‘advance care planning.’ Care partners go through planning components, but see them as unrelated, while SMEs have a more integrated understanding. This indicates that older adults and their families can have an incomplete understanding of advance care planning and are relying on fragments when making critical healthcare decisions.

This research demonstrates that service design can be used to understand and reflect the experiences and knowledge of the diverse stakeholders in this area. Their knowledge can be leveraged to design systems that overcome current challenges.
Towards just care: Envisioning disability and migrant justice-informed home care in Ontario

Mary Jean Hande¹, Megan Linton²,³, Alana Hart¹, Bharati Sethi¹, Cynthia Cranford⁴, Erika Katzman⁵, Sheila Novek⁶
¹Trent University, Peterborough, Canada. ²Disability Justice Network of Ontario, Hamilton, Canada. ³Carleton University, Ottawa, Canada. ⁴University of Toronto, Toronto, Canada. ⁵King’s College University, London, Canada. ⁶University of British Columbia, Vancouver, Canada

Abstract / Résumé

Low-income older adults, disabled people, and immigrant direct care workers often experience institutionalized forms of care, such as long-term care facilities, as precarious, exploitive, and even violent; this was especially evident during the pandemic. As such, the need and demand for socially just, and community-driven home care services has never been more urgent. Yet, Canada’s existing home care systems are under-resourced and fragmented, leaving people with inadequate access to community and home care services provided by precarious workers. This paper presents reflections and findings from a community-based research project that brings together diverse and historically marginalized perspectives on home care from racialized low-income older adults, younger disabled people, and im/migrant workers to collaboratively “map” Ontario’s existing home care systems and develop new coalitions and visions for integrated and socially just home care options. Partnered with the Disability Justice Network of Ontario, the project is guided by the question: How can disability and migrant justice frameworks inform home care system reform in Ontario? Preliminary findings indicate the need to understand home care beyond the narrow, medical funding model categories and instead to analyze how the multiple social programs and privatized sectors that provide home-based personal support services intersect with the myriad labour, employment, and migration policies that govern home care workers. These reflections are inextricably linked to our community engagement that values people’s lived experiences as a form of expertise that leads to policy recommendations that better address the needs of low-income home care users and immigrant care workers in Ontario.
Development and preliminary recommendations of clinical practice guidelines for anxiety disorders in older adults

Andrea Iaboni¹, Sébastien Grenier², Alastair Flint¹, Zahra Goodarzi³, Amy Gough⁴, Heli Juola⁵, Kristin Reynolds⁶, Shanna Trenman⁴, Michael Van Ameringen⁷, Erica Weir⁸, Carly Whitmore⁷, Anthony Yeung⁹, Sarah Burke Dimitrova¹⁰, Sarah Neil-Sztramko¹⁰

¹University of Toronto, Toronto, Canada. ²Université de Montréal, Montréal, Canada. ³University of Calgary, Calgary, Canada. ⁴Dalhousie University, Halifax, Canada. ⁵Sunnybrook Health Sciences Centre, Toronto, Canada. ⁶University of Manitoba, Winnipeg, Canada. ⁷McMaster University, Hamilton, Canada. ⁸Queens University, Kingston, Canada. ⁹University of British Columbia, Vancouver, Canada. ¹⁰CCSMH, Markham, Canada

Abstract / Résumé

Background: Anxiety is not a normal part of aging, and misconceptions about anxiety in older adults lead to it being underrecognized and undertreated. Anxiety in older adults is a treatable mental health condition and there are many evidence-based interventions that are helpful. Clinical practice guidelines play an important role in delivering quality healthcare by ensuring that clinicians and patients have access to the best available evidence to guide treatment decisions.

Methods: Our guideline development process was informed by the Guidelines International Network (GIN)-McMaster Checklist. At the core are five systematic reviews which synthesize the evidence for 1) pharmacological treatments, 2) cognitive-behavioural therapy, 3) mindfulness, 4) other psychotherapeutic modalities, and 5) exercise for the treatment of anxiety in older adults. These systematic reviews informed Evidence to Decision Frameworks which consolidated evidence on the benefits and harms of each intervention to inform the draft recommendations.

Results: We will present the preliminary recommendations of the guideline working group based on the GRADE (Grading of Recommendations, Assessment, Development and Evaluations) ratings of the certainty of the evidence and based on the resources required, equity, acceptability and feasibility of the treatment, and the values and preferences of older adults and their caregivers. In this interactive session, attendees will have the opportunity to provide their input on the recommendations and next steps.

Conclusion: These clinical practice guidelines for anxiety in older adults are an important step towards ensuring that older adults, their caregivers and healthcare providers are equipped with the knowledge to improve the mental health for older adults.
Informing the Canadian Coalition for Seniors’ Mental Health guideline on behavioural and psychological symptoms of dementia (BPSD): Results of a (1) terminology and recommendation prioritization survey and (2) systematic review of guideline recommendations on BPSD assessment and management

Jennifer Watt¹, Kayla Atchinson², Jennifer Porter², Zahra Goodarzi², Dallas Seitz²
¹University of Toronto, Toronto, Canada. ²University of Calgary, Calgary, Canada

Abstract / Résumé

Objectives: (1) understand preferred terminology for describing behavioural and psychological symptoms of dementia (BPSD) and priorities for developing guideline recommendations concerning BPSD and (2) review guideline recommendations on the assessment and management of BPSD to inform the Canadian Coalition for Seniors’ Mental Health (CCSMH) guideline.

Methods: We disseminated our online survey to the CCSMH listserv, social media via CCSMH accounts, and national and provincial organizations involved in supporting people living with dementia between January 26 and March 23, 2023. We searched Medline, Embase, JBI EBM, PsycINFO, AgeLine, and grey literature for guidelines on dementia making recommendations on BPSD assessment or management published between 2011 and October 13, 2022. Included guidelines had a mean overall AGREE II score of at least four.

Results: 254 people from across Canada completed our survey, including family and friend caregivers (number[n]=38) and people living with dementia (n=3). Survey respondents preferred BPSD (n=81) to other terms such as responsive behaviours (n=66) and prioritized recommendations on the assessment and detection of BPSD and pharmacologic and nonpharmacologic BPSD treatments. In 23 guidelines included in our systematic review, people with lived experience contributed to six guidelines and 10 guidelines described one or more health equity considerations for guideline development or implementation.

Conclusion: BPSD was the preferred term for our CCSMH guideline and we are developing prioritized recommendations using the term BPSD. We are adapting guideline recommendations concerning BPSD and working to improve aspects of guideline development, including representation of people with lived experience and consideration of health equity factors.
Using smart speakers to enhance wellbeing of older adults in long-term care homes

Alisa Grigorovich1,2, Pia Kontos2,3, Romeo Colobong2, Ashley-Ann Marcotte4, Margaret Szabo4, Ken Clahane4, Ian Goldman4, Carlee MacNeill4, Daniel Blais4, Gail Giffin5, Abby Clarke Caseley5, Melanie Gaunt5, Christina Torrealba4, Susan Kirkland6

1Brock University, St Catharines, Canada. 2KITE Research Institute, Toronto Rehabilitation Institute – University Health, Toronto, Canada. 3University of Toronto, Toronto, Canada. 4Dalhousie University, Halifax, Canada. 5Northwood, Halifax, Canada. 6Dalhousie University, Halifax, Cameroon

Abstract / Résumé

Objectives: Voice and touchscreen activated smart speakers are relatively inexpensive, require low digital literacy, and have the potential to enhance wellbeing through independent engagement in activities and increased social interaction. To explore this potential in the long-term care setting, we examined the experiences of older adults from one home in Nova Scotia.

Method: Fifty-nine older adults (aged 43-96, Mean 69) were provided with a Google Nest Hub Max, access to Wi-Fi, and the support of a specialized rehabilitation service. Participants completed surveys and a semi-structured interview before they received the technology, and again at 6, and 12 months after.

Results: Analysis of the data was descriptive and focused on capturing perceptions and uses of the technology, impact on wellbeing. Our results show that participants primarily used the technology for digital leisure (e.g. playing games, watching videos, music), which was experienced as pleasurable, comforting, and empowering. The technology also enhanced residents’ offline activities and social interactions both within and outside the home (e.g., video calls, conversations). Ongoing and personalised support from the rehabilitation service was central to enabling engagement with the technology by increasing residents’ comfort and digital literacy. There were still challenges to the use of the technology, which included: insufficient internet connectivity, difficulties with speech recognition, fear of being a burden on staff, lack of education, and complications from communal living situations.

Conclusion: Our findings demonstrate smart speakers with personalized support hold promise for enhancing wellbeing of older adults living in long-term care homes and reducing the digital divide.
Implementing an Exergaming Intervention in Two Long Term Care Settings: Managing Barriers and Facilitators

Mark Chignell¹, Debbie Barton², Lisa Fannin¹, Alyssa Iglar¹, Justine Henry³, Danica Maillet³, Caroline Louvens³, Christina Cormier⁴, Jalila Jbilou³

¹University of Toronto, Toronto, Canada. ²CIRA/YCC, Fredericton, Canada. ³University of Moncton, Moncton, Canada. ⁴Faubourg du Mascaret, Moncton, Canada

Abstract / Résumé

Older adults generally get insufficient exercise and this is particularly true in long term care. In recent years exergaming interventions have been developed to improve the situation, but successful implementation of exergaming in the long term care setting can be challenging. In this paper we describe the implementation of the 2RaceWithMe exergaming system in two New Brunswick long term care homes. This research was funded by a Healthy Seniors Pilot project Grant. We report on the specific barriers and facilitators that were found in this project and we discuss the design changes in the equipment that were made to remove some of the barriers. The most salient facilitators were the presence of committed staff to facilitate use of the equipment and trouble shoot any problems, along with a suitable location where the equipment could be used. The most significant barriers were problems in a) identifying who was using the equipment, b) accommodating different models of wheelchair, c) reporting exercise data in a format that staff found useful, d) creating usable interactions for finding specific videos of interest. Another key finding was that other forms of exercise were needed to accommodate users with different needs (e.g., users who had suffered a stroke and were paralyzed on one side). This case study will demonstrate how implementation science and iterative design should be used in tandem to create successful implementation of an exergaming intervention in long term care. Adaptation of exergaming interventions to the needs of different users will also be discussed.
Evaluation of Smart TV videos tailored for people with moderate to severe dementia in care settings: Using Tom Kitwood’s model of psychosocial needs as a guiding framework

Diane Pan, Carly Wang, Karen Lok Yi Wong, Caitlin Lee, Deborah Liao, Haopu Ren, Lillian Hung
University of British Columbia, Vancouver, Canada

Abstract / Résumé

Objectives

This study evaluated how smart TV videos tailored for people with moderate to severe dementia can support the psychosocial needs of this population in care settings.

Method

The videos were implemented at two care sites, a long-term care home and a geriatric hospital unit. We used the Kitwood model of psychosocial needs (comfort, attachment, inclusion, occupation, and identity) as our study’s guiding framework to inform data collection and analysis. We conducted audio interviews with four family members and 17 interdisciplinary staff and video interviews with ten residents engaging with the TV videos. We asked interviewees whether the videos brought changes to residents/them, and if so, what the changes were. We performed a thematic analysis using a mix of inductive and deductive approaches.

Results

We found the videos supported the five psychosocial needs of residents in Kitwood’s model: creating a calming and relaxing atmosphere (comfort), allowing staff and residents to get to know more about each other as individuals (identity), allowing residents to spend time with others (attachment), keeping residents engaged (occupation), and encouraging residents’ interaction and activity (inclusion). In addition, we found that the videos addressed the psychosocial needs of a highly marginalized population. We thus propose adding the element of equity to the model.

Conclusions

The videos were found to positively impact the psychosocial needs of residents with moderate to severe dementia in care settings. We recommend promoting the use of smart TV videos in care settings.
Investigating the feasibility of a virtual group-based social support program for older adults in residential care

Geneva Millett, Giselle Franco, Alexandra J. Fiocco
Toronto Metropolitan University, Toronto, Canada

Abstract / Résumé

Objectives: Though necessary to slow the spread of the SARS-CoV-2 virus in residential care, physical distancing measures increased the risk of loneliness, social isolation, and mental health concerns for older adults in these settings. In response to calls for inventive ways to mitigate these risks, the JAVA Music Club – Digital (JMC-D) was developed. The current feasibility study investigated benefits, usability, and implementation of weekly JMC-D sessions over 6 months. Methods: Employing a pre-post mixed methods study, depressive symptoms, loneliness, social isolation, and quality of life were measured at baseline, 3 months, and 6 months. Qualitative interviews were conducted at 3 months. Results: Twenty-one residents were recruited from four locations. Across the three time points there was a large effect for depressive symptoms \( (d = .879) \), social isolation \( (d = .886) \), and quality of life \( (d = 1.369) \), though not statistically significant. There was a significant immediate increase in happiness following engagement in the JMC-D sessions \( (Z = -1.80, p = .046) \). Thematic analysis of semi-structured interviews with thirteen residents and four recreation coordinators generated two overarching themes: Experiencing the JMC-D (subthemes: Benefits, Navigating the virtual platform, and Feedback) and Considerations for Implementation (subthemes: Perceived purpose, Characteristics that impact the experience, and Infrastructure and resources). Conclusions: The JMC-D may be ‘the next best thing’ in times of physical distancing and may support emotional and other psychosocial indices of wellness in residential care. Appropriate staffing, resources, and internet accessibility are important for implementation and uptake.
The impact of non-immersive virtual reality exercise on seniors living at home or in long-term care - a randomized controlled trial

Lisa Sheehy¹, Justine L. Henry², Lalita Bharadwaj², Kelsey Nissen²
¹Bruyere Research Institute, Ottawa, Canada. ²Centre for Innovation and Research in Aging, Fredericton, Canada

Abstract / Résumé

Objective

The objective was to assess the impact of providing non-immersive virtual reality (NIVR) exercise as a motivating way to encourage seniors to do regular exercise in their homes or in long-term care.

Methods

Seniors who lived in their home or in long-term care were recruited and randomized to usual activity or usual activity plus NIVR exercise. NIVR group participants, under the supervision of a study partner or staff member, carried out a program of NIVR games and exercises for 20-30 minutes, 2-3 times a week for 8 weeks. The NIVR programs were customized to each participant and monitored by a research therapist.

NIVR usage was tracked and field notes were recorded. NIVR group participants were interviewed regarding their thoughts on NIVR. A blinded research coordinator administered assessments of balance, mobility, function, and quality of life at three time-points (pre-, post-, one month post-intervention).

Results

Sixteen home-based and 31 facility-based participants were recruited. Home-based participants did an average of 20 sessions (average of 27 minutes/session). Facility-based participants did an average of 14 sessions (average of 20 minutes/session). Participants using NIVR enjoyed it and found it helpful to improve their function and mobility. There were no serious adverse events. There were no significant changes over time for balance, mobility, function and quality of life (using intent-to-treat analyses).

Conclusions

While the small sample size affected the ability to detect significant changes in the outcome measures, NIVR is feasible, safe and motivating for seniors living at home and in long-term care.

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Socially Isolated Older Immigrant Recruitment for Survey-based Research: Reflections on Experience

Kateryna Metersky¹, Oona St-Amant¹, Zhixi Zhuang¹, Sepali Guruge¹, Peiwen Lin¹, Ivy Li², Layal Ajaj¹, Siraz Chatha¹
¹Toronto Metropolitan University, Toronto, Canada. ²University of Waterloo, Waterloo, Canada

Abstract / Résumé

Objectives: Social isolation is a growing health and social concern among older adults. This is especially so among immigrant older adults who make up about 70% of the older adult population in Toronto. The purpose of this presentation is to share our team’s reflections on our research assistants’ experiences of participant recruitment and data collection with socially isolated older adult immigrants.

Method: A national study is being conducted in nine cities across four Canadian provinces (QC, ON, AB and BC) to identify factors contributing to social isolation among older immigrants who speak Punjabi, Arabic, or Mandarin languages. In Toronto (one of the study sites), six research assistants (RAs) who speak one of these languages recruited and collected data from 204 study participants. The RAs were asked to reflect on the success and challenges of recruiting these participants from their specific communities, and strategies for more effective data collection for the next phases of the study. Four of the six RAs (two Mandarin-speaking, one Arabic-speaking, and one Punjabi-speaking) participated in this joint activity of reflection.

Results: Recruiting difficult to reach populations requires flexibility in time, location knowledge, access to stakeholders, extensive and consistent RA supports, and specific and targeted project information sharing. Additionally, participants wanted to use the time with RAs during data collection as a social opportunity.

Conclusion: Insights from the recruitment experiences in the field may help explain the challenges researchers have to face when recruiting hard-to-reach older immigrants and offer effective strategies for outreach and data collection.
Collaborative Creative Inquiry as a qualitative research practice with older adults

Natalia Balyasnikova
York University, Toronto, Canada

Abstract / Résumé

In this presentation, we describe Collaborative Creative Inquiry (CCI) as a qualitative research practice and an opportunity for inclusive approaches to research as co-creation between researchers and older adults. We define CCI as: a synergetic journey into understanding that is both brave and vulnerable, reflexive and reflecting, aesthetic and analytical (Author, in press). We examine each of the component terms critically and independently, then define the combination as a new mode of inquiry benefiting both teams of researchers as well as mixed researcher-participant groups. Specifically, we focus on creative approaches to researching language learning in later life. There is a gap in our understanding of the role creativity plays in the language learning experiences of older immigrants. Creativity in later life has been explored from the perspective of how it benefits seniors’ cognitive functions (Price & Tinker, 2014), social (Fisher & Specht, 1999; McHugh, 2016) and physical well-being (Yuen, Mueller, Mayor, & Azuero, 2011). While making an important contribution to our understanding of older adults’ experiences and needs, few of these studies address how creativity can enhance language learning and create opportunities to discuss the complex issues faced by seniors. In their article “Creating Alternative Realities: Arts-based Approaches to Transformative Learning,” Butterwick and Lawrence (2009) write: “the arts are a way to communicate our stories in ways that connect with others” (p. 35), we conclude with a call to other researchers to apply arts-based methods in their work, integrating different theoretical and empirical perspectives and breaking out of academic norms to promote healthier, safer spaces for strong and resilient communities of research practice.
O191

Pilot study: Co-design methods to support the development of a visually aided functional assessment tool

Lauren Tierney¹,², Maya Murmann²,³, Amy Hsu²,³, Doug Manuel²,³,⁴, Chantal Trudel¹, Carol Bennett³, Heidi Sveistrup²,⁴
¹Carleton University, Ottawa, Canada. ²Bruyère Research Institute, Ottawa, Canada. ³The Ottawa Hospital Research Institute, Ottawa, Canada. ⁴University of Ottawa, Ottawa, Canada

Abstract / Résumé

Functional capacity is a commonly used measure to understand frailty and need for formal support, and can be self-assessed by older adults and/or their informal caregivers. This is commonly achieved through text-based questions related to one’s ability to carry out activities of daily living (ADLs). Text-based formats may present linguistic and accessibility challenges, including cognitive, sensory, and perceptive barriers. The objective of this pilot study was to inform the clarity and relevance of a co-designed image-based tool (i.e., pictograms) to assess the level of functional ability or impairment in older adults, as well as to evaluate the methodology and tools used to elicit community feedback from older adults and clinicians. The co-design sessions consisted of a card sorting activity using images of ADLs, where older adults and clinicians were asked to provide feedback on the pictograms depicting levels of functional capacity and then rank the images from independent to complete dependence. Preliminary data indicates 1) co-design tools: virtual collaborative whiteboards are effective in engaging community members; 2) card hierarchy and gaps in imagery to display ADLs: there may be difficulties in integrating the various contexts in which ADLs can take place, as well as appropriately placing them within the hierarchy of the functional assessment scale; and 3) gaps in imagery to self or client-identify in the ADLs: the gender appearance of the pictogram characters may impact the participants self-identification. This human-centered design approach will support the development of a community-informed, self-reported, visual functional assessment tool for older adults.
The Use of Network Analysis Methods to Study Multimorbidity Patterns in Middle-Aged and Older Adults

Lauren E. Griffith¹, Alberto Brini², Edwin van den Heuvel², Philip St. John³, Lucy Stirland⁴, Alexandra Mayhew¹, Graciela Muniz-Terrera⁵
¹McMaster University, Hamilton, Canada. ²Eindhoven University of Technology, Eindhoven, Netherlands. ³University of Manitoba, Winnipeg, Canada. ⁴Global Brain Health Institute, San Francisco, USA. ⁵Ohio University, Athens, USA

Abstract / Résumé

Objective

There are no guidelines for using Network analysis to study multimorbidity. In a review of 11 recent studies, 11 different association measures and 5 different clustering algorithms were used. We conducted network analyses using the 11 association measures and 5 clustering algorithms to better understand how these choices impact the number and types of disease clusters identified.

Methods

We used data on 24 self-reported diseases in 51,338 community-living adults aged 45-85 years from the Canadian Longitudinal Study on Aging. Association measures were grouped as: epidemiological, correlational, or (dis)similarity measures and clustering algorithms as: modularity maximization or not. We compared the similarity among clusters using the adjusted Rand index (ARI). Two clinicians independently identified potential disease clusters which we also compared to network analyses results. Two-way ANOVA was used to test for heterogeneity in the ARIs among the (three) association measure and the (two) clustering algorithm groups.

Results

We found results differed greatly across combinations of association measures and cluster algorithms. The number of clusters identified ranged from 1 to 12 and their similarity was generally very low. Compared to clinician-derived clusters, the ARIs ranged from 0 to 0.23 indicating little similarity. Correlational measures and using modularity maximization methods were associated with the highest ARIs.

Conclusion

These analyses demonstrate the need for a systematic evaluation of the performance of network analysis methods on binary clustered data like diseases. Moreover, diseases may not cluster, and a personalized approach to the care of older adults may be needed.
O193

My Personhood Summary©: An updated biographical summary tool to support the provision of person-centred care to people living with dementia and geriatric mental health conditions

Katelynn Aelick, Melanie Beaulieu, Hillary Langen, Monica Bretzlaff
North Bay Regional Health Centre, Sudbury, Canada

Abstract / Résumé

Background: Obtaining knowledge of individuals’ life experiences, significant relationships, personal preferences, and other psychosocial and environmental factors is essential to the provision of person-centred care. Since Behavioural Supports Ontario’s (BSO) inception, BSO teams have adopted various biographical summary tools to surface this information for use in the practice of caring for people living with dementia, complex mental health, substance use and other neurological conditions. In response to the request for a standardized BSO biographical summary tool, we launched a working group to update an existing tool called PIECES of my PERSONHOOD and expand its use. Methods: (1) We conducted an environmental scan of biographical summary tools intended for use with the BSO population (n=15) and performed a content analysis to determine which elements were most frequently included. Informed by the professional and lived experiences of our working group, we developed several drafts, which healthcare providers and people with lived experience reviewed. (2) Thirteen pilot sites trialed the final draft tool in long-term care, community, and hospital. Feedback collected by the pilot sites via survey informed edits to both the content and design of the tool. Results: We released the final two-page tool, now called My Personhood Summary©, in October 2022 in English and French. The tool is available for download free of cost as a fillable PDF and Microsoft Word Fillable Form. Accompanying the tool are guidelines for use, completed examples, and a poster template to assist in its implementation into practice.
An exploration of knowledge mobilization for research exploring dementia and friendship

Rebecca Genoe¹, Darla Fortune², Colleen Whyte³, Brenda Hounam⁴, Lisa Loiselle⁵
¹University of Regina, Regina, Canada. ²Concordia University, Montreal, Canada. ³Brock University, Saint Catharines, Canada. ⁴NA, Paris, Canada. ⁵University of Waterloo, Waterloo, Canada

Abstract / Résumé

Friendships remain important throughout the life course, and continue to be vital after someone receives a diagnosis of dementia. However, all too often, people living with dementia experience the loss of friendship and social connection after diagnosis. Therefore, we wanted to better understand how friendships are sustained after a diagnosis of dementia. In our qualitative study, we took a strengths-based approach to exploring sustained friendships. We learned that when both the person living with dementia and their friend are committed to the relationship, reciprocal friendships continue to flourish after diagnosis. Our findings revealed important information about the value of friendship along with several strategies for maintaining friendships. Recognizing the importance of these findings for people who are diagnosed with dementia and their friends, we subsequently created a series of educational vignettes, accompanied by conversation guides aimed at supporting people living with dementia, their friends, and family members in adjusting to changes after a diagnosis. In this presentation, we will share our process of moving from our raw data, collected through semi-structured interviews and analyzed thematically, to the development of three artistically rendered fictional vignettes rooted in our study findings. Then, we will expand on how we worked with a knowledge mobilization expert and person living with dementia to develop the accompanying conversation guides. Finally, we’ll explore how we connected with various media outlets to increase awareness regarding friendship and dementia.
Older Buddhists’ and Muslims’ Perceptions of Religious Occupations at the End-of-Life

Sachindri Wijekoon, Ruheena Sangrar, Varsha Jayaraman, Riya Shah
University of Toronto, Toronto, Canada

Abstract / Résumé

Introduction: At the end-of-life (EoL), religious beliefs and cultural traditions prescribe myriad practices that are carried out with the support of informal caregivers. Providing such support can be difficult for Canadian Buddhists and Muslims, for whom limited EoL resources exist. It is important to understand how older Buddhist and Muslim caregivers understand death, dying and dignity from a religious perspective, as they support loved ones with terminal illnesses. Objective: This interpretive phenomenological study explored the experiences of older Buddhists and Muslims who have provided caregiver support, including facilitating religious practices and occupations, to friends or family at EoL.

Methods: Buddhists and Muslims over 65 years of age with experience of caregiving at EoL participated in two semi-structured interviews, which explored their caregiving experiences, religious practices and occupations, and subsequent reflections on their own mortality and preparation for death and dying.

Findings: Preliminary findings suggest both older Buddhists (n = 4) and Muslims (n = 3) acknowledge the importance of their religious doctrines encouraging spiritual and practical preparation for death. Buddhists described death as ‘work’ and underscored the importance of silence and earthly detachment to facilitate death. Muslims emphasized centering one’s responsibilities to God, family, and community, as a key factor in preparing for death, as well as seeking forgiveness. The spiritual community’s presence at death was emphasized by all participants.

Conclusion: Understanding Islamic and Buddhist practices at EoL can inform the development of evidence-based practices, services, and resources to support this important EoL occupation.
Factors associated with dietitian referrals to support long-term care residents in the last six months of life

Jill Morrison-Koech1, George Heckman1,2, Albert Banerjee3, Heather Keller1,2
1University of Waterloo, Waterloo, Canada. 2Schlegel-UW Research Institute for Aging, Waterloo, Canada. 3St. Thomas University, Fredericton, Canada

Abstract / Résumé

Objectives: Dietitians are essential members of the multidisciplinary long-term care (LTC) healthcare team. The aim of this study was to understand factors associated with dietitian referrals to support residents’ nutritional care needs near the end of life in LTC.

Methods: Retrospective chart reviews for 164 deceased residents (mean age=88.3±7.3; 61% female) in 18 LTC homes in Ontario, Canada identified dietitian referrals and documented eating challenges recorded over 2-week periods at four timepoints (i.e., 6 months, 3 months, 1 month, and 2 weeks) prior to death. Nutrition care plans at the beginning of these timepoints were also noted. Logistic mixed effects regression models identified time-varying predictors of dietitian referrals. Bivariate tests identified associations between nutrition orders and dietitian referrals that occurred in the last month of life.

Results: Nearly three quarters (73%) of participants had at least one dietitian referral across the four observations. Odds of referral increased significantly with proximity to death, but this association was driven by the corresponding increase in number of eating challenges (OR=1.42, 95% CI=1.30, 1.55). Comfort-focused nutrition care orders were significantly more common when a dietitian was referred (25%) compared to when a dietitian was not referred (12%) in the final month of life (p=0.04).

Conclusions: Our findings suggest that dietitians are involved in end of life and comfort-focused nutrition care initiatives. This presents a significant opportunity for dietitians to upskill and champion palliative approaches to nutrition care within the multidisciplinary LTC team. Funded by the Canadian Institutes of Health Research (CIHR).
Recommendations of long-term care stakeholders to inform a scale-up plan for palliative approach programs in Ontario.

Marie-Lee Yous¹, Shirin Vellani¹, Sally Shaw¹, Clara Dyck², Bianca Tétrault¹, Sharon Kaasalainen¹
¹McMaster University, Hamilton, Canada. ²North Okanagan Hospice Society, Vernon, Canada. ³McGill, Montreal, Canada

Abstract / Résumé

Introduction: Health Canada recently funded a 5-year alliance to increase the uptake of a palliative approach program in Canadian long-term care (LTC) homes. The Strengthening Palliative Approaches in Long Term Care (SPA-LTC) program was developed as an approach to care that draws together best practices in palliative care within LTC settings. We conducted a situational analysis study as a first step in developing province-specific scale-up plans to modify and implement the SPA-LTC program.

Objective: To describe the recommendations of stakeholders in Ontario for palliative programs in LTC.

Method: A qualitative descriptive design was used. Stakeholders involved in LTC homes (i.e., healthcare providers, administrators, executives) participated in either individual interviews or a focus group about the current state of palliative programs and how best to implement them in their local LTC context. Interviews and the focus group were recorded and analyzed using thematic analysis.

Findings: A total of 32 stakeholders participated in the study. Key recommendations of participants were: (a) develop a philosophy of care with a focus on culture change in the home; (b) provide mandatory 24/7 access to a team of palliative champions; (c) offer site-wide staff education in formal and recognized programs in palliative care; (d) foster partnerships between LTC and external organizations (e.g., hospice, hospitals, and local universities); and (e) build educational endeavors to develop cultural humility/safety.

Conclusions: Findings demonstrate the importance of leveraging existing resources to address gaps in LTC and create a dedicated team to champion palliative care programs.
Abstract / Résumé

Heart failure (HF) is a progressive, highly symptomatic, and life-limiting disease with a median survival of only 2.1 years. There are over 750,000 Canadians living with the disease and it remains the most common reason for hospital admission in patients over 65 years of age. Current literature suggests benefits from inpatient and home-based palliative care in HF, but studies on palliative care in the outpatient setting remain sparse.

We will perform a process evaluation of a novel cardiac palliative outpatient clinic in Ottawa to describe and assess this model of care. Specifically, we will conduct a quantitative chart review and qualitative patient and caregiver interviews. The chart review will outline patient baseline characteristics, referral patterns, symptom management, and advanced care planning. We will also examine outcome measures that include patterns of service utilization such as hospital admissions, ED visits, infusion clinic visits, and paramedic outreach. Thematic analysis from the patient and caregiver interviews will be reported, and the findings will be triangulated with the quantitative data to determine how the model can be improved to better serve patient’s needs. The results of this study will help inform the ongoing design and delivery of palliative care for patients with HF and can be scaled to other non-malignant diseases.
Advancing expertise in palliative care for persons with dementia in long-term care (LTC) through micro-credentialing

Manon Lemonde¹, Jen Calver¹, Volletta Peters¹, Attila Kovacs¹, Marvin Mnaymneh¹, Harry van Bommel², Nitha Reno³, Sheryl Thorpe³, Daniel Sparks³, Winnie Sun¹
¹Ontario Tech University, Oshawa, Canada. ²Legacies Inc., Toronto, Canada. ³Durham Region, Oshawa, Canada

Abstract / Résumé

Objective: To examine staff perspectives about the usability, effectiveness and application of the dementia care micro-credential module, with the aim of promoting self-efficacy of LTC staff related to palliative care for persons with dementia.

Methods: The palliative care for persons with dementia micro-credential module was delivered to 15 staff (2-RPNs; 1-RN; 1-NP; 11-PSWs) working in LTC homes located in southern Ontario. Using a mixed-methods study design, learners were evaluated on their perceived knowledge, skill, and attitude related to palliative care services and training in LTC. Pre and post assessments informed by an educational self-efficacy scale, and a usability scale was used to evaluate learner’s knowledge post-training. Immediately following the module completion, staff participants were invited to participate in a group interview to share their insights related to palliative care and their experience with the training module. Four weeks following the training, an audit of 50 resident charts will be conducted to review evidence-informed practices of palliative care for person with dementia in LTC. Data analysis involved descriptive statistics and qualitative thematic analysis.

Results: The findings from this study identified the self-reported changes of self-efficacy for pre and post training of micro-credential modules in palliative care. Perspectives from participants informed the enablers, barriers, applicability and usability of micro-credentialing in palliative care.

Conclusion: Self-instructional palliative care for persons with dementia training will support the delivery of evidence-informed care for residents living in LTC.
Implementation of a palliative approach to care in primary care settings

Grace Warner¹, Jodi Langley¹, Robin Urquhart¹, Erin Christian¹, Cheryl Tschupruk²
¹Dalhousie University, Halifax, Canada. ²Mount Saint Vincent University, Halifax, Canada

Abstract / Résumé

Objectives: This mixed methods study explored barriers and facilitators to implementing a palliative approach to care protocol in primary care practices by applying an implementation science framework to understand what is likely to result in successful or unsuccessful implementation. Methods. Semi-structured interviews were conducted with ten primary care providers and health system administrators involved in implementing a protocol called Early Palliation through Integrated Care (EPIC). Interviews were supplemented by Expression of Interest data gathered from each practice at the beginning of implementation. This mixed methods study was guided by the Consolidated Framework for Implementation Research to explore multi-level barriers and facilitators. Successful implementation was when practices demonstrated adaptation of the palliative approach to care by completing key elements and incorporating these elements into practice as defined by the EPIC protocol. Results. Key barriers and facilitators of implementation were: 1) the timing of implementation, 2) interpersonal collaboration within a practice, 3) an established versus new practice, 4) EPIC project supports, 5) perceptions of EPIC as an approach to care as opposed to a limited term project and 6) the champion position. Practices that acknowledged potential challenges may have been more successful with their implementation. Conclusion. As primary care providers take on quality improvement projects, it is important to assess the readiness of practices for initiating change. The EPIC support facilitator connected practices to individuals within the health system, enhancing their ability to successfully implement the innovation. Future quality improvement initiatives should consider the utility of strong champions and health-system facilitators.
A novel mobile application improves walking aid skill in walking aid users

Maureen O'Brien¹, Krista Best², William Miller³, François Routhier², Larry Katz⁴, Cheryl Barnabe⁵, Ranita Manocha⁴
¹Cumming School of Medicine, University of Calgary, Calgary, Canada. ²Rehabilitation Department, Université Laval, Quebec, Canada. ³Department of Occupational Science and Occupational Therapy, University of British Columbia, Vancouver, Canada. ⁴Faculty of Kinesiology, University of Calgary, Calgary, Canada. ⁵Department of Medicine and Community Health Sciences, University of Calgary, Calgary, Canada

Abstract / Résumé

Background: Walking aids (WA) are commonly used to facilitate independent mobility in older adults. Inadequate fitting and training on the use of WA may increase the risk of upper body pain and falling. To address this need, we developed a mobile application called Improving Canadians' Walking Aids skills, Learning, & Knowledge© (ICanWALK©), to teach people how to use WA.

Objectives: 1) To evaluate the influence of the ICanWALK© app on WA users’ balance, mobility, and balance confidence. 2) To assess user satisfaction with the app.

Methods: In a pre-post design, adults who use a WA completed the Activities-specific Balance Confidence (ABC) Scale, 2-minute Walk Test (2MWT), Berg Balance Score (BBS), and Walking Aid Skills Test© (WAST©) at baseline. Participants then used the ICanWALK© fitting and gait training modules pertaining to their WA on two occasions (baseline, 2 weeks). After the 2-week app session, outcome measures were repeated, and user satisfaction was measured qualitatively. Results: Four WA users (mean±SD age: 57±14; 3 males) were included. After using the app, WAST© score improved (median change +4.8, range 0 to 13.3) and 2MWT distance decreased (-13.1, -24.5 to +2.0m). There was no effect on ABC (+4.8, -2.2 to 10.4%), or BBS (1; 0). One participant reported that the app was “informative”, and another reported that it was “easy to use and understand”.

Conclusions: After using ICanWALK©, WA users had improved performance of common WA tasks such as navigating stairs and inclines. In this small sample there was no change in balance or mobility.
Healthcare Professionals’ Perspectives on Patient Mental Health Treatment Engagement in Later Life

Li-elle Rapaport, Reece Ramkissoon, Nicole Del Rosario, Corey Mackenzie, Vishal Kaushik, Lesley Koven, Valerie Krysanski, Krisin Reynolds
University of Manitoba, Winnipeg, Canada

Abstract / Résumé

Older adults face complex challenges in seeking and receiving psychological treatment. While older adults access psychological services less frequently than other populations, strong engagement in patients’ treatment can predict better treatment outcomes. This study explores practitioners’ perspectives on the treatment engagement of patients referred for specialty geriatric mental health services. Guided by Raue & Sirey’s (2011) late-life treatment engagement model, we interviewed 11 specialty geriatric mental health professionals (geriatric psychiatrists and psychologists) and frequent referral sources to assess their perspectives on barriers to patient treatment engagement and potential ways to improve the current referral process. The results of our framework analysis highlighted mental health literacy, attitudes, and beliefs as key to informing treatment decisions, and the importance of patient-centered care and autonomy among older adults. Another key theme that emerged was the need for streamlined communication between the referral source, specialists, and patients, with a call to educate family doctors, specialists, and patients about available services, referral processes, and how to openly discuss mental health. Findings from this study highlight the importance of considering referrer and provider factors in order to better engage patients.
Alexander First Nation Older Adult Members' views of their relationships with community pharmacists: a conversation and interpretive description study

Amber Ruben¹, Alexander Research Committee², Cheryl Sadowski¹
¹University of Alberta, Edmonton, Canada. ²Alexander First Nation, Alexander, Canada

Abstract / Résumé

Background: Community pharmacists are well-positioned to provide care with their medication knowledge and accessibility, and frequently interact with older adults due to the frequency of medication use. Research has explored patient trust, communication styles, and patient experiences with community pharmacists, but not from Indigenous perspectives. Considering health disparities, distrust of health care systems, and recommendations by the Truth and Reconciliation Commission to increase Indigenous wellness, relationships must be built between pharmacists and Indigenous Peoples. The objective of this research is to explore Alexander First Nation members' views of their relationships with community pharmacists.

Methods: Indigenous research principles and interpretive description informed study design. Inclusion criteria were members of Alexander First Nation who have had at least one interaction with a pharmacist as an adult. Data was collected through one-on-one semi-structured interviews as conversation. Thematic analysis was used to analyze the data.

Preliminary results: Six older adults (>60 years) have been interviewed. Trusting relationship were established with familiar pharmacists who provided options and explanations, identified drug related problems, and knew patient’s names. Experiences of discrimination and perceived unethical practices eroded trust. Provision of generic medications was perceived as dishonouring Treaty rights. Only two participants felt that information about traditional medicines could be disclosed to pharmacists if the information was requested. Importance of protocol, spirituality and beliefs surrounding traditional medicines were highlighted.

Conclusion: Cultural safety and trauma informed care for older First Nations people can be increased by providing community pharmacists with First Nation perspectives of their care.
Modes d’évaluation des instruments validés ciblant l’environnement domiciliaire des personnes aînées vivant avec un trouble neurocognitif : résultats d’une revue de la portée

Cindy Louis-Delsoin1,2, Jacqueline Rousseau1,2
1 Centre de recherche de l’Institut universitaire de gériatrie de Montréal, Montréal, Canada. 2 École de réadaptation, Faculté de médecine, Université de Montréal, Montréal, Canada

Abstract / Résumé

DESCRIPTION DES OBJECTIFS. La majorité des personnes aînées vivant avec un trouble neurocognitif (PATNC) souhaitent vieillir chez elles. Pour soutenir leur maintien à domicile, la conduite d’évaluations rigoureuses objectivant le contexte domiciliaire par divers modes d’évaluation appartient essentielle. Pour ce faire, l’utilisation d’instruments validés est nécessaire, alors que ceux-ci sont typiquement peu utilisés ou peu connus. Aucune synthèse récente ne décrit les instruments pertinents à ce type d’évaluation. Ainsi, cette étude présente les modes d’évaluation des instruments validés ciblant les éléments de l’environnement domiciliaire (humains, non humains) interagissant avec les PATNC, dans une perspective de maintien à domicile.

MÉTHODE SUIVIE. Cette revue de la portée a suivi la méthode d’Arksey & O’Malley (2005), identifiant des articles dans six bases de données (MEDLINE, Embase, HaPI, PsycINFO, CINAHL, Avery Index to Architectural Periodical). Deux évaluateuses ont sélectionné séparément les articles pertinents, obtenant respectivement 87,2% et 98,9% de concordance à chacune des étapes de sélection. L’extraction des données a permis une analyse descriptive des modes d’évaluation des instruments identifiés.

RÉSULTATS OBTENUS. 23 des 2182 articles identifiés, publiés entre janvier 2000 et septembre 2022, ont été sélectionnés. Ils présentent 19 instruments validés évaluant le contexte domiciliaire des PATNC par questionnaire (n=10), observation (n=2), mise en situation (n=1) ou divers modes combinés (n=6).

CONCLUSIONS. Soulignant un manque de diversité dans les modes d’évaluation des instruments identifiés, notamment la mise en situation et l’observation, cette étude démontre le besoin de développer de nouveaux instruments d’évaluation pour appuyer la pratique auprès des PATNC vivant dans la communauté.
Is it all just smoke? Examining the experiences of cannabis use among persons with dementia: A scoping review.

Nicole Cadavida, Roberta Palmer, Caitlin Dundee, Jaimee Dowker
University of Toronto, Toronto, Canada

Abstract / Résumé

Background/Introduction: Neuropsychiatric symptoms (NPS) are experienced by 98% of persons with dementia (PwD). These symptoms can include depression, anxiety, apathy, delusions, aggression, sleep disturbances and/or agitation, and can lead to increased healthcare use, earlier institutionalization, and increased risk of mortality. There is growing interest in the applications of cannabinoid treatment, including its use for NPS as an alternative to antipsychotics. The purpose of this scoping review is to examine the effects of both synthetic and phytocannabinoid use in PwD across settings, document caregiver perspectives, and examine potential barriers to accessing cannabinoid treatment.

Methods: A total of 4 databases, including Medline, EMBASE, PsycINFO, and Social Work Abstracts were searched. 2279 unique titles and abstracts were identified, of which 36 articles met the inclusion criteria.

Results: Five themes emerged: i) types of interventions (synthetic cannabinoids vs. Phytocannabinoids); ii) patient characteristics; iii) outcomes of intervention (behavioural symptoms, psychological symptoms, appetite and weight loss, functional symptoms, cognition, side effects and adverse reactions); iv) caregiver perspectives on cannabinoid treatment; and v) patient, provider, and societal barriers to access.

Conclusion: Cannabinoid treatment was found to be safe and well tolerated among PwD, with limited side effects associated with its use. The majority of papers described the benefits of cannabinoid treatment for agitation and/or aggression. Results were inconsistent for symptoms such as eating disturbances, weight loss, cognition, and functional symptoms. There is a need for larger randomized controlled trials (especially comparing the relative efficacy of antipsychotic use and cannabinoid treatment) and further investigation into cannabinoid use among community-dwelling PwD.
Occupational Therapist’s Role in Maintaining the Presence of Populations with Early Onset Dementia and Mild Cognitive Impairment in the Workforce

Nirusa Nadesar$^{1,2}$, Arlene Astell$^{1,2,3}$, Behdin Nowrouzi-Kia$^1$, Emile Tompa$^{4,5,1}$

$^1$University of Toronto, Toronto, Canada. $^2$University Health Network, Toronto, Canada. $^3$University of Reading, Reading, Canada. $^4$Institute for Work & Health, Toronto, Canada. $^5$McMaster University, Hamilton, Canada

Abstract / Résumé

Background: Young-Onset Dementia (YOD) is a progressive disorder in individuals aged 30 to 65. Mild Cognitive Impairment (MCI) shows early signs of dementia and slowly progresses into an Alzheimer’s type condition. Currently, at least 16,000 Canadians live with YOD and the majority will need support to continue working. Occupational Therapists (OTs) have traditionally used targeted interventions to engage their clients back into the workplace. OTs have worked with EOD and MCI populations, but no formal Canadian guidelines exists addressing these individuals’ needs in the workplace. This research identified and understood the role of OTs with these populations, and barriers they experienced.

Methods: The project used mixed-methods sequential exploratory design. Semi-structured interviews (n=8) were initially conducted, using open-ended questions related to experiences, barriers and challenges, collaboration with employers etc. Qualitative data was analyzed through content analysis by two independent coders. A survey (n=50) was created and informed using results from interviews. The survey collected quantitative data and augmented the interview data.

Results: Interview and survey data analysis indicated collaboration, education, and advocacy as the predominant role of OT with this population. Time and insurance-related funding were potential barriers to OT roles. Interviews and survey also indicated lack of collaboration and lack of clear policy from employers as barriers to OT roles.

Conclusions: Results highlighted the importance of the OT role with EOD/MCI populations, and the OT’s impact on maintaining this population’s employment. Results also indicated the need for additional research in this field, to support OTs, workplaces, and YOD/EOD populations.
A workforce needing support: Mental health and quality of work life among staff in Nova Scotia’s long-term care homes

Amber Duynisveld¹, Carole Estabrooks², Susan Stevens³, Janice Keefe¹
¹Mount St. Vincent University, Halifax, Canada. ²University of Alberta, Edmonton, Canada. ³Nova Scotia Health, Halifax, Canada

Abstract / Résumé

Long-term care (LTC) is a vital but under-studied component in Canada’s health system. Research on LTC staff in Central and Western Canada shows a workforce under severe duress, heightened by the COVID-19 pandemic. The aim of this study was to assess wellbeing and quality of work life among Nova Scotia’s LTC staff. Data were collected in Fall 2021 from staff in a convenience sample of 10 LTC homes. The Translating Research and Elder Care survey was administered over video/telephone with care aides (CAs) (n=266); nurses (n=144) and managers (n=45) accessed the survey on-line. Analyses show that CAs had statistically significant poorer scores than nurses and managers on measures of wellbeing and quality of work life such as resilience, anxiety and general stress. All groups reported high levels of cynicism and emotional exhaustion as measured by the Maslach Burnout Inventory, indicating high risk for burnout, with CAs reporting the poorest scores on cynicism and emotional exhaustion (p<.01 and p.<.001 respectively). CAs reported high levels of rushing or missing care tasks on their last shift. Nurses (35%) and managers (23%) reported thinking about leaving their role a few times a month. These and other results suggest instability in Nova Scotia’s LTC workforce; pointing to a need for concrete action to support this workforce. Recent initiatives by the Provincial government (e.g., increasing staff ratios) will be discussed as well as possible future initiatives.
Barriers and Facilitators to Receiving Adequate Nutrition Intake in Long-term Care Residents with Moderate to Severe Dementia: A Multi-Method Survey Study

Niousha Alizadehsaravi1, Rebecca Affoo2, Marie Earle1, Shannan Grant3, Rachel Lewis1, Caitlin McArthur1
1School of Physiotherapy, Dalhousie University, Halifax, Canada. 2School of Communication Sciences and Disorders, Dalhousie University, Halifax, Canada. 3Department of Applied Human Nutrition, Faculty of Professional Studies, Mount Saint Vincent University, Halifax, Canada

Abstract / Résumé

Dementia is a condition that affects the cognitive and functional abilities of older adults, often leading to a transition to long-term care (LTC) homes due to complex health and social needs. While previous studies identified staff-perceived barriers and facilitators of food intake among LTC residents with dementia, our study aimed to understand barriers and facilitators to receiving adequate nutrition intake from perspectives of staff, residents with moderate to severe dementia, and their family members. Participants were recruited from two LTC homes in Halifax, Nova Scotia. Qualitative data was collected by conducting semi-structured interviews with 7 family members, 4 residents with dementia, and 4 staff members, including a registered nurse, licensed nurse practitioner, continuing care assistant, and a registered dietitian, from December 2022 to April 2023. Quantitative data was collected through mealtime observations and pre- and post-consumption measurements of food intake with LTC residents. Using Social-Ecological Model, we categorized themes of barriers and facilitators into various levels, including intrapersonal (cognitive impairment, physical capability, behavioural disturbances, and feeding and eating problems), interpersonal (insufficient staff training, conflicting work responsibilities, and time constraints), environmental (ambiance and noise levels in the dining area, and social and cultural environment), and policy levels (institutional norms, interdisciplinary evaluations, and family participation in care). Based on the analysis of quantitative data, we found that none of the LTC residents in our study met the benchmark of 75% for adequate nutrition intake. Our work can help inform the development of evidence-based interventions that address barriers and enhance the facilitators of adequate nutrition intake, such as improving staff training, optimizing the dining environment, and promoting family involvement in care.

For the most recent version, please see the complete online program.
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Engaging Care Partners of Persons with Dementia in Acceptance and Commitment Therapy (ACT): Participant Experiences, Perceptions, and Recommendations

Kate Tucker\(^1\), Nicole Cormier\(^2\), Rachel MacLean\(^1\), Makayla Lanteigne\(^3\), Karen Totton\(^4\), Odette Gould\(^5\), Janine Olthuis\(^1\), Karrie Pickford\(^1\), Sharon Kaasalainen\(^6\), Sheila Boamah\(^7\), Pamela Durepos\(^1\)

\(^1\)University of New Brunswick, Fredericton, Canada. \(^2\)Alzheimer Society of New Brunswick, Fredericton, Canada. \(^3\)Université de Moncton, Moncton, Canada. \(^4\)Employment and Social Development Canada, Fredericton, Canada. \(^5\)Mount Allison University, Sackville, Canada. \(^6\)McMaster University, Hamilton, Canada. \(^7\)McMaster, Hamilton, Canada

Abstract / Résumé

The objectives of this project were to evaluate the feasibility and acceptability of an Acceptance and Commitment Therapy (ACT) tele-counselling program developed for caregivers of people with dementia in New Brunswick, and the potential effects of the program on caregiver depression, anxiety, burden, acceptance, and meaningful engagement. Qualitative data was collected through individual post-test participant interviews and a survey of Alzheimer Society staff. Interviews were conducted over the telephone, audio-recorded, and transcribed. Three members of the research team independently analyzed the transcripts and collaboratively generated codes. Reported benefits included improved mental health and well-being, increased access to support, increased capacity to care for the person with dementia, and decreased strain on the healthcare system. Facilitators for participation and program effectiveness included remote mode of delivery, lack of cost, therapist’s skills, and the ACT content. Program challenges included disruptions during sessions, availability and wait-times for service, and missing non-verbal communication. Barriers to participation included uncertainty around eligibility for Alzheimer Society services and lack of awareness of the ACT program. Recommendations to improve the ACT program and the research process were also collected. These findings indicate the acceptability and feasibility of the ACT Tele-Counselling Program and provide preliminary evidence for its effectiveness. The findings from this study will be used to tailor the current program with an additional focus on knowledge translation and increasing the capacity to deliver the program.
Feeding Social Well-Being through a Virtual Culinary Nutrition Intervention

Allison Cammer, JulieAnne Beitel, Megan O'Connell, Karen Lawson, Jessica Lieffers
University of Saskatchewan, Saskatoon, Canada

Abstract / Résumé

Communicating evidence-based nutrition information via culinary interventions (e.g., cooking classes) is recommended to support behaviour change. Socialization is a positive outcome of in-person culinary interventions, but knowledge about social experiences in virtual cooking classes is limited. This interpretive description study examined social engagement among older adult participants in the Cognitive Kitchen (CK): Virtual Culinary Nutrition Intervention for Dementia Prevention. Two Registered Dietitians facilitated the six-session CK program with two groups of older adults (n=21). Qualitative data sources included participant journal entries, session observation fieldnotes, two post-intervention focus groups, and individual interviews (n=15). Virtual delivery of the CK was appealing to older adults and four themes were generated from the data. Supporting Learning describes aspects of group interactions that enhanced the educational component (e.g., peer learning). Encouraging Application captures elements of the social environment participants felt motivated them to try new recipes and cooking techniques (e.g., accountability and reduced decision fatigue). Advantages and Missed Connections addresses the socialization-related benefits of virtual delivery (e.g., fewer barriers to attendance from inclement weather, travel, caregiving responsibilities, and illness) as well as drawbacks (e.g., divided attention between technology, cooking, and socializing). The final theme, Ingredients for Engagement speaks to planned elements that stimulated interactions among participants (e.g., discussion questions) as well as recommendations to enhance social support. This study demonstrated ways social interactions were a meaningful component of the CK. Efforts to facilitate social engagement in virtual cooking classes are worthwhile to support learning and may facilitate the achievement of outcomes such as behaviour change.
Assessing the link between falls and neuropsychiatric symptoms in patients with neurodegenerative disease – anxiety and frontotemporal dementia

Goldin Joghataie1,2,3,4, Allison Dilliot5, Andrew Frank6, Anthony Lang3, Angela Roberts3, Angela Troyer7, Brian Levine8, Stephen Arnott9, Brian Tan10, Corinne Fischer11, Connie Marras12, Donna Kwan13, Douglas Munoz14, David Tang-Wai8, Elizabeth Finger15, Ekaterina Rogacheva6, Joseph Orange5, Joel Ramirez10, Kelly Sunderland9, Lorne Zinman10, Malcolm Binns5, Michael Borrie3, Mario Masellis10, Morris Freedman7, Manuel Montero-Odasso16, Miracle Ozzoude6, Robert Bartha17, Richard Swartz10, Agessandro Abrahao10, Brian Levine8, Michael Strong5, Carmela Tartaglia3,4,1,2

1University of Toronto Institute of Medical Science, Toronto, Canada. 2University Health Network(UHN), Toronto, Canada. 3Krembil Brain Institute at Toronto Western Hospital, Toronto, Canada. 4anz Centre for Research in Neurodegenerative Diseases, Toronto, Canada. 5Western University, London, Canada. 6University of Ottawa, Ottawa, Canada. 7Baycrest Health Sciences, Toronto, Canada. 8Rotman Research Institute, Toronto, Canada. 9Baycrest Hospital, Toronto, Canada. 10Sunnybrook Health Sciences Centre, Toronto, Canada. 11St. Michael’s Hospital, Toronto, Canada. 12University Health Network, Toronto, Canada. 13Queens University, Kingston, Canada. 14Queen’s University, Kingston, Canada. 15University of Western Ontario, London, Canada. 16Parkwood Institute, London, Canada. 17Roberts Research Institute Western University, London, Canada. 18University of Waterloo, Waterloo, Canada

Abstract / Résumé

Background: Falls are the most common mechanism of injury faced by millions of older adults and those with neurodegenerative diseases (NDs) and are often linked to accelerated decrease in quality of life. However, there are large gaps in literature and little research on fall related neuropsychiatric symptoms. We hypothesized that experiencing falls will increase the presence and severity of neuropsychiatric symptoms.

Methods: We used data from the Ontario Neurodegenerative Disease Research Initiative dataset (ONDRI) on 480 individuals in five ND types. The Neuropsychiatric Inventory (NPI) was used to assess 12 symptoms. We compared frequency of NPI symptoms and NPI severity, respectively, between patients with and without falls in the past 12 months and between different ND types.

Results: Comparing those who experienced falls in the last year (n=169; mean-age=68.3±9; 36%Female), to those who had no falls (n=311; mean-age=68.7±7; 32%Female), there was no significant (p-value=0.46) sex-based difference in falling, there was significantly higher frequency of anxiety (X2(df=1)=13.68; p-value=0.0002); higher anxiety severity (X2(df=3)=15.1; p-value=0.002); and higher partner anxiety-related distress (X2(df=3)=19.9; p-value=0.0005). Amongst all those who fell, FTD was
the only ND that had significantly ($X^2(df=4)=15.2$; p-value 0.004) more patients with anxiety than no anxiety presence.

**Conclusions:** Neuropsychiatric symptoms, especially anxiety, are frequent and must be assessed in those with previous falls, as they can contribute to worsening conditions, impact baseline treatment for NDs (especially in frontotemporal dementia), or possibly worsen symptoms from previously undiagnosed neuropsychiatric disorders.
Feasibility and usefulness of the Amsterdam iADL Questionnaire in assessing change in cognition from the perspective of Canadian clinicians working in a geriatric day hospital.

Kaneisha LeBlanc¹, Emélie Lemay¹, Zoey Feder¹, Anne Monahan³, Anne Harley², Lisa Sheehy³, Heidi Sveistrup³, Krista Whitney²
¹University of Ottawa, Ottawa, Canada. ²Bruyère Hospital, Ottawa, Canada. ³Bruyère Research Institute, Ottawa, Canada

Abstract / Résumé

Background: Identifying changes in daily function which accompany cognitive decline will improve clinical assessments and intervention recommendations. Although changes in technology use and cognitive decline have been shown to be related, this domain is often missed in assessment measures. The Amsterdam IADL Questionnaire (A-IADL-Q) is an assessment tool that addresses technology use and the detection of early cognitive decline.

Purpose: To assess the perceived usefulness of the A-IADL-Q by clinicians in a geriatric day hospital (GDH) and identify facilitators and barriers to tool uptake and use in a Canadian context.

Method: Clinician participants working in a GDH were recruited to administer the A-IADL-Q to patient-partners without the patient present. Scores and responses were scanned and uploaded to the patient electronic chart and reviewed by the multidisciplinary health team. Using a mixed method design, clinician, physicians and staff participant perceptions of perceived usefulness, facilitators and barriers to implementation were documented at baseline and post-implementation using a semi-structured interview and questionnaires. An adapted System Usability Scale was also administered.

Findings: Preliminary data suggest that it is feasible to integrate the tool into the clinical pathway. Clinicians demonstrate strong interest in understanding changes in the use of technology by their patients. Subsequent work will focus on implementing the A-IADL-Q more broadly and creating a direct path for results to be digitally integrated into the EMR.

Implications: Technology use is increasingly ubiquitous and should be evaluated with other IADLs in clinical practice.

Keywords: Mild cognitive impairment, digital technology, instrumental activities of daily living, major/minor neurocognitive disorder
Advanced care planning for the 2SLGBTQIA+ aging population

Kara Dalton, Isha Joshi, Sadie Stephenson, Michelle Zanette, Gloria Gutman
Simon Fraser University, Burnaby, Canada

Abstract / Résumé

Objective:

While there are many efforts to increase the uptake of advanced care planning (ACP) in Canada, workshops, discussion guides and other tools are mainly targeted at the general population. Heterosexism, homophobia, and transphobia perpetuate 2SLGBTQIA+ erasure and, ultimately, interfere with the ability of ACP resources to respond to 2SLGBTQIA+ individuals’ needs and wishes. This project was conducted to identify a potential solution to this challenge.

Method:

The Equity-Centred Design Framework guided our work. This framework involves seven stages: Notice, Empathize, Define, Ideate, Prototype, Test, and Reflect. Several rounds of stakeholder engagement were held with leaders of 2SLGBTQIA+ national and community-level organizations and those focused on end-of-life palliative care/ACP.

Results and Discussion:

A communication gap was identified between and among ACP organizations and queer-trans advocacy groups. This results in significant challenges to securing inclusive ACP experiences for 2SLGBTQIA+ individuals.

We propose the development of a 2SLGBTQIA+ ACP working group geared toward creating more inclusive and supportive ACP experiences for older 2SLGBTQIA+ people. Key deliverables would include creating and implementing a national conference on queer and trans inclusivity in ACP and the development of a comprehensive resource guide catered to healthcare professionals, legal clinics, and individuals.

Conclusion:

Through this process, we recognize the need for ACP organizations to be better prepared to support 2SLGBTQIA+ folk in ACP. Through this working group, we hope to capitalize on the work that has already been done to advance this area and maximize its benefit by providing a vehicle for its reach to be extended.
Online romance fraud: portrait of victims’ needs and helping factors during disclosure.

Sandrine Lavertu¹, Audrey Potz², Julie Carpentier¹,³, Charles Viau-Quesnel¹,⁴,⁵
¹Département de psychoéducation, Université du Québec à Trois-Rivières, Trois-Rivières, Canada. ²Département de psychologie, Université du Québec à Trois-Rivières, Trois-Rivières, Canada. ³Centre international de criminologie comparée (CICC), Trois-Rivières, Canada. ⁴Réseau Québécois de Recherche sur le Vieillissement (RQRV), Trois-Rivières, Canada. ⁵Laboratoire interdisciplinaire de recherche en gérontologie (LIREG), Trois-Rivières, Canada

Abstract / Résumé

Online love scams (OLS) are frauds in which the victim is led to develop an emotional relationship to extort money or services. Statistics Canada’s 2019 census showed that 900 000 older adults reported having fallen victim to fraud in the last five years (Statistics Canada, 2021). Ageing is associated with many risk factors for OLS, such as loneliness and social isolation (Buchanan & Whitty, 2014). We know rather little regarding prevalence, profiles and needs of older victims of OLS. It is important to better understand their experience following disclosure to offer them social services that are adapted. The present study aimed to document facilitating factors, as reported by elderly victims, specifically regarding the crucial moment of denouncing the crime or revealing victimization to loved ones. Overall, 13 victims (aged between 55 and 75) took part in semi-structured interviews pertaining to their experience during and after the fraud. The interview covered topics such as fraud chronology, impacts, help-seeking, challenges and needs regarding mental health support. Findings relate to three key aspects: (1) facilitators and obstacles to denunciation to authorities and disclosure to family members, (2) short term needs immediately after the unraveling of the fraud and (3) factors associated with a risk of fraud recurrence. Results show limitations regarding police work, challenges faced by caregivers and important mental health and geriatric social service needs. Overall, results help understand resistances that older OLS victims have when confronted regarding the fraud and give insights related to best practices for formal and informal carers.
Mitigation strategies employed by seniors’ housing and assisted living sites during the COVID-19 pandemic.

Paneet Gill¹, Gloria Gutman²
¹Dalla Lana School of Public Health, University of Toronto, Toronto, Canada. ²Gerontology Research Centre, Simon Fraser University, Vancouver, Canada

Abstract / Résumé

Objective: This study investigated the measures employed by seniors’ housing (SH) and assisted living (AL) staff to curtail the spread of COVID-19, while prioritizing the welfare of older residents. Method: Eleven semi-structured virtual or telephone interviews were conducted with executive, managerial, and recreation staff of six sites in British Columbia. The 13-question interview guide inquired about COVID-19 mitigation strategies implemented, steps taken to alleviate negative psychosocial effects (e.g., loneliness), and staff’s impression of how effective, or ineffective, those steps were. Interviews ranged from 14-30 minutes and were conducted from July to August 2021. Results: Transcripts analyzed using inductive thematic analysis identified four major themes: COVID-19 infection control, combating pandemic-related psychosocial stress, staff perspectives on outbreak control success, and reasons for staff/resident relocation. Concerning infection control, staff shared novel ideas adopted by their sites, such as giving residents door labels to show if they “were isolating or staying ... in their suite.” Concerning ways to reduce negative psychosocial effects, a staff member advocated for “[extending the] internal definition of what essential services meant.” The third theme, staff perspectives, uncovers the effectiveness or shortcomings of each site’s mitigation strategy from the candid viewpoint of those working there. The fourth theme looks into the movement of staff or residents, either to different sites or due to resignation (staff) or discharge (residents). Conclusion: This study provides valuable information for managing future pandemic-type crises by sharing novel ways to reduce social isolation and mitigate mental health issues in older SH/AL residents, and limit staff resignations.
Cognitive abilities and cortical atrophy: Exploring life experiences as a moderator

Tara Cooper
University of Victoria, Victoria, Canada

Abstract / Résumé

In a rapidly aging world, preventing the incidence of dementia is imperative. Independent of other risk factors, less education, lower occupational attainment and social isolation relate to a higher dementia risk. The cognitive reserve theory explains that life experiences (i.e. education, occupation or social engagement) develop an individual’s ability to cope with brain aging. Individuals with extensive life experiences have higher cognitive reserves (CR) and are predicted to endure more age-related neuropathology for longer without presenting dementia symptoms. Accordingly, this research tested whether the CR by proxy of life experiences could moderate the relationship between late-life cognitive abilities and age-related neuropathology. Furthermore, since brain development is most sensitive to early-life experiences, this research also tested whether early-life experiences predicted late-life cognitive abilities better than mid or late-life experiences. Using a pre-existing dataset, cognition, measured by the Cattell Culture Fair test, total gray matter volume (TGM) and responses to the Life Experiences Questionnaire (LEQ) were collected from a sample of 250 adults between ages 66 and 88. LEQ scores did not moderate the relationship between late-life cognitive abilities and TGM ($\beta=.03$). However, early ($\beta=.26$) and mid-life experiences ($\beta=.34$) significantly predicted late-life cognitive abilities. The results suggest that life experiences could be too distal from the CR to buffer against brain aging; however, given that early and mid-life experiences significantly predict late-life cognitive abilities, modifying the activities in each of these phases of life could benefit the cognitive abilities of individuals as they transition into late adulthood.
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Using the Social Connectedness Scale (SCS) with Older Adults: A Scoping Review and Psychometric Investigation

Michelle Yeschin¹, Marnin Heisel¹, Gordon Flett²
¹University of Western Ontario, London, Canada. ²York University, Toronto, Canada

Abstract / Résumé

Background: Social relationships may contribute to longevity among older adults. Although measures of social network, social isolation, and loneliness have been investigated in this demographic, social connectedness scales have been underreported in gerontological research.

Objectives: The present investigation aims to assess the use and psychometric properties of the Social Connectedness Scale (SCS; Lee & Robbins, 1995) and Social Connectedness Scale – Revised (SCS-R; Lee et al., 2001) with older adults.

Methods: 1) A scoping review investigated the use of the SCS and SCS-R in middle-aged and older adults using six databases and grey literature. 2) Following this, psychometric analyses were conducted using 2-year follow-up data from a longitudinal study of the onset or exacerbation of suicide ideation in community-residing older adults (n=112). We specifically assessed the internal consistency reliability (Cronbach’s alpha and item-total correlations) and convergent, construct, and discriminant validity of the SCS and SCS-R via correlations with positive and negative measures of psychological and interpersonal factors.

Results: The literature review identified seven unique studies that have employed the SCS and/or SCS-R in adults over 50 years old. Our psychometric analyses indicated that both the SCS and SCS-R have strong reliability and validity in community-residing older adults.

Conclusions: Researchers should consider using the SCS and SCS-R scales to assess social connections among older adults. These findings will be discussed in the larger context of population-based research and interventions regarding the mental health of older adults.
Dual Mechanisms of Control in Healthy Cognitive and Motor Aging

Cai Li, Jessica Ladouceur, Karen Z.H. Li
Concordia University, Montreal, Canada

Abstract

The ability to block habitual actions, termed response inhibition, entails cognitive control and is shown to decline with healthy aging (Trewartha et al., 2011; Trewartha et al., 2013). This inhibitory decline, observed in fine motor performance, has been attributed to age-related declines in proactive cognitive control. Proactive control facilitates task performance through the maintenance of goal-relevant information in working memory (Braver, 2012). To more directly assess the role of proactive control in response inhibition, we adapted a computerized finger sequencing task (Trewartha et al., 2009) to assess response inhibition and reprogramming in healthy young and older adults. A key objective was to evaluate whether the presentation of cues would promote proactive control and in turn, improve response inhibition and reprogramming. In the task, participants first overlearned a specific sequence of two key presses as indicated by boxes changing colour on the screen. The overlearned pair was then embedded within series of conflicting sequences to which one should inhibit the overlearned response. Half of the test trials were cued to promote proactive control. Younger adults ($N = 32, M_{Age} = 22.27$) showed that the conflicting sequences that caused the most cognitive interference benefitted the most from cueing ($F(5, 155) = 10.2$, $p < 0.001$). Preliminary data from older adults ($N = 3, M_{Age} = 74$) show a similar pattern, suggesting that cueing may aid in reducing age-related declines in response inhibition and promote more proactive cognitive control.
Take a Walk on the Rural Side: Walkability in the Village of New Minas

Alexandria Delaney
Acadia University, Wolfville, Canada

Abstract / Résumé

The province of Nova Scotia has the highest proportion of older adults and persons with disabilities in Canada. Nova Scotia has a responsibility to make sure the needs of all people, but especially for those who are older and living with a disability, are met. This research explored the perspectives of five older women who reside in the Village of New Minas, a rural community in Nova Scotia, to understand how New Minas can become more walkable by improving sidewalks. Throughout the interviews, I collected rich data about the condition of sidewalks in New Minas. Four of the women spoke about the need for improved curb cutouts and ramps as these are tripping hazards and barriers for people using assistive devices. Two participants also spoke about barriers for people who use mobility devices on sidewalks and how they observed someone becoming injured. The sidewalks are often not wide enough which makes it difficult to pass others, especially when someone is using a wheelchair or scooter. One participant flipped her scooter because there was not enough room to turn her scooter around and she fell off the curb. Inaccessible sidewalks have led one participant who uses a mobility device full-time to experience food insecurity because she cannot access grocery stores with fresh produce. It is important to integrate the voices of older adults when examining the accessibility of sidewalks. New Minas should consider these experiences and work towards a universal design for sidewalks that will improve accessibility for all.
Exploring the care partner perspective: How has Covid-19 impacted the adult day program experience?

Kareena Karani, Kim Wilson
University of Guelph, Guelph, Canada

Abstract / Résumé

The Covid-19 pandemic has impacted the delivery of community health and support services for older adults. Adult day programs (ADPs) serve a purposeful role for older adults and care partners as they offer socialization and a break from caregiving demands. This study explored the impact of the pandemic on the ADP access and experiences from the care partner perspective in the Waterloo Wellington region in Ontario. Thirty care partners completed a survey distributed both online and in hard copy. A convergent mixed methods design was used, and analysis included descriptive statistics and content analysis of open-ended survey questions. Findings indicate that although the majority of care partners preferred in-person programming, virtual services allowed program participants to socialize with others, had something to look forward to on days they attended, and provided continued supported for care partners during the pandemic. Generally, when using ADPs, care partners identified they benefitted from personal time, having program staff regularly check in about care recipient’s progress and well-being, and program participants valued participating in stimulating activities and staff building meaningful connections with them. To improve virtual programming in the future, a focus on inclusivity is required by notably by providing additional resources to assist care partners into virtual programming. Care partners also highlighted the need to extend the number of program days available and hours of programming. Implications of this research include informing the value of ADPs in our communities, contributing to current and future improvements of these services, and building on existing literature.
P21

Developing and Disseminating Clinical Guidelines for Social Isolation and Loneliness in Older Adults

Dr. David Conn¹⁻²⁻³, Claire Checkland⁴, Bette Watson-Borg⁵
¹Canadian Coalition for Seniors' Mental Health, Toronto, Canada. ²Baycrest Health Sciences, Toronto, Canada. ³University of Toronto, Toronto, Canada. ⁴Canadian Coalition for Seniors' Mental Health, Ottawa, Canada. ⁵Canadian Coalition for Seniors' Mental Health, Halifax, Canada

Abstract / Résumé

An Angus Reid survey found that 48% of Canadians reported themselves as being socially isolated, lonely or both (Reid, 2019). Social isolation among older adults is associated with increased chance of premature death, depression, dementia, disability from chronic disease, increased use of health and support services and increased number of falls (National Academies of Sciences, Engineering and Medicine (2020)).

The Canadian Coalition for Seniors’ Mental Health (CCSHM) is developing Canadian guidelines for health and social service providers to support them in their professional roles with respect to the prevention, assessment, and management of social isolation and loneliness.

In this workshop, we will present the processes and methodologies taken to draft clinical guidelines, including the recruitment and support of a national Working Group, the findings of the Literature Review and the results of two national surveys. We will be seeking feedback and perspective with respect to the draft recommendations and the ongoing dissemination and knowledge translation of the guidelines.

This workshop will result in increased awareness and knowledge regarding the mental and physical health risks associated with social isolation and loneliness among older adults. It will provide evidence based information with respect to the current state of research in this growing field. Finally, it will provide CCSMH with feedback on the draft recommendations and ideas for effective dissemination and knowledge translation of the guidelines.

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COVID-19 Pandemic and Death Anxiety Among Older Adults: Learned Lessons for Nursing Practice

Khalid Al-Diabat¹, Enam Alsrayheen², Carole-Lynne Le Navenec³
¹Cape Breton University, Sydney, Canada. ²Nova Scotia Health, Sydney, Canada. ³University of Calgary, Calgary, Canada

Abstract / Résumé

Death anxiety is a worldwide phenomenon among diverse populations, including older adults. However, few studies were located in a literature review that examined how the Covid-19 pandemic influenced the perception of death anxiety among the older adult population. Therefore, the purpose of this poster is two-fold: (1) to provide an introductory discussion based on the literature regarding how the Covid-19 pandemic and its precautionary measurements provoke death anxiety, including its sub-category of predatory death anxiety, among older adults; and (2) to identify non-pharmacological interventions specific to death anxiety management for gerontological nurses to use during similar pandemics like the Covid-19 in the future. The intended outcome of this poster is an enhanced understanding of ways to provide effective psychological care to older adults. The discussion of this poster will focus on four topics: (1) the role of sociocultural factors in death anxiety among older adults during the Covid-19 Pandemic, (2) predatory death anxiety and Terror Management Theory, (3) nursing assessment, and (4) non pharmacological interventions to address death anxiety. In conclusion, death anxiety is multidimensional. The reasons behind death anxiety for each older adult are diverse, as each individual is unique. During the Covid-19 pandemic and similar situations in the future, gerontological nurses must carefully assess and intervene to address this health concern. They need to demonstrate evidence-based practice taking into consideration their own definition and perceptions of death, the reasons for their beliefs, and the cultural, situational, and spiritual context in which they practice.
An Enjoyable Retirement: Lessons Learned from Retired Nursing Professors

khaledoun Aldiabat¹, Carole-Lynne Le Navenec², Enam Alsrayheen³
¹Cape Breton University, Sydney, Canada. ²University of Calgary, Sydney, Canada. ³Nova Scotia, Sydney, Canada

Abstract / Résumé

Aim: This study aimed to investigate the experience of retirement for retired nursing professors. Design: The descriptive phenomenological qualitative method, developed by Giorgi, was used to conduct this study, through the lens of Continuity Theory and Carper’s Ways of Knowing Theory. Methods: Data were collected from four eligible participants in the form of written descriptions e-mailed to the researchers and analyzed using Giorgi’s analysis-synthesis process. Results: The results showed that retired nursing professors felt satisfied with what they had achieved over their careers. They experienced a positive and rewarding life post-retirement and had positive perceptions of many aspects of their retirement. Conclusion: The retired nursing professors continued with many pre-retirement activities and maintained productivity. They used their past and new knowledge to shape their daily life experiences in ways that enhanced their own well-being and quality of family and community connections. Their continued involvement in organizations post-retirement included many academic and professional activities such as presenting at conferences, supervising students, reviewing articles, and volunteering in other scholarly activities.
Risks associated with critical wandering among older adults with dementia who subscribe to Medic-Alert®

Antonio Miguel-Cruz\textsuperscript{1,2,3}, Hector Perez\textsuperscript{4}, Emily Rutledge\textsuperscript{2}, Christine Daum\textsuperscript{2}, Lili Liu\textsuperscript{2}
\textsuperscript{1}University of Alberta, Edmonton, Canada. \textsuperscript{2}University of Waterloo, Waterloo, Canada. \textsuperscript{3}Glenrose Rehabilitation Research, Innovation & Technology (GRRIT), Edmonton, Canada. \textsuperscript{4}University of Waterloo, University of Waterloo, Canada

Abstract / Résumé

Objective: Critical wandering occurs when an individual living with dementia leaves an institution or home and is unaware of one’s place or time. It is expected that critical wandering incidents will increase with the growing prevalence of persons living with dementia worldwide. In this study, we explored the association between demographic, psychopathological and environmental antecedents of critical wandering among persons living with dementia.

Methods: Our retrospective study included data from 25,785 Canadian Medic-Alert\textsuperscript{®} (40 years and older) subscribers. We used a multivariable logistic regression analysis to examine the associations between critical wandering and dementia status as the psychopathological independent variable, controlled by demographic (age, ethnic background, sex at birth, Canadian languages spoken) and environmental antecedent (living conditions, population density) variables.

Results: The sample comprised older adults (mean 75.4 years, SD=14.3). Our finding suggests that older males (OR 1.10 CI[1.04,1.17]), living with dementia (OR 2.56 CI[2.39, 2.73]), who have a black ethnic background (OR 1.61 CI[1.44, 1.99]) and who do not have English or French (OR 2.70 CI[2.45, 2.99]) proficiency have increased rates of critical wandering. With respect to environmental factors, individuals living in an urban environment (OR 1.29 CI[1.16,1.44]), in a facility (OR 1.99, CI[1.80,2.21]) or with a family member (OR 1.15, CI[1.14,1.36]) were associated with increased prevalence of adverse incidents.

Conclusions: Numerous risk factors for missing incidents were identified. Among Medic-Alert\textsuperscript{®} subscribers, those living with dementia had a higher risk of going missing compared to those living without dementia.
Older men’s reasons for their subjective ratings of health: The Manitoba Follow-up Study

Elizabeth Sachs¹, Philip St. John²,³,¹, Robert Tate³,¹
¹Manitoba Follow-up Study, Department of Community Health Sciences, Max Rady College of Medicine, Rady Faculty of Health Sciences, University of Manitoba, Winnipeg, Canada. ²Section of Geriatric Medicine, Max Rady College of Medicine, Rady Faculty of Health Sciences, University of Manitoba, Winnipeg, Canada. ³Centre on Aging, University of Manitoba, Winnipeg, Canada

Abstract / Résumé

Self-rated health (SRH) is an indicator of overall health and predicts mortality. However, there have been few inquiries into the lay perspectives of how and why older men rate their health. The Manitoba Follow-up Study (MFUS) is a cohort study of 3983 men which began in 1948 and continues to the present day. In 2004, the cohort was asked to rate their SRH and state the reasons for this self-rating. The objectives are to determine: 1) If there is a gradient in mortality across categories of SRH; 2) The reasons for rating SRH in specific categories; 3) If the reasons for rating SRH in specific categories further differentiates the risk of mortality.

There were 829 participants who returned questionnaires (mean age of 84); 778 of whom died between 2004 and 2020. There was a gradient in mortality across SRH over this time: the age adjusted hazard ratio (95%CI) from proportional hazards models was “Very Good” 1.34 (1.08,1.67), “Good” 1.79 (1.42,2.24), “Fair” 3.38 (2.58,4.46), “Poor/Bad” 5.53 (3.58,8.54) with “Excellent” as the reference category. Thematic key word coding identified 6 broad categories of reasons for selection of response: medical problems and symptoms (64%), functional status (36%), mental health and cognition (24%), health care utilization (21%), aging and appearance (12%), and social networks (9%). Of those who rated their health as excellent, those who included good social network as a reason had the lowest risk of mortality. Higher SRH predicts long term survival and the reasons for the ratings adds further information.
P26

Strategies for engaging people with lived experience of dementia in national research meetings

Ellen Snowball1,2, Inbal Itzhak2, Myrna Norman2, Wayne Hykaway2, Heather Eagleson2, Linda Grossman2, Rosette Loughlin2, Faye Forbes2, Karen Myers Barnett2, Janet Rocheleau2, Kathy McGilton1,2, Jennifer Bethell1,2

1KITE Research Institute, Toronto Rehabilitation Institute – University Health Network, Toronto, Canada.
2Canadian Consortium on Neurodegeneration in Aging, Montreal, Canada

Abstract / Résumé

Objectives: We will describe tips and strategies for engaging people with lived experience of dementia in national research meetings and events. We will also present evaluation data on these collaborations. We hope to stimulate more engagement in this area.

Methods: Engagement of People with Lived Experience of Dementia (EPLED) was a new program introduced in the Canadian Consortium on Neurodegeneration in Aging (CCNA) phase 2. EPLED’s main activity has been developing and supporting an Advisory Group composed of people with diverse experiences of dementia, including people living with dementia and friends, family and caregivers. EPLED Advisory Group members have been involved in different capacities in national meetings and events, including CCNA Science Days. EPLED Advisory Group members, researchers and research administrators discussed their experiences of collaborating in these venues and distilled their tips and strategies for researchers and research administrators. The group also reviewed evaluation data, collected from people with lived experience and researchers, that assessed these collaborations.

Results: We will present tips and strategies for involving people with lived experience in national research meetings, including the roles people with lived experience could undertake and the supports they may require. We will present evaluation data that indicate that both people with lived experience and researchers valued this collaboration.

Conclusions: People with lived experience can take on multiple roles in planning, executing and evaluating national research meetings. This engagement is viewed positively by both people with lived experience and researchers.

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Measures of Frailty and Glycemic Control in Older Adults With Diabetes

Kenneth Madden¹,²,³, Boris Feldman¹,², Shane Arishenkoff¹, Sarah Sy¹, Graydon Meneilly¹,²
¹University of British Columbia, Vancouver, Canada. ²Gerontology and Diabetes Research Laboratory, Vancouver, Canada. ³Centre for Aging SMART, Vancouver, Canada

Abstract / Résumé

OBJECTIVES: Frailty in older adults is often used as a factor in clinical practice guidelines for glycemic control in Type 2 Diabetes (T2DM), although often without specifying how it should be measured. Most definitions of frailty fall into three categories: single performance measures (such as gait speed), an accumulated deficits model (Rockwood Clinical Frailty Scale, RCFS) and a clinical phenotype definition (Fried Index, FI). In older adults with T2DM, we examined the association between 3 types of frailty measures and glycemic control.

METHODS: Older adults (age >= 65, n=72) were recruited from a geriatric medicine clinic (26 women, 46 men, mean age 80.5±0.6 years). Each subject had gait speed, FI, RCFS and glycosylated hemoglobin (HgAIC) measured. Our initial models contained frailty measures as our outcome variables and both age and HgAIC as predictor variables.

RESULTS: HgAIC showed an association with the FI (Standardized β=0.254±0.119, p=0.036) with age as a covariate, but no association with either gait speed (Standardized β=-0.180±0.121, p=0.140) or the RCFS (Standardized β=0.248±0.122, p=0.840).

CONCLUSIONS: Phenotype-based definitions of frailty had a strong association with HgAIC but no association with other models of frailty. This indicates that in future guidelines for glycemic control that wish to account for frailty, more specificity is needed as to how frailty is being defined.
Development and validation of a new prediction tool for worsening cognitive performance among home care clients

Dawn Guthrie¹, Nicole Williams¹, Hannah O’Rourke², JB Orange³, Natalie Phillips⁴, M. Kathleen Pichora-Fuller⁵, Marie Savundranayagam⁷, Rinku Sutradhar⁶
¹Wilfrid Laurier University, Waterloo, Canada. ²University of Alberta, Edmonton, Canada. ³Western University, London, Canada. ⁴Concordia University, Montreal, Canada. ⁵University of Toronto, Mississauga, Canada. ⁶University of Toronto, Toronto, Canada

Abstract / Résumé

Objective: To develop and validate a prediction tool for the risk of a decline on the interRAI Cognitive Performance Scale (CPS). Method: Retrospective cohort study using interRAI data, collected between 2010 and 2018, in five provinces and one territory. Eligible home care clients had at least two assessments and remained as home care recipients for the six-month observation window. They were selected randomly for model derivation (75%) and validation (25%). All clients had a CPS score of zero (intact) or one (borderline intact) at baseline, out of a possible score of six. The main outcome was any degree of worsening (i.e., increase) on the CPS score within six months. The derivation cohort was used to develop a multivariable logistic regression model to predict the risk of a deterioration in the CPS score. Model performance was assessed on the validation cohort using discrimination and calibration plots. Results: We identified 39,292 eligible clients, with a median age of 79.0 years, 62.3% were female, 38.8% were married and 38.6% lived alone. On average, 30.3% experienced a worsening on the CPS score within the six-month window. The final model had a good ability to discriminate between those who did and did not deteriorate on the CPS (c-statistic of 0.65), with excellent calibration. Conclusions: The model accurately predicted the risk of deterioration on the CPS score over six months among home care clients. This type of predictive model may provide useful information to support decisions for home care clinicians who use interRAI assessments across Canada.
Gender-Specific Associations between Late-Life Disability and Socioeconomic Status: Findings from the International Mobility and Aging Study (IMIAS)

Afshin Vafaei¹, Luana Caroline Cortez Corrêa², Cristiano Gomes², Saionara da Camara², Juliana de Souza Barbosa³, Ingrid Guerra Azevedo⁴, Ricardo Oliveira Guerra²
¹Western University, London, Canada. ²Federal University of Rio Grande do Norte, Natal, Brazil. ³Federal University of Pernambuco, Recife, Brazil. ⁴Universidad Catolica de Temuco, Temuco, Chile

Abstract / Résumé

Objectives: Disability is a dynamic process influenced by surrounding sociocultural environment. This study aimed to determine whether the associations between socioeconomic status (SES) and late-life disability differ by gender.

Methods: We performed a cross-sectional study using data from 1362 older adults from Canada, Colombia, and Brazil representing populations with diverse SES and cultural background. Self-reported frequency of participation in social activities such as visiting friends, recreation, going to public places, and self-care tasks as well as perceived limitations for participation in such activities were measured utilizing the disability component of the validated Late-Life Function Disability Instrument. Associations between disability measures and SES indicators of education, income sufficiency, and occupation were estimated via multivariate linear regression models.

Results: Manual occupation was associated with decrease in the frequency of participation for both men [β = −1.79 (95% CI −3.40; −0.18)] and women [β = −2.25 (95% CI −3.89; −0.61)]. We also observed some gender differences. Decrease in the frequency of participation due to low education was only observed in men [β = −3.11 (95% CI −4.70; −1.53)] and as a result of insufficient income only in women [β = −3.55 (95% CI −5.57; −1.52)]. The only factor associated with greater perceived limitation in tasks in both genders was insufficient income [β = −2.39 (95% CI −4.68; −0.10) and [β = −3.39 (95% CI −5.77; −1.02) respectively].

Conclusions: Although SES indicators of income and occupation affect functioning of both men and women, it seems that there are also gender-specific late-life disability experiences associated with SES.
Teamwork, worker engagement and the COVID-19 pandemic

Monique Lanoix
Saint Paul University, Ottawa, Canada

Abstract / Résumé

In this presentation, I discuss a novel finding from a federally funded project aimed at understanding how personal support workers managed during the fifth wave of the COVID-19 pandemic (January-April 2022). Semi-structured interviews were conducted with personal support workers providing care in several non-profit nursing homes in Ottawa. The goal was to uncover which particular activities or regulations made workers feel more vulnerable to harm. Some of the results were predictable, as workers had to contend with multiple levels of uncertainty stemming from a range of sources. These included the unforeseeable ways in which co-workers and residents became infected as well as the changes in public health regulations that had an impact on care provision. However, there was one unexpected finding. The interviews revealed how workers on particular units achieved better team cohesion amongst all personnel. Notably, the objective of managing the COVID-19 virus acted as a unifying factor. This encouraged all personnel on the unit to problem solve together, and they became more engaged with each other. This took place when there was non-hierarchical communication, open discussion and exchange between registered nurses, registered practical nurses and personal support workers on the unit. I examine this finding using the framework of the psychodynamics of work developed by Dejours (1998; 2000), and applied in the context of personal support workers by Gernet and Chekroum (2008), Aubry and Couturier (2014), as well as Aubry (2020). Finally, I explain some of the key components of engaged teamwork that can help strengthen worker satisfaction.
Les défis rencontrés par les personnes âgées vivant avec un trouble neurocognitif dans la poursuite de leurs activités extérieures: résultats d’une étude qualitative québécoise

Stéphanie Daneau1,2, Anne Bourbonnais1, Chantal Caux1, Carmen Lemelin3, Eliante Ntsame Abaha2, Mickaël Lagacé2

1Université de Montréal, Montréal, Canada. 2Université du Québec à Trois-Rivières, Trois-Rivières, Canada. 3Centre collégial d’expertise en gérontologie, Drummondville, Canada

Abstract / Résumé

La mobilité externe, c’est-à-dire la possibilité de poursuivre ses activités extérieures habituelles (ex.: loisirs, rendez-vous, bénévoles, épiceries, etc.), représente souvent un défi pour les personnes âgées vivant avec un trouble neurocognitif.

Afin de soutenir ces personnes dans le maintien d’une vie active à l’extérieur de la maison, une recherche-action visant à élaborer, implanter et évaluer des actions visant la mobilité externe des personnes âgées vivant avec un trouble neurocognitif dans la communauté a été entreprise. Dans la première phase de l’étude, des personnes âgées vivant avec un trouble neurocognitif, leurs proches et des intervenant·e·s de trois régions du Québec, Canada (Laurentides, Laval, Mauricie), ont participé à une entrevue qualitative afin d’explorer les enjeux rencontrés dans ce contexte et les pistes de solutions envisageables.

Plusieurs défis et certains facilitateurs ont pu être identifiés, présentés selon les cinq catégories du Comprehensive 5P Framework for Active Aging: personne, processus, lieux (places), élaboration de politiques (policy making) et dimensions de l’état de santé (prime). Ces résultats ont permis l’élaboration d’interventions qui seront implantées et évaluées dans la prochaine phase de l’étude.
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Creating National Dementia Caregiver Profiles: A Pilot Study

Saskia Sivananthan\textsuperscript{1,2}, Haridos Apostolides\textsuperscript{3}, Alexandra Whate\textsuperscript{3}, Joshua Armstrong\textsuperscript{1,4}

\textsuperscript{1}Alzheimer Society of Canada, Toronto, Canada. \textsuperscript{2}McGill University, Montreal, Canada. \textsuperscript{3}University of Waterloo, Kitchner, Canada. \textsuperscript{4}Lakehead University, Thunderbay, Canada

Abstract / Résumé

There will be an estimated 1 million people living with dementia (PLWD) in 2031, with a further 613,500 Canadians thrust into the role of caregiver to support them. These unpaid caregivers shoulder significant physical, mental, emotional, and financial burdens while caring for their loved ones. Yet there is almost no information available nationally on caregivers of people living with dementia and their needs.

The First Link® program by the Alzheimer Society offers tailored support and connection to caregivers reaching ~200,000 clients nationally. Consistent quantitative data will be collected from 30,000 individuals across 5 pilot provinces. A framework and data set were agreed to through a collaborative community of practice approach engaging provincial Societies, subject matter experts and PLWD. Data sharing agreements were established for automated, secure, de-identified data transfers into a centralized data repository.

The framework includes a common dataset with demographic (race, ethnicity, gender identity, sexual identity), health status, level of stress/caregiver burden, confidence/preparedness to deliver care, quality of life and connections to local supports. Through a tailored approach, each site receives training in consistent data collection processes as well as equity, diversity and inclusion training. This approach allowed staggered onboarding while ensuring all front-line staff are trained for longitudinal data collection. The next step will be engagement to develop caregiver profiles that highlight demographic characteristics, insights into current supports, and priorities for future programming for this population, and allow for subgroup analysis.

Over time, this comprehensive dataset will provide insight into the effectiveness of caregiver resources that are currently being provided and establish a Canada-wide surveillance system for caregivers of PLWD.

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Comparison of the Sedentary Behaviour Guidelines for Older Adults: A Review of the Literature and Quality Appraisal with AGREE II

Isabel Rodrigues1,2, Amy Huang1,2, Ellen Wang3,4, Stephanie Sanger5, Alexandra Papaioannou1,2,6
1McMaster University, Department of Medicine, Hamilton, Canada. 2GERAS Centre for Aging Research, Hamilton, Canada. 3University of British Columbia, Department of Physical Therapy, Vancouver, Canada. 4Arthritis Research Canada, Vancouver, Canada. 5McMaster University, Health Sciences Library, Hamilton, Canada. 6McMaster University, Department of Health Research Methods, Evidence, and Impact, Hamilton, Canada

Abstract / Résumé

Background: Most older adults (≥65 years) accumulate >8.5 hours/day of continuous sedentary time, which is associated with increased risk of metabolic syndromes and falls. The impact of increased sedentary time in older adults globally has prompted the development of national and international sedentary behaviour guidelines.

Objective: The purpose of our review was to identify and compare national and international sedentary behaviour guidelines for older adults and appraise the quality of the guidelines to promote best practice in guideline development.

Methods: We conducted our search in Medline, Embase, Global Health and relevant grey literature. We included the most updated guidelines for older adults written in English. AGREE II was used to assess the quality of the recommendations.

Results: We identified eight national and international sedentary behaviour guidelines for older adults. The guidelines were developed from reviews, cohort studies, knowledge user’s opinions, or other guidelines; all guidelines were based on low quality and certainty of evidence. The terms “sedentary behaviour” and “sedentary time” were used interchangeably, and the definitions of both terms were not consistent between guidelines. Six guidelines recommended a reduction in total time with one suggesting limiting sedentary time to <8 hours/day. Three guidelines suggested reallocating sedentary time to light activity, with one recommending to stand-and-stretch every hour for 5-minutes.

Conclusion: Most sedentary behaviour guidelines for older adults are based on low quality and low certainty evidence. Terminology, definitions, and recommendations were not consistent between guidelines. Further work is needed to develop evidenced-based recommendations specific to older adults.
Engagement of persons with lived experience of dementia in designing, implementing, and evaluating community-driven programs

Bonnie Jeffery¹, Akram Mahani², Tom McIntosh², Nuelle Novik², Nancy SahAkwen²
¹University of Regina, Prince Albert, Canada. ²University of Regina, Regina, Canada

Abstract / Résumé

The powerful slogan of “nothing for us without us” has been widely adopted in policy and practice change to reinforce the opportunities for people with lived experience (PWLE) to be meaningfully engaged. Despite these efforts our knowledge of meaningful engagement practices is limited. The meaningful engagement of PWLE of dementia is arguably an untapped resource in both research and policy and practice domains. To address this knowledge gap, we report on the engagement strategies that we have been employing during an ongoing 5-year Collective Impact project that aims to enhance social inclusion of persons with dementia and their care partners in rural Saskatchewan. The data presented here are part of an ongoing evaluation of the overall project and are drawn from observations, document reviews, and interviews. Our findings suggest 5 levels of engagement (individual, service/program, organizational, community, and policy) and strategies used at each level to capitalize on the tacit knowledge of PWLE of dementia in the design, implementation, and evaluation of community-driven programs. The findings can be used as a framework to support organizations in re-defining their engagement practices and re-thinking how to meaningfully and sustainably engage PWLE in designing, implementing, and evaluating programs and in leading organizational policy and practice change.
Interventions against Social Isolation of Older Adults: A Systematic Review of Existing Literature and Interventions

Jaya Manjunath, Nandita Manoj, Tani Alchalabi  
The George Washington University School of Medicine and Health Sciences, Washington, USA

Abstract / Résumé

Social isolation is widespread among older adults, especially those confined to living in nursing homes and long-term care facilities. We completed a systematic review evaluating the effectiveness of 20 interventions used to combat social isolation in older adults. A scoring mechanism based on the Joanna Briggs Appraisal Checklist was utilized to determine the quality of the studies. Searches were conducted in "MedLine", "PubMed", "PsycINFO" and "Aging and Mental Health". Studies completed on group and person-centered interventions against social isolation were the highest quality as the social isolation experienced by older adults decreased after the intervention, and this effect continued in follow-up studies. Other interventions such as volunteering-based interventions also alleviated isolation; however, follow-up studies were not completed to determine long-term efficacy. Given the increase in social isolation faced by older persons during the pandemic, our review can be utilized to create effective interventions to reduce social isolation.
Assessing the effects of a new long-term care intervention at George Dumont Hospital, New Brunswick, Canada

Breitner Chaves, France LeBreton, Erika Dugas
Vitalité Health network, Moncton, Canada

Abstract / Résumé

Objective: The objective of this study was to evaluate the effects of an intervention at CHUDGLD in Moncton, New Brunswick to provide recommendations to the leadership team. The intervention involved replacing a "vertical" medical follow-up model with a more "horizontal" clinical follow-up and modifying the physician payment model.

Methods: This study involved both qualitative and quantitative research. In the qualitative aspect, 23 professionals (health professionals, nurses, and physicians) and 19 family patient members responded to online surveys. In the quantitative aspect, the variables evaluated before and after the intervention were readmission within 30 days, length of stay, and proportion of patients discharged pending transition to a nursing home. Data was collected from Vitalité Health Network's computer system.

Results: 86.4% of professionals reported that communication with physicians improved following the intervention. 81.8% of healthcare professionals reported that internal communication between them and patients had improved, and 95% of healthcare professionals reported that the intervention would provide clinical benefits in patient follow-up. Before the intervention (from February 2021 to July 2021), the average total stay was 79.4 days, with a 30-day readmission rate of 2.94%. After the intervention (from November 2021 to April 2022), the average total stay was 117.7 days, with a 30-day readmission rate of 4.8%. During this period, the two units had an average of 71 patients per month waiting for a nursing home.

Conclusion: This research highlights that the strategy of fostering more horizontal care improves the quality of communication and decision-making, both within the team and with patients' families. However, the study was unable to demonstrate improvements in length of stay and readmissions.
Empowering Ontario’s long-term care residents to shape the place they call home: A scoping review

Chloe Lee1, Dee Tripp1, Beryl Collingwood1, Jim Gilhuly1, Julia Fineczko2, Jennifer Langston1, Carrie McAiney3,4, Melissa McVie1, Katherine McGilton5,2, Gale Ramsden1, Stephanie Ventura1, Jennifer Bethell5,6

1Ontario Association of Residents’ Councils, Markham, Canada. 2Lawrence S. Bloomberg Faculty of Nursing, University of Toronto, Toronto, Canada. 3School of Public Health and Systems, Waterloo, Canada. 4Schlegel-UW Research Institute for Aging, Waterloo, Canada. 5KITE Research Institute, Toronto Rehabilitation Institute – University Health Network, Toronto, Canada. 6Institute of Health Policy, Management, and Evaluation, University of Toronto, Toronto, Canada

Abstract / Résumé

Canada’s long-term care homes (LTCH) are founded on an institutional model positioning residents as passive recipients of care. However, involving residents in their LTCH’s operations can improve the residents’ quality of life. Preliminary findings will be presented from a scoping review that explores how residents have been engaged in their LTCH’s organizational design and governance, associated barriers and enablers to their participation, considerations for diversity, dementia, or cognitive impairment, and how the engagements have been evaluated. The project partners with the Ontario Association of Residents’ Councils, who facilitated connections with key stakeholder groups including LTCH residents, Residents’ Council Assistants, LTCH leadership and educators. The stakeholders informed the aims of the scoping review. The scoping review follows the methods by Arksey and O’Malley with the modification that consultation with stakeholders occurs throughout. Academic and grey literature references were identified through electronic databases and key North American stakeholder organizations. The database search identified 5580 articles (after excluding duplicates) which were independently screened by two reviewers for eligibility, followed by a full-text review of 162 articles. Data will be charted in Covidence, and deductively coded to identify themes framed by the Practical Implementation Sustainability Model (PRISM) contextual factors and RE-AIM outcomes. The stakeholder groups will review the results for interpretation and context. This scoping review is the first phase of a co-design project that aims to develop a pragmatic tool/product that LTCHs can use to meaningfully engage their residents in their home’s organizational design and governance.
Evaluating health equity within CareTO: A person-centred approach to care in Toronto

Christine Sheppard¹,², Mauriene Tolentino¹, Brenda Roche¹
¹Wellesley Institute, Toronto, Canada. ²University of Toronto, Toronto, Canada

Abstract / Résumé

The City of Toronto implemented a new culture change model within their city-run long-term care homes, called CareTO. The overall goal of CareTO was to transform the culture of care through staff awareness-raising, skill development, organizational change, and improved relationships and quality of life for residents. An enhanced focus on health equity underpinned this transformation. The purpose of this research was to conduct a health equity audit to determine how CareTO was implemented with attention to equity and how this focus has influenced the overall culture of care. A rapid-ethnographic approach was used to examine equity within CareTO and included: (1) a review of organizational documents; (2) site observations; (3) a survey of staff (n=100); and (4) qualitative interviews and focus groups with management and frontline staff (n=27), residents (n=7), and family members (n=10). Findings will explore how equity was considered in the shift to emotion centred care, and how this has led in improvements or unintended barriers for quality of care and life for residents and families, as well as working conditions for staff. Recommendations will help the City of Toronto and the long-term care sector more broadly adopt a health equity lens as a catalyst for care transformations to better meet the needs of diverse staff, residents, and families.
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Pandemic and crisis response in long-term care: Lessons learned

Bonnie Lashewicz, Cera Cruise, Nicole Mfoafo M’Carth, Nick Boettcher, Sofia Celis, Pauline McDonagh
University of Calgary, Calgary, Canada

Abstract / Résumé

The purpose of this presentation is to illuminate the experience and navigation of moral distress among long-term care workers in Canada during the Covid-19 pandemic. This work is part of informing organizational practices for upholding the wellbeing and dignity of long-term care workers and residents. Drawing on our mixed-methods study, we present an analysis of data from 50 semi-structured interviews with long-term care workers and from approximately 485 long-term care worker moral distress survey respondents. We generated ten themes, two of which are centered on the emotional experiences of workers and eight of which are about organizational ‘lessons learned’ from the perspective of workers. We discuss implications of our findings in terms of renewal and sustainability of Canada’s long-term care system.
“I haven’t really gone through things like this”: Young long-term care workers’ experiences of working during the Covid-19 pandemic

Cera Cruise, Sofia Celis, Bonnie Lashewicz
University of Calgary, Calgary, Canada

Abstract / Résumé

Long-term care (LTC) facilities were hard hit by the Covid-19 pandemic in Canada. We aim to illuminate the experiences of adults under the age of 30 who stepped into and/or persevered in working in LTC during the pandemic. Using life course theory concepts, we looked for conditions that led to young worker moral distress – i.e., pain or anguish over not being able to take right action - and how life stage may influence experiences. We present a secondary analysis of interview data from a sub-sample of 16 workers under the age of 30 who had been working in LTC for between 8 months and 7 years. We found that young workers expressed feeling guilt about mourning the loss of missing socially significant milestones expected during young adulthood as these milestones paled by comparison to the loss of life and consequences of resident isolation they witnessed while at work. To manage feelings of moral distress young workers attempted to maintain high standards of care for LTC residents and engaged in self-care activities. For some workers this was insufficient and leaving the field of LTC was their strategy to respond to their mental health needs. In all, the life stage of young LTC workers influenced their experiences of working during the Covid-19 pandemic and have implications for securing the future of LTC workforces in Canada.
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**Perspectives on Growing Older in Canada: The 2022 NIA Ageing in Canada Survey**

Natalie Iciaszczyk\(^1\), Keith Neuman\(^2\), Samir Sinha\(^3\)

\(^1\)National Institute on Ageing, Toronto, Canada. \(^2\)Environics Institute for Survey Research, Toronto, Canada

**Abstract / Résumé**

In less than 10 years, one-quarter of Canada’s population will be aged 65 years and older. Effective responses to the evolving needs of the ageing population require collecting regular and reliable data from older Canadians themselves to better understand how they think about and manage their lives as they get older.

The National Institute on Ageing (NIA), in partnership with the Environics Institute for Survey Research, launched a major new survey research initiative to track, over the next decade, Canadians’ perspectives on ageing in Canada. The survey captures how Canadians feel about both their experience and expectations of growing old, and focuses on three dimensions of ageing: social well-being, financial security, and health and independence. The research is designed to provide the ongoing measurement of key indicators that when analyzed annually, will make it possible to measure progress — or setbacks — over time across these three dimensions.

The first NIA Ageing in Canada Survey was conducted online with a representative sample of 5,885 community-dwelling Canadians aged 50 years and older living in the ten provinces from July 5 to Aug. 7, 2022. The research provided the basis for a public report on key metrics that was widely publicized and now serves as a key reference for researchers, governments, media and other stakeholders.

This presentation covers selected research findings from the inaugural benchmark survey that serves as the initial point of reference against which Canadians’ evolving perspectives will be tracked over the next 10 years, key takeaways, and next steps.
Community engagement through the creation of community-academic partnerships

Dawn Pittman\(^1\), Joan Cranston\(^2\), Roza Tchoukaleyska\(^3\), Renee Pilgrim\(^4\), Marie Louise Aastrup\(^5\), Rachel Atkins\(^6\)

\(^1\)Western Regional School of Nursing & Memorial University, Corner Brook, Canada. \(^2\)Bonne Bay Consulting, Norris Point, Canada. \(^3\)Western University, London, Canada. \(^4\)GNP Health & Wellness, St. Anthony, Canada. \(^5\)Memorial University, Faculty of Business Administration and Nordlys Consulting Inc, St. John’s, Canada. \(^6\)Port au Choix Community Place, Port au Choix, Canada

Abstract / Résumé

Objectives: Throughout this presentation, we will introduce the Great Northern Peninsula Research Collective (GNP-RC), a Newfoundland-based community-academic partnership. Established in 2019, the GNP-RC brings together community organizations, local community leaders, and university faculty, staff, and students to co-create research projects which are geographically focused on the Great Northern Peninsula of Newfoundland and Labrador (NL), along the Gros Morne to St Anthony corridor. This area of the province has an aging population (Statistics Canada, 2022), a high incidence of chronic disease (Government of NL, 2017), increased mortality rates (Quality of Care NL, 2021), and a lack of primary health care services (Health Accord, 2022).

Methods: We will discuss how the research collective has supported community engagement and aided in the formation of research relationships that reflect local priorities for knowledge creation. As we reflect on our experiences with the GNP-RC, we will comment on both our individual contributions and the wider lessons which can be learnt about effective and sustainable community-university research collaborations that support the engagement of local communities and support older adult aging in place.

Results: Thus far, projects of the collective have covered topics related to rural health access, food security, aging-in-place, economic innovation, and rural philanthropy, all of which have had a focus on how community-based social enterprise can support community development and resilience. Specific examples of how the work of the collective has positively contributed to the health of older adults living in the area through improved health care and healthy food access will be highlighted.
“Staying true to yourself” by aging in the right place: Meanings of independence and adaptation of older women living with serious physical disabilities

Miya Narushima, Lynette Appiah
Brock University, St. Catharines, Canada

Abstract / Résumé

Objectives: In this presentation, we will report the findings of our study exploring how older women with serious physical disabilities experience independent living in supportive housing. Method: Framed by theories of aging in the right place and critical disability, we employed a basic qualitative research approach in two phases. Phase 1 involved a semi-structured life history interview with two women in their early 50s living with advanced stage multiple sclerosis (MS) in a supportive housing in Southern Ontario. In phase 2, we conducted a key informant interview with a community support supervisor about environment and services in the supportive housing. Results: Our thematic analysis revealed several overarching factors that influence self-care management and quality of life at the individual, community, and social levels. These include women’s persistent efforts to adapt to changes in their physical condition through the use of assistive devices as well as formal and informal support from staff, family and friends. Participants also highlighted the importance of maintaining a positive mental outlook to continue being who they are despite the ablism and ageism prevalent in society. Financial constraints of older women relying on Ontario Disability Support Program were also suggested. Conclusion: Our findings illuminate how an affordable supportive housing environment, like our study site, can enable older women to live independently with a sense of autonomy, gratitude, and dignity. We hope this will help further the discussion regarding aging in the right place with respect to women’s life course.
The Social Isolation and Loneliness of Older Adults Living in Rural Places During the COVID-19 Pandemic

John Pickering, Andrew Wister, Eireann O’Dea, Habib Chaudhury
Simon Fraser University, Vancouver, Canada

Abstract / Résumé

The pandemic experiences and responses, including the effects of social isolation and loneliness, have been highly diverse depending on the level of urbanity or rurality level of environments. These knowledge gaps have led to calls for reviews examining the effects of the pandemic on older adults living in rural environments.

In response to these knowledge gaps, we conducted a scoping review to better understand the causes and consequences of social isolation and loneliness of older people living in rural contexts during the COVID-19 pandemic. Using the Arksey and O’Malley (2005) scoping review method, we reviewed 1013 articles published between January 2020 and December 2022. Ultimately, 29 articles were systematically reviewed to describe patterns, causes and consequences.

Findings were summarized using thematic analysis separated into four major themes: prevalence of social isolation and loneliness; rural-only research; comparative urban-rural research; and technological interventions. We observed that there are interrelationships and some contradictory findings among the themes.

Social isolation and loneliness are associated with a wide variety of health problems and challenges, highlighting the need for further research. This scoping review systematically identified several important insights into existing knowledge from the experiences of older people living in rural areas during the COVID-19 pandemic, while pointing to pressing knowledge and policy gaps that can be addressed in future research.
Loneliness among long-term spousal caregivers: A gender-based analysis using the Canadian Longitudinal Study on Aging

Lun Li¹, Andrew Wister², Yeonjung Lee³, Kalee Brittner¹
¹MacEwan University, Edmonton, Canada. ²Simon Fraser University, Vancouver, Canada. ³Chung-Ang University, Seoul, Korea, Republic of

Abstract / Résumé

Spousal caregivers tend to undertake the most care for their loved ones. As a result, spousal caregivers also experience worse caregiving outcomes, including loneliness, than other types of caregivers. This study used three waves of data from the Canadian Longitudinal Study on Aging (2011 to 2021), and longitudinal analyses with the Linear mixed model were performed to examine the loneliness (measured by UCLA 3-item loneliness scale) of spousal caregivers over time. A total of 1569 participants were identified as long-term spousal caregivers (849 male and 720 female). The results showed that female spousal caregivers reported both a higher level of loneliness at the beginning and a greater increase of loneliness over time than male spousal caregivers. Besides participants’ demographic, social-economic and health-related factors, caregiving hours, social participation, and social support are the key predictors of loneliness. At the same time, female spousal caregivers experience a steeper increase in caregiver hours, and a greater decrease in social participation and social support over time. These disparities in changes over time amplify the negative impacts of caregiving on female spousal caregivers. The findings reveal the greater caregiver burden taken by female spousal caregivers than male ones over time. The study supports future programs and services for female spousal caregivers to manage caregiving tasks better and maintain active social interaction to balance caregiving and social life.
Toward “free-from-harm” LTC labour through race and gender-based harm reporting: Findings from a realist review

Kimberly Lopez¹, Giana Tomas¹, Lauren Mitchell¹, Ashley Flanagan², Michelle Fleming³, Sherry Dupuis¹
¹University of Waterloo, Waterloo, Canada. ²National Institute of Ageing, Toronto, Canada. ³Ontario Centres for Learning, Research and Innovation in LTC at Bruyère, Ottawa, Canada

Abstract / Résumé

In 2020, approximately 100,000 PSWs were employed in Ontario 58% of which were PSWs working in LTCHs (MOLTC, 2020). Reports advocate for more PSWs in LTCHs, data, and transparent processes to improve working conditions and resident life quality, especially as care demands and the complexity of care increases (Estabrooks et al., 2015). Difficult and persistent conditions in LTC resulted in care staff shortages, poor wages, burnout, stress, and tension during the pandemic. Though, COVID-19 and race-focused protests simultaneously created an important opportunity to question how we might go about protecting LTCH employees from race and gender-based harm. Several reports call for work to address these harms by, first, making incidents visible through race and gender-based data collection and reporting (cf. MOLTC, 2020) and, second, finding solutions to protect LTCH care workers from such harms.

A realist review provides the “policy and practice community with the kind of rich, detailed and highly practical understanding of complex social interventions which is likely to be of much more use to them when planning and implementing programmes at a national, regional or local level” (Pawson, et al. 2005, p. 21). This presentation will describe the findings of a realist review conducted to understand the nature and availability of existing race and gender-based harm reporting processes for staff working in LTCHs and the possibilities for establishing a consistent reporting protocol. This presentation will also discuss literature on related reporting mechanisms in other contexts to develop literature-based recommendations for reporting tool(s) to be used in LTCHs.
How do retired academics promote their own healthy aging? A case study perspective.

Carole-Lynne LeNavenec¹, Sandra Hirst¹, Frederick Fletcher²
¹University of Calgary, Calgary, Canada. ²University of York, Toronto, Canada

Abstract / Résumé

Context: demographic ageing creates the need to understand the factors that promote physical and mental wellbeing in older adults. One such factor is lifelong learning. Higher levels of health behaviour and self-rated health are reported by later-life learners than non-later-life learners. New governmental policy is needed that better reflects demographic changes and increases the number, range, availability, and accessibility of lifelong learning programmes for older adults.

Objective: The objective of this paper presentation is to introduce participants to the experience of later life learning as promoted by the College and University Retirement Associations of Canada (CURAC). Several years ago, CURAC established a Later-Life Learning Committee. By participating in later life learning opportunities offered by CURAC member associations, older adults (e.g. retired academics) are offered the opportunity for social activation and personal development in the later years of life.

Method: Using a case study of CURAC’s LLL Committee, a framework for understanding the implications of later-life learning as a strategy to promote wellbeing in older adults is discussed.

The case study approach allows in-depth, multi-faceted explorations of complex issues in their real-life settings. Four sources of data were used to develop and refine the framework: CURAC leadership, Committee Chair, Committee members, and retired academics participating in learning opportunities.

Conclusion: The results of this exploration will contribute to policy development required to help promote wellbeing in later life.
Engager les personnes proches aidantes d’un aîné dans le développement et l'évaluation de l’acceptabilité d’une formation visant à mieux éclairer les décisions de fin de vie

Gabrièle Dubuc, Marjolaine Landry, Sylvie Lapierre
Université du Québec à Trois-Rivières, Trois-Rivières, Canada

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 répond à leurs besoins d’information et de communication avec l’aidé. Objectifs : Un essai clinique randomisé en cours de réalisation dans le cadre d’un doctorat en psychologie visait, comme premier objectif, à développer une formation sur les décisions de FDV destinée aux PPA. Le second objectif vise à évaluer les effets de cette formation sur les connaissances et attitudes des PPA à propos des pratiques de FDV. Méthode : Pour le premier objectif, un script de la formation a été développé et prétesté par deux collaboratrices PPA à l’aide d’une version adaptée du Treatment Acceptability Perceptionquestionnaire de Sidani et al. (2009), afin d’apprécier l’acceptabilité du contenu de la formation. Résultats : Quantitativement, le score maximal à l’acceptabilité de la formation a été accordé. Qualitativement, une plus grande ambivalence a été relevée par rapport à l’aide médicale à mourir ainsi qu’un changement par rapport aux choix de leur propre FDV au regard des informations acquises. De plus, les collaboratrices recommanderaient la formation aux PPA de leur entourage. Conclusions : L’acceptabilité de la formation s’avère confirmée. La formation proposée pourrait contribuer à répondre aux besoins d’information et de communication des PPA. Cette formation est perçue comme étant appropriée, pratique et efficace. Les résultats supportent sa pertinence pour les PPA.
A scoping review of interventions to address moral distress and moral injury in long-term care staff

Erica MacTavish¹, Kate Dupuis²,³
¹University of Waterloo, Waterloo, Canada. ²Sheridan College, Oakville, Canada. ³Schlegel-UW Research Institute for Aging, Waterloo, Canada

Abstract / Résumé

Objectives: Caregiver burden and issues with mental health are major concerns for staff of long-term care (LTC) homes. Moral distress (and the more severe “moral injury”) may occur in staff when they perpetrate, bear witness to, or fail to prevent an activity that is incompatible with their own moral beliefs. To date, it is unknown what interventions exist to alleviate potential distress and injury in LTC staff impacted so strongly by the pandemic.

Method: A scoping review was conducted to identify possible interventions to alleviate moral distress and moral injury. Five databases accessed through the University of Waterloo Library were searched for publications between 2000 and 2023. Search terms included: moral distress, moral injury, PTSD, long-term care, intervention, and treatment.

Results: The initial search revealed 349 articles; 145 were duplicates and removed. Thirty-four articles were included for full-text review, 3 were included in the final review. The reference sections of these papers were then hand-searched, revealing an additional 61 potential papers; 23 were duplicates and removed. Fourteen articles were included for full-text review, 4 were included in the final review. These seven papers were reviewed; interventions focused on resources for LTC staff to address and reflect on ethical decision-making and moral distress.

Discussion: The scoping review revealed very few existing interventions for moral distress and moral injury in LTC staff. We must act quickly and proactively to address the potential “second pandemic” of mental health concerns in health human resources, including interventions specific to those working in LTC.

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Understanding the connection between later-life trauma and older adults’ well-being: From social workers’ perspectives

Laxman Shrestha, Yeonjung Lee, Cari Gulbrandsen
University of Calgary, Calgary, Canada

Abstract / Résumé

Trauma is very subjective, and it may impact older adults’ overall well-being in various ways. Few studies have explored later-life trauma and its impacts on older adults’ mental, physical/emotional health and well-being. It is essential for social workers who serve older adult populations to be equipped with appropriate knowledge and skills to respond to older adult trauma with evidence-based interventions. The objectives of this study are to explore the impacts of later-life trauma on older adults' health and well-being, to identify evidence-informed approaches to intervention, and to understand social workers’ perspectives on older adult trauma. Social workers who serve older adults with traumatic experiences and histories are in an ideal position to advance understanding of the impact of trauma in later life, evaluate the efficacy of evidence-informed approaches to intervention and propose recommendations for social work practice with this vulnerable population. Using purposive sampling, ten social workers with two or more years of experience working with older adults with traumas were recruited from agencies in Calgary. Qualitative research methods, including semi-structured interviews and observation of artifacts (research participants’ agency websites, later-life trauma-related training and education materials), were employed to understand how older adults with trauma present in practice and how social workers respond to older adults with trauma experiences and histories. Preliminary results suggest that social workers attribute the vulnerability of these older adults to specific factors, including ageism, stereotypes, social and self-stigma (hesitancy to seek out help), systemic barriers, and scarcity of resources.
Engaging Care Partners of Persons with Dementia in Acceptance and Commitment Therapy (ACT): A Scoping Review of Program Factors

Kate Tucker¹, Nicole Cormier², Rachel MacLean¹, Makayla Lanteigne³, Karen Totton⁴, Odette Gould⁵, Janine Olthuis¹, Karrie Pickford¹, Pamela Durepos¹
¹University of New Brunswick, Fredericton, Canada. ²Alzheimer Society of New Brunswick, Fredericton, Canada. ³Université de Moncton, Moncton, Canada. ⁴Employment and Social Development Canada, Fredericton, Canada. ⁵Mount Allison University, Sackville, Canada

Abstract / Résumé

This scoping review aimed to summarize primary studies of Acceptance and Commitment Therapy (ACT) programs with care partners of persons living with dementia; and identify potential program factors influencing engagement to guide program design. The scoping review framework described by Arksey and O’Malley (2005) and Levac et al (2010) was followed. Four electronic databases and grey literature were searched for primary studies of care partners of persons with dementia and ACT programs. Articles were screened by two reviewers and data was extracted to describe study and program characteristics, and indicators of engagement: retention and adherence rates. Descriptive statistics and a narrative summary of themes representing program factors was produced. A total of 15,059 articles were identified and a final sample of 13 articles representing 10 studies were included. The highest levels of engagement were reported for ACT programs that were delivered remotely to individuals (1:1), were therapist-led or supported and were tailored to participants. Levels of engagement were lowest in ACT programs that were self-directed and had minimal or no contact with a therapist. Program factors that may influence engagement included the level of tailoring and therapeutic interaction/connectedness, mode of delivery and format, program duration and pace. Evidence for the effectiveness of ACT has been generated, however, increasing engagement in ACT programs is important to improve mental health in this population. The review findings will be used to guide the design and delivery of ACT programs for care partners of persons living with dementia.
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The relationship between hippocampal subfield volume and executive function in older adults at-risk for type 2 diabetes.

Jennifer Hanna Al-Shaikh, Olivia Ghosh-Swaby, Ali Khan, Jane Thornton, Lindsay Nagamatsu
University of Western Ontario, London, Canada

Abstract / Résumé

The mechanisms underlying the association between diabetes and accelerated cognitive aging in older adults are not well understood. Research suggests that atrophy of the hippocampus – a structure with a vital role in memory and executive function – mediates this relationship. This is supported by a link found between reduced hippocampal volume and cognitive decline in patients with diabetes. However, it remains unknown whether being at risk for diabetes in later life is also associated with reductions in executive function and hippocampal subfield volumes that exceed the expected age-related decline, and whether hippocampal subfield volume is predictive of executive function performance. Seventy older adults (aged 60-80 years) at-risk for diabetes completed demographic, depression, cognitive impairment, medical history, and MRI screening questionnaires. Risk for diabetes was confirmed through a diabetes questionnaire, body mass index, fasting blood glucose levels, and plasma A1c levels. Three dimensions of executive function were assessed: working memory, inhibition, and flexibility using the Digit Span, Stroop test, and Trail Making Test, respectively. High resolution T1-weighted images of the brain were collected from a 3T MRI scanner, and computationally unfolded and segmented using the HippUnfold method. We found an association between executive function performance and volume of hippocampal subfields. As life expectancy increases, these findings urge the study of underlying causes and preventative strategies against the progression of cognitive decline driven by the additive effects of diabetes risk factors and aging.
Developing a blueprint for a community paramedic-driven food insecurity screening and referral intervention for older adults with dementia.

Sarisha Philip¹, Lauren Konikoff², Tracey Izzard³, Chris LeBouthillier³, Barry Bruce³, Peter Tanuseputro², Sarina Isenberg⁴, Courtney Maskerine², Krystal Kehoe MacLeod¹,⁴
¹University of Ottawa, Ottawa, Canada. ²Ottawa Hospital Research Institute, Ottawa, Canada. ³West Carleton Family Health Team, Ottawa, Canada. ⁴Bruyere Research Institute, Ottawa, Canada

Abstract / Résumé

Objective: Food insecurity, defined as unreliable access to adequate food caused by lack of money or other resources, is associated with poor health, poor diet quality, a high prevalence of chronic diseases, and high health in vulnerable populations aging at home, including older adults with dementia. This project explores the role of community paramedics in addressing food insecurity in a rural Ontario community designated as a “food desert”.

Methods: In partnership with the West Carleton Family Health Team’s (WCFHT) Community Paramedicine Team, we are conducting semi-structured interviews (n=12), document analysis, and co-design work with health care providers at the WCFHT to: screen older adults with dementia on the community paramedic patient roster for food insecurity using a standardized assessment tool, educate and/or refer food insecure older adults with dementia to food resources to alleviate food insecurity and improve dietary quality, and evaluate the community paramedic role in the family health team context with an emphasis on work related to clinical food insecurity screening and referral.

Expected Outcomes and Impact: This project will provide insight into the benefits, challenges, and future possibilities of using community paramedicine to help identify and address food insecurity and the related health impacts for rurally-located older adults with dementia. We will co-develop and disseminate a blueprint for integrating the community paramedic role in other family health teams across Ontario to facilitate the spread of this health care provider role as a tool to address food insecurity in older adults with dementia aging in place.
Personal Support Workers and Vulnerability

Upasana Panda¹, Evelyne Durocher¹, Monique Lanoix²
¹McMaster University, Hamilton, Canada. ²St. Paul University, Ottawa, Canada

Abstract / Résumé

Personal support workers (PSWs) are healthcare workers that have attracted a lot of attention for their work and efforts during the coronavirus (COVID-19) pandemic. In this federally funded study, qualitative interpretive description methodology was used to explore the types of situations that (PSWs) encountered and navigated and how such situations contributed to vulnerability and may have affected PSWs’ safety and wellbeing during the 5th wave of the pandemic. The analysis was informed by the framework of vulnerability presented by Mackenzie, Rogers and Dodds (2013) which includes differentiating inherent, situational, and pathogenic vulnerability. Participants were 11 PSWs working full-time, part-time, or casually in LTC in a large urban centre in Ontario. Participants shared experiences that were challenging, and were reflective of inherent vulnerability to harm and burnout. Participants reported feelings of discomfort and more physical and mental distress than prior to the pandemic. Participants also shared how their workplace management put in place additional safety measures to protect themselves and others, but without ensuring sufficient time to enable PSWs to provide the level of care they want for the residents reflecting their situational vulnerability. Participants described how they had to work shorthanded due to circumstances related to the pandemic, which increased workload thereby increasing vulnerability to burnout. The experiences of the workers in this study help to better understand how they were particularly vulnerable while working during the COVID-19 pandemic and the impact on their wellbeing. The results of the study help inform how PSWs can be better supported moving forward.
Personalized activity feedback reports using wearable sensors and health behaviour changes: A Health in Aging, Neurodegenerative Diseases and Dementias in Ontario Study (HANDDS-ONT)

Emily Narayan1, Karen Van Ooteghem2, Vanessa Thai2, Ivan Culum1,3, Brian Tan4, Natalie Rashkovan5, Rick Swartz2,6, Mario Masellis5,6, Doug Munoz7, William McIlroy2, Angela Roberts1,3

1Western University, London, Canada. 2University of Waterloo, Waterloo, Canada. 3Canadian Centre for Activity and Aging, London, Canada. 4Rotman Research Institute, Toronto, Canada. 5Sunnybrook Research Institute, Toronto, Canada. 6University of Toronto, Toronto, Canada. 7Queen's University, Kingston, Canada

Abstract / Résumé

Objectives: HANDDS-ONT (Health in Aging, Neurodegenerative Diseases and Dementias in Ontario) is a technology-driven, remote, observational study. The primary study aim was to deeply phenotype free-living behaviours in people with neurodegenerative brain diseases (ND). A secondary objective was to develop and implement a personalized health feedback report, derived from data collected with wearable sensors at home, with activity outcomes benchmarked against available evidence (Van Ooteghem et al., in review).

Method: HANDDS-ONT participants (N=183; 91 Controls, 92 NDs) received feedback reports and, in a separate visit, reviewed their report findings with qualified staff over video conference. About 2-4 weeks later participants completed a script-guided interview to explore health behaviour changes made in response to the report and review session. Interpreted in the Transtheoretical Model of Health Behaviour Change, closed-ended questions will be analyzed descriptively with group comparisons and open-ended questions will be analyzed using a thematic analysis (Braun and Clarke).

Results: Participants (59%) reported making positive health behaviour changes. Participants engaged others in change processes: 77.6% shared their report with family/friends. Also, 51.4% shared it with a healthcare provider and an additional 36.6% intended to do so soon. Group and qualitative analyses will be reported at the meeting. Many participants (54.4%) reported being ‘very interested’ in receiving access to additional information from the sensors.

Conclusions: Sensor-derived feedback reports delivered in a supportive learning context are acceptable to older adults, even those with ND(s). With this tool and delivery model, participants progressed in making several positive health behaviour changes quickly.
Constraints of Leisure-Time Physical Activity Among Older Adults following A Heart Attack

Sabiha Sultana, Rebecca Genoe
University of Regina, Regina, Canada

Abstract / Résumé

Leisure has been found to improve later-life well-being and to help people in coping with life changes (Dupuis & Alzheimer, 2008; Michèle et al., 2019). Leisure activities, including leisure-time physical activity, may significantly affect healthy aging and improve health-related quality of life among older persons. However, there is a lack of literature revealing the constraints and the ways of negotiating the constraints of leisure-time physical activity among older adults following a heart attack. The aim of this research was to explore the perceptions and experiences of leisure constraints that older adults who have had a heart attack face while participating in leisure-time physical activity. To obtain participants’ perspectives, a parallel mixed-methods design was used. Data were collected from 10 participants using a face-to-face interview. A qualitative descriptive technique guided the qualitative data collection. SPSS version 25.0 was used to analyze the demographics questionnaire. Thematic analysis was used to analyze the qualitative data. Participants experienced intrapersonal, interpersonal and structural constraints to leisure-time physical activity (e.g., fear of another heart attack, overprotection by family members, and cost of gym membership). Despite these constraints, study participants engaged in a variety of vigorous, moderate, or light physical activities during their leisure time due to the different types of motivators (e.g., emphasizing the importance of social connections, staying active with grandkids, self-motivation or confidence). The research findings have practical implications for health professionals, cardiac rehabilitation programs, and leisure service providers who work with older adults living with chronic diseases.
The Representation of Personal Support Workers in Dementia-Specific Learning Need Assessments: A Scoping Review

Grace Norris, Marie Savundranayagam, Cassandra Grandmont
University of Western Ontario, London, Canada

Abstract / Résumé

In formal care organizations, personal support workers (PSWs) provide the most daily direct care to people living with dementia (PLwD). PSWs receive the least comprehensive education and have the fewest opportunities for continuing education when compared to nurses, allied health professionals, and physicians. PSWs need to be provided with opportunities for continuous education programs tailored to their specific learning needs (LNs) to improve dementia care. Conducted in accordance with the JBI guidelines for scoping reviews, this review examined the ways in which PSWs are included within dementia-specific LN assessments and how their LNs are assessed. Eligible studies were published in English between 2000 - 2023. Scopus, PubMed, MEDLINE, CINAHL, Embase and PsycInfo databases were searched in March 2023. Fifteen articles were included in the review. Dementia-related LNs were explored as a broad category in four articles, while eleven focused on a specific aspect of dementia care. Surveys represented the primary data collection method (n = 12), with nine providing participants with a predetermined list of dementia-specific education topics to choose from or rank. PSWs represented the entirety of sample populations in two studies, while thirteen grouped PSWs with other healthcare professionals. LNs were not analyzed or reported based on occupational titles in eight articles. The LNs of various healthcare professionals were commonly grouped together. This review presents a critical need to explore PSW perspectives on dementia-specific LNs. PSWs spend the most time caring for PLwD. Therefore, it is necessary to ensure they have opportunities for meaningful and specific continuing education programs.
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Exploring The Usability Of Serious Games in Enhancing Vaccine Education Among Persons With Dementia

Sandra Omlin
Ontario Tech University, Oshawa, Canada

Abstract / Résumé

Introduction: Vaccine hesitancy has become a significant issue within the healthcare system. Persons with Dementia (PWD) currently have a low vaccine uptake and a higher mortality rate from vaccine-preventable disease. This illustrates the current need to tailor public health interventions to effectively target this population and account for the Dementia condition within public health campaigns. Digital technology provides a feasible way in educating PWD and may be able to decrease their vaccine hesitancy.

Purpose: The purpose of this study will be to identify the usability of virtual reality to enhance vaccine education among community-dwelling PWD. The study objective will be to (1) evaluate the usability of virtual reality among PWD. (2) Examine the PWD personal perspective of using virtual reality in an educational way.

Methods: This study will use a qualitative phenomenological methodology approach with one-on-one interviews among PWD. Braun and Clarke (2006) six step thematic analysis framework will be used to thematically analyze the data.

Expected Outcomes: The expected outcomes of this study will be that digital technology can be a feasible vaccine education tool for PWD. Furthermore, there will be an increase in self-efficacy among persons with dementia in participating within their own health-informed decisions.

Significance: This study is significant as it will provide a insight for public health agencies when creating interventions that are tailored to persons with dementia and those with cognitive impairments. The potential educational benefits of virtual reality may be generalized to all essential health measures that are significant among PWD.

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**Associations Between Canadian Brain Health Food Guide Adherence and Brain Volume in Older Adults**

Anik Obomsawin¹, Guylaine Ferland², Matthew Parrot³, Fatim Ajwani⁴, Noah Koblinsky⁵, Nichole Anderson⁵, Alexandra Fiocco¹

¹Toronto Metropolitan University, Toronto, Canada. ²Université de Montréal, Montreal, Canada. ³Concordia University, Montreal, Canada. ⁴University Health Network, Toronto, Canada. ⁵Baycrest Health Sciences, Toronto, Canada

**Abstract / Résumé**

Research suggests that consuming a healthy diet is associated with better cognitive performance and lower risk of cognitive impairment in later adulthood. Through collaborative efforts of the Canadian Consortium on Neurodegeneration and Aging (CCNA), the Canadian Brain Health Food Guide (BHFG) was developed to target eating choices that support brain health. The BHFG provides guidelines on the consumption of healthy food choices, emphasizing the importance of vegetables, fruits, nuts, fish, and legumes. A scoring system was also developed to assess adherence to the BHFG. The objective of this study was to examine whether BHFG adherence is associated with biomarkers of neurodegeneration, specifically hippocampal volume (HV), and frontal and temporal lobe grey matter volumes (GMV). It was hypothesized that greater BHFG adherence would associate with larger HV and frontal and temporal lobe GMV in older adults. Participants included 459 older adults enrolled in CCNA’s Comprehensive Assessment of Neurodegeneration and Dementia Study. Participants with different levels of cognitive functioning underwent magnetic resonance imaging, provided biological specimens, and completed a battery of questionnaires, including a food frequency questionnaire. After removing influential observations, unadjusted linear regression analyses revealed that BHFG scores were significantly associated with greater left frontal lobe GMV (p = 0.02); However, this association was no longer significant after controlling for sociodemographic variables. BHFG adherence was not associated with HV, temporal lobe GMV, or right frontal lobe GMV. Findings suggest that, while adherence to BHFG recommendations may support healthy brain aging, other sociodemographic and health characteristics may be more salient in predicting biomarkers of neurodegeneration.
Uncovering Necessary Competencies for Care Managers in Home-Based Primary Care Settings: A Scoping Review

Leonardo Baiocco-Romano¹, Jennifer Yessis¹, Justine L. Giosa¹,², Paul Stolee¹
¹University of Waterloo, Waterloo, Canada. ²SE Research Centre, Toronto, Canada

Abstract / Résumé

Background: Integrated home-based primary care (HBPC) may be well situated as an alternative to conventional episodic primary care for chronically ill older adults, potentially delaying and reducing long-term care admission while improving satisfaction with care and quality of life. Care management (CM), which seeks to assist patients and their support systems in managing their illnesses, could play a key role in providing HBPC. However, little is known about the attributes and competencies a care manager should have when working in HBPC.

Objectives: To identify necessary competencies for care managers who work in HBPC.

Methods: A scoping review following Arksey and O’Malley’s framework was conducted. A search string encompassing care integration, CM, and clinical competence was created for PubMed, CINAHL, and Scopus, recovering 2901 articles. Articles were screened at the title-abstract and full-text levels and must have considered CM for older adults and competencies used in that provision to be included. Seventy articles met the inclusion criteria; for these, data were extracted and analyzed thematically to uncover necessary competencies.

Results: Several competencies were recognized as being necessary for care managers. Competencies can be summarized into three categories: patient-facing, support-network-facing, and practice-facing. Certain competencies overlapped all three categories: communication was essential in each category, but had subtle differences within each aspect.

Conclusions: Healthcare organizations should be mindful of the competencies of professionals they hire to be care managers and consider competency training to facilitate effective CM in HBPC. Future investigations should seek to contextualize these findings with relevant patients and providers.
Health and quality of life trajectories of younger and older adults with intellectual and developmental disabilities: A longitudinal study

Kayla Kostal¹, Maria Baranowski¹, Margherita Cameranesi¹, Lindsay McCombe², Jenna Heschuk², Shahin Shooshtari¹,²
¹University of Manitoba, Winnipeg, Canada. ²St. Amant Research Centre, Winnipeg, Canada

Abstract / Résumé

Background: Persons with intellectual and developmental disabilities (IDD) experience poorer health, complex aging, health conditions earlier in life, and a lower lifespan compared to the general population. There has been limited research examining health and quality of life changes by age longitudinally from deinstitutionalization.

Objective: To examine health status and quality of life changes by age from deinstitutionalization in persons with IDD.

Methods: A longitudinal study (2014-present) was conducted. 52 persons with IDD were recruited. Health and quality of life were measured using standardized tools. Data collection occurred at 3 time-points: pre-transition, post-transition, and at an annual assessment. Mixed-effects linear and logistic regression models were used to test for differences between time and to evaluate the effects of age at transition, sex, and number of years living at institution. Age differences were described descriptively.

Results: For both health indicators and quality of life, the three time periods were often significant. Change patterns differed between health indicators and quality of life. Health outcomes were heterogeneous in their direction and magnitudes of change, whereas the quality of life typically showed a significant increase from pre-transition to 6 months followed by a non-significant decrease at one year. Demographics were not significantly related to most outcomes. There are differences in health and quality of life by age per time-point.

Conclusion: As persons with IDD continue to age, the knowledge gained can help with the development of targeted policies and interventions for various age groups to promote healthy aging and to enhance quality of life.
Social robots (LOVOT) as companions for older adults: an exploratory investigation in Singapore, Hong Kong, and Canada

Hiro Ito, Joey Wong, Lillian Hung
University of British Columbia, Vancouver, Canada

Abstract / Résumé

Objective: This exploratory study explores the impact of a social robot, LOVOT, which was available in Japan since 2019, to counter loneliness and boredom as experienced by older adults in long-term care (LTC) homes. The study also examines staff perception towards implementing the social robot LOVOT in LTC homes.

Methods: This is the extended arm of a mixed-methods, three-country study conducted in Singapore, Hong Kong, and Canada. The Canadian sample consists of 10 older adults and 20 interdisciplinary staff in LTC homes in Vancouver, British Columbia. The participants are invited to join three sessions of interaction with LOVOT, with 1-2 weeks between each session. In the quantitative portion of the study, questionnaires are administered prior to, during, and after interaction with LOVOT to assess participants’ experiences, attitudes, and acceptance of LOVOT. The qualitative portion consists of individual conversational interviews with older adults and focus groups with the LTC staff. We use thematic analysis to guide our initial conceptual framework, and later use both Chi-square tests and content analysis for our quantitative and qualitative data.

Results: This study demonstrates (1) the impact and experiences of older adults using a social robot, and (2) the staff perceived facilitators and barriers to adopting a social robot in the LTC home.

Implications: The study offers insights into the potential role of social robots in LTC homes across eastern and western countries.
Drone delivery of automatic external defibrillators (AEDs) for out-of-hospital cardiac arrest (OHCA): Older adult informed dispatch communication guidelines

Lauren Tierney, Chantal Trudel, Jeremy Laliberte
Carleton University, Ottawa, Canada

Abstract / Résumé

Drones that deliver automatic external defibrillators (AED) have the potential to improve survival rates of out-of-hospital cardiac arrests (OHCA) due to earlier access to defibrillation. Despite older adults being central to the success of this service delivery, there is a lack of research to inform the required emergency communication during an OHCA. This study used human-centered design methods to engage older adults in the development of dispatch communication guidelines for a drone delivered AED operation. Ten older adults (mean 68.8, SD 7.4) completed a preliminary questionnaire, simulation, and interview to inform the development of dispatch communication guidelines, which were then evaluated during community feedback and evaluation sessions. Data was analyzed using an inductive and deductive thematic analysis approach. The resulting dispatch communication guidelines address cognitive human factors in older adults: Guideline 1) communicate visual and auditory cues; Guideline 2) provide real-time, clear instructions for the estimated drone arrival, when to leave the patient’s side to retrieve the AED, and when it is safe to retrieve the AED; and psychographic human factors in older adults: Guideline 3) emotional regulation: listen, provide reassurance, and emphasize the importance and value of retrieving the AED; Guideline 4) consider the communication of distance measures within the regional context, and target the language towards the applicable user group (i.e., metric, imperial, steps). The further development of these dispatch guidelines with older adults and dispatch communication experts will assist the cognitive processing factors that may impact the successful receipt and application of a drone delivered AED.
Stories of reciprocity in intergenerational programs: A narrative inquiry with youth and older adults

Amber Dukart, Liza Lorenzetti, Aamir Jamal
University of Calgary, Calgary, Canada

Abstract / Résumé

Intergenerational programs (IGPs) that foster reciprocal, non-familial connections between generations have become an increasingly popular response to ageism, social isolation, and age segregation present in dominant Canadian society. Despite an abundance of research conducted on IGPs, much of the research focuses on outcomes for only one generation and contextualized and in-depth knowledge of the experiences of older adults and youth is largely missing. The purpose of this study is to understand the reciprocal impacts of the intergenerational relationships developed through an IGP in Calgary, Alberta from the perspectives of youth and older adult program participants. Eight older adults and youth from a local IGP participated in this study. Data was collected in two phases: 1) individual narrative interviews and 2) short participatory videos created by participants. Using narrative analysis, resonances across individual interview transcripts and videos were identified. Findings reveal how older and younger people experienced reciprocity in the program through meaningful friendships across generations, sharing their knowledge and skills with one another, and actively challenging age-based stereotypes. This study contributes to a growing body of knowledge on intergenerational programming by adding the voices and stories of youth and older adults in IGPs. These stories offer insight to intergenerational practitioners on ways to improve programs to better meet the needs of participants. The impacts, challenges, and barriers that exist for participants highlighted in this research bolster the need for policy and strategies that create opportunities for intergenerational connections.
Integrating Policy and Program Change to Strengthen the Seniors' Serving Workforce

Marlene Raasok¹, Lynne Mansell², Kelly Baskerville³,¹,⁴, Jocelyn Rempe³,¹,⁵
¹Alberta Association on Gerontology, Calgary, Canada. ²Alberta Association on Gerontology, Edmonton, Canada. ³Alberta Gerontological Nurses Association, Calgary, Canada. ⁴University of Alberta, Edmonton, Canada. ⁵Mount Royal University, Calgary, Canada

Abstract / Résumé

Alberta has a robust vision for systems transformation toward a future of healthy aging and quality of life for older Albertans. This plan is at risk because we are failing today to deliver services across health, continuing care, housing, and community based services due to insufficient employees.

In December 2022, Alberta Association on Gerontology (AAG) in collaboration with Alberta Gerontological Nurses Association (AGNA), guided by AAG’s Stakeholder Collaborative Committee, implemented the Enhancing Seniors' Services Workforce Think Tank: The Conditions of Work are the Conditions of Services, to identify policies and actions for short-term and long-term change. The Think Tank focused on integrating policy and practice change using the following methodology:

a) Engaging participants representing policy and practice change responsibilities, ensuring representation from educators, policy makers and providers across all service sectors that share the same workforce pool

b) Integrating evidence and experiential insights to inform required changes

c) Co-creating a multi-party action plan, building on Dr. Carol Estabrook’s model of "nested dolls"

Think Tank discussions resulted in creation of a logic model which outlined sequential actions related to structural (policy) and process (practice/program) changes to enable the outcome of a strengthened seniors' serving workforce. Responsibilities were identified for government, system contributors (Alberta Health Services, regulators, educators, associations), and service providers.

The Think Tank Report has been well received. It is being used by government, providers, professional associations, and educators to develop action plans. AAG’s multi-stakeholder Stakeholder Collaborative Committee is in a unique position to oversee implementation and mark progress.
What’s in a number? Evaluating long-term care staffing models and resident care hours in four Canadian provinces.

Callie Thomson1, Janice Keefe1,2
1Mount Saint Vincent University, Halifax, Canada. 2Nova Scotia Centre on Aging, Halifax, Canada

Abstract / Résumé

A healthy and competent workforce plays a vital role in the outcomes of long-term care (LTC) residents. Staffing models that are deemed "appropriate," including staffing mix or ratios between occupational groups, as well as hours of resident care per day (HPRD), are frequently highlighted as key factors in facilitating quality team-based care. The purpose of this study is to review staffing models and regulated HPRD in four Canadian provinces (Nova Scotia, Newfoundland and Labrador, Ontario, and Alberta). Additionally, we assess the alignment of these approaches with evidence-based best practices and the updated Health Standards Organization’s National Long-Term Care Services Standard. This study examines previous literature on LTC workforce composition, as well as legislation, regulations, and reports surrounding the LTC sector in the selected provinces. Findings are compared to the HSO National LTC Standard. Findings from regulatory documents in each province reveal variations among what is recommended and what is regulated in terms of staffing models (mix and ratio) and HPRD. The National Standards, while comprehensive in its scope, is not prescriptive and is currently voluntary. Standardizing workforce compositions remains a challenging task. While some believe there should be minimum standards for LTC workforce composition and HPRD, others suggest having blanket numbers could harm the outcomes of residents. Rather than aiming for minimum HPRD and set staff models, we suggest standards recognize best practices that account for both the number of residents and their acuity level, in order to ensure the provision of optimal care.
Using human-centered design methods to elicit community feedback on hybrid healthcare service delivery models

Lauren Tierney, Leon Lu, Jonathan Kulpa, Chantal Trudel, Audrey Girouard
Carleton University, Ottawa, Canada

Abstract / Résumé

The Dementia Society (DS) of Ottawa and Renfrew County sought to explore the space and service delivery requirements for a future hybrid health service delivery model. A human-centered design (HCD) approach was used to explore the past and future potential experiences of the DS clientele and employees, to inform design guidelines for a future hybrid model that would foster accessibility and inclusivity. Four co-design workshops were conducted with a total of 13 participants during four 1.5-hour virtual meetings, using a collaborative whiteboard application to facilitate collaboration. Participants included caregivers of people living with dementia (PLWD), employees of the Dementia Society, and Dementia Care Coaches’ (DCC). Co-design workshops were coded using a value based thematic analysis to evaluate design considerations for the future Dementia Society hybrid model. The themes that emerged were community core values, design considerations, and hybrid considerations. The community core values included a space and service that will foster community, provide support and accessibility first, and demonstrate openness and drive for innovation. Participants described the core values as foundational to creating a space “feeling” that is friendly, inviting, comfortable, and flexible. Design considerations were identified, including the incorporation of natural surroundings, soft colours, comfortable and accessible furniture, and consideration for privacy, noise and accessibility. Hybrid considerations included components of scheduling, communication, and safety requirements. An HCD method fostered a community engaged approach which allowed users to have an active voice in the design of future health service experiences within a hybrid context.
Digital health interventions for chronic disease management among older adults in developed countries: A scoping review

Mir Nabila Ashraf, Natasha Gallant, Cara Bradley
University of Regina, Regina, Canada

Abstract / Résumé

Seventy-three percent of older Canadians live with at least 1 of 10 common chronic diseases. Older adults living with chronic disease require greater healthcare services, but these healthcare services are not always easily accessible. Furthermore, the COVID-19 pandemic has resulted in unprecedented changes in the provision of healthcare services for older adults. During the COVID-19 pandemic, digital health interventions for chronic disease management were developed out of necessity, but the evidence regarding these and developed interventions is lacking. Thus, in this scoping review, we aimed to identify available digital health interventions for chronic diseases management for older adults in developed countries. For abstract/title screening and full text review, we included studies where older adults were at least 65 years of age, living with at least one chronic disease (e.g., cancer, cardiovascular disease, chronic obstructive pulmonary disease, diabetes), and residing in developed countries. Digital health interventions were broadly defined to include emails, text messages, voice messages, telephone calls, video calls, mobile applications, and web-based platforms. Our full search strategy has resulted in a total of 9,901 records. Eligible studies will be discussed in terms of the population, intervention (and relevant comparators), and outcomes. Findings will support the future development of digital health interventions for chronic disease management among older adults in developed countries. Applications of these findings to the Saskatchewan context in collaboration with patient partners will also be explored.
“*We obviously need more education out there*”: The lived experiences of female informal caregivers for individuals with young-onset dementia

Hailey O’Neil, Paula Fletcher
Wilfrid Laurier University, Waterloo, Canada

Abstract / Résumé

**Introduction**: Caregivers for individuals with young-onset dementia (YOD) are purportedly more likely to experience compromised health and quality of life. Unfortunately, information about YOD caregiving is limited resulting in a lack of appropriate resources for this at-risk population.

**Purpose/Aims**: This qualitative study investigated the lived experiences of female informal caregivers (n=10) for individuals with YOD, by specifically examining the effects of providing informal care on the overall health and well-being of caregivers.

**Design**: Interpretive phenomenology was used to guide this study.

**Methods**: Background questionnaires were administered, followed by one-on-one semi-structured interviews, and follow-up interviews. Subsequently, interviews were transcribed verbatim. Field notes, member checks, and triangulation (i.e., data & investigator) were used to enhance the study’s credibility.

**Results**: This poster focuses on the theme “*Are we essential?*” and its three corresponding sub-themes. Caregivers indicated substantial challenges associated with seeking information pertaining to the disease and local resources, as well as the influence of covid-19 on their roles as caregivers.

**Conclusions**: Overall, this study provides knowledge about the lived experiences of female informal caregivers within the Canadian healthcare system and the challenges and barriers associated with providing informal care for individuals with YOD. One novel result emerged regarding the importance for healthcare professionals to honour the knowledge caregivers possess about their care recipients. Thus, the information gained can be used to help inform healthcare workers (e.g., personal-support workers, nurses etc.) and policy makers about the needs of caregivers/care recipients and the importance of “honoring” what primary caregivers know.
Reimagine Aging: The effectiveness of a new process-based program to reduce internalized ageism

Dallas J. Murphy¹,², Corey S. Mackenzie¹, Michelle M. Porter¹,²
¹University of Manitoba, Winnipeg, Canada. ²Centre on Aging, Winnipeg, Canada

Abstract / Résumé

Internalized ageism has many deleterious effects, predicting negative psychological, behavioural, and physiological outcomes. Few theory-based interventions have attempted to reduce internalized ageism. As such, we developed and evaluated a six-week process-based intervention to decrease internalized ageism, based on theoretical considerations, targeting possible mechanisms of change (psychological flexibility, mindfulness, perceived control, and empowerment). This intervention utilized evidence-based tools including education, acceptance and commitment therapy, and attributional retraining. It was offered as six separate 90-minute sessions, provided over zoom. Each session included the presentation of information, group discussions, in-session activities, and between session activities. Seventy-five participants (58 – 85 years old, 92% female) filled out a questionnaire battery prior to (time 1) and within two weeks following the program (time 2). This included measures of internalized ageism (Self-Perceptions of Aging Scale), psychological flexibility (Acceptance and Action Questionnaire II), mindfulness (Mindful Attention Awareness Scale – Short Form), empowerment (Empowerment Scale), and perceived control (Perceived Control Scale). Participants demonstrated a significant reduction in internalized ageism from time 1 to time 2 associated with a large effect size. The participants also experienced significant increases in psychological flexibility, mindfulness, perceived control, and empowerment, associated with medium-large effect sizes. Furthermore, each mechanism of change partially mediated the reduction of internalized ageism. Higher levels of time 1 internalized ageism predicted greater change in mediating variables. Greater change in mediators then predicted lower levels of time 2 internalized ageism. This program may address the important, consequential problem of internalized ageism, which affects older adults across the globe.
Exploring the relationship between self-reported cognitive functioning and performance across cognitive tasks among older adults living in Canada

Astrid Coleman, Kristoffer Romero
University of Windsor, Windsor, Canada

Abstract / Résumé

Background. Metacognition, the ability to monitor, interpret, and control one’s own cognitive processes, is associated with successful cognitive aging. In older adulthood, the relationship between metacognition and performance on cognitive tasks is complex and not fully understood. Objective. The current study aims to examine the relationship between older adults’ interpretations of their cognitive functioning in daily life and their performance across cognitive tasks. Methods. This study included 4985 cognitively healthy adults aged 62 to 89 years, collected as part of the Canadian Longitudinal Study of Aging at baseline and a 3-year follow up. Measures of interest included relevant demographics (i.e., age, education, and income), depressive symptoms, two self-reported metacognitive questionnaires, and seven cognitive tasks examining memory, executive functioning, and psychomotor speed. Analyses. Hierarchical linear regression models were employed to predict overall cognitive performance at follow up, as well as change in cognitive performance from baseline to follow up, from metacognitive questionnaire ratings while controlling for potential confounding variables. Results. Age, years of education, income, and depressive symptoms significantly predicted overall cognitive performance at follow up, while only age significantly predicted overall cognitive change scores. In contrast, after controlling for the above variables, metacognitive questionnaire scores did not significantly predict cognitive change or performance at follow up. Significance. These findings suggest no strong relationship between self-reported cognitive functioning and performance across a series of cognitive tasks. Moreover, factors that may better predict cognitive abilities in older adulthood, such as depressive symptoms, warrant future investigation.
Psychometric comparison of observational measures in the pain assessment of older adults with severe dementia

Andrew McLennan, Thomas Hadjistavropoulos
University of Regina, Regina, Canada

Abstract / Résumé

Objectives: Our objective was to compare the psychometric properties of several observational pain assessment tools. Some of these tools were developed specifically for people living with dementia whereas other tools were developed for other populations with limited ability to communicate (e.g., younger adults with intellectual disabilities). We aimed to determine whether tools developed specifically for older adults with dementia performed better than tools developed for other clinical populations when applied to a sample of people living with dementia.

Methods: A trained rater used six psychometric tools to assess pain behaviour on videos of people with dementia (N = 46) during a quiet baseline period as well as during a physiotherapy examination designed to identify painful areas. Interrater reliability was assessed by having a second trained rater independently assess a randomly selected 20% of the videos.

Results: Interrater reliability was excellent (0.82 – 0.89) while internal consistency across all measures was strong (Cronbach’s alpha = 0.72 – 0.86). All pain tools significantly correlated with one another (r = 0.63 – 0.89,) and, confirming their discriminant validity, displayed non-significant, low correlations with a measure of agitation (r = 0.10 – 0.36). All tools could differentiate between painful situations and a baseline period irrespective of whether they were developed specifically for persons with dementia or not (eta2 = 0.49 – 0.62).

Conclusions: The variance accounted for by each pain assessment tool in differentiating painful distress and baseline can facilitate assessment tool selection in clinical environments.
The meaning of competitive sport in the lives of baby boomers navigating retirement.

Dale Bellaire, Sean Horton, Patti Millar, Paula van Wyk, Thecla Damianakis
University of Windsor, Windsor, Canada

Abstract / Résumé

By the year 2030, all baby boomers will have turned 65 and will represent more than 20% of the Canadian population. Within Canada, this aging population is expected to increase healthcare costs by an estimated 50%. Many baby boomers have adopted a proactive approach to long-term health and aging which challenges historical concepts of retirement. Considered a critical time for influencing health-related behaviours, retirement may provide a window for the promotion of sport. Older adults are underrepresented in sport compared to other age groups, yet there is evidence to suggest that sport participation is increasing among the age 65+ group. This study explored the nature of sport participation among baby boomers (who train for and compete in masters sport events) to understand its role in navigating life post retirement. Specifically, this study sought to capture how participation may facilitate social connections, health, and wellbeing among retirees. Semi-structured interviews were conducted with retired baby boomers born between 1946-1965 who regularly participate in sport (e.g., track and field, hockey, tennis). The data captured ideographic descriptions, personal beliefs, and meanings of the role of sport in their lives. Major themes included how sport is a tool in the transition to retirement, the importance of sport for life, and the need for opportunities to engage in meaningful competition. Findings suggest that sport-related social relationships, daily habits, and behaviours contribute to a positive retirement experience which may offer continuity in the health and wellbeing of aging baby boomers.
Dance Is for Everyone: A Comprehensive Assessment of Dance Programs for Older Adults

Liliana Scatozza, Paula Fletcher, Pam Bryden
Wilfrid Laurier University, Waterloo, Canada

Abstract / Résumé

With population aging, physical activity (PA) participation is integral in improving health within this population; however, only 40% of older adults (65+) meet the recommended PA guidelines (Statistics Canada, 2022). Regular PA involvement extends years of independent living, reduces disease frequency, and improves quality of life (Langhammer et al., 2018; Sun et al., 2013). Dance is a low-impact form of PA involving rhythmic and expressive body movements. Dance can be an enjoyable and feasible option for older adults to improve physical, mental, and social well-being (Roberson & Pelclova, 2014; Santos et al., 2020). Unfortunately, barriers to participation exist, including accessibility of regular programming. The purpose of my research is to explore current dance programs for older adults by addressing facilitators and barriers to participation and developing recommendations for future program development. I will observe multiple dance programs for older adults in Canada and conduct one-on-one semi-structured interviews with participants and instructors. I will also measure physical outcomes and compare them to an age-matched cohort. This study, as well as an investigation of existing literature, will aid in the development of guidelines for dance programs for older adults that can be utilized by community-based organizations. Regular PA involvement in any form is beneficial for people of all ages, and participation should not end later in life. This research can aid in providing an enjoyable and beneficial form of PA for older adults to enhance their quality of life. Dance is for everyone, and all bodies are dance bodies.
The impact of virtual education and training programs on the self-efficacy of informal caregivers of older adults: A scoping review

Kunal Parikh
Queen’s University, Kingston, Canada

Abstract / Résumé

Introduction: Informal caregivers of older adults often feel unprepared and underconfident in their role. Conventional (in-person) caregiver psychoeducation or skills-based interventions are difficult to accommodate in their unpredictable routines.

Objective: The aim of this study was to map the impact of virtual caregiver psychoeducation interventions on informal caregivers of older adults.

Methods: A scoping review was performed. All studies published in English were included if they studied virtual interventions with a primary education/training component for caregivers of older adults. The literature search was conducted in three databases (MedLine, CINAHL, PyscInfo). Charted data was narratively described as themes related to the study characteristics, intervention and population characteristics, and outcomes observed.

Results: Thirteen studies were included in the review. Twelve were quantitative studies. While the sample sizes ranged from twelve to 250, the majority of the participants were White, female, and spouses of the care recipient. The duration of all studies was less than three months or less. Seven interventions were offered via online modules, three via telephonic conversations, two via teleconferencing, and one via a blended format. Only four studies demonstrated low-sized effects on the self-efficacy of caregivers, particularly those who used the intervention more frequently.

Conclusion: Despite the preliminary evidence of improvement of self-efficacy, the impact of the educational aspect of multi-component interventions is difficult to establish. Due to the complexity of the self-efficacy outcome, longer studies are required. Further, studies with a diverse cohort of participants, beyond the ones connected to healthcare institutions, are needed.
Détachons-nous de la contention! : La pratique réflexive pour diminuer l’usage de la contention physique

Sabrina Bouheraoua1,2, Véronique Dubé3,4,5,6

1Université de Montréal, Montreal, Canada. 2Chaire de recherche Marguerite-d’Youville d’interventions humanistes en soins infirmiers de l’Université de Montréal, Montréal, Canada. 3Université de Montréal, Montréal, Canada. 4Titulaire de la Chaire de recherche Marguerite-d’Youville, Montréal, Canada. 5Centre de recherche du Centre hospitalier de l’Université de Montréal, Montréal, Canada. 6Centre de recherche, Institut universitaire de gériatrie de Montréal, Montréal, Canada

Abstract / Résumé

Le recours à la contention physique auprès des aînés hospitalisés demeure une problématique malgré l’abondance d’écrits scientifiques portant sur la nécessité d’en réduire l’usage pour la sécurité et la dignité des patients. Bien que diverses interventions éducatives aient été mises en place à cet effet, leur efficacité sur les changements de pratique demeure limitée. Des interventions éducatives actives et engageantes, telles que l’intervention de pratique réflexive (IPR), seraient pertinentes à explorer puisqu’elles semblent soutenir l’amélioration des pratiques cliniques.

Une étude pilote à devis mixte imbriqué avait comme objectif de mettre à l’essai une IPR auprès de huit infirmières d’un centre hospitalier universitaire et d’en évaluer l’acceptabilité, la faisabilité et les retombées. Basée sur le partage et l’analyse d’histoire de cas, l’IPR était composée de cinq ateliers thématiques hebdomadaires d’une durée de 60 minutes. Les données collectées au moyen de questionnaires, de journaux réflexifs, de journaux de bord et de focus groups ont été analysées selon la méthode d’analyse thématique de Paillé et Mucchielli ainsi que de tests T de Student.

L’IPR a été jugée acceptable et faisable par les participants. Elle a également favorisé la réflexion des infirmières quant à leurs attitudes et leur pratique entourant l’utilisation des contenions physiques en plus d’améliorer leurs connaissances. Bien que de nouvelles études soient nécessaires pour évaluer les effets de l’IPR comparativement à d’autres stratégies éducatives, l’IPR pourrait contribuer au changement de pratique des infirmières auprès d’aînés hospitalisés. Des pistes d’amélioration de l’IPR ont été soulevées afin d’en bonifier les retombées potentielles.
La description du contexte de vie des aînés vivant à domicile avec un trouble neurocognitif au Québec grâce à un instrument d’évaluation innovant : un protocole de recherche.

Genevieve Duval1,2, Cindy Louis-Delsoin1,2, Julie Yip1, Alain St-Arnaud3, Jacqueline Rousseau1
1CRIUGM, Montréal, Canada. 2Université de Montréal, Montréal, Canada. 3Centre Multiservice gériatrique, Montréal, Canada

Abstract / Résumé


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Exploring the acceptability of an arts-based narrative approach for identifying older adults’ values and preferences: A qualitative description study

Diane Begin¹, Mary Egan², Lori Letts¹, Gavin Andrews¹, Evelyne Durocher¹
¹McMaster University, Hamilton, Canada. ²Ottawa University, Ottawa, Canada

Abstract / Résumé

Background: It can be difficult at times for someone to reflect about and describe the importance of what is meaningful to them in their lives and how these things fulfill their needs. Art can be a powerful tool for researchers and clinicians alike to initiate conversations about meaningful and important activities and aspects of life.

Aims: The aim of this study is to describe the acceptability of an arts-based narrative interview as an approach to eliciting older adults’ perspectives about what is important in their life and contributes to their well-being.

Methods: In this study we followed a qualitative description methodology. Participants were asked to create a work of art (drawing, painting, or collage) before engaging in interviews about the art and how it represents what is meaningful in their lives. Immediately following the interviews, participants were asked about their perceptions of the approach.

Results: We identified the perceived acceptability of our arts-based narrative interviews to be related to: 1) perceived effectiveness of using art to facilitate conversations, 2) alignment of art with personal interests, 3) perceived effort required to create art, 4) feelings experienced during the process, and 5) support during the creation of art.

Conclusion and Significance: The results of the study suggest that an arts-based narrative interview approach may be a useful tool for researchers and clinicians alike to elicit conversations with older adults. However, in using this approach, considerations should be given to how making art aligns with an individual’s interests.
The inclusion of informal caregivers in the palliative and end-of-life care of older adults: Results from a scoping review

Isabelle Auclair¹, Anne Bourbonnais¹,²
¹Université de Montréal, Montréal, Canada. ²Centre de recherche de l'Institut universitaire de gériatrie de Montréal, Montréal, Canada

Abstract / Résumé

Palliative and end-of-life care will become more prevalent in the upcoming years due to the aging population. An important aspect of this type of care is the inclusion of informal caregivers. Although systematic reviews have been conducted on informal caregivers' participation in the care of older adults, these are specific to a health condition and/or a care context. There is no synthesis on their inclusion in the palliative and end-of-life care of older adults, although it could help identify shortfalls or strengths in care provided in different health care settings.

This presentation aims to disseminate results from a scoping review that maps the extent of knowledge on the inclusion of informal caregivers in the palliative and end-of-life care of older adults.

We conducted the scoping review using Levac's methodology. Over 10,000 publications of various types were identified through nine databases, manual searches, and reference lists. Two independent reviewers selected 62 eligible papers. We synthesized the extracted data in Excel using a content analysis method, where quantitative data was transformed into a qualitative description when appropriate.

The results are presented by descriptive statistics and themes on the inclusion of informal caregivers in the palliative and end-of-life care of older adults, including: 1) the experiences of older adults, informal caregivers, and health professionals; 2) the nature of informal caregiver’s inclusion; 3) the influencing factors; and 4) the interventions developed.

These findings can guide clinical practice, the development of policies and interventions, as well as future research.
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Delivering safe mobility care for older adults in long-term care: A focused ethnographic study

Ibrahim Abughori, Alison Phinney, Maura MacPhee, Farinaz (Naz) Havaei
University of British Columbia, Vancouver, Canada

Abstract / Résumé

Providing safe mobility care is an integral component of quality care in long-term care (LTC), yet research has shown this remains a major challenge. Despite an abundance of evidence, measures, and interventions designed to advance safe mobility care in LTC, high rates of resident and staff injuries remains a persistent reality that is not yet fully understood. This study uses the Systems Engineering Initiative for Patient Safety (SEIPS) as a theoretical framework to describe and explain the work processes involved in delivering safe mobility care to older adults in LTC. The design is descriptive, explanatory, and qualitative involving a focused ethnographic approach to examine the research question “How do nurses deliver safe mobility care for LTC residents in the context of work system constraints?” Data collection includes observation of mobility care practices and semi-structured interviews with nurses working at a large non-for-profit LTC facility in Vancouver, Canada. Thematic analysis builds on the SEIPS framework to show the complexity and ambiguity of care processes in light of intersecting influences of work system components (persons; tasks; tools/technology; organization; internal and external environments). Findings highlight patterns of behavioural adaptation among nurses as they strive to cope with the complex environment of LTC. The findings will be used to identify barriers and facilitators, and areas for improvement, to the delivery of safe mobility care in LTC, which could serve as a basis for redesigning work processes in a way that optimizes the overall system performance and improve the outcomes for residents and staff.
Factors associated with comfort-focused nutrition care orders in the last six months of life of long-term care residents

Jill Morrison-Koechl¹, Albert Banerjee², George Heckman¹,³, Heather Keller¹,³
¹University of Waterloo, Waterloo, Canada. ²St. Thomas University, Fredericton, Canada. ³Schlegel-UW Research Institute for Aging, Waterloo, Canada

Abstract / Résumé

Objectives: Palliative (i.e., “comfort-focused”) nutrition orders are recommended to manage eating-related decline among long-term care (LTC) residents, though little is known about their current use. This investigation aims to identify resident-level and time-dependent factors associated with comfort-focused nutrition orders for residents nearing the end of life.

Methods: A retrospective chart review was conducted on decedents (≥65 years at death, admitted ≥6 months) from 18 LTC homes across southern Ontario. Functional characteristics were extracted from the standardized resident assessment approximately 6 months prior to death. Observations at 6-, 3-, 1-month and 2 weeks prior to death captured longitudinal changes in formalized comfort-focused nutrition care plans and eating challenges reported in the daily progress notes. Logistic regression and time-varying logistic regression models determined resident-level (e.g., functional characteristics) and time-dependent factors (e.g., eating challenges) associated with receiving a comfort-focused nutrition order.

Results: Less than one third (30.5%; n=50) of 164 participants (61.0% female; mean age=88.3±7.5 years) received a comfort-focused nutrition order. Comfort orders were more likely with health instability (OR [95% CI] = 4.35 [1.49, 13.76]), within two weeks of death (OR=5.50 [1.70, 17.11]), other care plan modifications (OR=1.48 [1.10, 1.98]), and number of eating challenges (OR=1.19 [1.02, 1.38]), especially dysphagia (OR=2.59 [1.09, 6.17]), at the preceding timepoint.

Conclusions: Comfort-focused nutrition orders were initiated infrequently and late, possibly representing missed opportunities to support quality of life for this vulnerable population. Health instability and increasing eating challenges may prompt proactive comfort-focused nutrition care conversations. Funded by the Canadian Institutes of Health Research (CIHR).
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Mapping sex and gender differences in falls among older adults: a scoping review

Stephanie Saunders1, Crista Sebastiani1, Jamie Lee Wong1, Amandeep Litt1, Julia Loewen1, Karly Reece1, Nicole Conlin1, Tessa Dunand1, Manuel Montero Odass2, Cassandra D’Amore1, Marla Beauchamp1

1McMaster University, Hamilton, Canada. 2Western University, London, Canada

Abstract / Résumé

Background: There is growing recognition of the importance of sex and gender differences in falls literature, but the nature and extent of such literature is uncertain. This is important for guiding further research to improve our understanding of how fall-related risk factors, interventions and outcomes differ between sex and gender.

Objective: To conduct a scoping review 1) mapping the nature, extent, and types of literature examining sex/gender differences in falls among older adults, and 2) identifying existing gaps and opportunities for further research.

Eligibility Criteria: Eligible studies included those with participants with a mean age of 60 years and over, and if the study aims specified concepts related to falls and sex or gender.

Methods: MEDLINE, Embase, CINAHL, Ageline, and Psychinfo databases were searched from inception to March 2, 2022. Records were screened and charted by six independent reviewers.

Results: 15,266 records were screened and 74 studies were included. Studies reported on sex/gender differences in fall risk factors (n=52, 70%), incidence/prevalence (n=26, 35%), fall consequences (n=22, 30%), and fall characteristics (n=15, 20%). Four (5%) studies looked at differences in interventions. Only three (4%) studies defined sex/gender concepts, and 9 (12%) studies used terms appropriately. Studies did not report falls in line with guidelines nor used a common definition. The majority of studies (94%) reported significant differences between sex/gender in relation to falls.

Conclusion: Future research should include male participants, define sex/gender constructs appropriately, and investigate differences in institutionalized settings and from interventions.
Registered dietitians’ perspectives providing care to persons living with dementia in the community: Preliminary findings from an online questionnaire

Hana Dakkak¹, Carrie McAiney¹,², Ashwini M Namassivayam-MacDonald³, Heather Keller¹,²
¹University of Waterloo, Waterloo, Canada. ²Schlegel-UW Research Institute of Aging, Waterloo, Canada. ³University of McMaster, Hamilton, Canada

Abstract / Résumé

Persons living with dementia in the community are at increased risk of malnutrition compared to those without dementia. Dietitians play an integral role in treating and preventing malnutrition. An online questionnaire was available from February - April 2023, examining dietitians’ perspectives on providing care to persons living with dementia in the community. Exclusion criteria included dietitians working exclusively in long-term care and acute care settings. The questionnaire collected information about the proportion of clients with dementia, the dietitians’ confidence level in providing care, and the barriers and enablers of their practice. Data from 42 respondents were analyzed, however, number completing each question varied. Approximately 36% of participants worked in community-based settings (e.g., private practice), 31% in-home care, and 33% worked in both. Most participants (40%) reported 1-24% of their clients live with dementia, while 24% and 16% reported having 25-49% and 50-74% of clients with dementia, respectively. Reasons for consultation included unintentional weight loss (94%), swallowing and eating challenges (77%), and chronic disease management (67%). Most (58%) reported being somewhat confident in providing care to persons living with dementia. Barriers to providing care included clients/families unable to follow recommendations (75%), lack of educational resources designed for persons living with dementia (61%) and lack of dementia-related training (56%). The most commonly reported support to practice was working in an allied healthcare team (94%). Understanding the perspectives of dietitians on barriers to care can inform knowledge translation and practice, enhancing the nutritional care of clients living with dementia in the community.

Carrie Shorey, John Mielke, Colleen Maxwell, Suzanne Tyas
University of Waterloo, Waterloo, Canada

Abstract / Résumé

Background: Executive function is essential for independent living and is associated with mental and cognitive health. Few studies have explored differences in executive function between immigrants and non-immigrants, with even fewer exploring sex differences within these groups. Therefore, this study examined differences in executive function skills, such as inhibition and mental flexibility, by sex among aging immigrant and non-immigrant Canadians.

Methods: We analyzed baseline and three-year follow-up data from the Canadian Longitudinal Study of Aging’s Comprehensive cohort (n=30,097) of participants aged 45-85 at recruitment. Multivariate descriptive analyses examined immigrant status, age, and sex differences for five standardized executive function assessments at baseline and follow-up.

Results: Executive function performance overall was stronger in non-immigrants (n=24,644) than in immigrants (n=5,449) at baseline and follow-up. However, when individual tests of executive function were examined, immigrants performed significantly better on a test of inhibition compared to non-immigrants. Further, stratification by sex showed that men (non-immigrant and immigrant) outperformed women on a test of mental flexibility, whereas women outperformed men on a test of verbal fluency.

Conclusion: Overall, this study highlights the importance of considering immigrant status and sex differences in executive function assessment, as well as the potential benefits of multilingualism for cognitive abilities. Further, given that poorer executive function performance in immigrants often reflects testing in non-native languages, these findings underscore the need for more accurate cognitive assessments in native languages, reducing cultural and language barriers and improving our understanding of cognitive decline among aging immigrant and non-immigrant Canadians.
The barriers and strategies of implementation of TV videos tailored for people with moderate to severe dementia in care settings

Karen Lok Yi Wong, Lillian Hung, Deborah Liao, Caitlin Lee, Diane Pan, Lily Ren, Carly Wang
University of British Columbia, Vancouver, Canada

Abstract / Résumé

Objective: We explored the barriers and strategies to overcome the barriers of implementing TV videos tailored for people with dementia healthcare providers using various devices (smart TVs, tablets, and projectors) in care settings.

Method: This was a 15-month implementation science study in a long-term care home and a geriatric unit in Vancouver. Thirty interdisciplinary healthcare providers participated. We used Consolidated Framework for Implementation Research (CFIR) to guide the study. We collected data from multiple sources, including notes from monthly team meetings, notes from weekly site visits, interviews and focus groups with healthcare providers, and recordings showing participants’ implementation of TV videos (which will be shown during the presentation.) We analyzed the data using thematic analysis. Healthcare providers with clinical experience and patient and family partners with lived experiences were invited to validate the findings.

Results: The barriers to implementation include a) Participants found it challenging to learn by reading instructions; b) They did not think patients needed to watch TV videos; c) They found it too time-consuming to implement the TV videos; and d) They saw TV videos as something external. We used five strategies to overcome these barriers, which the acronym VIDEO can summarize: 1. Vibrated peer learning, 2. Initiated conversations about what the needs of patients are, 3. Developed TV videos that were suitable for people with dementia from diverse backgrounds, 4. Easy Access to TV videos, and 5. Ownership building of the TV videos among participants.

Conclusion: The findings should facilitate the implementation of TV videos tailored for people with moderate to severe dementia in care settings.
Transition to active and satisfying ageing in people living with spina bifida or hydrocephalus: Co-development of a toolkit

Valérie Poulin\textsuperscript{1,2}, Marie-Christine Ouellet\textsuperscript{3,2}, Samuel Turcotte\textsuperscript{4,5}, Laurence Leser\textsuperscript{6}, Shauna Beaudoin\textsuperscript{7}, François Routhier\textsuperscript{1,2}, Marie-Eve Lamontagne\textsuperscript{3,2}, Camille Comtois\textsuperscript{1,2}, Camille Gagnon\textsuperscript{1,2}, Sarah-Jeanne Comtois\textsuperscript{1,2}, Kathleen Cairns\textsuperscript{3,2}, Lucie Gattaz\textsuperscript{1,2}

\textsuperscript{1}Université du Québec à Trois-Rivières, Trois-Rivières, Canada. \textsuperscript{2}Centre interdisciplinaire de recherche en réadaptation et intégration sociale (Cirris), Québec, Canada. \textsuperscript{3}Université Laval, Québec, Canada. \textsuperscript{4}Université de Montréal, Montréal, Canada. \textsuperscript{5}Centre de recherche de l'Institut universitaire de gériatrie de Montréal (CRIUGM), Montréal, Canada. \textsuperscript{6}Association de spina-bifida et d'hydrocéphalie du Québec, Montréal, Canada. \textsuperscript{7}Hydrocephalus Canada, Toronto, Canada

Abstract / Résumé

Objective: In Canada and elsewhere, people living with spina bifida and/or hydrocephalus (SBH) and community organisations providing services to these persons want to better understand and address the needs associated with transitions to ageing. This presentation describes the participatory process leading to the development of a toolkit supporting people living with SBH in their transition to active and satisfying ageing.

Method: A participatory action-research project is ongoing and is guided by a steering committee including 3 researchers, 2 community partners and 3 individuals living with SBH from Quebec and other Canadian provinces. Within a human-centred design process, three codesign workshops (n=21, 18 and 11 participants) and 25 individual interviews documented: 1) changes and concerns related to ageing; 2) priority needs; 3) preferred strategies and resources supporting transition to active and satisfying ageing.

Results: A toolkit will be made available online and will allow its users to 1) learn about physical, cognitive and psychological health of people ageing with SBH; 2) identify their priority needs, explore coping strategies, and create a personal action plan; 3) discover key resources that support transition to active and satisfying ageing (e.g., peer-support groups).

Conclusions: This project allows for the co-development of a tailored solution supporting people living with SBH in their transition to satisfying ageing. It also provides an understanding of the priority needs and realities associated with this transition. These results should inform decision-makers about the needs of people ageing with disabilities, particularly those living with complex and misunderstood conditions such as SBH.
Guiding Dementia Care Practice: A Scoping Review of Competencies to Inform Dementia Care in Ontario

Kelly Kay¹,², Kateryna Metersky³, Halyna Yurkiv⁴, Vicki Smye⁴, Colleen McGrath⁴, Karen Johnson⁵, Arlene Astell⁶,⁷, Winnie Sun⁸
¹Provincial Geriatrics Leadership Ontario, Toronto, Canada. ²University of Toronto, Toronto, Canada. ³Toronto Metropolitan University, Toronto, Canada. ⁴University of Western Ontario, London, Canada. ⁵McCormick Dementia Services, London, Canada. ⁶University Health Network, Toronto, Canada. ⁷University of Reading, Reading, United Kingdom. ⁸Ontario Tech University, Oshawa, Canada

Abstract / Résumé

In Ontario, roughly 260,000 people live with dementia, including older adults. While numerous dementia-related training programs exist, there is no commonly agreed framework describing the required competencies for dementia care across a range of care providers. To address this gap we sought: to review current evidence describing the knowledge, skills and actions (competencies) required for dementia care among a range of care providers from laypersons to health professionals; and, to validate key principles for dementia care adapted for an Ontario context to support competency framework co-design with people living with dementia and health professionals.

Using Arksey and O’Malley’s 2005 five-stage framework for scoping reviews, our team retrieved 6746 sources and selected 22 peer-reviewed studies for review. We uncovered a robust literature that we used as a foundation for the development of behavioural statements in an emerging competency framework. At the same time, gaps were noted in specific areas such as promoting health and social well-being, quality improvement, accountability, evaluation, culturally appropriate care and the needs of specific sub-populations (e.g. people with young onset dementia). These gaps signalled areas of focus for the development of requisite competencies to support teaching and learning in dementia care. In total, 13 foundational principles were confirmed that can serve to inform curriculum design in dementia care education for a range of care providers, from laypersons to health professionals. Results are informing the co-design of a holistic competency framework to guide dementia care education in Ontario being conducted with partners.
Characteristics of older adults, investigated for or having recently received a diagnosis of cognitive impairment, treated in a Family Medicine Group, and participating in the GPS study.

Edeltraut Kröger1,2, Dylan Bonnan1, Anne Maheu3, Michèle Morin1,3,4, Laurianne Bélanger5, Isabelle Vedel6, Machelle Wilchesky6,7, Caroline Sirois1,2, Clémence Dallaire1,4, Étienne Durand1,2, Yves Couturier8, Nadia Sourial9, Line GueneYe1,2

1Université Laval, Québec, Canada. 2Centre d’excellence sur le vieillissement de Québec, CIUSSSCN, Québec, Canada. 3Centre intégré universitaire de santé et de services sociaux, Nord de l’Île de Montréal, Montreal, Canada. 4Centre intégré de santé et de services sociaux, Chaudière-Appalaches, Lévis, Canada. 5Centre de recherche, CHU de Québec, Université Laval, Québec, Canada. 6McGill University, Montreal, Canada. 7Donald Berman Maimonides Geriatric Centre, Montreal, Canada. 8Université Sherbrooke, Sherbrooke, Canada. 9Université de Montréal, Montreal, Canada

Abstract / Résumé

Background

Pharmacists are now practicing in Family Medicine Groups’ (FMGs) multidisciplinary teams to support medication optimization in Quebec, Canada. Older adults followed in FMGs for neurocognitive disorders (NCD) may particularly benefit from pharmacists’ interventions, due to their increased risk of adverse drug reactions. Our ongoing living-laboratory-type intervention and pragmatic controlled study is evaluating the impact of pharmacists’ activities on these older adults’ medication and well-being.

Method

We are recruiting older adults with a recent NCD diagnosis or under investigation for an NCD in FMGs in two Quebec regions. In intervention FMGs, pharmacists are systematically involved in these patients’ care trajectory. In control FMGs, no FMG pharmacist is involved. Intervention group pharmacists report medication use and related interventions at study beginning, and after six months of follow-up. Medication appropriateness, patients’ medication burden, satisfaction with care, and quality of life are assessed for the same time points. We process descriptive analysis on patients’ characteristics and their medication use at their inclusion.

Results

Between 09/2021 and 04/2023 158 patients agreed to participate: 50% had no NCD after investigation. The median age was 79 years, 55.6% are women and 55.5% have completed 12 years or less of schooling. On average, participants used 10 different medications. Therapeutic classes most often used are statins (70.6% of users), vitamin D and analogues (55.1%) and proton pump inhibitors (53.7%). Only 9.6% of patients used an anti-dementia drug.

Discussion

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Participant characteristics underline the relevance of involving pharmacists in their care trajectory. At the end of the study, the implementation process will be evaluated using the Consolidated Framework for Implementation Research.
Vision screening made easy: Improving visual abilities through identifying who could benefit from referral

Walter Wittich¹, Hana Boxerman²
¹Université de Montréal, Montreal, Canada. ²Centre de réadaptation Lethbridge-Layton-Mackay du CIUSSS du Centre-Ouest-de-l’Île-de-Montréal, Montreal, Canada

Abstract / Résumé

Around 50% of adults 80 years and older live with at least mild impairments of vision that are detectable with clinical tools. However, the proportion of these individuals that have neither proper refraction (glasses) nor instructions on strategies or devices to assist them with visual tasks is alarmingly high. Vision impairment interferes with most activities of daily living, and contributes to reduced activity levels, social isolation, and lack of cognitive stimulation. The World Health Organization Guidelines on Integrated Care for Older People (ICOPE) recognize vision impairment as one of the key intrinsic variables to be considered in healthy aging. Vision impairment has also been identified as a potentially modifiable risk factor for the development of dementia.

Age-related changes in vision can be corrected (e.g., with glasses), treated (e.g., with surgeries or medications), or addressed with behavioural strategies and tools (e.g., through vision rehabilitation). For such interventions to be provided, individuals who can benefit need to be identified. Vision screening can be conducted by a variety of professionals that interact with older adults, thereby initiating the process of referral and assessment through optometry or ophthalmology.

The objective of this workshop is to present the evidence on the effectiveness of vision screening, followed by an overview of screening tools and techniques that can be used by professionals outside of vision care to identify persons at risk. In addition to demonstrating these tools, the suitability and limitations of each test will be discussed in the context of in-person and remote administration.
The GuardIO mobile application: Acceptance and usability among persons with cognitive impairment and their care partners

Lili Liu1, Yetunde Tola1, Christine Daum1,2, Antonio Miguel-Cruz1,2,3
1School of Public Health Sciences, Faculty of Health, University of Waterloo, Waterloo, Canada.
2Department of Occupational Therapy, University of Alberta, Edmonton, Canada.
3Glenrose Rehabilitation Research, Innovation & Technology (GRRIT). Glenrose Rehabilitation Hospital, Edmonton, Canada

Abstract / Résumé

Objective: The GuardIO is a tool that allows care partners to remotely assess the immediate whereabouts and mobility behaviors of at-risk loved ones. GuardIO has been tested among family members living together or separately but not among persons with cognitive impairments and their care partners. Therefore, this study will examine the acceptance and usability of GuardIO among persons with cognitive impairment and their care partners.

Method: This study is a mixed-method design. Twenty dyads of people with cognitive impairment and their care partners who own a smartphone and have internet access will be recruited to use GuardIO for one month. The participants will evaluate the app using a pre-post survey questionnaire developed based on the Unified Theory of Acceptance and Use of Technology. Thirty percent of the participants will be from an Indigenous community. The quantitative data will be analyzed using the partial least square regression model. A focus group discussion with 10 dyads will be conducted to explore user experiences, satisfaction and challenges, and barriers associated with using GuardIO.

Significance: This will be the first study to focus on a mobile application to support community safety for older adults with cognitive impairment and their care partners including those from the Indigenous community.

Conclusion: Missing incidents among persons with dementia can increase caregiver burden and search and rescue costs. However, the GuardIO application can serve as a platform for a family network to help keep members connected and promote the safety of persons with cognitive impairments.
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A review of Canadian resources to support safe and healthy sexual expression in long-term care

Alisa Grigorovich1, Julia Brassolotto2, Romeo Colobong3, Lisa-Marie Swanepoel2, Alessandro Manduca-Barone2, David Scott2, Pia Kontos3,4
1Brock University, St Catharines, Canada. 2University of Lethbridge, Lethbridge, Canada. 3KITE Research Institute, Toronto Rehabilitation Institute – University Health Network, Toronto, Canada. 4University of Toronto, Toronto, Canada

Abstract / Résumé

Objectives: We conducted a systematic search of publicly available online education and training resources for the support of sexual expression of persons living with dementia in long-term care homes (LTCHs) in Canada. Our objectives were to identify existing resources, describe key content areas and modalities, and assess strengths and weakness.

Method: In consultation with an academic librarian and drawing on an established methodology, we searched for resources using an applied Google search strategy, targeted searches of websites (e.g. Alzheimer’s Societies), and contacted experts. Resources were included if they were: English language; publicly accessible (e.g., not behind a paywall); focused on support of sexual expression of persons living with dementia in LTCHs and informed action at the micro level of practice and/or meso level of organizational policy. We extracted the following from eligible resources: organization/authors; aim/objective; modalities; format; gaps/weaknesses; and strengths.

Results: Most resources were text-based and aimed at supporting staff or organizations in developing policies or practices regarding assessment of consent and when to intervene in non-consensual sexual behavior. Guidance on consent was narrowly focused on bioethical principles, neglecting fluctuating capacity. Although some acknowledged that healthy sexual expression in the context of dementia should be supported, they focused primarily on support of non-erotic intimacy (e.g., hugging). We also found stigmatizing language (e.g. demented) and limited attention to diversity (e.g., LGBTQ2S+ residents, rural/urban settings).

Conclusion: There is a pressing need to develop a comprehensive and multi-modal resource to support healthy and diverse sexual expression for persons living with dementia in LTCHs.

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Assessing decision-making capacity in older adults: A community-engaged approach to changing practice and building knowledge

Deborah O’Connor1,2, Braun Joan3, Natasha Mariotte1, Margaret Hall4, Rachelle Hole5, Kelly Pursar6, Leaney Alison7, Krista James8
1University of British Columbia, Vancouver, BC, Canada. 2Center for Research on Personhood in Dementia, Vancouver, BC, Canada. 3Lakehead University, Thunderbay, ON, Canada. 4Simon Fraser University, Vancouver, BC, Canada. 5UBC - O, Kelowna, BC, Canada. 6Queensland University of Technology, Brisbane, Australia. 7BC Public Guardian and Trustee, Vancouver, BC, Canada. 8Vancouver Coastal Health, Vancouver BC, Canada

Abstract / Résumé

Internationally, the complexity of issues surrounding mental capacity (MC) are being grappled with at both the legislative and practice level. Article 12, of the UN Convention for the Rights of Persons with a Disability (CRPD) has been particularly influential in foregrounding the importance for a more nuanced, sophisticated understanding of MC that recognizes context, capabilities and rights. This necessitates new approaches for understanding and assessing decision-making capability (DCM) – the process whereby MC is evaluated in practice - given that existing practices focuses almost exclusively on cognition. This SSHRC-funded community-engaged study is designed to respond to this challenge by exploring the assessment of incapability within the context of Abuse and Neglect. There are three components to the study: First, key informant focus groups are being conducted which highlight the challenges associated in relation to both being assessed and for those carrying out these assessments especially related to producing court-useable documents. A second component, a case-law review, considers what factors are actually being used by the courts to make decisions about capacity. Pulling these first two components together, a third part of the research is a community-of-practice action group (CoP AG) composed of nine expert practitioners. This group is responsible for interpreting the information coming from key informant focus groups and case-law research with a goal toward developing more holistic, anti-oppressive assessment guidelines. This socio-legal community-engaged study demonstrates how research is being used to shape theory, practice and policy at the ground level, including addressing the common breakdown in communication between legal, social and health care practices.
Evaluation of an e-Learning Modules Program on LTC Staff Knowledge and Comfort with End-of-Life Care

Donny Li
Faculty of Health Sciences, McMaster University, Hamilton, Canada

Abstract / Résumé

Background

Successful approaches to palliative care involve staff education for end-of-life decision-making. However, most long-term care (LTC) homes lack formalized staff palliative care programs. This study aimed to evaluate a multidisciplinary e-Learning modules program to improve staff knowledge and comfort with end-of-life care in LTC.

Methods

We used a mixed methods design among three LTC homes in Canada. We developed and piloted eight e-Learning modules with 115 LTC staff from October 2021 to April 2023. t-tests of pre/post-knowledge tests were used to evaluate the effectiveness of the modules. We further collected qualitative data to explore the acceptability of the modules.

Results

The average age was 40.6 years (SD=12.1). 91.3% of participants were female and the most common occupations were PSW (23.5%), RN (21.7%), and RPN (18.3%). The average years of experience in LTC was 9.9 years (SD=8.6). Of 115 participants, only 48 fully completed the modules, though only 36 post-module scores were retrieved due to technical limitations. Using a paired t-test, we found insignificant changes in staff knowledge and comfort to engage in discussions with residents about death/dying after completing the modules. However, staff reported them to be acceptable and appreciated their holistic nature. Suggestions were made on the user interface and workflow components to improve the usability of the modules.

Conclusions

E-Learning modules were acceptable to LTC staff, but further research is needed to evaluate their ability to improve staff comfort to engage in discussions about death/dying to better support residents and their family/friends.
Understanding the applicability of the Quintuple Aim in health services and policy research on dementia

Shala Knoc ton, Katie Aubrecht, Emily Reid-Musson
St. Francis Xavier University, Antigonish, Canada

Abstract / Résumé

Introduction and Objective: The Quintuple Aim, a framework developed from the Triple and Quadruple Aims, is used to guide research and the delivery of services to achieve better population health, improved patient and provider experience, reduced costs, and improved health equity. While the Quintuple Aim can transform health systems to optimize care performance, limited evidence exists on the applicability of the framework in supporting the care of persons with dementia outside primary care - a national healthcare priority. This presentation describes the current state of knowledge on the framework and identifies how the framework is being used in health services research and evaluation, highlighting knowledge gaps related to continuing care for people with dementia. Methods: A summative content analysis of a narrative review on the Quintuple Aim was completed, with attention to how the framework may be used to support improvements in continuing care for persons with dementia. Results: The literature offers a broad overview of the Quintuple Aim and its predecessors, considerations for achieving the aims, and the processes used for evaluating existing programs and services; the majority of which were in the context of primary care and assessed using the Quadruple Aim. Conclusion: Future directions should include an exploration of the characteristics of health research and evaluation protocols that support the successful application of the Quintuple Aim framework, the strengths and limitations of using this framework outside of primary care, and the role of knowledge mobilization.
Participatory Action Research (PAR) in Dementia-related research: A critical discourse analysis

Deborah O’Connor1,2, Mariko Sakamoto3,2, Habib Chaudhury4,5, Jim Mann2

1School of Social Work, UBC, Vancouver BC, Canada. 2Centre for Research on Personhood in Dementia (CRPiD), Vancouver, BC, Canada. 3School of Nursing, U.Vic, Victoria, Canada. 4Gerontology, SFU, Vancouver, BC, Canada. 5Centre for Research on Personhood In Dementia (CRPiD), Vancouver, BC, Canada

Abstract / Résumé

Researchers are increasingly being called upon to involve people with dementia in research that pertains to them. Participatory Action Research (PAR) has been one of the approaches that has been utilized to achieve this goal. Pragmatically, this is to ensure that the research being conducted is meaningful and relevant to those living with dementia, and hence, can only be embraced as an important step forward. However, a quick overview of studies claiming to conduct PAR with adults living with dementia reveals diverse and often atheoretical interpretations of this process. Moreover, because of presumptive merit of the discourse surrounding PAR, even fewer have critically examined the underlying assumptions, values and beliefs that may work together to create tensions and contradictions. The purpose of this paper is to begin to ‘unpack’ some of these thorny issues. For example: How is participation by people with dementia different from inclusion as a guiding value? How feasible is meaningful participation within existing funding and academy parameters? And importantly, what are the implications of relying upon the language of ‘research’ to define these partnerships, particularly in the context of dementia-related research? As with all discourses, a failure to critically engage with the assumptions, values and beliefs underpinning PAR may inadvertently risk turning the practice of PAR into politically-correct rhetoric that either fails to change research in meaningful ways and/or has unintended repercussions for those truly committed to carrying it out.
Communautés et personnes âgées engagées : solidarités multidirectionnelles

Elda Savoie, Isabel Lanteigne
Université de Moncton, Moncton, Canada

Abstract / Résumé

Cette communication abordera le thème de la solidarité multidirectionnelle entre les personnes âgées et les membres de la communauté où elles habitent. Ces personnes sont fréquemment décrites comme dépendantes de l’aide de l’entourage, alors qu’elles contribuent de façon significative à leur communauté. « Caring relationships are often complex, reciprocal and mutually supportive rather than being a simply binary carer/care-recipient relationship » (Rummery & Fine, 2012, p.328). Le soutien informel, non organisé ni soutenu, est difficile à quantifier, car les actions posées afin d’aider autrui sont souvent « ignorées ou négligées » (Hermansen 2016, p.391). Plusieurs études ont soulevé la présence de ce type de soutien, entre autres, en région rurale, et de surcroît, auprès des gens âgés (Connors, Kennick & Bloch, 2013; Dalmer, 2019; Glass & Vander Plaats, 2013) qui s’organisent au quotidien pour donner et recevoir de l’appui (Siira et al., 2020). Ce soutien passe trop souvent inaperçu aux yeux des membres de la communauté (Barker, 2022; Lapierre & Keating, 2013). Les résultats présentés dans cette communication proviennent d’une recherche qualitative effectuée auprès de femmes âgées de 75 à 91 ans au Nouveau-Brunswick. L’analyse thématique a permis de ressortir plusieurs thèmes dont le soutien informel qu’elles mettent en place afin de demeurer au domicile le plus longtemps possible et les nombreux gestes qu’elles font en soutien aux membres de leur communauté. En guise de conclusion, il sera question de discuter de l’aide multidirectionnelle et des enjeux pour la formation et la pratique.
**Improve essential services accessibility for older adults with the use of digital technologies**

Julie Castonguay, David Pellerin, Laurence LeBrun, Mathilde Perron, Anne-Laurence Savoie, Marie-Ève Bédard, Carmen Lemelin  
Centre collégial d’expertise en gérontologie du Cégep de Drummondville, Drummondville, Canada

**Abstract / Résumé**

For older adults to be able to live and grow old for as long as possible in their own homes, maintaining their health is paramount. However, they are faced with accessibility difficulties regarding essential services, such as food and medication supply.

This communication presents the results of an action research aiming to improve essential services accessibility for older adults with the use of digital technologies: a grocery platform and a pharmacy patient portal.

The Digital Competency Framework and the User Experience Design Framework have helped guide the data collection and analysis with 17 older adults from the region of Centre-du-Québec. Each one of them participated in a meeting consisting of 3 parts: 1) purchasing groceries or renewal of a prescription online, 2) answering an appreciation form regarding the user experience on the online grocery platform or the pharmacy patient portal, and 3) participating in a qualitative semi-structured interview. A qualitative mixed thematic content analysis and a descriptive analysis of data have been done.

Many obstacles and facilitators regarding the use of those technologies have been identified. The identified obstacles and facilitators concern older adults (e.g., digital competency), the online grocery platform or pharmacy patient portal (e.g., usability), and society (e.g., ageism). To support older adults during their use of the platform, short videos, and explanatory flyers have been made.

The use of digital technology is a collective responsibility and does not concern only older adults. What are we ready to do, individually and collectively, to improve digital inclusion?
Les aspirations de la communauté francophone de Saint-Jean (Nouveau-Brunswick) à engager la population âgée à sa vitalité et à son épanouissement malgré les redditions de comptes de différents paliers de l’État.

Elda Savoie, Mario Paris
Université de Moncton, Moncton, Canada

Abstract / Résumé

Cette communication abordera le thème de la vitalité d’une communauté en contexte francophone minoritaire qui malgré la reddition des comptes à su répondre aux besoins de sa population âgée. Cette reddition de compte comporte son lot de tensions (Lachapelle, 2023) et une source de stress pour les organismes communautaires qui sont à la fois demandés de rendre des comptes aux bailleurs de fonds et de répondre aux demandes et besoins des membres de sa communauté donc « à tenir compte de la dimension du sens que comporte toute intervention avec des personnes humaines » (Lachapelle, 2023, p.120).

Sur le plan méthodologique, 32 personnes âgées ont été rencontrées pour une entrevue individuelle semi-dirigée et 15 personnes âgées ont participé à des entrevues de groupe. En tout, 47 personnes âgées ont participé au projet de recherche. L’ensemble des données ont été retranscrites et, par la suite, analysées par thème et validées par interjuge.

Bien que les résultats de ce projet portent sur les besoins et les attentes des personnes ânées francophones de Saint-Jean, la communication mettra l’accent sur le contexte de la reddition de compte axée sur les résultats provenant du bailleur de fonds du projet (la mesure) et les aspirations de la communauté francophone de Saint-Jean à répondre, à leur manière, aux défis du vieillissement de la population (le sens). La communication permettra de comprendre cette tension, mais aussi apportera des solutions concrètes pour mieux articuler ces finalités opposées que représentent le « sens » et la « mesure ».
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Collaborative Research and Design: Person-centered TV Videos Supporting People in Care Settings Who Have Dementia

Karen Lok Yi Wong\textsuperscript{1}, Lily Wong\textsuperscript{2}, Colin Leigh\textsuperscript{1}, Annette Berndt\textsuperscript{2}, Deborah Liao\textsuperscript{1}, Carly Wang\textsuperscript{1}, Diane Pan\textsuperscript{1}, Caitlin Lee\textsuperscript{2}, Haopu Ren\textsuperscript{1}, Lillian Hung\textsuperscript{1}

\textsuperscript{1}University of British Columbia, Vancouver, Canada. \textsuperscript{2}Community Engagement Advisory Network, Vancouver, Canada

Abstract / Résumé

Background and Objective: Since January 2022, our team has been co-designing TV videos tailored for people with moderate to severe dementia, co-implementing them with this population in hospital and long-term care settings, and co-evaluating their effectiveness. We aim to improve the benefits of TV videos for people with dementia.

Method: Our co-design, co-implementation, and co-evaluation processes has been guided by Kitwood’s person-centered care model. Our team comprises eight patient and family partners (i.e., people with lived experiences with dementia), two healthcare provider partners, three technology developers, one researcher, and five trainees. Our diverse backgrounds help us contribute different knowledge and skills. Team members are involved in all stages. We have weekly study site visits and monthly dialogues.

Results: We co-designed TV videos (e.g., videos supporting the daily activities of people with dementia from diverse linguistic and cultural communities.) We co-implemented TV videos by reviewing the challenges healthcare providers face in implementing TV videos and developing strategies to facilitate the adoption of TV videos. We co-evaluated the effectiveness of the videos through discussions with 15 people with dementia users, four family members, and 36 healthcare providers. Our study is iterative. We recognize gaps in the process and adjust accordingly to meet users’ needs. We work closely with users and try to understand deeply about their contexts.

Conclusions: We hope our continuous collaborative work can give insights into the co-design, co-implementation, and co-evaluation of more TV videos tailored for people with dementia, particularly those in care settings.

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The prevalence and predictors of apathy among Canadian long term care residents: A secondary data analysis

Aderonke Agboji, Shannon Freeman
University of Northern British Columbia, Prince George, Canada

Abstract / Résumé

Background: Apathy, defined as a reduction in interest or motivation to engage in goal directed activities, is a frequent and persistent health concern among persons residing in long term care facilities. Apathy is associated with rapid cognitive decline, impaired functional ability, and increased mortality risk. Identifying the risk factors associated with apathy can enable healthcare providers to detect it early and manage it appropriately since it is treatable.

Objective: This study aims to determine the prevalence of apathy and the risk factors associated with it in a large sample of Canadian long-term care residents.

Method: This is a cross-sectional analysis of data from MDS 2.0 assessments completed between 2015 and 2019. The descriptive and inferential analyses consisted of adults living in long term care facilities (N = 332,454) across the seven provinces in Canada.

Result: The prevalence of apathy was 14.1% (n = 45,434). Apathy is more prevalent among persons aged 65 or younger who speak English. The strongest predictors of apathy were province of residence (OR 4.09 (CI 2.99–5.59), followed by resistance to care (OR 2.43 CI 2.38–2.49), conflict with family (OR 2.30 CI 2.2–2.4), and insomnia (OR 2.16 CI 2.16–2.2).

Conclusion: These findings highlight the important role of environmental contextual factors, including the physical and social environment as well as personal factors, in the development of or recovery from apathy. Strategies for combating apathy in long-term care facilities should take into account individual, institutional, and provincial variances.
Virtual Motivational Interviewing for Physical Activity among Older adults: A feasibility study

Olayinka Akinrolie1, Jacquie Ripat2, Shaelyn Strachan1, Sandra Webber4, Allister McNabb3, Jennifer Peters3, Sasha Kullman3, Ruth Barclay5
1Applied Health Sciences, Faculty of Graduate Study, University of Manitoba, Canada, Winnipeg, Canada.
2Department of Occupational Therapy, College of Rehabilitation Sciences, Rady Faculty of Health Sciences, University of Manitoba, Winnipeg, Manitoba, Canada, Winnipeg, Canada.
3Faculty of Kinesiology and Recreation Management, University of Manitoba, Winnipeg, Canada, Winnipeg, Canada.
4Department of Physical Therapy, College of Rehabilitation Sciences, Rady Faculty of Health Sciences, University of Manitoba, Winnipeg, Manitoba, Canada, Winnipeg, Canada.
5Department of Physical Therapy, College of Rehabilitation Sciences, Rady Faculty of Health Sciences, University of Manitoba, Winnipeg, Manitoba, Canada, Winnipeg, Canada

Abstract / Résumé

Objective: Improving physical activity (PA) is important due to its physical and mental health benefits including in older adults. Motivational interviewing (MI) is a client-centred counselling style that is promising for increasing PA levels. This study evaluated if Virtual Motivational INTerviewing (VIMINT) is feasible for improving PA among community-dwelling older adults.

Method: This was a single group pre- and post-design. Outcomes were assessed at baseline, post-intervention and two-month follow-up. Participants received five MI sessions via Zoom. Feasibility and acceptability were assessed with recruitment, attrition and retention rate, adherence, satisfaction, and counsellors’ competency. Secondary outcomes included PA, self-efficacy, quality of life, and readiness-to-change. Participants and counsellors were also interviewed to explore their experiences.

Results: Sixteen individuals were identified and screened. Eight were eligible and consented; seven completed the study. The mean age was 68.9 ± 3.9 years. The retention rate was 88%, 92.5% of the sessions were attended, 100% of participants wore activity monitors at baseline and 2-month follow-up. The mean satisfaction score was 24.14 ± 7.3 out of 32. The counsellors’ competence scores were 4.17 ± 0.58 (good) and 3.67 ± 0.58 (fair) in relational and technical components respectively. We observed changes in physical activity at 2-month follow-up. Themes identified through qualitative analysis included session composition, acceptability of outcome measures, positive impact of the VIMINT study, and suggestions to improve future studies.

Conclusions: VIMINT should be feasible and acceptable intervention. Evidence from this study will inform future studies on virtual MI for improving PA among older adults.
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“I never thought I’d have to stand there and make that decision”: Engaging caregivers about their decision-making experiences for people living with dementia.

Seema King¹, Sam Hester¹, Gwenn Boryski¹, Daniel Gaetano¹, Maria Santana¹, Lorraine Venturato¹, Jasneet Parmar², Jayna Holroyd-Leduc¹, Jessica Simon¹
¹University of Calgary, Calgary, Canada. ²University of Alberta, Edmonton, Canada

Abstract / Résumé

Background: Family/friend caregivers have a crucial role as substitute decision makers, tasked with honoring personal and medical wishes, for persons living with dementia (PLwD). However, they can feel decisional uncertainty, unsupported by family/providers, unrecognized as partners-in-care, and unaware of dementia trajectories.

Objective: To map caregiver decision-making journeys in Alberta as a first step in guiding development and implementation of better supports for caregiver decision-makers.

Methods: A qualitative study was undertaken to map caregivers’ decision-making journey. Caregivers and community organizations were engaged as study team members throughout the process. Semi-structured one-to-one interviews were conducted with caregivers recruited through social media and community newsletters. We utilized graphic recording of the interviews for thematic analysis, alongside researcher line-by-line coding of verbatim transcripts, to develop a summary map of caregivers’ journey in decision-making and decision supports.

Results: Preliminary analysis show caregivers (n=25) struggle with decisions about transitioning their PLwD from home-to-facility living, navigating capacity assessment, and finances. Caregivers often describe themselves as being ‘lucky’ to happen upon information to help them make decisions through word-of-mouth or through their own advocating. Areas of support needed include emotional support, guidance on ethical decisions, knowing which future decisions to prepare for and finding resources.

Conclusion: Caregivers are struggling to make decisions for their PLwD. They need more practical and emotional supports. Our map of a caregiver’s journey in decision-making and supports highlights the common decision points caregivers face, provides direction on improving current tools and identifies gaps where tools and supports could be targeted.
P104

A Comparison of Adult Protection Jurisdictions: Individual vs Relational Understandings of Decision-Making

Natasha Marriette¹, Margaret Hall², Deborah O'connor¹
¹University of British Columbia, Vancouver, Canada. ²Simon Fraser University, Burnaby, Canada

Abstract / Résumé

Legislation directed at protecting the interests of vulnerable adults varies depending on jurisdiction. In BC, the Adult Guardianship Act (AGA) Part 3 designates specific agencies (health authorities and Community Living British Columbia) to respond to reports of abuse and neglect (including self-neglect), and determine if the adult requires assistance. Where an adult is assessed as “incapable” of refusing assistance, the legislation provides for specific tools to protect the adult. The AGA Part 3 does not define "capability" for this purpose, but the test is often de facto understood and applied as strictly cognitive. If a person is "capable" in this sense of refusing assistance, no further actions can be taken. Scotland's Adult Support and Protection Act (ASPA), in contrast, provides for the local authority to investigate and assess the needs for support of persons "at risk". If a person “at risk” is determined to be incapable of refusing assistance, further "interventions" are available. If a person is "capable" and the local authority determines the reason for refusal is "undue pressure" by another, a limited number of interventions aimed at providing the person with the space needed to make their own, genuine decision are available. In this way, the ASPA acknowledges and implements a relational and contextual understanding of autonomy, as opposed to AGA Part 3 which proceeds on the basis of an individualistic theory of autonomy. This poster describes how that more nuanced "relational" view of autonomy more closely resembles many of the real-life situations investigated under AGA Part 3.
Effects of the Community Paramedicine at Clinic (CP@clinic) Program on the Health Behaviours of Older Adults Residing in Social Housing

Jasdeep Brar1,2, Leena Alshenaiber1, Jasmine Dzerounian1, Melissa Pirrie1, Francine Marzanek1, Ricardo Angeles1, Gina Agarwal1,2
1Department of Family Medicine, McMaster University, Hamilton, Canada. 2Department of Health Research Methods, Evidence & Impact, McMaster University, Hamilton, Canada

Abstract / Résumé

Background and Objective: Community-dwelling, low-income, older adults residing in social housing are a vulnerable population with poor health behaviours leading to poor health and aging. Community Paramedicine at Clinic (CP@clinic) is a health promotion and disease prevention program delivered by community paramedics. The objective was to assess the impact of CP@clinic on the health behaviours (e.g., healthy eating, physical activity, smoking, and alcohol use) of this vulnerable, older adult population.

Method: A 1-year, open-label, cluster randomized control trial with parallel intervention and control groups was conducted across Ontario, Canada. Trained community paramedics facilitated weekly one-on-one CP@clinic drop-in sessions with older adults in common spaces of social housing buildings. Sessions consisted of evidence-based risk assessments, referrals to community and healthcare resources, health education, and reporting health assessment results to family physicians. Demographic characteristics and health behaviours were analyzed using descriptive statistics. Mann-Whitney U tests were performed to compare change in health behaviours between intervention and control groups.

Results: In 656 participants, the mean age was 72.1 (SD 8.7) years, 75.6% were female, 8.4% were married, 89% were white, 68.4% had a high school education or less, and 90% lived alone. Following the intervention, carbohydrate/grain and fruit/vegetable consumption increased significantly (p<0.05) for the intervention group compared to control (z=-2.023 and z=-2.467, respectively). Time spent watching TV improved significantly for the intervention group compared to control (z=-2.194, p<0.05).

Conclusions: CP@clinic is an innovative wellness and healthy aging program that demonstrated a significant impact in improving health behaviours among community-dwelling, low-income, older adults.
Volunteering among culturally diverse populations of older adults: A scoping review of the literature

Eireann O'Dea¹, Andrew Wister¹, Boah Kim¹, Sarah Canham², Barbara Mitchell¹, Lun Li³
¹Simon Fraser University, Vancouver, Canada. ²University of Utah, Salt Lake City, USA. ³MacEwan University, Calgary, Canada

Abstract / Résumé

Objective: The pathways, patterns and experiences of volunteering among older adults is well-documented. A cohesive understanding of volunteering as experienced by culturally diverse older adults (including ethnic and racial minorities) remains elusive. We conducted a scoping review on this emerging area of research.

Methods: Four academic databases were searched: Academic Search Premier, Age Line, PsychINFO, and Social Sciences Full Text. To be included, studies had to be published between 1990-2022 and be written in English. We identified 21 eligible studies.

Results: Culturally diverse groups studied included a mix of racial (11 studies), ethnic (10 studies), and ethnoreligious groups (1 study). In terms of primary focus, studies fell into one of three categories: 1) Patterns and predictors of volunteering, 2) Outcomes of volunteering, and 3) Experiences of volunteering. When compared to White older adults, older adults with diverse cultural identities were less likely to participate in volunteering. For culturally diverse older adults who did volunteer, common predictors included higher levels of education and good perceived health status. Benefits of volunteering among culturally diverse older adults included perceived increased physical and mental health and social benefits. Common volunteer roles included working with children or older adults and serving co-ethnic communities. Six studies explored the relationship between volunteering and the diverse identities of participants.

Discussion: Findings reveal that research conducted on older adults who belong to culturally diverse groups is similar to the research on non-ethnic groups, with focus placed on identifying predictors and outcomes of volunteering. We suggest that this limitation constitutes research gap, and that exploring the relationship between diverse cultural identity and volunteerism represents a promising area of future exploration.
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Stigmatizing perceptions of dementia among racialized groups living in the Anglosphere: A scoping review

George Philip1,2, Marie Y. Savundranayagam1,2, Anita Kothari1, Joseph B. Orange3,4
1School of Health Studies, Western University, London, Canada. 2Sam Katz Community Health & Aging Research Unit, Western University, London, Canada. 3School of Communication Sciences and Disorders, Western University, London, Canada. 4Canadian Centre for Activity and Aging, Western University, London, Canada

Abstract / Résumé

Background: Dementia-related stigma affects the well-being and quality of life of persons living with dementia (PLwD). A prominent gap exists in understanding stigma among racialized PLwD and their care partners. A scoping review was conducted to explore stigmatizing perceptions of dementia among racialized groups living in Anglosphere countries.

Methods: Eligible studies focused on dementia and stigma, and reported data on racialized groups (i.e., Black, Hispanic, South Asian, East Asian, Middle Eastern) living in Anglosphere countries (i.e., Canada, United States, United Kingdom, Ireland, Australia, New Zealand). All publication dates were included. Eligible studies were published in English. Scopus, CINAHL, PubMed, PsycINFO, MEDLINE, and EMBASE databases were searched in November 2022. Screening was conducted on titles and abstracts followed by full-text review. Data charting was conducted using an evidence summary table. Thematic analysis was performed using Corrigan’s Model of Stigma. Themes were categorized into stereotypes, prejudices, and discrimination.

Results: Thirty-six studies were included in the final review. Themes aligning with stereotypes include derogatory and dismissive labels, religious beliefs and mysticism toward dementia, and associating dementia with other diseases. Themes aligning with prejudices include shame or embarrassment of dementia. Themes aligning with discrimination include discouragement in seeking help and isolation, and lack of social acceptance.

Conclusions: Stigmatizing perceptions of dementia among racialized communities are rooted in cultural, traditional, religious beliefs, prejudices, and discriminations that may delay diagnosis, treatment, and participation in support programs. Future studies must aim to educate and promote dementia awareness among racialized groups.
Co-designing an intervention to improve patient and family caregiver experiences transitioning from hospital to home at the end-of-life.

Krystal Kehoe MacLeod\textsuperscript{1,2}, Vinay Mysore\textsuperscript{3}, Meghan Savigny\textsuperscript{4}, Edward Fitzgibbon\textsuperscript{5}, Taylor Shorting\textsuperscript{1}, Madeline McCoy\textsuperscript{1}, Sarina Isenberg\textsuperscript{1,2}

\textsuperscript{1}Bruyere Research Institute, Ottawa, Canada. \textsuperscript{2}University of Ottawa, Ottawa, Canada. \textsuperscript{3}Parsons School of Design, Brooklyn, USA. \textsuperscript{4}n/a, Vancouver, Canada. \textsuperscript{5}The Ottawa Hospital, Ottawa, Canada

Abstract / Résumé

Objectives: Moving from hospital to home is a common transition near the end of life. No interventions aimed at improving the hospital-to-home transition in palliative care have: (1) been developed in partnership with patients and caregivers; (2) utilized an interdisciplinary team approach, and (3) been tested in Canada. This project aims to create an intervention that aids in a seamless hospital-to-home transition, incorporates metrics to measure the success of the intervention, and is tailored to the unique Canadian hospital-to-home context.

Methods: We used co-design workshops to gather data on the lived experiences and perspectives of participants (n=24-32), including patients and caregivers who have experienced a hospital-to-home transition while receiving palliative care at the Ottawa Hospital, as well as healthcare providers who have been involved in a transition.

Results: Co-design workshops produced intervention suggestions including: a checklist, a cheat sheet, a workbook, and transition doula. Potential metrics include: the Readiness for Hospital Discharge Scale, the Post Discharge Coping Difficulty Scale, and Care Transitions Measure. Workshop outputs were developed into 4-6 low-fidelity prototypes of interventions that are being tested with stakeholders to identify logistical needs and respond to design constraints. 2-3 prototypes will be developed into high-fidelity prototypes to be tested with patients and caregivers. The most successful concept will be refined and will be our recommendation for a subsequent implementation study.

Conclusion: This project adopts the unique approach of combining health and design research to formulate an intervention informed by the perspectives of patients receiving palliative care, caregivers, and healthcare providers.
Monitoring mobility in older hospitalized patients: a feasibility study

Paulo Nascimento, Lauren Griffith, Renata Kirkwood, Mylinh Duong, Marla Beauchamp
McMaster University, Hamilton, Canada

Abstract / Résumé

Objectives: We evaluated the feasibility and acceptability of 24-hour continuous monitoring of mobility in older hospitalized patients with ActiGraph wGT3X-BT. Methods: The study included 30 patients (81.4±8.8 years), 24 women (80%), able to walk independently or with the assistance of a cane or walker (86.7%) and hospitalized due to cardiac or cancer conditions. Patients were randomly assigned to wear the ActiGraph on the wrist and thigh or wrist and ankle for the 24-hour protocol. To determine their mobility (sedentary and non-sedentary), we used the accelerometer recordings from the wrist devices and applied the cut-off scores by Montoye et al. 2020. Accelerometer data were collected at 30 Hz and were screened for the period of wear times using the method by Choi et al., 2011. Results: Of the 25 patients that answered the questionnaires, 22 (88%) reported never using a wearable before, 19 (63.3%) stated they would wear a device for 5 or 7 days while in the hospital, and 16 (64%) would wear it daily at home for up to 3 months as part of a research. 48% of the patients were motivated to move when wearing the devices, and 57% preferred to wear it on the wrist. On average, patients wore the devices for 24 hours and 27 minutes and spent 93% of the time in sedentary behavior. Conclusion: Hospitalized older patients are willing to be monitored during their stay and are mostly sedentary. ActiGraph was found to be feasible and acceptable for monitoring mobility in this population.
P110

Mapping the context of sedentary behaviour (MAPS-B) in older adults who are frail: A feasibility study

Isabel Rodrigues, Rachel Swance, Suleman Tariq, Alexa Kouroukis, Jonathan Adachi, Steven Bray, Qiyin Fang, George Ioannidis, Dylan Kobsar, Carolyn Leckie, Alexander Rabinovich, Rong Zheng, Alexandra Papaioannou
McMaster University, Hamilton, Canada

Abstract / Résumé

Background: Older adults who are frail are more likely to be sedentary; however, there is little research about the context of sedentary behaviour.

Objective: The study objective was to assess the feasibility of measuring context (posture, location, purpose, social environment) of sedentary behaviour among older adults who are frail. We defined feasibility using process (i.e., recruitment, retention, and refusal rates) and resource (i.e., do the measures capture context and are all participants willing to use the measures). Our aim was to recruit 20 participants within two-months with 85% retention and 20% refusal rates.

Methods: We used objective and subjective measures to assess context; accelerometers (activPAL4™) to measure posture, a McMaster Engineering indoor positioning systems (IPS) to determine functional location, and diaries (Activities Collected over Time over 24-hours [ACT24]) for purpose and social environment.

Results: We enrolled 21 participants (78±5.8 years, 13 female, 19 Caucasian) within two months. Eighteen participants were frail and 3 prefrail on the Fit-Frail scale. Two participants withdrew (90%). All participants were willing to use activPAL4™ and 12 completed ACT24 while eight preferred a hard-copy diary. The hard copy was not completed with detail making it difficult to time synchronize the data to the other measures. Six participants used the IPS, although they all cited difficulties configuring and utilizing the system. The other 15 participants were not comfortable using the IPS.

Conclusion: We met our criteria for recruitment and retention but experienced high refusal rates. Linking data between measures was complicated due to timeframe misalignment. Older adults who are frail found it challenging to configure the IPS.

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What Drives Ageism in the Workplace: An Analysis of Media Representations

Amanda Bull
McMaster University, Hamilton, Canada

Abstract / Résumé

Background & Objectives:

As newspapers and other traditional forms of media continue to reach large audiences, they can play a significant role in shaping public opinion on a myriad of issues, including aging. Media can be examined to understand the ways in which its portrayals reflect either positive or negative perceptions of older adults. This poster specifically seeks to understand how ageism in the workplace may be shaped by media coverage of older workers, including how the devaluation of older bodies in the workplace is influenced by media representations of older workers.

Method:

Eighteen unique ProQuest databases were methodically searched in order to locate relevant newspaper or magazine coverage that discussed older adults in the workplace. In order to answer the main research question, this paper drew upon key methods from thematic and discourse analysis.

Results:

Fifteen articles that met final inclusion criteria were selected for inclusion. The analysis revealed six themes that help to explain how media representations of older workers shape instances of ageism in the labour market: Apocalyptic demography; Capitalist values; Problem for the young; Competition; Erasure of older voices; and Age-blindness.

Conclusions:

These results reveal the importance of future research focusing on the link between ageism in the workplace and the media. Moving forward, it is critical that the representations of older bodies in the media come under greater critique for the role that they play in perpetuating ageist beliefs.

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Barriers to Accessing Sexual Healthcare for Older and Postmenopausal Women: A Scoping Review of the Literature

Meejin Park, Amanda Bull, Laura Banfield
McMaster University, Hamilton, Canada

Abstract / Résumé

Background:

Sexual health is an essential component of maintaining one's overall well-being across the lifespan. Aging is correlated to declining sexual function, with reported symptoms of decreased sexual function and lubrication, dyspareunia, psychosocial impacts and more. Despite this and the consistent aging of the population, there is limited information available on the sexuality of older people and the subject remains taboo, even in the healthcare setting.

Objectives:

This scoping review was conducted to synthesize current knowledge that addresses the research question: what are the barriers to accessing sexual health care for older women (55+)?

Method:

Following Arksey and O'Malley's five-step framework, an exhaustive search of 7 electronic databases was conducted, along with a hand search of references.

Results:

The search revealed 5034 peer-reviewed and grey literature sources. 31 full-text studies were assessed for eligibility, with a total of 13 articles selected to be included in the review. Thematic content analysis produced 4 major themes which addressed: internalized and externalized ageism, lack of knowledge due to limited available literature and research, lack of healthcare provider training, and stereotype/stigma surrounding sex.

Conclusions:

Findings from this scoping review are positioned in terms of their implications for research, practice, and policy. For instance, increased research on this topic that examines the intersectional effects of different social determinants of health such as race/ethnicity is warranted. Vigorous training to reduce stigma and implement person-centred care must also be implemented in medical education and physician training.

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Cognition, Neurocognitive Disorder, Psychotropic Group of Medication, and Fall among Canadians Aged 65+ Years

Victoria Momoh
Walden University, Minnesota, USA

Abstract / Résumé

Despite the high incidence of fall among the elderly in residential care, this problem has been minimally explored and reported. This study examined the association between (cognitive performance, dementia, four groups of psychotropic medication-hypnotics, antidepressants, antianxiety medication and antipsychotics) and fall occurrence among Canadian elderly in residential care. A multi–variate logistic regression design was used for the analysis. The Social Cognitive Theory was used to interpret the findings of an analysis on 180,231 Canadian residents from 2018–2019. Cognitive performance at intact level (OR=1.114, p<0.005), cognitive performance at moderate level (OR=1.192, p<0.005), dementia diagnosis (OR=1.075, p<0.005), antipsychotic prescription (OR =2.571, p<0.005), antidepressant prescription (OR =1.486, p<0.005) and antianxiety prescription (OR =3.284, p<0.005) increased the odds ratio of fall. However, cognitive performance at severe level (OR=0.898, p<0.005), no dementia diagnosis (OR =0.001, p<0.001) and hypnotics prescription (OR =0.389, p<0.005) decreased the odds ratio of fall. Findings indicate that cognitive performance at the intact and moderate levels, antianxiety antipsychotic and antidepressants medications, and dementia were strong predictors of fall among the elderly in residential care in Canada. A limitation of the study was that the dataset used captured data from 7 out of 13 Canadian provinces and territories therefore limiting external validity. The potential positive social change impact of this study is that it would guide care providers, enhance fall prevention practices and decrease fall occurrence in this population.
The association between shift work exposure and the variations in age at natural menopause among adult Canadian workers: results from the Canadian Longitudinal Study on Aging (CLSA)

Durdana Khan, Michael Rotondi, Heather Edgell, Hala Tamim  
School of Kinesiology and Health Science, York University, Toronto, Canada

Objective

A wide range of negative health outcomes have been associated with shift work (SW) particularly night and rotating SW. However, little is known about effects of SW exposure on reproductive health outcomes. The objective of the study is to prospectively investigate the association between SW exposure and the variations in age at natural menopause among adult Canadian workers.

Methods

Secondary data analyses were performed using the Canadian Longitudinal Study on Aging database. Premenopausal women (N=3,688) at baseline were followed prospectively for 3 years. Three derived variables were used to measure SW primary exposure: 1) ever exposed to SW, 2) SW exposure in current job, and 3) SW exposure in the longest job. Cox proportional hazard regression models were used to evaluate risk of variations in age at natural menopause after adjusting for potential confounders.

Result

One out of five women (20%) reported to be ever exposed to SW during their jobs. Overall, women who were ever exposed to SW were significantly associated with a delayed onset of menopause compared with daytime workers (hazard ratios [HR] =0.77, 95% CI, 0.61-0.98). Particularly, when compared with daytime workers, rotating shift worker in the current and longest job were significantly related to delayed onset of menopause (HR=0.64, 95% CI, 0.46-0.89 and HR=0.65, 95% CI, 0.49-0.86), respectively.

Conclusion

Our results suggest a relationship between rotating shift and delayed onset of menopause. We speculate that disruptive circadian stimuli may play a role in menopausal onset and this warrants further investigation.
Critical reflections on the use of Patient Engagement in Research Scale (PEIRS) in evaluating engagement of patient and family partners in dementia research

Joey Wong, Cates Bayabay, Jim Mann, Lillian Hung
University of British Columbia, Vancouver, Canada

Abstract / Résumé

Objective: As "co-research," "patient and public involvement," and "patient engagement" in health research become increasingly important, it is crucial to evaluate whether patient and family partners feel meaningfully engaged in research. Despite the availability of evaluation tools, few studies discuss the process of evaluation among marginalized populations such as older people with cognitive impairment. Our study reflects on the use of the Patient Engagement in Research Scale (PEIRS) over a two-year partnership in the Telepresence Robot project, involving patient partners with dementia and family partners.

Method: PEIRS was administered at three time points during phases 1, 2, and 3 of the project. We adapted the tools based on the needs of patient and family partners. We conducted reflection sessions and thematic analysis to identify key lessons learned.

Results: Our findings include: 1) positionality, 2) adaptations, and 3) complexity of contextual factors.

Conclusions: These reflections offer useful insights for future research involving co-production and the adoption of evaluation tools to enhance the engagement of patient and family partners. Reflexivity should be embedded in research involving people with lived experiences from diverse backgrounds to promote collective learning and strive for a genuine co-research environment, avoiding tokenism.
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Sharlene Webkamigad¹, Carmen Wabegijig-Nootchtai², Health and Community Wellness Committee², Lisa Bourque Bearskin³, Marion Maar⁵, Jennifer D. Walker⁵
¹Laurentian University, Sudbury, Canada. ²Shawenekezhik Health Centre, Atikameksheng Anishnawbek, Canada. ³University of Victoria, Victoria, Canada. ⁴Northern Ontario School of Medicine, Sudbury, Canada. ⁵McMaster University, Hamilton, Canada

Abstract / Résumé

The current COVID-19 pandemic has deepened the inequities in health and social care faced by Indigenous people compared to non-Indigenous citizens in many countries. Despite this, First Nation health leaders – such as those in Atikameksheng Anishnawbek – have had success in supporting the needs of their older adults living in the community, reflecting resourcefulness and resilience in the face of adversity. Ideally, community-level supports are inclusive, promote visiting and connecting, promote culture, are accessible to all, are private and confidential, offer opportunities for outings, and use many avenues for awareness. This Anishinabek-led research study used qualitative methods, including photovoice and learning circles, to explore the perceptions of two female Atikameksheng Anishnawbek adults over 50 years of age who have multiple chronic conditions about community-level supports during the COVID-19 pandemic. Participants shared their thoughts and perceptions of community-level support during three learning circles. This process was facilitated using an adapted version of photovoice that involved the sharing of 5 photos. Using a community-involved data analysis approach, over 400 codes were analyzed with community co-researchers and organized into 15 minor themes that were grouped into barriers, thoughts and perceptions, and strengths of community-level supports. Four major themes emerged: racism within the healthcare system, lack of space, impacts of COVID-19, and the importance of connecting to others. Using an Anishinabek Indigenous research methodology to inform this photovoice project assisted in decision-making that responds to the needs of the aging Atikameksheng Anishinabek community members.
Co-Creation of a Community-based Toolkit to Reduce the Risk of Going Missing for Persons Living with Dementia

Isabella Chawrun¹, Noelannah Neubauer¹,², Cathy Conway¹, Lili Liu¹,²
¹University of Waterloo, Waterloo, Canada. ²University of Alberta, Edmonton, Canada

Abstract / Résumé

Introduction: People living with dementia are at risk of going missing due to challenges with wayfinding. Existing resources typically do not address in depth on how community members can reduce the risks of missing incidents through a prevention approach.

Objectives: To address this gap, a toolkit was co-created to enable families, care partners, healthcare support staff, and persons living with dementia to learn about the risk of going missing and adopt safety strategies to help prevent missing incidents.

Methods: Through participant action research and co-production approaches, we developed a toolkit. The toolkit was reviewed and revised by stakeholders, including community organization managers, search and rescue personnel, Indigenous community leaders, and persons with lived experience. Methods included one-on-one feedback sessions, working meetings, focus groups, and asynchronous content creation.

Results: The final version of the toolkit involved three iterations of feedback. The toolkit focuses on four topics: (1) the physical environment, (2) unmet care needs, (3) emergency response, and (4) symptom management. The content in each topic includes a case study, information about the specific risk factors leading to a missing incident and strategies on how to reduce the risk of going missing and customizable sections for community and location specific information.

Conclusion: The toolkit provides measures to prevent missing incidents by offering accessible ways to make a living situation dementia-friendly for people living with dementia. The toolkit is set to launch November 2023 as an online printable document and as an interactive digital guide.
Implementation of AgeTech to Support Dementia Care in a Rural and Northern Community in Canada.

Sarah Sousa¹, Shannon Freeman², Davina Banner², Kelly Skinner¹
¹University of Waterloo, Waterloo, Canada. ²University of Northern British Columbia, Prince George, Canada

Abstract / Résumé

Older adults in rural and northern communities deserve equitable access to technologies that improve wellbeing, quality of life and support aging in place. A new dementia care home opened in 2022 in a rural and northern community in BC. Through a partnership with the Center for Technology Adoption for Aging in the North (CTAAN), health systems leaders, and community partners, multiple technologies designed to support persons who are aging (AgeTech) were purposefully implemented to enhance clients’ care and quality of life. The AgeTech solutions include a hydroponic gardening wall, circadian lighting, and virtual biking programming. A process evaluation was conducted to describe the AgeTech implementation prior to older adult engagement with the AgeTech. To explore contextual barriers and facilitators to implementation, data collection tools and analyses were guided by the Theoretical Domains Framework. Eleven one-on-one, semi-structured interviews were held with facility staff, health systems leaders, representatives from the AgeTech companies, and implementation leads between fall 2022 and spring 2023 and a secondary analysis of existing documentation was conducted. Participants described barriers to implementation and anticipated challenges to uptake by clients that include the geographic context, complexity of dementia symptoms, and limited experiences by older adults with technology. Facilitators of AgeTech included collaborative partnerships with AgeTech companies, client interest and motivation, and creation of AgeTech educational resources. Results provide insights to inform planning and policy decisions for rural AgeTech implementation initiatives, highlight considerations for ongoing AgeTech innovation and describe the engagement of community partners in the process of integrating aging technologies.
Measurement properties of the gait speed test in community-dwelling older adults

Ava Mehdipour, Selina Malouka, Marla Beauchamp, Julie Richardson, Ayse Kuspinar
McMaster University, Hamilton, Canada

Abstract / Résumé

Objective: The gait speed test is one of the most widely used mobility assessments in clinical practice and research. Our aim was to critically appraise and synthesize the measurement properties (reliability, validity, and responsiveness) of the gait speed test (usual and fast paced) in community-dwelling older adults.

Methods: A systematic review was performed following the Consensus-based Standards for the selection of health Measurement Instruments (COSMIN) guidelines. Three databases were searched: MEDLINE, EMBASE, and CINAHL. Peer-reviewed articles evaluating one or more measurement properties or the interpretability of the gait speed test in community-dwelling older adults were included.

Results: Out of 5,056 records, 79 full-text articles met the inclusion criteria. Intraclass correlation coefficient (ICC) values for reliability ranged from 0.72 to 0.98, but the overall quality of evidence was low. Concurrent validity of the usual gait speed test was well-supported (ICCs=0.79-0.93 with longer distances) with moderate quality of evidence; however, evidence to support the fast gait speed test was limited and of low quality. Evidence of moderate quality supported the test’s convergent validity. Predictive validity for health outcomes (e.g., frailty, falls, hospitalization) was supported with areas under the curve ≥ 0.70; however, the quality of evidence was very low and low. Responsiveness was only evaluated in 2 articles, with mixed findings and very low/low quality.

Conclusion: The gait speed test is a reliable and valid measure in community-dwelling older adults. However, future studies should employ rigorous methodology and explore the test’s responsiveness (i.e., its ability to detect change over time).
Creating opportunity in every encounter: community connector programs and their ability to assist in maintaining access to health and community supports.

Lyne Ouellet¹, Rachel deMolitor², Linda Kealey¹, Albert Banerjee³
¹University of New Brunswick, Fredericton, Canada. ²University of Victoria, Victoria, Canada. ³St. Thomas University, Fredericton, Canada

Abstract / Résumé

Introduction: An older adult may become socially isolated and/or lonely due to complex macro, meso and micro influences in the ecosystem. Community connector programs are multi-level strategies that can assist with this complex issue. They provide support and aim to connect individuals to existing health and community supports. They liase with those who would benefit from supports across various cultural, organization and social boundaries. The aim of this literature review was to understand community connector programs, where they exist, their roles and training needed, as well as issues with sustainability.

Methods: With the assistance of a research librarian, a review of the literature was undertaken. This was supplemented with case study interviews conducted of those responsible for the oversight of community connector programs.

Results: Community connector programs can have an organizational orientation and housed within well-established institutions, such as within healthcare settings or can be very organic and have a community orientation such as within church settings. Where they are situated along this continuum will have an impact on their roles, the amount of training required and the range of individuals they will be able to assist.

Conclusion: Community connector programs are useful in creating a multi-layered strategy to assist older adults who may be socially isolated and/or lonely in accessing existing health and community supports. They have been shown to be effective in creating both a mobile network of support to reach older adults, as well as provide a hub where older adults can go to access supports.
Patterns and Prevalence of Medical Cannabis Prescriptions Among Long-Term Care Residents

Emily Winters, Thomas Hadjistavropoulos
University of Regina, Regina, Canada

Abstract / Résumé

Objectives: Following the legalization of recreational cannabis in Canada in 2018, older adults became the fastest-growing group of cannabis users in Canada. To our knowledge, no Canadian studies have examined the prevalence and patterns of medical cannabis use among older adults living in long-term care (LTC) specifically. Our goal was to examine patterns and prevalence of prescribed cannabinoid medications in LTC environments.

Methods: Canadian Institute for Health Information (CIHI) data were gathered and examined for one year pre-legalization (i.e., 2017) and one year post-legalization of recreational cannabis in Canada (i.e., 2019).

Results: All prescriptions were for nabilone, a synthetic cannabinoid. Across the three provinces, a total of N=2294 residents received a prescription for nabilone in 2017 and 2019. There were 1,919 nabilone prescriptions in 2017 and 4,038 prescriptions among residents in 2019. The vast majority of residents with a nabilone prescription lived in Ontario (N=2268, 98.87%), followed by Alberta (N=17, 0.74%), and NL (N=9, 0.39%). Residents using who received a prescription for nabilone made up a small percentage of total LTC residents living in Alberta (0.0007%), Ontario (0.017%), and NL (0.002%). In all three provinces, residents who received nabilone prescriptions were primarily female (N=1523, 66.39%). Additional characteristics (e.g., frequency and intensity of pain, incidence of anxiety and depression) of LTC residents with nabilone prescriptions will be presented.

Conclusions: Our findings provide valuable insights into the landscape of medical cannabis use among LTC residents across Canada.
Perspectives of older adults with Multiple Sclerosis on the assistive technology acquisition process for aging-in-place: a photovoice study

Alexandra Jackson¹, Marcia Finlayson¹, Michelle Ploughman², William C. Miller³
¹Queen’s University, Kingston, Canada. ²Memorial University, St. Johns, Canada. ³University of British Columbia, Vancouver, Canada

Abstract / Résumé

Older adults with Multiple Sclerosis (OAwMS) experience a range of functional limitations. Assistive technologies (AT) can make it possible for these individuals to engage in daily life activities and age-in-place. Unfortunately, AT is often abandoned or misused, suggesting it is not meeting needs. Acquiring AT can be challenging due to factors such as matching AT to the individual, and navigating financial assistance. As part of a larger study on AT acquisition, we gathered the experiences of OAwMS about AT, specifically the acquisition process. Photovoice plus two 60-minute, in-person, semi-structured interviews were used to gather data. Participants (n= 12) from across Ontario were instructed to take photographs between the two interviews. The meaning and content of the photographs drove the discussion in the second interview. Data analysis suggests that OAwMS have varying experiences with AT in support of their efforts to age-in-place. Majority felt the AT they currently owned and used matches and supports their needs for engagement in daily activities. Participants varied in their need and use of financial aid to acquire AT, with most being privately purchased or acquired second-hand. Financial restrictions or not meeting funding criteria were contributing factors for not owning required AT. Healthcare providers and non-medical caregivers assisted in facilitating the acquisition process. Photovoice data included photographs of equipment and adaptations to support mobility, self-care, and home management. This demonstrates that OAwMS can age-in-place within their homes and communities with the assistance of AT that matches and supports their needs for daily activity engagement. There is, however, a need for further investigation on the acquisition process and funding opportunities to support AT for OAwMS.
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Apathy in older people living with a major neurocognitive disorder in long-term care homes: A scoping review

Cecilia del Rosario Leon Palomino1, Anne Bourbonnais1, Marc-André Maheu-Cadotte1, Stéphanie Daneau1, Pilar Ramirez Garcia1, Sylvie Rey2, Maryse Soulières1, Tanya Mailhot1, Lawrence Fillion1, Dimitri Letourneau Aspirot1
1Université de Montreal, Montreal, Canada. 2Université du Québec à Trois-Rivières, Trois-Rivières, Canada

Abstract / Résumé

Objectives: Apathy has significant consequences for older people in long-term care homes (LTCHs), their family care partners, and formal caregivers. Choosing or developing personalized interventions to address apathy is challenging because the state of knowledge remains unclear. This review aims to map this knowledge and is guided by the Senses Framework, providing a relational perspective.

Method: Levac et al. (2010) scoping review methods was used. We collected data from multiple sources (i.e., databases, retrospective and prospective searches). We selected literature on people aged 65 years or over with a major neurocognitive disorder exhibiting apathy and living in an LTCHs. Using Covidence’s software, two people independently and in duplicate screened, extracted data, and assessed the quality of publications using Joanna Briggs Institute’s critical appraisal tools. We synthesized the extracted data using content analysis inspired by Miles et al. (2020). We consulted stakeholders (a family care partner and clinicians) to enhance the interpretation of the results based on their experience.

Results: Our results describe factors, causes, consequences and interventions associated with apathy in LTCHs. The findings apply directly to a variety of stakeholders in LTCHs: people receiving care, family care partners, and healthcare professionals. Those results identified knowledge gaps, including about relational care to prevent and manage apathy.

Conclusion: Apathy among older people in LTCHs may be unnoticed. Our findings have implications for developing personalized interventions to prevent and manage apathy in this population. Our findings can also inform clinical practices as we considered the quality of literature when developing our recommendations.

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Sociocultural validation of instruments assessing cognitive impairment in primary care: Inclusive care for aging immigrants

Nia Kang, Isabelle Vedel, Tibor Schuster
McGill University, Montreal, Canada

Abstract / Résumé

Background: Nearly one-quarter of the Canadian population are immigrants. Nevertheless, cognitive assessment tools (e.g., Mini-Mental State Examination (MMSE), Montreal Cognitive Assessment (MoCA)) used to diagnose dementia often do not consider the complex sociocultural characteristics of aging immigrants. Dementia is a complex neurocognitive disorder for which risk increases dramatically with old age, its burden increasing rapidly with the globally aging population.

Objectives: My convergent mixed-methods study aims to develop a framework addressing the applicability, safety, and utility (ASU) of the MMSE and MoCA for immigrants using a modern inferential statistics technique called Bayesian inference.

Methods: I will complement a systematic methodological review of the existing (prior) knowledge on the validation of the MMSE and MoCA with a series of case studies that draw upon the lived experiences of older Korean immigrants, care partners, and primary care practitioners to inform the ways in which these tools may be validated. To account for heterogeneity across immigrant groups, my framework will be developed in the Korean immigrant context.

Results: A preliminary review of 31 validation studies on the sociocultural adaptability of the MMSE and MoCA has revealed a predominance of psychometric approaches, with a paucity of methodological standards for validating the MMSE or MoCA.

Implications: The sociocultural validation of decision-making instruments such as the MMSE and MoCA is a critical component of providing equitable healthcare for aging immigrants. The next phases of my study will include the development of a framework to guide context-appropriate instrument validation, informed by gaps identified and appraised by immigrants.
The individual and environmental determinants of older adult nutrition in western Newfoundland: Areas to target for community-based nutrition programming

Dawn Pittman¹, Karen Parsons²
¹Western Regional School of Nursing & Memorial University, Corner Brook, Canada. ²Memorial University of NL, Canada

Abstract / Résumé

Objectives: The population of Newfoundland and Labrador (NL) is older than that of any other Canadian province (Statistics Canada, 2022). However, older adults living in NL have poor quality nutrition (Sarkar et al., 2015), a high incidence of chronic disease (Government of NL, 2017), and increased mortality rates (Quality of Care NL, 2021). The various factors, both individual and environmental, that influence the nutrition of older adults living in western NL will be presented, along with how these factors can be targeted for the development of community-based nutrition programming.

Method: A qualitative, interpretive description research study that focused on understanding the perceptions and beliefs of older adults, community key informants, and nurses in relation to older adult nutrition. The methodology promoted an action-oriented approach to knowledge generation (Thorne, 2016) and the research study was guided by social ecological theory (Stokols, 1996).

Results: The individual factors that influence the nutrition of older adults were found to depend on the unique circumstances of each older adult which determined their accessibility to good food, and included their physical abilities, living location, finances, personal characteristics such as knowledge and motivation, and their available time and planning. The environmental factors that influence the nutrition of groups of older adults living in western NL included the food distribution systems, provincial food economics, the climate, NL traditional practices, social groups, and food-related policies and programs.

Conclusions: Understanding the individual and environmental determinants of older adult nutrition can aid in the development of community-based nutrition programming. Factors that have an impact on the individual or their environment can be targeted for positive nutritional change.
“We can make it work from wherever we are”: Exercise Professionals’ Perspective of Remote Physical Activity Supports for Older Adults During and Beyond the Pandemic: a Mixed-Methods Study

Samira Mehrabi¹, Sara Drisdelle¹, Hanna R. Dutt¹, Laura E. Middleton¹,²
¹University of Waterloo, Waterloo, Canada. ²Research Institute for Aging, Waterloo, Canada

Abstract / Résumé

Objectives: Pandemic-related closures of exercise facilities prompted exercise professionals (EPs) to explore alternative strategies to support older adults’ exercise at home. We explored EPs’ uptake and perceived effectiveness of remote exercise supports, as well as barriers and facilitators to future adoption.

Method: An explanatory, sequential mixed-method design was employed involving a cross-sectional online survey and semi-structured interviews guided by the COM-B model. Descriptive and inductive thematic analyses were performed.

Results: Fifty-one EPs (38 females, M=36.3±12.3 years) completed the survey of which 86% provided remote supports during the pandemic, primarily through hard copy material (63.6%) and real-time virtual programming (59.0%), with the latter being perceived as the most effective (88.5%). However, older adults’ limited technical skills (82%), access to technology (78%), lack of equipment, and decreased mental health (47.0%) were significant barriers to remote exercise supports.

Twelve EPs participated in the interview (11 females, M=40.5±15.0 years). Thematic analysis revealed four overarching themes: i) Transition to remote supports depends on personal/organizational factors; ii) Continuous adaptation and communication are essential for effective remote supports; ii) Technological factors require careful consideration; and iv) A hybrid delivery model may be the best option moving forward.

Conclusions: The shift to remote exercise programming required EPs to adapt their program’s safety measures, exercise options, and communication methods to best support older adults’ at-home exercise. While remote supports offered greater convenience and accessibility, the lack of in-person socialization was a prominent concern. Further research is required to address areas for improvement, such as remote socialization opportunities and technology education for older adults.
Electrical Vestibular Stimulation Therapeutics for Balance and Gait in Older Adults

Jordan King¹, Noah Walters¹, Sadie Clark¹, Christopher Banman¹, John Ralston², Jocelyn Rempel³, Ryan Peters¹
¹University of Calgary, Calgary, Canada. ²Neursantys Inc., Calgary, Canada. ³Mount Royal University, Calgary, Canada

Abstract / Résumé

Background: Aging leads to a significant loss of function in the vestibular balance system in the inner ear, increasing mobility issues and falls in older adults. Electrical Vestibular Stimulation (EVS) is a promising therapeutic intervention to counteract vestibular impairments and restore lost balance function. This study examines the effectiveness of a wearable device for delivery of EVS therapeutic treatments in community settings.

Methods: Fifty older adults aged 50-90 were recruited within retirement facilities in Calgary and randomly assigned to EVS treatment and control groups. During three weekly sessions over a six-week period, participants underwent balance tests (head accelerometry and force plate posturography during quiet standing on floor/foam with eyes open/closed) and gait tests (Timed Up-and-Go, 25 ft walking) before and after 20-minute EVS stimulation sessions (treatment group) or sham stimulation sessions (control group). Follow-up testing was carried out 3 weeks, 6 weeks, 3 months, and 6 months post-treatment to assess the persistence of EVS-induced improvements. Participants also completed questionnaires to assess balance confidence, physical activity, and cognition.

Results: The EVS treatment group demonstrated significant and persistent increases in balance confidence and postural stability in both eyes-open and eyes-closed conditions. No significant changes were observed for the control group.

Conclusion: EVS therapy delivered using a wearable device can improve balance confidence and mobility for individuals aged 50-90. Further data is being collected to study population variations in the magnitude and persistence of these EVS-induced improvements, related reductions in fall risks, and the underlying neuroplastic processes contributing to balance restoration.
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The association between reproductive health history and abdominal adipose tissue among postmenopausal women: results from the Women’s Health Initiative

Hailey Banack¹, Claire Cook¹, Sonia Grandi¹,², Andrew Odegaard³
¹Dalla Lana School of Public Health, University of Toronto, Toronto, Canada. ²Child Health Evaluative Sciences Program, The Hospital for Sick Children, Toronto, Canada. ³Department of Epidemiology and Biostatistics, University of California, Irvine, Irvine, USA

Abstract / Résumé

Objective: To describe differences in visceral adipose tissue (VAT), subcutaneous adipose tissue (SAT), total body fat, and anthropometric measures according to reproductive health history among postmenopausal women in the Women’s Health Initiative (WHI).

Methods: We examined reproductive health history (collected at baseline) and abdominal adipose tissue with the WHI body composition sub-study. Adipose tissue measures included Dual Energy X-ray Absorptiometry (DXA) and anthropometric measures. Descriptive analyses and linear regression models were completed.

Results: Among 10184 participants, most (69%) had completed high school, were married (62%), had a household income < $75,000 (57%), mean age 62.4 years (±7.4), and were never smokers (55%). Women who had early menarche (< 9 years) or early menopause (< 40 years) had greater adipose tissue levels. There was a dose-response relationship between parity and adiposity and no marked differences related to infertility and adiposity, apart from infertility specific to hormone dysregulation. Multivariable linear regression models demonstrate increased adiposity among women with early menarche; compared to those with age at menarche ≤10 years, those with age at 11, 12, 13, or 14 years had -5.87, 15.1, 21.8, and 23.3 cm² less VAT.

Conclusion: Among postmenopausal women, those with an earlier age at menarche, earlier age at menopause, greater parity, and shorter reproductive lifespan had increased levels of one or more of VAT, SAT, total body fat, and BMI. Further investigation of reproductive health history and cardiometabolic risk would assist with earlier screening, risk identification, and preventive measures to prevent accumulation of chronic disease and promote healthy aging.
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The role of emotional/informational social support on mental health and coping behaviours in caregivers: Results from COVID-19 and Caregivers of Assisted living Residents - their Experiences and Support (COVCARES)

Emily C Rutter1, Colleen J Maxwell2, Joseph E. Amuah3, Suzanne L. Tyas1

1School of Public Health Sciences, University of Waterloo, Waterloo, Canada. 2School of Pharmacy, University of Waterloo, Waterloo, Canada. 3University of Ottawa, Ottawa, Canada

Abstract / Résumé

Background: Coverage of the impacts of the COVID-19 pandemic across Canada has neglected assisted living (AL), where significant family involvement in care conflicted with restricted access to facilities. Family with reduced engagement with residents experience poorer mental health and a greater dependence on coping behaviours; social support may buffer the impact of caregiver mental health on these behaviours. We investigated whether emotional/informational social support moderates the association of caregiver mental health with coping behaviours, and if this association varies by age.

Methods: Analyses used survey data for family caregivers of AL residents who participated in the COVCARES-AB/BC cohort during the first (T1) and second (T2) pandemic waves (n=291). Emotional/informational social support (T1) was assessed using Medical Outcomes Study – Social Support Survey. Anxiety disorder and depressive symptoms (T1) were assessed using the General Anxiety Disorder-7 (GAD-7) and Centre for Epidemiological Studies Depression Scale (CES-D10), respectively. Coping strategies (T2) included counselling, prescription medication, and alcohol and cannabis consumption.

Results: Over 20% of caregivers reported low emotional/informational social support. Reporting anxiety or depression was associated with starting prescription medication for sleep, depression or anxiety, but not with use of alcohol or cannabis. However, those 65+ with anxiety and low social support reported increased alcohol and cannabis use.

Conclusion: Caregiver mental health and coping behaviours impact their quality of life as well as the quality of care they are able to provide to their family members in AL. Interventions targeting social support may help mitigate health risks to both populations.
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Impact of income on the protective effect of social support on executive function: Findings from the baseline and first follow-up wave of the Canadian Longitudinal Study on Aging

Emily C. Rutter, Laura Lupoi, Carrie Shorey, Suzanne L. Tyas
School of Public Health Sciences, University of Waterloo, Waterloo, Canada

Abstract / Résumé

Objectives: Despite an established association between social support and key domains of cognitive function (e.g., executive function), the subtypes of support most supported by literature (e.g., emotional/informational) are often not targeted by social services. With the pandemic increasing our recognition of the detrimental health impacts of social isolation, it is important to consider how individual factors (e.g., income) may influence the benefits of social interventions. We investigated how the association between emotional/informational support and executive function varies by level of income in middle-aged and older Canadians.

Methods: Analyses utilized baseline (T1) and three-year follow-up data (T2) from the Comprehensive cohort (aged 45-85 at recruitment; n=30,097) of the Canadian Longitudinal Study on Aging. Emotional/informational social support (e.g., someone to turn to for advice) was assessed using the 19-item Medical Outcomes Study Social Support Survey (T1). Executive function (T2) was calculated as the sum of z-scores from five executive function test scores. Annual household income was categorized into four levels (<$20,000 to $100,000+). Logistic regression analyses were stratified by income level and adjusted for relevant sociodemographic and social variables.

Results: The association between emotional/informational support and executive function is significant for those in medium- and high-income levels (> $50,000), but not in lower-income groups (< $50,000).

Conclusion: While current evidence encourages social interventions targeting emotional/informational support as a means of supporting the cognitive health of adults in mid- to late-life, the benefits may be modified by individual factors, such as income, which should be considered when developing effective programs.
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Using Community Based Participatory Research approach in clinical trials involving older adults – Lessons from SHAPES

Saima Rajabali, Kathleen Hunter, Adrian Wagg
University of Alberta, Edmonton, Canada

Abstract / Résumé

Objectives: Most research involving older adults is driven by researchers and, in the majority of studies, the participant perspective is lacking. Community Based Participatory Research (CBPR) offers a means to address the needs of older adults and include their perspectives in the research process. We share lessons learned by employing a CBPR approach in a quasi-experimental study aimed to assess the impact of trained peer health coaches on healthy aging behaviours in community dwelling older adults.

Methods: Using the CBPR approach, the Supporting Healthy Aging by Peer Education and Support (SHAPES) trial engaged stakeholders from the onset. The topics and format of the health education modules were identified by the older adults. Based on health coaches’ feedback, the modules were modified to include more resources, simplify language and provide clarification where needed. Periodic meetings were held with health coaches and they also participated in peer fidelity monitoring.

Results: Using a CBPR approach resulted in increased recruitment and retention. Recruitment was completed earlier than anticipated. Using a participatory approach posed some practical and methodological challenges. The trial design had to be modified and timelines had to be adjusted. Flexibility was needed to work with the seasonal variation in attendance at the seniors’ centres as well as the availability of the health coaches.

Conclusion: It is possible to employ CBPR approaches in robust clinical trials, however, there are limitations and challenges of which researchers should be aware and to which they should adapt by adhering to the principles of participatory research.
The Mass Media as Social Innovations in the Lives of Older Adults in Ghana: Older adults’ experiences towards healthy ageing

Jacob Nkansah
Lingnan University, Tuen Mun, Hong Kong

Abstract / Résumé

This study sought to investigate the importance of radio and television viewing as social innovation strategies in improving healthy ageing among older people in Ghana. By enlisting 11 older adults in a descriptive qualitative study, the purpose of the study was to gain insight into older person’s television viewing and radio listening habits, as well as their attitudes and opinions on numerous programs on radio and television towards healthy ageing. The outcomes of this study show that older adults view television and listen to the radio to receive health-related information and obtain entertainment to regulate mood swings and stress, with media consumption taking place mostly at home, especially when they are alone. However, older persons have expressed considerable displeasure and opposition to certain radio and television programs, claiming that such components increase their mood swings and affect their health. It was recommended that the government should collaborate with journalists to refine or institute programs, on both television and radio, that will benefit older adults towards achieving healthy ageing. The mass media should endeavor to include information on health, lifestyles eating behaviors, health care, and the heterogeneity of older people's situations and experiences to influence older adults’ health-related policies and practices.
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Needing to be seen and heard: An exploration of relationships between young children and people living with dementia in long-term care

Melanie Lalani
University of Toronto, Toronto, Canada

Abstract / Résumé

The COVID-19 pandemic brought strict visitation protocols to long-term care (LTC) homes as part of infection prevention and control policies. In Ontario, Canada, such protocols have been especially restrictive to children under the age of sixteen during outbreak conditions. In the third year of visiting restrictions, outbreaks of COVID-19, acute respiratory infections and influenza have formed a ‘tripledemic’, resulting in prolonged periods when children are unable to visit loved ones in LTC, many of whom live with dementia. Being denied the possibility to be seen or heard in this setting has rendered the grandparent-grandchild relationship invisible, resulting in extraordinarily limited understandings of the possibilities for meaningful connections being people living with dementia in LTC and young children. In this paper, I explore these intergenerational relationships using a relational caring theoretical framework. Using arts-based research methods such as narrative inquiry and visual arts, I then explore opportunities for intergenerational relationships to flourish when visiting is permitted. Stories drawn from this multi-media approach enable us to see a complexity and richness of caring that challenge taken-for-granted assumptions about people living with dementia in LTC and young children. To this end, exploring experiences of intergenerational caring through the arts offers a powerful resource for challenging prevalent perspectives, potentially transforming the prevailing culture of LTC, and contributing new understandings of the very nature of caregiving.
Characteristics of older adults with traumatic life events in inpatient mental health

Danielle Fearon, Chris Perlman
University of Waterloo, Waterloo, Canada

Abstract / Résumé

**Purpose:** Trauma is a known psychological challenge that has been associated with a variety of comorbid psychiatric conditions such as substance use. Individuals who have comorbid trauma often experience weaker clinical outcomes and an increased use of medical services in addition to prolonged hospital length of stays. The purpose of the present research is to understand the common characteristics of older adults with trauma in inpatient mental health.

**Methods:** Using data collected through the Ontario Mental Health Reporting System, we identified individuals with complete hospital admissions between January 1, 2015 to December 31st, 2019. Based on the interRAI Mental Health assessment tool, individuals over the age of 65 with a prior history of traumatic events or immediate safety concerns due to current trauma were identified (N=860). Clinical and demographic characteristics were compared at baseline.

**Results:** Significant bivariate differences were determined for sex, marital status, and mood disorders. Older adults with trauma had commonly experienced being a victim of emotional abuse (30.12%), parental abuse of substance (18.84%) and witnessing a severe disaster (7.21%). When compared to all other age groups, older adults with trauma more commonly experienced the death of a close family member or friend (30.99%).

**Implications:** Understanding the characteristics of older adults with trauma can support clinical decision making and improve care practices in both clinical and community settings. Differences between trauma experienced by older adults in comparison to other age groups reflect broader sociodemographic factors that need to be considered to improve quality of life.
Understanding the potential impact of Ontario’s new long-term care staffing standard

Karen El Hajj¹, Paul Stolee¹, Carrie McAiney¹,², Lori Curtis¹
¹University of Waterloo, Waterloo, Canada. ²Schlegel-UW Research Institute for Aging, Waterloo, Canada

Abstract / Résumé

Background: In 2020, the Ontario Government announced a new staffing standard requiring long-term care (LTC) homes to provide an average of four hours per day of direct care by Personal Support Workers and Registered Nurses; this standard takes effect in 2024. Given the staffing and other systemic challenges facing LTC, it is important to determine the potential for the new staffing policy to improve resident care.

Methods: A health policy analysis, guided by Walt and Gilson’s (1994) Health Policy Triangle (HPT), will be used to understand the process, context, content, and actors relevant to the new staffing policy. Bowen’s (2009) document analysis method will be used to review published policy documents related to Ontario’s LTC sector and the introduction of the new staffing policy. To retrieve relevant policy documents, a systematic search of the grey literature will be performed, using methods described in Godin et al. (2015). These methods include a general Google search, a targeted website search of relevant sources (e.g., Ministry of Health website), a custom Google search limited to provincial government documents, and contacting subject experts. Full-text documents will be analyzed using thematic analysis with relevant information organized according to the HPT elements.

Significance and Conclusion: A health policy analysis approach will provide insight into Ontario’s policy landscape, and identify relevant actors, factors and dynamics that could influence the ability of the new staffing policy to achieve improved care. The analysis may also identify supplementary policies needed to improve care in LTC homes.
Apps for hiring Personal Support Workers: Digital platform experiences of workers

Pamela Hopwood¹, Ellen MacEachen¹, Ivy Lynn Bourgeault², Catherine Tong¹, Basak Yanar³
¹University of Waterloo, Waterloo, Canada. ²University of Ottawa, Ottawa, Canada. ³Institute for Work and Health, Toronto, Canada

Abstract / Résumé

Background: Canadians are turning to digital platforms to hire caregivers for older adults, while long term care and retirement homes use digital platforms to supplement their employee workforce. However, little is known about how platforms (e.g., care.com, Staffy) shape care and work conditions.

Objectives: This study examines Ontario Personal Support Workers (PSWs) working via platforms that provide an ‘Uberized’ form of personal support service. The aim of this research is to improve our understanding of platforms’ functions and implications for work conditions.

Methods: Engaging a study advisory committee including PSWs, a customer and an app owner, this institutional ethnography explores the institution of digital platforms for PSWs doing care work. I am in the process of conducting in-depth interviews with 20 PSWs to illuminate how digital platforms work and shape care; fieldnotes have also been collected. Using a combination of line-by-line coding, visual mapping and vignettes, my analysis explores how users engage with platforms to elucidate how digital platforms shape caregiving for older adults.

Results: For this poster I will describe how digital platform work affects PSWs providing care for older adults. Preliminary findings suggest workers value the ability to accept or decline work yet struggle to find consistent or full-time work opportunities despite reported labour shortages in the industry.

Conclusion: This study will contribute to an emerging area of research about app care work for older populations. Areas for further consideration include digital platforms’ convergence with undervalued, gendered care labour, and the impact for a disproportionately racialized female workforce.
Case studies of promising models of older adults’ transportation in British Columbia

Kate Hosford\textsuperscript{1}, Beverley Pitman\textsuperscript{2}, Meghan Winters\textsuperscript{1}
\textsuperscript{1}Simon Fraser University, Burnaby, Canada. \textsuperscript{2}United Way British Columbia, Burnaby, Canada

Abstract / Résumé

This research supported the Provincial Working Group on Seniors’ Transportation in advocating for wider adoption and implementation of seniors’ transportation services in British Columbia. We conducted case studies to profile successful models of seniors’ transportation and to learn what facilitates or impedes the success of these services. We adopted a community-engaged research approach in all aspects of the project, including through engaging Working Group members in early conversations about the purpose of the case studies, and seeking input on selection criteria and interpretation of results. We used the Consolidation for Implementation Research Framework (CFIR) to guide data collection efforts and analysis. The final set of case studies were: a paratransit service (Step up n’ Ride, Dawson Creek), an on-demand transit service (Zunga Bus, Powell River), a free door-to-door service (Delta Seniors Bus, Delta), a neighbourhood-based door-to-door service (Collingwood Neighbourhood House Seniors’ Shuttle, Vancouver), a semi-fixed route shuttle service (North Shore GO Bus, North Vancouver), and a volunteer driver program (Richmond Cares Richmond Gives, Richmond). Three key learnings across the CFIR domains were: the importance of offering a reliable and regular service designed around older adults’ needs (innovation), the often overlooked but important role of drivers in the success of these services (individuals), and the intermittent and inefficient nature of funding for transportation services in the community-based sector (outer setting). The presentation will provide further context for these learnings and others, as well as share the collaborations that have resulted from the knowledge mobilization of this research.
Dementia Dastan: Exploring the experiences of South Asian Canadians living with dementia and their care partners.

Navjot Gill\textsuperscript{1,2}, George Heckman\textsuperscript{1,2}
\textsuperscript{1}University of Waterloo, Waterloo, Canada. \textsuperscript{2}Schlegel-UW Research Institute for Aging, Waterloo, Canada

Abstract / Résumé

South Asians (SA) in Canada is a diverse group with different socio-cultural norms influencing their living experience with dementia. These include language barriers, perceived stigma regarding dementia and lack of access to services, all of which may adversely affect health outcomes. There is limited understanding of the perspective of persons living with dementia (PLWD), care partners (CP) in the SA community, and healthcare professionals caring for them. With a mixed-methods (convergent) design, the Canadian Institute for Health Information Home Care Reporting System data will be used to compare the health characteristics and outcomes of PLWD and their CP in the SA community versus the general population using logistic regression (Objective 1). The qualitative aspect of the project will include two sets of semi-structured interviews, analyzed using thematic analysis. Healthcare professionals (group one) will be interviewed to explore their understanding of culturally competent care (Objective 2). PLWD and CP (group two) will be interviewed to understand the barriers and facilitators to awareness, seeking and receiving diagnosis and post-diagnosis services (Objective 3). The findings will potentially guide policymakers, healthcare professionals, and researchers with an understanding of what is vital to the SA community regarding dementia care, aiding in creating equitable changes to improve access to information and services. This study's findings will form a foundation to understand the challenges faced by persons in the SA community living with dementia and guide future steps toward much-needed conversations within the community to raise awareness and fight the stigma.
Examining psychological health and safety workplace factors and retention of the long-term care workforce

Jen Calver¹, Elizabeth Peter², Adam Dubrowski¹, Scott Mitchell³, Winnie Sun¹
¹Ontario Tech University, Oshawa, Canada. ²University of Toronto, Toronto, Canada. ³Ontario CLRI, Toronto, Canada

Abstract / Résumé

Background: Long-term care (LTC) work is often characterized as substandard and hazardous work environments prone to high stress, heavy workloads, and tension. Work conditions can influence worker’s intentions to stay or leave their employment.

Objectives: To examine workplace factors known to impact psychological health and safety (PH&S) of workers in the unique context of Ontario’s LTC homes and the influence on workforce retention. Three questions will guide this study: (1) What is known from existing evidence about PH&S and workforce retention in LTC; (2) Which psychological workplace factors influence workforce retention; and (3) How do targeted PH&S workplace factors improve workforce retention.

Method: To address each research question, this study will be conducted in three phases over a three-year timeline. The first phase will include a scoping review informed by the JBI Scoping Review Network to examine and synthesize existing evidence. The second phase will apply a modified Delphi approach to generate and achieve consensus among experts. The final phase of this study will draw from the findings of the first two studies to evaluate the acquisition of knowledge using a pilot computer-based simulation with senior leaders working in LTC.

Results: The findings will inform provincial and local efforts of psychological health and safety workplace factors associated with retaining a prepared and qualified LTC workforce.

Conclusion: Attention to workplace factors that impact the PH&S of workers can promote retention of a skilled and prepared workforce ready to address resident care needs.
Cognitive health and impairment in naturally occurring retirement communities with Oasis Programs: a cross-sectional study

Sophie Labossière¹, Catherine Donnelly¹, Simone Parniak¹, Imaan Bayoumi¹, Helen Cooper², Carri Hand³, Lori Letts⁴, Christina Luzius-Vanin¹, Riley Malvern³, Colleen McGrath³, Julie Richardson⁴, Debbie Rudman³, Sarah Wojkowski⁴, Sylvia Dopking³, Paul Nguyen⁵, Allen Prowse⁵, Joan Tranmer¹, Vincent DePaul¹

¹Queen's University, Kingston, Canada. ²Oasis Senior Supportive Living Inc., Kingston, Canada. ³Western University, London, Canada. ⁴McMaster University, Hamilton, Canada. ⁵Institute of Clinical Evaluative Sciences, Kingston, Canada

Abstract / Résumé

Background: Cognitive decline can threaten an older adult’s ability to continue to live safely in their own home and community. The Oasis Program is a member-directed program that combines group-based social, physical and nutrition-focused activities with an onsite coordinator to support older adults to age well in naturally occurring retirement communities (NORCs). Methods: Using secondary cross-sectional analysis of a multi-site longitudinal study, the aim of this study was to determine the prevalence, and factors associated with cognitive impairment among Oasis members in NORCs. Assessments included subjective cognitive decline, and administered Trail Making Test-B (TMT-B) (time-seconds), and Clock Drawing Test (CDT) (score /15). Participants were identified as impaired if time or score exceeded 1.5-standard deviations from reported age and education-adjusted norms. Results: A total of 92 participants (age 76.1, SD 8.0 years) from six NORCs with Oasis were assessed. The majority of participants were women (79%), lived alone (51%) and had some post-secondary education (59%). On assessment, 55% (n=51) presented with subjective cognitive decline (n=34) and/or objective impairment based on the TMT-B (n=29) or the CDT (n=6). Participants with impairment were more likely to live alone (65%, n=33), and have hearing impairment (64%, n=32). Conclusions: Prevalence of subjective or objectively-identified cognitive impairment is high among this group of older adults living in NORCs with an Oasis Program. These results will inform the development of programming relevant to cognitive health promotion and living with cognitive impairment. Ongoing research will explore the role that Oasis programming and socially-connected communities have on supporting individuals with cognitive impairment to continue to age well in place.
Experience of loneliness and depression due to spousal separation for long-term care residents and their spouses: A qualitative systematic review.

Madison Robertson, Erika Petersen, Pilar Camargo-Plazas, Melissa Andrew, Amanda Ross-White, Rylan Egan
Queen’s University, Kingston, Canada

Abstract / Résumé

Objective: To describe the experience of loneliness and depression for residents and their spouses separated due to long-term care (LTC) placement.

Introduction: Loneliness and depression have a pernicious influence on older adults’ overall health and well-being. Social relationships, specifically spousal relationships, have a significant impact on the mental health of older adults. However, there is limited research pertaining to the experience or effect of spousal separation on feelings of loneliness and depression.

Methods: This systematic review included studies that recruited LTC residents over 50 years of age with spouses who are separated due to LTC placement. MEDLINE was used for the initial search. A full search strategy was then conducted for four primary journals. The JBI approach to study selection, critical appraisal, data extraction, assessment of confidence, and data synthesis was used.

Results: Eleven papers were included in the systematic review. Based on the preliminary findings from the eleven studies, four synthesized findings were extracted from ten categories and forty-two findings, including: Lack of physical and social connection is a common cause for loneliness and depression in separated spouses, negative feelings and lack of support during spousal separation results in loneliness and depression for community-living spouses, spouses developed strategies to prevent loneliness and depression, and spouses had diverse presentations of loneliness and depression over time during spousal separation in LTC.

Conclusion: To inform future practical and theoretical implications, this review provides insight into the experiences and effects of spousal separation due to LTC placement on feelings of loneliness and depression.
Promoting Cognitive Health in Retirement: The Role of Social Participation and Living Environments. Results from the Canadian Longitudinal Study on Aging

Laurie Borel1,2, Catherine Gosselin1,2, Guillaume Vallet1,2, Benjamin Boller1,2
1Université du Québec à Trois-Rivières, Trois-Rivières, Canada. 2Centre de recherche de l’institut universitaire de gériatrie, Montréal, Canada

Abstract / Résumé

Cognitive health is a crucial determinant of the quality of life and autonomy for older adults. Major life events, such as retirement, may precipitate cognitive decline. However, this effect varies among individuals: some of them do not experience such a decline. We hypothesized that disengagement in social activities during retirement may explain retirement-related cognitive decline as participating in social activities helps preserve cognitive functioning in aging. Furthermore, urban environments that promote social participation should also influence the social involvement of retired individuals. This study aims to examine the impact of social participation on cognitive health during the transition to retirement by considering the influence of living environments. To accomplish this, data from the Canadian Longitudinal Study on Aging (CLSA), which included 721 individuals, were analyzed. This vast longitudinal study allowed us to study, over 3 collection periods spread over 9 years, the social participation, and the evolution of the cognitive functioning of individuals initially at work during the first collection period, then retired. The results reveal a negative effect of retirement on executive functioning. Further analyses on the effects of social participation on retirement-related cognitive decline taking living environments into account, are in progress. These results will likely enhance our understanding of the effects of social participation on cognitive health, helping to design interventions that account for environmental contexts and to promote cognitive well-being during this critical life transition that is retirement.
The Influence of Physical Activity on Dual-Task Outcomes in Older Adults With and Without Subjective Cognitive Decline

Talia Salzman¹, Diana P. Tobón², Gracie Cook¹, Piolo Santos¹, Sarah Fraser¹
¹University of Ottawa, Ottawa, Canada. ²Universidad de Medellín, Medellín, Colombia

Abstract / Résumé

Background: Cognitive reserve suggests that the recruitment of compensatory neural resources can help maintain cognitive functioning despite age-related neurodegeneration. Physical activity has been positively associated with cognitive reserve and may attenuate expected differences in dual-task brain activity and performance outcomes between older adults with and without subjective cognitive decline (SCD).

Methods: Nineteen older adults aged 71.1(6.5) years with (n=11) and without (n=8) SCD participated in a two-day study. On Day 1, neuropsychological tests and the Global Physical Activity Questionnaire (GPAQ) were administered. On Day 2, functional near-infrared spectroscopy (fNIRS) was used to measure cerebral oxygenation (ΔHbO2) during a dual-task that involved walking while performing an n-back working memory task. ANCOVAs were used to control for GPAQ scores and to compare brain activity and performance between single and dual-tasks (walking or n-back alone compared to both simultaneously) and groups (SCD, non-SCD).

Results: After controlling for physical activity, greater prefrontal cortex ΔHbO2 was observed during the dual-task compared to the n-back task alone (p = .007) but not compared to walking alone. Gait speed was also slower during the dual-task compared to walking alone (p = .011). There were no significant differences between SCD and non-SCD groups.

Conclusion: Findings align with current dual-task research demonstrating reduced gait speed between single and dual-tasks in older adults due to increased task complexity and demands on executive functions. Controlling for physical activity attenuated brain activity differences overall and should be examined in a larger sample to better understand its contribution to cognitive reserve.
**Isolation and loneliness among the elderly in the context of the COVID-19 pandemic: Do interventions work? A systematic review and meta-analysis protocol**

**Gabrièle Dubuc, Marjolaine Landry, Sylvie Lapierre**
Université du Québec à Trois-Rivières, Trois-Rivières, Canada

**Abstract / Résumé**

Description: The COVID-19 pandemic has forced many elders to limit, if not completely restrict their social contacts. This has resulted in increased social isolation (SI) for the vast majority of seniors and loneliness for the most vulnerable. To mitigate these effects, interventions attempt to increase social participation and a sense of social connectedness. Generally, interventions to decrease the negative impacts of loneliness on older adults have a small to moderate effect (Hickin et al., 2021). Objectives: To develop a systematic review and meta-analysis protocol that will synthesize and compare the effectiveness of interventions to reduce SI and loneliness in older adults in the context of the social restrictions of the COVID-19 pandemic. The identification and comparison of moderators such as duration and intensity of sanitary measures will be considered. Method: The systematic review and meta-analysis protocol was established in accordance with the Cochrane PRISMA rules for the production of meta-analyses. Results: The analysis of the relevance of the proposed systematic review and meta-analysis was performed by developing a PICO question, ensuring the originality of the question in relation to previous publications in the Cochrane Library, and developing the search strategies, choice of instruments, and anticipated analyses. Conclusion: The results of this protocol will provide a rigorous systematic review and meta-analysis that will help clinicians better intervene to reduce SI and loneliness within the limitations of applicable sanitary measures.
Understanding South Asian older adults’ approaches to patient engagement, healthcare decision-making, and navigation in the Ontario healthcare system

Diya Chowdhury, Paul Stolee, Catherine Tong
University of Waterloo, Waterloo, Canada

Abstract / Résumé

Background: Understanding patient experience is critical for supporting the health of older adults, but little is known about patient experiences of racialized immigrant older adults. Although the South Asian community is one of Canada’s largest and fastest-growing racialized groups, the patient engagement, healthcare navigation, and decision-making processes of this diverse group have not been comprehensively studied.

Objective: Using a health equity and justice lens, we aimed to: (1) examine how South Asian older adults navigate the healthcare system; and (2) understand their approaches to healthcare decision-making and patient engagement.

Methods: We conducted in-depth, semi-structured interviews with 53 South-Asian older adults (60+), recruited using purposive and snowball sampling. Using a multilingual cross-cultural qualitative approach; interviews were conducted in Hindi, Tamil, Punjabi, Urdu, Bangla, and English. Team-based line-by-line analysis and a theory-informed coding framework were employed, aided by NVivo-12 software.

Results: Participants emphasised the importance of presenting themselves in a specific way (i.e., more Eurocentric or “Canadian”) in order to receive adequate care. While some older adults highlighted the importance of a healthcare provider's compassion and cultural humility, others emphasised that the onus of receiving good care fell on the care-recipient. Finally, while participants emphasised the significance of language, they also stressed that effective communication between patients and clinicians required more than linguistic proficiency.

Conclusion: Understanding the health care experiences of South Asian older adults will inform our next phase of solutions-focused co-design and contribute to the broader literature on racialized older adults’ interactions and engagement with the Canadian health care system.
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**Equitable and Inclusive Engagement of Older Adults in Ethical Conversations about AgeTech Research and Development**

Rebecca White¹, Mei Fang², Hannah Loret², Judith Sixsmith², Morris Altman², Chris Lim², Jacqui Morris², Taiuani Marquín Raymund³, Andrew Sixsmith⁴

¹Simon Fraser University, Vancouver, Canada. ²University of Dundee, Dundee, United Kingdom. ³Federal University of Paraná, Paraná, Brazil. ⁴Simon Fraser University, Vancouver, Canada

**Abstract / Résumé**

**Background:**

AgeTech involves the use of technology to enhance the wellbeing, autonomy, and quality of life of older people. While AgeTech offers many opportunities for older adults, it is accompanied by ethical concerns, and the perspectives of those directly impacted by these issues are often overlooked. We present the outcomes of a series of community-based workshops bringing together older adults with AgeTech industry professionals, health and social care practitioners and government policymakers, to understand and collaboratively address older adults’ ethical concerns relating to AgeTech.

**Method:**

Three 2-hour co-creation hybrid workshops were organised with an international group of academics from the UK, Canada and Brazil. The workshop structure was as follows: presentations on ethical issues related to AgeTech, followed by discussions focused on developing ethical frameworks for future funding calls.

**Findings:**

Thematic analysis of workshop discussions centred on themes concerning ethical considerations in AgeTech research and development, specifically: (i) personal agency, protection, and privacy; (ii) bridging the digital divide and promoting inclusion of marginalized groups; and (iii) unpredictability and unintended consequences of AgeTech. Findings collectively address the marginalization of older adults in AgeTech research and development processes.

**Implications:**

Lessons learned from the workshops can be incorporated into teaching, research, and practice and involve the: i) importance of involving the perspectives of those directly impacted by AgeTech; ii) value of co-creation workshops in providing innovative thought around ethical issues in AgeTech and iii) potential for cultural change towards inclusive and ethical development of AgeTech.
Exploring cognitive, perceptual, and personality factors contributing to vection perception in younger and older adults

Brandy Murovec¹,², Julia Spaniol¹, Behrang Keshavarz²,¹
¹Toronto Metropolitan University, Toronto, Canada. ²Toronto Rehabilitation Institute, Toronto, Canada

Abstract / Résumé

Virtual Reality (VR) is being increasingly used in a variety of domains relevant to older adults, such as rehabilitation, cognitive training, education, and entertainment. A critical component of an enjoyable, immersive VR experience is vection, the sensation of self-motion in the absence of actual physical movement. Previous research has shown that older adults experience more intense and longer-lasting vection compared to younger adults. The current study aimed to further elucidate the relative contribution of perceptual and cognitive factors to age differences in vection. Younger and older participants’ expectations about vection were systematically manipulated via contextual information. Participants also completed measures of field dependence, useful field-of-view, and personality traits (Big 5, suggestibility). During the experiment, participants observed a rotating visual stimulus presented on an array of three monitors, which created an immersive virtual scene that induced circular vection. The visual stimulus varied in terms of realism (photorealistic image vs. scrambled version of the same scene) and speed (fast, slow) to manipulate the intensity of vection. Results of this study are yet to be determined as data collection is still currently underway, however, we plan to statistically investigate the role of expectation, realism, and speed on three vection measures (intensity, duration, onset latency) in participants of different ages. Additionally, the predictive value of various personality and perceptual factors will be assessed in correlational analyses. Our findings may help to better understand age-related differences in vection perception and may be relevant for the design of VR applications for older users.
The Impact of Pet Ownership and Social Isolation on Cognitive Changes in Older Adults

Meghan Flath¹, Megan O’Connell¹, Allison Cammer¹, Colleen Dell¹, Mark Oremus², Suzanne Tyas², Jane Law², Colleen Maxwell², Emily Rutter²
¹University of Saskatchewan, Saskatoon, Canada. ²University of Waterloo, Waterloo, Canada

Abstract / Résumé

Studies have found associations between aging and increased risks of cognitive impairment and social isolation. Human-animal interactions (i.e., pet ownership or animal-assisted interventions) could reduce social isolation by increasing social engagement and social support. However, the interrelationships between human-animal interactions, cognition, and social isolation are unclear. This study aimed to investigate the association between pet ownership and cognitive change from baseline to first follow-up, and whether change in cognition is mediated by social isolation using the Canadian Longitudinal Study on Aging (CLSA) Tracking Cohort (n=21,241). Four main participant groups were created based on baseline and follow-up pet-ownership status (consistent pet, new pet, lost pet, no pet). Social isolation was measured at follow-up one using Menec and colleague’s derived social isolation index. Mediation analysis using Hayes’s conditional process analysis was conducted with pet ownership as the independent variable, cognitive change as the dependent variable, and social isolation as the mediator. Direct effects demonstrated that consistent pet, new pet, and lost pet ownership were inversely associated with social isolation. Further, higher levels of social isolation were associated with greater negative cognitive changes. Direct effects also demonstrated that consistent pet owners displayed an improvement in cognitive functioning, compared to those who had never owned a pet. Social isolation was found to mediate the relationship between the pet ownership and cognition, with higher levels of isolation associated with decreased cognitive functioning. The results of this study provide evidence for the positive role of animal companionship in the health and functioning of older adults.

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Relations between dementia risk factors and motivation to change lifestyle behaviors for dementia risk reduction in midlife

Stephanie Simone, Marina Kaplan, Tania Giovannetti
Temple University, Philadelphia, USA

Abstract / Résumé

OBJECTIVE: It is important to understand how to motivate individuals to engage in healthy lifestyle behaviors in midlife, a critical period for dementia risk reduction. This study examined associations between dementia risk and motivation to engage in lifestyle changes to reduce dementia risk.

METHOD: 347 participants (M age=54.67 ± 5.97; 53% women; 86.5% White) completed online questionnaires assessing demographics, facets of motivation to make lifestyle changes for dementia risk reduction (MCLHB-DRR scale: self-efficacy, perceived susceptibility, barriers, etc.), and dementia risk factors (e.g., hypertension, depression, smoking, etc.; range 0-13). Linear regressions adjusted for age, sex, and education examined the association between total risk factors and motivation subscales (MCLHB-DRR z-scored).

RESULTS: Participants with more dementia risk factors reported significantly greater perceived susceptibility (b=.184, p<.001; R²=0.038, F(4, 342)=3.385, p=.010) and greater fear of developing dementia (b=.206, p<.001; R²=0.043, F(4, 342)=4.878, p<.001), but lower self-efficacy to make healthy lifestyle changes (b=-.178, p<.001; R²=0.024, F(4, 342)=3.604, p=.007). Total risk factors did not significantly predict perceived benefits, barriers, cues to action, or general health motivation.

CONCLUSIONS: People with more dementia risk factors may be more motivated to make lifestyle changes to reduce dementia risk due to greater fear and perceived vulnerability of developing dementia. Greater risk was associated with lower confidence in the ability to make effective lifestyle changes to reduce risk, which could reduce adherence to maintain healthy behaviors. Strategies to improve self-efficacy should be incorporated into preventative lifestyle interventions.
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Dual-task costs of listening while driving in younger and older adults

Katherine Bak\textsuperscript{1,2}, Frank A. Russo\textsuperscript{3}, M. Kathleen Pichora-Fuller\textsuperscript{1}, Jennifer L. Campos\textsuperscript{2,1}
\textsuperscript{1}The University of Toronto, Toronto, Canada. \textsuperscript{2}KITE, Toronto Rehabilitation Institute - University Health Network, Toronto, Canada. \textsuperscript{3}Toronto Metropolitan University, Toronto, Canada

Abstract / Résumé

Driving collisions are a top cause of accidental death globally and adults aged 65+ are overrepresented. Driving is a highly complex task, requiring sensory processing, motor control, and divided attention. Driving is especially challenging during conditions that involve high cognitive demands, such as driving while listening to a passenger. Driving and listening may each compete for shared cognitive resources, resulting in poorer performance on one or both tasks. How the processes of listening are managed during complex dual-tasking behaviours, such as driving, has not been well-studied among older adults. Therefore, the current study examined performance during a driving-while-listening task in younger (aged 21-35) and older (aged 65+) adults with normal hearing, vision, and cognition, using a high-fidelity driving simulator. Participants completed a driving task, a listening task (Connected Speech Test), and both tasks together, to examine dual-task costs. Preliminary results for listening performance demonstrate that overall older adults had lower listening accuracy than younger adults (particularly during more difficult listening conditions). Further, while older adults’ listening accuracy was lower during dual-tasking than listening-only, younger adults showed no differences. Preliminary results for the driving task demonstrate that older adults demonstrated more lane departures during dual-task listening compared to driving-only. Findings contribute important understandings of how age can influence cognitive processes of listening during driving. Overall, these findings may inform educational practices, policies, and technological solutions to maintain and support safe driving among older adults.
Feasibility of Ecological Momentary Assessment for Describing the Everyday Listening Activities of Older Adults

Mo Eric Cui¹,²,³, April E. Pereira³,⁴, M. Kathleen Pichora-Fuller¹,²,³, Alison Chasteen¹,²,³, Lisa Dillon Edgett⁵

¹Rotman Research Institute, Baycrest Health Sciences, Toronto, Canada. ²Department of Psychology, University of Toronto, Toronto, Canada. ³Team 17, Theme 3, Canadian Consortium on Neurodegeneration in Aging, Toronto, Canada. ⁴Department of Psychology, University of Waterloo, Waterloo, Canada. ⁵Vancouver Community College, Vancouver, Canada

Abstract / Résumé

Ecological momentary assessment (EMA) is a research method used to collect real-time data on experiences, behaviors, and environmental factors in naturalistic settings. Compared to typical survey or diary data, EMA can provide more fine-grained data about the frequency and timing of occurrences of interest, increase participant engagement, and support the development and evaluation of interventions. The feasibility of using EMA was explored in 200 older community-dwelling volunteers without hearing aids (mean age = 75.9 years; females = 139, males = 61). They completed a short web-based survey twice per day over one week, reporting their listening activities and experiences in the past 6 hours. Preliminary results indicated a high level of engagement, with an average completion rate of 11.7 out of 14 surveys. Completion rates were not associated with characteristics such as age, sex, hearing or cognitive health. On average, 93.8% of completed EMA surveys indicated engagement in listening activities in the past 6 hours. The most common listening activity was in-person conversations, including one-to-one (8.6/14), with 2 to 3 people (3.6/14), and with four or more people (2.3/14). Listening to TV (4.3/14) and/or radio (3.7/14) was frequent. Listening to warning (2.1/14) and environmental sounds (2.3/14) was the next frequently reported. There were 14 other listening activities that occurred once a week or less (e.g., attending musical, sports, or religious events). These results suggest the potential benefits of using EMA for assessing listening activities, individualized interventions and communication treatment plans for older adults.
 SEX-RELATED DIFFERENCES IN BEHAVIOURAL HEARING-COGNITIVE ASSOCIATIONS WHILE ACCOUNTING FOR SELF-REPORTS

M. Eric Cui\textsuperscript{1,2,3}, M. Kathleen Pichora-Fuller\textsuperscript{1,2,3}, Allison Chasteen\textsuperscript{1,2,3}
\textsuperscript{1}Rotman Research Institute, Baycrest Health Sciences, Toronto, Canada. \textsuperscript{2}Department of Psychology, University of Toronto, Toronto, Canada. \textsuperscript{3}Team 17, Theme 3, Canadian Consortium on Neurodegeneration in Aging, Toronto, Canada

Abstract / Résumé

The current study examined sex-related differences on behavioural and self-reported measures of hearing and cognition in older adults. We replicated previous findings of sex-related differences in the association between behavioral measures of hearing abilities and cognitive performance, then extended by investigating self-report measures. The study collected data from 186 older Canadians (Mean = 72 years; female = 130, male = 56). We confirmed a stronger hearing-cognitive association for females than males based on behavioural measures, especially for those who reported normal hearing. Notably, for those who reported no cognitive problems, males were at greater risk than females. These results suggest the importance of using behavioural and self-report measures of hearing when assessing cognition.

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An innovative approach to promote social inclusion of individuals living with neurocognitive diseases at the Cotê-des-Neiges neighbourhood.

Patricia Belchior\textsuperscript{1,2}, Laurie Borel\textsuperscript{1,3}, Léa Blouin Gagnon\textsuperscript{1,4}, Nouha Ben Gaied\textsuperscript{5}, Nathalie Bier\textsuperscript{6,1}, Sylvie Belleville\textsuperscript{1,4}

\textsuperscript{1}Centre de recherche, Institut universitaire de gériatrie de Montréal, Montréal, Canada. \textsuperscript{2}Faculty of Medicine and Health Sciences, Montréal, Canada. \textsuperscript{3}Département de Psychologie, Université du Québec à Trois-Rivières, Montréal, Canada. \textsuperscript{4}Département de psychologie, Université de Montréal, Montréal, Canada. \textsuperscript{5}Federation of Quebec Alzheimer Societies, Montréal, Canada. \textsuperscript{6}Ecole de réadaptation, Université de Montréal, Montréal, Canada

Abstract / Résumé

Individuals living with neurocognitive disorders are at a higher risk for social isolation. Negative stereotypes experienced by these individuals can further reduce opportunities for participation in the community. It is important to create spaces in the community to promote social participation among these individuals. To address this need, the Quartier Innovant project at the Cotê-des-Neiges (CDN) neighbourhood in Montréal, has been developed. It uses a living lab approach where new products and services are co-developed and tested in a real environment. In this project, we have partnered with three community-based organizations at CDN. The following steps were followed in this project: exploration, ideation, prototyping and testing. A series of workshops were conducted with our partners to understand their needs and to explore potential solutions to create a more inclusive environment. Two needs emerged from these workshops: 1) to have more knowledge about neurocognitive disorders and its impact on behaviours, 2) to better understand the lived experiences of these individuals. The envisaged solution was to create educational materials for the staff of the partnered community-based organizations. A prototype of an online training series was created which included information on neurocognitive disorders, strategies to address challenging situations and to create friendly environments. Twelve employees were recruited to test the intervention. Overall participants found the training helpful. Additionally, results showed a significant decrease in stigma following training, which was moderated by change in self-efficacy. Future studies will explore how the training might have contributed for increased participation of older adults at these organizations.
Gerontological social work with older refugees: Prioritising ethnic and culture-sensitive support

Prince Ekoh, Christine Walsh
University of Calgary, Calgary, Canada

Abstract / Résumé

As the ageing population globally experiences growth at a historic pace, a significant proportion of elderly individuals will be affected by the phenomenon of forced migration. This underscores the prominence of the role of gerontological social workers in providing support to older refugees. Despite the pressing need for support from practitioners in this field, the literature on effective mechanisms and interventions provided by social workers to older refugees is limited. In light of this critical gap, in the present article, we describe the crucial roles social workers should play in providing physical and mental health support, facilitating resettlement and integration, and offering advocacy and legal aid to older refugees. We also outline the limitations and concerns of current social work practices with older refugees. Culturally and ethnically sensitive support for older refugees, who have unique needs and face distinct challenges, was discussed. Finally, recognising how vital ethnic and culturally sensitive support is to the survival and well-being of older refugees, we offer a discourse on how gerontological social work research can improve ethnic and culturally sensitive support.
The experience of cultural mediation through Culture for seniors, an innovative Québec rural community approach to reduce social isolation and increase social participation in old age.

France Jodoin
Sherbrooke University, Sherbrooke, Canada

Abstract / Résumé

Our doctoral project is part of the context of aging in Quebec rural Eastern Townships and around the paradigmatic case Culture aux aînés - Culture for seniors (CAA-CFS) present since 2020 in the regional county municipalities (RCMs) of Val-Saint-François and Des Sources. Culture for seniors, an innovative bilingual collective impact and interdisciplinary project, framed by a cultural mediation action, aims to promote participation and reduce the social isolation of seniors in rural areas. Our thesis project wishes to understand the experience of cultural mediation experienced by seniors participating in CFS. We also want to describe cultural mediation and analyze the participants social participation.

We first present the state of knowledge of the problem of social isolation and feelings of loneliness among seniors. It includes data on international and local initiatives, such as the Culture for Seniors project, social policies to address social isolation, and scientific literature on the benefits of art, culture and cultural mediation. We then present the question of our research, its objectives as well as the theoretical framework that revolves around the sociology of culture, the sociology of reception and the concept of healthy aging. We conclude our presentation by describing our methodological tools including excerpts from secondary interviews with 15 seniors and 4 cultural mediators.

Our research is carried out as part of the parent project CAA and its sponsoring organization Le P’tit Bonheur de Saint-Camille. It is funded by a 4 years federal Mitacs grant.
A case study on older adult's resilience during and beyond the pandemic

Joey Wong¹, Karen Lok Yi Wong¹, Haopu Ren¹, Sophie Yang¹, Grace Hu¹, Julia Nolte², Lillian Hung¹
¹University of British Columbia, Vancouver, Canada. ²Cornell University, New York, USA

Abstract / Résumé

Objective: This study aimed to better understand the resilience and coping strategies of older adults during the COVID-19 pandemic, particularly in the context of Chinese immigrant women in Canada. We employed a life-course perspective to examine a positive deviant case to inform policy and practice recommendations.

Method: A case study approach was used, gathering data through an in-depth interview, follow-up phone conversations, and observations. Reflexive thematic analysis identified five themes related to resilience and coping strategies.

Results: Themes include: 1) Acceptance, 2) Perseverance and learning, 3) Maintaining self-care routines, 4) Reciprocal exchange of social support, and 5) Strong family bond and support. Connections between these themes and the participant's life journey were highlighted, along with similarities to previous literature on older persons, immigrants, and women.

Conclusion: The study revealed key factors contributing to resilience and coping among racialized older adults during the pandemic. Practical recommendations were provided for researchers, healthcare professionals, and policymakers to enhance community resilience for older adults at micro-, meso-, and macro-levels. Future research should explore the experiences of individuals from diverse cultural backgrounds and challenge negative societal assumptions, such as ageism and ableism, affecting older adults.
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The roles and experiences of informal caregivers of older people in community and health care system navigation: A scoping review

Boah Kim¹,², Andrew V. Wister¹,², Eireann O'Dea¹,², Barbara A. Mitchell³, Lun Li⁴,¹, Laura Kadowaki⁵,¹
¹Gerontology Research Centre, Vancouver, British Columbia, Canada. ²Department of Gerontology, Simon Fraser University, Vancouver, British Columbia, Canada. ³Department of Gerontology & Department of Sociology/Anthropology, Simon Fraser University, Vancouver, British Columbia, Canada. ⁴MacEwan University, Edmonton, Alberta, Canada. ⁵United Way of the Lower Mainland, Burnaby, Canada

Abstract / Résumé

Informal caregivers are playing a vital role in improving the degree to which older people access community and health care systems in a more seamless and timely manner, thereby fulfilling their complex needs. The current systematic scoping review aims to review and synthesize the evidence on the roles and experiences of informal caregivers of older people while navigating these systems. Four databases were utilized: AgeLine, PsycINFO, CHINAL, and MEDLINE to capture literature with a focus on informal caregivers whose care recipients are aged 55 years or older. Two independent reviewers completed the record search, screening, and data extraction. A total of 24 studies were identified that met the study inclusion criteria. Selected studies were published between 2007 and 2021, with most (n=19) published after 2015. Many care recipients of the studies had dementia (n=9) followed by multiple chronic conditions (n=8). This review elucidated the roles and experiences of caregivers as a primary system navigator and as an advocate for seniors. Numerous challenges/barriers in system navigation were uncovered, such as a lack of consistency in fragmented systems, as well as facilitators, including interface/coordination roles. Finally, recommendations for better system navigation such as caregiver engagement and integration of continuity of care services were identified. Overall, an urgent need to raise the visibility of the roles and experiences of caregivers in system navigation was highlighted in this review. Further research needs to focus on implementing interventions/programs for caregivers incorporating a care coordinator to fill the care gap within community and health care systems.
“It is my first time talking about this!”: Exploring the experiences of stigma among Chinese Canadians living with dementia

Karen Lok Yi Wong, Granville Johnson, Deborah O'Connor
University of British Columbia, Vancouver, Canada

Abstract / Résumé

Objective:

Limited literature explores how social locations, especially race and culture, shape the stigma experiences of those living with dementia. This qualitative study aimed to explore the stigma experiences of Chinese Canadians with dementia and understand the intersection of dementia, race, and culture in their experiences.

Method:

Our team consisted of a Chinese-Canadian social worker, a Black-Canadian man with dementia, and a white Canadian academic. In-depth interviews focused on understanding the experience of stigma were conducted with eight Chinese Canadians living with dementia. We did a reflexive thematic analysis, following a mix of inductive and deductive approaches. We had an iterative process of data collection and data analysis, which, importantly, included ongoing reflexive dialogue between the members of the team, especially drawing on the insights of one Black man’s ongoing experiences of racism as he navigated the dementia journey.

Results:

Five themes related to understanding how stigma intertwined with the participants’ experiences living with dementia emerged: (1) Stigma within and outside the Chinese community; (2) Internally picked-up and externally imposed stigma; (3) Compounded losses: losses of cultural connections and losses of voices; (4) Intersections of dementia, race, and culture; (5) Implicit systemic stigma. All themes were interrelated: Stigma experiences were associated with the intersection of social locations, resulting in compound losses and challenges.

Conclusions:

This study highlights the significance of considering the intersection of dementia, race, and culture when understanding people with dementia from Chinese and other cultural minority communities during research and practices.
Retired professional women in Northeastern Ontario share their stories of ageing and retirement.

Elizabeth Patrick¹, Nancy Lightfoot¹, Lorraine Mercer², Daniel Cote¹
¹Laurentian University, Sudbury, Canada. ²Huntington University [ret], Sudbury, Canada

Abstract / Résumé

Women born in Canada, between 1945 and 1964, were both credited and criticized for challenging traditions and forging new pathways in life. This cohort is well into their retirements. This qualitative study explored women’s stories about this transcendent stage of later life in rural Northeastern Ontario. Using a feminist narrative approach, twenty-one women were interviewed by telephone, using semi-structured questions. The women had accomplished professional designations in their health or education jobs and lived in the target areas. Braun & Clarke’s reflexive thematic analysis was followed to generate codes and themes. Ten themes that emerged: 1) how do I feel at this stage of my life?, 2) it’s my life, my time., 3) where did my identity go?, 4) what do I do now?, 5) the impact of gender roles on participant’s stories., 6) options for retirement and feelings about his life event., 7) expectations for the next fork in the road., 8) connection and purpose., 9) the importance of mental, physical and financial health, and 10) let go, take the plunge and enjoy the ride.

Results supported the literature regarding retirement pathways, however this group identified with transitional or continuity models. Freedom to make choices, unencumbered by the rules of a job, resonated throughout the results. Data highlighted the importance of community and family involvement for overall health and wellbeing. This group determined that they would adapt to ongoing health issues, stay busy, and keep going.

Key words: Women, Retirement, Baby Boomers, Professional, Northeastern Ontario, retirement pathways.
Exploring the Impact of Mindfulness on Reducing Repetitive Negative Thinking in Caregivers of Individuals with Major Neurocognitive Disorders

Anna Andrianova, Sophie Éthier
Laval University, Quebec, Canada

Abstract / Résumé

Caregivers taking care of people with major neurocognitive disorders experience chronic stress that has a negative impact on their mental health and quality of life. An important mechanism mediating the relationship between care circumstances and the health and well-being of caregivers is the cognitive process of repetitive negative thinking (RNT), which are a modifiable process negatively correlated with mindfulness. The proposed study will examine for the first time the RNT-focused intervention for caregivers.

A randomized controlled trial will compare the RNT-focused intervention in caregivers with that of an active comparison group, which will follow a training workshop for caregivers. We have two objectives: (1) to examine the acceptability of the mindfulness-based intervention as an intervention in reducing RNT in caregivers and (2) to examine mental health outcomes. Interventions will be presented to participants in the form of 20-minute interactive videos, to be watched daily, over an 8-week period.

Baseline characteristics of participants and their adherence to intervention will be compared between groups using bivariate statistics (T-tests and Chi-square tests). The outcomes of the interventions will be compared using a mixed analysis of variance (ANOVA).

The proposed study will contribute to new research on the effects of mindfulness-based interventions in reducing RNT. If the intervention is successful, it has the potential to form the basis of an innovative psychosocial support service in social gerontology, available to a wide range of users, including caregiver-care recipient dyads and stakeholders, which will be deployed as a mobile application and in virtual reality.
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The space between: How social workers help to maintain connections for residents and families in long-term care in Ontario.

Candace Hind
University of Windsor, Windsor, Canada

Abstract / Résumé

Moving to a long-term care (LTC) home is a major life transition. It may include needing help to navigate, foster, and maintain connections to family, community, and to one another. In this poster presentation, I will discuss findings from my recent study on how social workers in LTC homes can play a unique role in navigating the space between the residents, the facility, and the community.

I will discuss my doctoral dissertation research, which used a constructivist qualitative design to conduct intensive semi-structured interviews of social workers working in LTC homes in Ontario and explored their perceptions of the social work role and its scope and capacities. Findings included that while social workers may work predominantly in a single LTC setting, they have deep roots and connections to resources in their broader community. Participants described the social work role as having different “sightlines” in being able to occupy a space between the internal community and the external resources to meet resident and family needs. These needs were described as particularly illuminated during the COVID 19 pandemic but necessary all of the time in LTC. Conclusions include the utilization of the social work role in facilitating and maintaining connections as communicators, conduits, and knowledge transfer agents within and external to the LTC home. Recommendations included the mandating of the social work role in LTC homes to ensure the provision of holistic care and to assist in continuing engagement for people in LTC residential settings to create and maintain connections.
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Being and Doing Together in a Naturally Occurring Retirement Community: Pandemic Experiences of Older Adults

Kassandra Fernandes¹, Carri Hand¹, Debbie Laliberte Rudman¹, Colleen McGrath¹, Catherine Donnelly², Vincent DePaul², Helen Cooper², Lori Letts³, Julie Richardson³

¹Western University, London, Canada. ²Queen’s University, Kingston, Canada. ³McMaster University, Hamilton, Canada

Abstract / Résumé

Developing sustainable and effective strategies that promote social inclusion, reduce isolation, and support older adult wellbeing continues to be of importance for aging communities in Canada; especially during disruptive pandemic times. One strategy that targets community-living older adults involves identifying naturally occurring retirement communities (NORCs), places where clusters of older adults happen to live, and supporting them through supportive service programs (NORC-SSPs). Oasis Senior Supportive Living Inc. is a unique, older adult-driven NORC-SSP in Canada that offers opportunities for collective engagement in the promotion of social connection, physical activity, and nutritional wellness of older adults in sites across Canada. This study explored how a community of older adults living in a NORC with an Oasis program sought to build, and maintain, a sense of community during the Covid-19 pandemic by finding new ways of being together and engaging in activities together. Following a qualitative descriptive study design, we conducted document review of program data and semi-structured interviews with 13 older adult Oasis NORC-SSP members. Interview transcripts were analyzed using qualitative content analysis and program data were summarized using descriptive statistics. Analysis revealed how changes in context prompted changes in the Oasis program and community, and how despite lack of in-person opportunities the Oasis members continued to be together and do occupations together in creative ways that supported their sense of community. NORC-SSPs, like Oasis, play an important role in supporting older adults’ capacity to build strong, resilient communities that support well-being, during a global pandemic and in non-pandemic times.
Who counts? : A case for datafication of aging and its implication on non-communicable diseases health outcome in Nigeria

Adebayo Makanju
Trent University (Trent Centre for Aging Studies), Peterborough, Canada. Concordia University (Aging in Data Project), Montreal, Canada

Abstract / Résumé

The twenty-first century has been dubbed the "decade of data dominance and population aging across space, place, and time." There are two key phenomena that cannot, must not, and will not be ignored by any progressive civilization in this day. The scarcity of data has been a recurring subject in Sub-Saharan Africa, yet the issue of data inequality is generally overlooked in most of these traditional societies with far reaching developmental implications. This research exemplify the concept of ageism in data by investigating how Nigerian statistics surveys slant their design and data systems to ignore an aging population and their health demands and issues.

Based on the notion of data ageism, this qualitative research will use a series of focus group discussion with important stakeholders to include statistician, health practitioners, policy makers and selected seniors aged 60 years and above, that will be audiotaped, transcribed, and thematically evaluated. Additionally, a detailed literature study will also be undertaken to help identify the degree of the skewness, its consequences for older populations, and potential remedies to the problem.

This study will give a complete knowledge of older populations' and key stakeholders' perspectives on the unbalanced design and data systems of Nigerian statistical health surveys. The findings will help to produce suggestions to improve the representation of older populations and aging health needs and concerns in Nigerian statistics health surveys.
Improving Communication Between Nurses and Older Adults with an Emphasis on Deprescribing Delivered via Simulation

Beheshta Momand¹, Winnie Sun², Jennifer AbbassDick², Efrosini Papaconstantinou², Adam Dubrowski²
¹Ontario Tech University, Oshawa, Canada. ²Ontario Tech University, Oshawa, Canada

Abstract / Résumé

Older adults represent a significant subgroup of the general population who tend to use multiple medications. While taking multiple medications may be necessary to manage various conditions, the improper use of medication can lead to adverse drug reactions, injuries, and even death. Therefore, deprescribing is a crucial process that involves reducing or stopping medications that are no longer necessary or may cause harm to the patient. However, communication and communicating the need for deprescribing to older adults can be difficult for nurses due to the social, physical, physiological, and mental changes that affect older adults' communication abilities.

To ensure that nurses caring for older adults are equipped with effective communication skills and communication skills emphasizing deprescribing conversations, our research aims to develop and evaluate a simulation-based learning program. The program will be tailored to nurses working with older adults in Canada, with the primary objective of improving their communication skills. Specifically, the program will address the communication challenges faced by nurses when conversing with older adults about deprescribing by providing training on effective communication with this subgroup.

The effectiveness of the program will be evaluated through a pre-post-study design. By improving communication skills between nurses and older adults, with an emphasis on deprescribing, the program aims to enhance medication management, reduce potentially inappropriate medications, and ultimately improve the quality of life of older adults. The study's findings will have significant implications for improving communication skills in healthcare settings and enhancing the quality of care for older adults in Canada.
Virtual reality as a training tool for healthcare professionals: A scoping review

George Philip\textsuperscript{1,2}, Marie Y. Savundranayagam\textsuperscript{1,2}, Grace Malheiro\textsuperscript{1,2}, Prenetha Prenetha Rajasuseenthiran\textsuperscript{1,2}, Bridget Young\textsuperscript{3,2}

\textsuperscript{1}School of Health Studies, Western University, London, Canada. \textsuperscript{2}Sam Katz Community Health & Aging Research Unit, Western University, London, Canada. \textsuperscript{3}Schulich School of Medicine and Dentistry, London, Canada

Abstract / Résumé

Virtual reality (VR) is an emerging tool for providing immersive training to healthcare providers. A scoping review was conducted to explore published literature on the use of VR as a training tool. The objectives of this study were to investigate different modes of VR training, evaluate the ability of VR to educate healthcare professionals and students, and highlight the benefits of VR compared to traditional training interventions. The following core concepts were used to develop a search strategy: “VR”, “training”, and “healthcare providers”. The following databases were searched: CINAHL, Medline, PsycINFO, and Scopus, resulting in 17 studies that used VR as an immersive or interactive 3D environment. This study excluded reviews or protocols, studies not in English, and non-peer-reviewed studies. This review identified two main types of VR training: active and passive. Active training refers to simulations where participants engage or interact with a virtual environment, and was further defined into three sub-categories: surgical/dexterous training, non-surgical clinical skills training, and interpersonal skills training. Passive training involved studies where participants did not engage or interact with a virtual environment. Many studies noted that using VR as a training tool led to greater engagement, self-efficacy, and objective performance in training simulations, all of which are imperative when delivering care for older adults. VR has shown to be a successful training tool for healthcare professionals working with older adults; however, further studies should explore the effectiveness of VR healthcare training for it to be implemented on a larger scale.
The role of occupational complexity in the relationship between retirement and cognitive decline: findings from the Canadian Longitudinal Study on Aging

Catherine Gosselin\textsuperscript{1,2}, Annick Parent-Lamarche\textsuperscript{3}, Benjamin Boller\textsuperscript{1,2}
\textsuperscript{1}Department of Psychology, Université du Québec à Trois-Rivières, Trois-Rivières, Canada. \textsuperscript{2}Research Center, Institut universitaire de gériatrie de Montréal, Montréal, Canada. \textsuperscript{3}Department of Human Resources Management, Université du Québec À Trois-Rivières, Trois-Rivières, Canada

Abstract / Résumé

Since increasing life expectancy leads to a longer period of retirement, several studies have been investigating the possible impact of retirement on cognitive health. Several epidemiological studies with cross-sectional designs have reported a negative association between retirement and cognitive abilities. However, very few studies with longitudinal designs have confirmed the negative effect of retirement on cognitive functioning. The present study was conducted to investigate the impact of retirement on cognitive abilities among older Canadians. We used data from the Comprehensive cohort of the Canadian Longitudinal Study on Aging (CLSA) to compare performance retirees and workers ($n = 1442$), 45 to 85 years of age at baseline. Memory and executive functioning were assessed using standardized assessment tools at baseline and at three-year follow up. Retirees and workers were matched for age, gender and education using the nearest neighbor propensity score method with a caliper of 0.02. Mixed ANOVA and post hoc analyses were conducted separately for the English- and French-speaking samples. Results for the English-speaking sample showed a significant decline on both the Stroop and the Mental Alternation Task for retirees compared to workers from baseline to follow-up. These results support previous cross-sectional studies that have demonstrated a negative effect of retirement on executive functioning. The absence of significant results in the French-speaking sample will be discussed in terms of sample size and professional occupation. Exploratory analyses are currently underway to examine the potential moderating role of occupational complexity in the relationship between cognitive decline and retirement.
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The influence of the COVID-19 Pandemic on Emergency Admission and Hospitalization for Accidental Falls in Older Canadians

Paulo Roberto Carvalho do Nascimento, Diego Roger-Silva, Luciana Macedo, Lauren Griffith, Marla Beauchamp
McMaster University, Hamilton, Canada

Abstract / Résumé

Objective: To investigate impact of COVID-19 on the number of ED visits and hospitalizations for accidental falls in Canadian older adults. Methods: We analyzed pre-pandemic (March 2019 to February 2020) and early pandemic (March 2020 to February 2021) fall-related data from the Canadian Institute for Health Information. Full regional ED visit coverage is available in Ontario, Alberta, and Yukon, and partially covered in Prince Edward Island, Nova Scotia, and Saskatchewan. Hospitalization data were based on all Canada except Quebec. We compared the total number of ED visits for accidental falls (EDAF), hospitalizations, the place where the fall occurred, and type of fall between pre-pandemic and early pandemic periods in two groups of older adults 64-84 and ≥85 years old. Results: Overall, the number of EDAF during the early pandemic period decreased by about 18% in both age groups compared to the pre-pandemic period. Among individuals aged 64 to 84 years, the number of EDAF increased only for falls that happened at home (8%), whilst those ≥85 years old had an increase in EDAF that happened in a farm (55%) and at home (2%). EDAF from buildings or ladders also increased in the oldest group by 42% and 9%, respectively. Hospitalizations for falls remained unchanged between the pre-pandemic and early pandemic periods. Conclusion: The decrease in ED visits and stable hospitalizations for accidental falls during the first year of the pandemic suggests that older adults may have sought medical assistance only for severe cases fearing COVID-19 infection.
Listening experiences of older people with vision loss

Signe Lund Mathiesen¹, Amanda Grenier¹², Walter Wittich³, Mahadeo Sukhai⁴, Björn Herrmann¹⁵
¹Rotman Research Institute, Baycrest Centre for Geriatric Care, Toronto, Canada. ²Factor-Inwentash Faculty of Social Work, University of Toronto, Toronto, Canada. ³École d'optométrie, Université de Montréal, Montréal, Canada. ⁴Canadian National Institute for the Blind, Toronto, Canada. ⁵Department of Psychology, University of Toronto, Toronto, Canada

Abstract / Résumé

Leisurely reading is associated with several psychosocial benefits for older adults, including maintaining and developing cognitive capacity, subjective wellbeing, and increased longevity. Yet, more than 10% of people above the age of 65 live with some form of irreversible vision loss, affecting their ability to read print and potentially thwarting enjoyable and cognitive engagement with reading. Transitioning from reading to listening to stories is one way to stay engaged with narrative media. However, it is currently unclear how older adults experience these materials and whether listening to spoken narratives allows for meaningful engagement, aligns with older people’s needs and expectations, and supports quality of life. This SSHRC funded project is a first step in exploring a larger set of questions about how older adults living with a vision impairment use audiobooks and podcasts, how they engage with and experience auditory narratives, and what potential challenges and barriers, including age-related hearing loss, they face in using or adopting such materials. The project addresses these questions through a qualitative case study of older individuals aged above 60 living with a visual impairment. The poster outlines preliminary themes from 15-20 open-ended interviews, as well as insights about how to carry out such research. These findings are offered to expand understandings of entertainment gratification and media use of an under researched group, provide suggestions to foster meaningful participation in leisure activities through listening to auditory narratives, and thus promote overall increased wellbeing.
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Evaluation of Sleepwell as a direct-to-patient behaviour change intervention in older adult long-term users of sedative-hypnotics

David Gardner¹, Andrea Murphy², Justin Turner², Malgorzata Rajda¹, Sandra Magalhaes³
¹Dalhousie University, Halifax, Canada. ²Monash University, Melbourne, Australia. ³University of New Brunswick, Fredericton, Canada

Abstract / Résumé

Objectives:

The Your Answers When Needing Sleep in New Brunswick (YAWNS NB) study aimed to: (i) evaluate the effect of Sleepwell (a mailed information package embedded with behaviour change techniques) on the long-term use of benzodiazepine receptor agonists (BZRAs) and the adoption of cognitive-behavioural therapy for insomnia (CBTi) techniques by older adults; and (ii) assess prescriber acceptability of Sleepwell as a direct-to-patient education intervention.

Methods:

YAWNS NB was a parallel, 3-group, 6-month, randomized controlled trial for community-dwelling New Brunswickers ≥65 years of age taking BZRAs long-term. Groups: Sleepwell; EMPOWER; and control. Mailed packages included information on BZRA harms, how to stop BZRAs, and behavioural approaches to manage insomnia. Participants completed telephone interviews at baseline and 6 months. Outcomes: BZRA discontinuation without switches to other sedatives (“pure stopper”, primary), BZRA dose reduction ≥25%, CBTi resource access and technique use, sleep outcomes, others.

Results:

Study completion rate was 92% (521/565). Pure stopper rates were 30%, 23%, and 8% for Sleepwell, EMPOWER, and control, respectively. Sleepwell also had higher rates of access to CBTi resources, reduced sleep onset latency, and better sleep efficiency, and was similar to EMPOWER otherwise. Prescriber acceptability of Sleepwell was consistent and high across all 7 acceptability constructs assessed.

Conclusion:

As a simple, mailed, direct-to-patient behaviour change intervention, Sleepwell led to a substantial reduction in long-term sedative use without negative effects on sleep. Prescriber attitude was positive toward the intervention and perceived it to help overcome barriers to deprescribing. These results support scaling and assessing Sleepwell within a health promotion program for older adults living in the community.

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Fitting and walking with gait aids: Introducing ICanWALK®, a novel interactive mobile application for patients, caregivers, clinicians, and trainees

Ranita Manocha¹, Maureen O'Brien²
¹Faculty of Kinesiology, University of Calgary, Calgary, Canada. ²Cumming School of Medicine, University of Calgary, Calgary, Canada

Abstract / Résumé

Purpose: Over a third of community-dwelling Canadians aged 75 or older use canes, crutches, or walkers for daily mobility. Inadequate fitting and training on the use of walking aids may increase the risk of injury and falls. To address this, our research team developed an interactive mobile application called Improving Canadians’ Walking Aids skills, Learning, & Knowledge© (ICanWALK©). The app involves participants watching an instructional video on fitting or gait, taking a video performing the skill, then scoring their performance.

Objectives:

1. Review current literature around injuries associated with walking aids
2. Explore how a novel mobile application can be used to teach older adults how to walk with and fit their walking aids
3. Garner feedback from end-users about the current app and how it can be improved

Workshop Format: Participants will learn about potential complications of walking aid use and the importance of appropriate fitting and training (10 minutes, didactic). Participants will then work in pairs to use the ICanWALK© app to practice skills including fitting axillary crutches and performing swing-through gait; fitting a cane and performing step-to gait; and fitting a 4-wheeled walker and performing step-through gait (45 minutes). Participants will be asked to provide feedback on their experience with each module. Participants will then participate in a focus group exploring how the app could be used with or improved for use with patients, caregivers, clinicians, and clinicians-in-training (25 minutes). Participants will be given lifetime access to the app for use after the workshop.

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Fidélité interexaminateurs d’un nouvel instrument d’évaluation pour le maintien à domicile des personnes aînées vivant avec un trouble neurocognitif

Cindy Louis-Delsoin\textsuperscript{1,2}, Geneviève Duval\textsuperscript{1,2}, Julie Yip\textsuperscript{1,3}, Alain St-Arnaud\textsuperscript{4,5}, Jacqueline Rousseau\textsuperscript{1,2}
\textsuperscript{1}Centre de recherche de l’Institut universitaire de gériatrie de Montréal, Montréal, Canada. \textsuperscript{2}École de réadaptation, Faculté de médecine, Université de Montréal, Montréal, Canada. \textsuperscript{3}CIUSSS du Centre-Sud-de-l’Île-de-Montréal, Montréal, Canada. \textsuperscript{4}Centre multiservice gériatrique, Soutien au développement de l’expertise clinique à domicile, Montréal, Canada. \textsuperscript{5}CIUSSS de l’Est-de-l’Île-de-Montréal, Montréal, Canada

Abstract / Résumé

DESCRIPTION DES OBJECTIFS. Avec le vieillissement de la population, le nombre de personnes aînées vivant avec un trouble neurocognitif (PATNC) s’accroîtra dans les prochains décennies. Alors que la majorité des PATNC souhaitent vieillir chez elles, peu d’instruments d’évaluation validés ciblent leur contexte domiciliaire pour soutenir leur maintien à domicile. Un instrument novateur a donc été développé, soit l’Évaluation à domicile de l’interaction personne-environnement—version-cognitive (ÉDIPE-version-cognitive). Subséquente aux études de validité réalisées, cette étude vise à tester la fidélité interexaminateurs de l’ÉDIPE-version-cognitive. MÉTHODE SUIVIE. Cette étude de développement est basée sur la théorie classique de la Mesure. Deux examinatrices indépendantes (ergothérapeutes formées) ont administré simultanément l’ÉDIPE-version-cognitive à 30 dyades (PATNC, proches aidant-e-s; \( n = 60 \)), en deux visites à domicile. Le coefficient kappa (\( k \)) a été calculé avec le logiciel SPSS pour le cotes obtenues à chacune des trois sections de l’ÉDIPE-version-cognitive (échelle ordinaire et échelle dichotomique). RÉSULTATS OBTENUS. L’étendue des coefficients kappa se présente ainsi : Section(1) 0,14–0,31 \( [k_{\text{moyen}}=0,24] \); Section(2) 0,07–1,00 \( [k_{\text{moyen}}=0,49] \); Section(3) -0,05–1,00 \( [k_{\text{moyen}}=0,53] \). 51% des 90 valeurs calculées varient de Modérées à Presque parfaites (Landis & Koch, 1977). Plusieurs valeurs faibles présentent un pourcentage de concordance élevé, s’expliquant par un paradoxe soulevé par Feinstein & Cicchetti (1990). CONCLUSIONS. Dans l’ensemble, la fidélité interexaminateurs de l’ÉDIPE-version-cognitive est adéquate, soutenue par la formation et l’application rigoureuse du guide de passation. Cette étude appuie l’utilisation de l’ÉDIPE-version-cognitive en clinique et en recherche, contribuant à combler le manque d’instruments fiables pour mieux comprendre l’interaction personne-environnement des PATNC vivant à domicile.
Les inoubliables

John Joanisse\textsuperscript{1,2,3}, Florentina Cernea\textsuperscript{3,1,2}, Michelle Dorion\textsuperscript{2,1}, Daniel Bédard\textsuperscript{1}
\textsuperscript{1}Institut du Savoir Montfort, Ottawa, Canada. \textsuperscript{2}Hôpital Montfort, Ottawa, Canada. \textsuperscript{3}University of Ottawa, Ottawa, Canada

Abstract / Résumé

Au Canada, les arthroplasties de la hanche et du genou ont un impact positif sur la mobilité, douleur et qualité de vie chez les patients âgés de 65 ans et plus. Or, ces patients sont laissés en attente pendant plusieurs mois, particulièrement s’ils nécessitent une admission à l’hôpital. En Ontario, ce délai s’explique par l’attente d’être vu par le centre de triage régional, par l’orthopédiste et finalement par le manque de temps opératoire et lits disponibles. Selon les données organisationnelles de l’Hôpital Montfort, ces délais pouvaient atteindre 18-24 mois. Notons aussi que la fermeture du bloc opératoire durant la pandémie a empiré une situation déjà difficile pour les personnes âgées, soit le virage vers les chirurgies de jour. Du côté des patients, ils se désistent pour plusieurs différentes raisons, dont la plus importante, le manque d’informations. Où étaient-ils rendus dans le système? Anxieux, abandonné, leur douleur augmente et le niveau d’autonomie fonctionnelle diminue. En outre, leurs comorbidités compliquent leur chirurgie proposée. Notre recherche : mieux définir les effets de ces délais chez la population âgée de 65 ans et plus. Nous avons consulté de façon préliminaire les médecins de famille et orthopédistes de l’Hôpital Montfort ainsi que les physiothérapeutes qui travaillent au centre de triage régional. Nous prévoyons rencontrer et dialoguer avec divers partenaires, dont les patients, pour émettre des recommandations visant une approche humaniste, empathique en lien avec le vécu de notre population pour mieux accompagner les patients en attente d’une chirurgie en partenariat avec les autres membres de l’équipe interprofessionnelle dans la communauté.
Assessing Frailty Using the Fit-Frailty App in a Non-Geriatric Practice: A Feasibility Study

Alexa Kouroukis¹, Suleman Tariq¹, Jonathan Adachi¹,², George Ioannidis¹,³, Courtney Kennedy¹,³, Carolyn Leckie², Alexandra Papaioannou¹,³, Isabel B. Rodrigues¹,³
¹McMaster University, Hamilton, Canada. ²St. Joseph’s Healthcare Hamilton, Hamilton, Canada. ³Geriatric Education and Research for the Aging Sciences, Hamilton, Canada

Abstract / Résumé

Frailty is a common medical condition with a prevalence of 24% in adults ≥50 years when using the Frailty Index. Thus, assessing frailty is a priority. The Fit-Frailty Application is a user-friendly and validated measure that incorporates disease-related, physical, cognitive, psychosocial, and functional aspects of frailty. The purpose of this study was to determine the feasibility of using the App in a non-geriatric clinic. We conducted a cross-sectional study in a rheumatology clinic in Hamilton, Ontario. We included participants ≥50 years with osteoporosis who understood English or attended with a caregiver. Our primary outcome was feasibility defined by recruitment rate (criteria for success 90%), length of time to complete the App by a non-healthcare professional (≤15 minutes), and safety/challenges of using the App. Our secondary outcome was to conduct an exploratory analysis between osteoporosis management (medication, vitamin D and calcium) and total Fit-Frailty score. Thirty participants were approached during a routine clinic visit and 25 agreed to participate (mean age 72.2±11.2; 88% female; 44% had higher education). The mean Fit-Frailty score was 0.24±0.14; scores ≥0.25 indicate frailty. Five chose not to participate citing other time commitments. The mean time to complete the App was 15.48±6.6 minutes with no adverse events. Challenges included the need for a private room and space to perform the gait assessment. We found no association between osteoporosis management and Fit-Frailty score (p>0.05). Despite not meeting our criterion for recruitment, the App was a feasible tool to measure frailty in a non-geriatric clinic.
Frailty-Focused Enhancements to Seniors’ Hospital Care (FrESH): Does Specialized Education Work?

Jennifer Peterson¹, Samantha Fowler¹, Jacob Prosser², Karla Faig³, Ayodeji Bamgboye⁴, Olivia Clancy¹, Kelly Flanagan⁵, Caitlin Robertson⁴, Linda Yetman¹, Patrick Feltmate³
¹Horizon Health Network, Saint John, Canada. ²New Brunswick Institute for Research, Data and Training (NB-IRDT), Fredericton, Canada. ³Horizon Health Network, Fredericton, Canada. ⁴Horizon Health Network, Moncton, Canada. ⁵Horizon Health Network, Miramichi, Canada

Abstract / Résumé

Objective: Acute care hospital stays often lead to increased frailty and functional declines in older adults. Research suggests interventions such as specialized education for nurses improves health outcomes, decreases length of stay, and improves quality of life for these patients. This project aimed to explore the impact of a specialized geriatric education program on care delivery for older adults in acute care.

Methods: We used a mixed-methods approach to explore the facilitators and challenges of caring for hospitalized older adults, the knowledge base and experiences of staff, and the impact of providing specialized education. Staff participated in a geriatric education program and completed pre- and post-questionnaires about the aforementioned outcomes. We also collected patient-level data on mobility, medications, and incidence of delirium pre- and post-specialized education intervention.

Results: Sixty-four acute care staff and 99 patients participated across five facilities. Staff questionnaires demonstrated positive attitudes and beliefs about caring for older adults; however, their knowledge of geriatric principles was limited and did not increase after the specialized education intervention. Furthermore, there was no significant change in the patient-level measures after the education intervention. Qualitative analysis is underway to understand staff perceptions of the education.

Conclusions: Staff identified the need for specialized education; however, there was no impact on care after participation. A grounded theory study is in progress to better understand this finding. Together these results will inform changes to the specialized education intervention program with the aim of improving care for seniors in acute care.
Exploring the lived experiences of family physician-patient language discordance and perceptions of associated impacts on palliative care across Ontario

Alex (Seung Heyck) Lee¹, Maya Gibb², Sathya Karunanathan², Peter Tanuseputro²,³,¹, Krystal Kehoe MacLeod²,³
¹University of Ottawa, Faculty of Medicine, Ottawa, Canada. ²Ottawa Hospital Research Institute, Ottawa, Canada. ³Bruyère Research Institute, Ottawa, Canada

Abstract / Résumé

Objectives: Health disparities exist among older adults in different linguistic groups. Language barriers in primary care can negatively affect access to healthcare services and the quality and safety of care at the end-of-life (EOL). This study takes a novel, in-depth look at the experience of language-discardant care for older adults from linguistic minority groups through the eyes of family doctors providing EOL care.

Methods: Data from family physicians (n=12-24) providing language-discordant EOL care to Francophone and/or Allophone older adults across different care models and diverse geographies in Ontario are being collected through semi-structured interviews. Reflexive thematic analysis will be utilized to report themes within the data and consider the influence of the social location of the physician, geographic considerations impacting service provision, and barriers imposed by differing funding structures on results. These qualitative findings will help us understand if the current situation of language-discordant care for older adults from linguistic minority groups in primary care mirrors our team’s recent quantitative findings in hospitals showing significantly lower rates of hospital harms, length of stay, and death in hospital for Francophone and/or Allophone patients who received language concordant care.

Expected Results and Conclusions: Findings from this study will identify the interconnections among language discordance, access to and quality of EOL care, care model, and geographic region. This evidence will be key to informing clinical practice guidelines and mobilizing change to improve primary care access and quality for older adults at the EOL from linguistic minority populations across Ontario.
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Exploring patient and caregiver engagement with older adults: Definitions, contexts, enablers, and barriers

Lama Abdallah¹, Jacobi Elliott¹²³, Catherine Tong¹, Paul Stolee¹
¹University of Waterloo, Waterloo, Canada. ²St. Joseph’s Health Care London, London, Canada. ³Lawson Health Research Institute, London, Canada

Abstract / Résumé

Background & Objectives: Engaging older patients and caregivers in care planning and shared decision-making can improve health outcomes, treatment adherence, and care satisfaction. Although there are recognized benefits, engagement in clinical decision-making is still not standard practice. This study aimed to understand provider, patient, and caregiver perceptions of patient and caregiver engagement.

Methods: In-depth qualitative interviews were conducted with older adults (n=36), caregivers (n=3), and healthcare providers (n=12) in Ontario. Interviews took place over the telephone and were recorded, transcribed, and uploaded into NVivo 12. We used a combination of team-based and framework analysis and met frequently to discuss decisions and refine the coding framework.

Results: Providers emphasized the importance of understanding what patient and caregiver engagement means and identified four core concepts: person-centredness, collaboration, co-developing goals, and shared information. Providers also suggested that the level of patient and caregiver engagement depends on the context and conditions being treated and outlined the different needs and challenges of engaging patients/caregivers who are being treated for acute conditions, chronic conditions, cognitive impairment, and mental illness. Patients, caregivers, and providers all highlighted barriers and enablers of engagement, and recommendations to support engagement in practice, across the health system.

Conclusions: This work provides clarity on older patient, caregiver, and provider perspectives of patient engagement, across the health system. Our findings and recommendations can inform efforts of providers and institutions to support patient engagement in clinical practice, and the adaptation of these approaches for different contexts, conditions, and patient populations.

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Barriers and Facilitators to the Use of Personal Hearing Amplifiers in Inpatient Care Settings

Kristina Kokorelias\textsuperscript{1,2,3}, Raphaelle Koerber\textsuperscript{4,5}, Janice Xu\textsuperscript{6}, Hamsa Krishnapillai\textsuperscript{1}, Samir Sinha\textsuperscript{1,3,7,8}

\textsuperscript{1}Division of Geriatric Medicine, Department of Medicine, Sinai Health System and University Health Network, Toronto, Canada. \textsuperscript{2}Department of Occupational Sciences and Occupational Therapy, Temerty Faculty of Medicine, University of Toronto, Toronto, Canada. \textsuperscript{3}National Institute on Ageing, Toronto Metropolitan University, Toronto, Canada. \textsuperscript{4}Department of Internal Medicine, Temerty Faculty of Medicine, University of Toronto, Medical Sciences Building, Toronto, Canada. \textsuperscript{5}Division of Geriatric Medicine, Department of Medicine, Sinai Health System and University Health Network., Toronto, Canada. \textsuperscript{6}Department of Medicine, Temerty Faculty of Medicine, University of Toronto, Toronto, Canada. \textsuperscript{7}Division of Geriatric Medicine, Department of Medicine, Temerty Faculty of Medicine, University of Toronto, Toronto, Canada. \textsuperscript{8}Division of Geriatric Medicine and Gerontology, Johns Hopkins University School of Medicine, Baltimore, USA

Abstract / Résumé

Objectives: To explore the barriers and facilitators for using personal hearing amplifiers by healthcare professionals in a large urban hospital.

Method: A mixed-methods sequential study, informed by the Theoretical Domain Framework (TDF), is being conducted. To date, 51 healthcare providers (i.e., 35 nurses, 5 social workers, 3 occupational therapists, 3 physiotherapists, 5 physicians) have completed a survey with items related to each domain of the TDF. Participants work across 10 hospital in-patient units. Of these 37 participants, 19 (i.e., 15 nurses, 3 social workers and 1 occupational therapist) have been interviewed using a semi-structured interview guide. Data is being analyzed using descriptive statistics and thematic analysis.

Results: Preliminary findings suggests a high uptake of the devices into daily practice, despite numerous barriers. Specific identified barriers include a tendency for the devices to be not available, misplaced or specific accessories of the devices to be missing. Participants describe desiring more information about the use of PocketTalkers, as they often learn about these from word-of-mouth. Facilitators to their use include being told of the benefit of using a personal hearing amplifier with a specific patient from other healthcare providers and obtaining the devices from a manager, rather than relying on having the devices available on each clinical unit.

Conclusion: This work provides insight into the barriers and facilitators to the use of personal hearing amplifiers by healthcare professionals communicating with older patients with hearing loss to inform
future interventions to promote increased uptake of the devices and greater healthcare accessibility for older patients.
Memory self-efficacy and aging: Evaluating the impact of a memory self-efficacy intervention in older adults with memory concerns

Raphael Gabiazon, Lindsay Nagamatsu
Western University, London, Canada

Abstract / Résumé

Memory impairments are a significant concern for our aging population, impacting their quality of life. Those with mild cognitive impairment (MCI) experience more issues related to memory and are at risk for further decline. While age-related memory impairments can be attributed to known biological and physiological changes, such as alterations in brain function and structure, psychosocial factors may also play a role. Specifically, self-efficacy – the belief in one’s confidence in abilities to carry out actions for meeting specific demands – has been found to impact memory performance. However, it is unknown whether changes in memory self-efficacy will positively impact memory performance. For this proof-of-concept study, we developed a six-week self-efficacy intervention to examine its effects on memory among older adults with MCI. Participants included 28 community-dwelling older adults who were randomized to either a general education control group or the memory self-efficacy intervention. MCI classification criteria included: MMSE score >24/30, subjective memory decline, MoCA score <26/30, and IADL score >6/8. Baseline and endpoint assessments measured memory performance and subjective memory beliefs using an associative memory task and the Multifactorial Memory Questionnaire, respectively. Multiple linear regression models analyzed post-intervention differences between groups for each outcome measure. Preliminary results revealed that the memory self-efficacy intervention positively impacted both memory performance and memory self-efficacy. These findings can help to identify psychosocial factors, like self-efficacy, which could be potential targets for intervention strategies aimed at mitigating age-related cognitive decline.
Visitors’ knowledge of infection prevention protocols in long-term care homes: Results from a simulation-based study.

Natasha Taylor¹, Caroline Gibbons², Pamela Durepos³, Rose McCloskey¹, Lisa Keeping-Burke¹, Matt W. Rogers³, Karen Furlong¹
¹University of New Brunswick, Saint John, Canada. ²Université de Moncton, Moncton, Canada. ³University of New Brunswick, Fredericton, Canada

Abstract / Résumé

Background

Despite a large body of evidence pointing to the negative impact of lockdowns on families and residents of long-term care (LTC) homes, concerns exist regarding the risks associated with visitations during the pandemic. These concerns have prompted continued vigilance and requirements for visitors to have mandatory education and training on infection prevention and control (IPC) procedures. However, little is known about the extent of the risks associated with family visitations, and if the IPC education and training being offered translates into safe visits.

Purpose

This study describes the knowledge and skills related to IPAC measures of visitors to LTC homes, who previously received training to enter such a facility during the COVID-19 pandemic.

Approach

An observational study involving a simulated visit to a LTC home was conducted to assess knowledge and observe the skills of handwashing, donning and doffing of personal protective equipment, and the infection chain of 40 participant visitors. The data were collected using a knowledge questionnaire, and Sim Capture observation software.

Results

The results suggest a lack of knowledge and gap in the performance of some skills, such as incorrect handwashing technique and improper donning and doffing of personal protective equipment.

Conclusion

This study demonstrates that simulation offers a safe, objective, and highly reliable approach to isolating the circumstances that trigger exposure or transmission of COVID-19 and other viruses. Further interventions may be needed to improve visitors’ understanding and adherence to infection prevention protocols in order to ensure safe visits to LTC homes.

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Prognosis does not change the landscape: Palliative home care clients experience high rates of pain and nausea, regardless of prognosis

Nicole Williams¹, Kirsten Hermans², Tara Stevens¹, John P. Hirdes³, Anja Declercq², Joachim Cohen⁴, Dawn M. Guthrie¹
¹Wilfrid Laurier University, Waterloo, Canada. ²KU Leuven, Leuven, Belgium. ³University of Waterloo, Waterloo, Canada. ⁴University of Brussels, Brussels, Belgium

Abstract / Résumé

Objectives: Most individuals receiving palliative care tend to have a shorter prognosis and cancer. Those with other life-limiting illnesses can also benefit from a palliative approach to care, but little is known about their symptom burden. This project examined several health-related outcomes in a cohort (n=74,964) of Ontario palliative home care clients.

Methods: A retrospective cross-sectional analysis was conducted using individuals most recent interRAI Palliative Care (interRAI PC) assessment completed between 2011 and 2018. Individuals were divided into one of two groups: those with a shorter prognosis (<6 months; 64.1% of the sample) and those with a longer prognosis (6+ months). The two groups were compared across several clinical symptoms. The standardized difference (stdiff), between proportions, was calculated to estimate effect size considered to represent a statistically significant difference.

Results: Overall, cancer was the most prevalent diagnosis (83.2%), however circulatory (46.2%) diseases were also highly prevalent. Those with a shorter prognosis were more likely to experience fatigue (75.3% vs. 59.5%; stdiff=0.34) and shortness of breath at rest (22.1% vs. 13.4%; stdiff=0.23). However, the two groups were similar in terms of severe pain (73.5% vs. 66.5%; stdiff=-0.15), and nausea (35.7% vs. 29.4%; stdiff=0.13).

Conclusions: These results highlight the complex needs of palliative home care clients and show that individuals with a longer prognosis also experience high rates of negative health outcomes. A comprehensive and holistic assessment, like the interRAI PC, provides important information to help determine the needs of the individual and their family.

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Exacerbated Inequalities: A Scoping Review of the Experiences of Older Persons During Conflict Situations

Kristina Kokorelias\textsuperscript{1,2,3}, Anna Grosse\textsuperscript{1,4,5}, Alexander Kazberouk\textsuperscript{6}, Samir Sinha\textsuperscript{1,4,5,7}
\textsuperscript{1}Division of Geriatric Medicine, Department of Medicine, Sinai Health System and University Health Network, Toronto, Canada. \textsuperscript{2}Department of Occupational Sciences and Occupational Therapy, Temerty Faculty of Medicine, University of Toronto, Toronto, Canada. \textsuperscript{3}National Institute on Ageing, Toronto Metropolitan University,, Toronto, Canada. \textsuperscript{4}National Institute on Ageing, Toronto Metropolitan University, Toronto, Canada. \textsuperscript{5}Division of Geriatric Medicine, Department of Medicine, Temerty Faculty of Medicine, University of Toronto, Toronto, Canada. \textsuperscript{6}Department of Medicine, University of California, San Francisco, USA. \textsuperscript{7}Division of Geriatric Medicine and Gerontology, Johns Hopkins University School of Medicine, Baltimore, USA

Abstract / Résumé

Objectives: To identify: (1) knowledge about older persons and their caregivers during conflict situations; (2) the support needs of older persons and their caregivers in conflict situations and; (3) gaps in literature and understanding.

Method: A five-stage scoping review methodology was followed. An Information Specialist systematically searched 6 peer-reviewed databases. Comprehensive searches of relevant search engines and organization websites were used to identify grey literature. Two authors screened for eligibility of studies. One reviewer extracted data on key study characteristics. Data were analyzed thematically.

Results: 83 documents were included in our review. Most documents were grey literature. Thematic analysis revealed that conflict situations exacerbate existing inequalities experienced by older age groups. Within this overarching theme were three key sub-themes: (1) Older adults are vulnerable during conflict situations; (2) Older persons are inadequately supported in conflict situations; (3) In the face of great challenges, older adults still manage to endure.

Conclusion: To our knowledge, this is the first study to systematically review the literature concerning older persons in conflict situations. Existing inequalities, such as ageism and ableism, targeted discrimination, and poor health outcomes, become exacerbated during conflict situations. This results in older persons being less able to flee, meet their daily needs, and have sufficient access to necessities and healthcare. Further investigation is required to better understand the experiences and needs of family caregivers during conflict situations.
Exploring Implementation Considerations for Geriatric-HIV Clinics: A Secondary Analysis from a Scoping Review on HIV Models of Geriatric Care

Kristina Kokorelias\textsuperscript{1,2,3}, Anna Grosse\textsuperscript{1,4,3}, Alice Zhabokritsky\textsuperscript{5,6,7}, Sharon Walmsley\textsuperscript{5,8,6,7}, Luxey Sirisegaram\textsuperscript{1,9}
\textsuperscript{1}Division of Geriatric Medicine, Department of Medicine, Sinai Health System and University Health Network, Toronto, Canada. \textsuperscript{2}Department of Occupational Science & Occupational Therapy, Temerty Faculty of Medicine, University of Toronto, Toronto, Canada. \textsuperscript{3}National Institute on Ageing, Toronto Metropolitan University, Toronto, Canada. \textsuperscript{4}Division of Geriatric Medicine, Department of Medicine, University of Toronto, Medical Sciences Building, Toronto, Canada. \textsuperscript{5}Department of Medicine, The University of Toronto, Toronto, Canada. \textsuperscript{6}Infectious Diseases, Department of Medicine, University Health Network, Toronto, Canada. \textsuperscript{7}CIHR Canadian HIV Trials Network, Vancouver, Canada. \textsuperscript{8}Toronto General Hospital Research Institute, Toronto, Canada. \textsuperscript{9}Division of Geriatric Medicine, Department of Medicine, University of Toronto, Toronto, Canada

Abstract / Résumé

Objectives: To map the current state of knowledge regarding the implementation considerations of existing geriatric-HIV models of care, to identify areas of further research and to inform the implementation of future geriatric-HIV interventions that support older adults living with HIV.

Method: We conducted a scoping review that was methodologically informed by the Arskey and O’Malley’s 5 step framework and theoretically informed by the Consolidated Framework for Implementation Research (CFIR). Peer-reviewed literature was sought in 6 databases and grey literature was systematically searched. Article screening was performed in duplicate. Data was re-extracted for the purpose of this secondary analysis using a data extraction template informed by the CFIR. Data was inductively and deductively analyzed.

Results: In total, 11 articles met the inclusion criteria. The models of care described varied in terms of their location and setting, the number and type of care providers involved, the mechanism of patient referral, the type of assessments and interventions performed and the methods of longitudinal patient follow-up. Four key categories emerged to describe factors that influenced their implementation: care provider buy-in, patient engagement, mechanisms of communication and collaboration, and available resources.

Conclusion: The findings from this scoping review provide an initial understanding of the key factors to consider when implementing geriatric-HIV models of care. We recommend health system planners consider mechanisms of communication and collaboration, opportunities for care provider buy-in,
patient engagement and available resources. Future research should explore implementation in more diverse settings to understand the nuances that influence implementation and care delivery.
A system-wide approach to advance the health, care and inclusion of older adults who experience or who are at risk of frailty in North-Simcoe Muskoka

Jenna Davis¹, Kathleen Bingham², Salinda Horgan³, Sandra Easson-Bruno¹
¹WayPoint Centre for Mental Health Care, Penetanguishene, Canada. ²University Health Network Centre for Mental Health, Toronto, Canada. ³Queen’s University, Kingston, Canada

Abstract / Résumé

The presentation will describe and present findings of a system-wide approach undertaken to advance the health, care and inclusion of older adults who are or who are at risk of experiencing frailty in North-Simcoe Muskoka.

Study objective: A hub-and-spoke model was viewed as a way to foster a prevention-oriented and population-health approach to advance the physical, mental and social health of older adults with or at risk of frailty residing amongst the Simcoe and Muskoka regions. The aim was to create a regional web of linked healthcare, social services and community organizations. The web fosters bi-directional pathways across organizations and groups that support service delivery, education & training, and research/discovery. As a result, knowledge, practice and resources are leveraged in ways that create expanded reach, scope and innovation to address the values, goals and capacities of older adults in this community.

Study methods: A case-study was conducted to describe and generate an in-depth and multi-faceted understanding of the hub-and-spoke model in this real-life context. Both quantitative and qualitative methods were used to conduct a social network analysis (to study the structure and patterning of relationships among individuals, groups and organizations), and to understand the impact of the model on organizations, staff, and older adults.

Study results: The findings reveal the nature of connections between and across organizations and groups, lived experience perspectives, and relevant pre-post outcomes.

Conclusion: Participants will learn of our experience in designing, implementing and studying a hub-and-spoke model in North-Simcoe Muskoka, including successes, challenges and lessons learned.
NiMBaLWear pipeline for wearable sensors: A modular, open-source, Python-based, analytic platform for assessing multiple domains of health and behaviour of older adults

Kit B. Beyer¹, Kyle S. Weber¹, Adam Vert¹, Vanessa Thai¹, F. Elizabeth Godkin¹, Angela Roberts²,³,⁴,⁵, William E. McIlroy¹, Karen Van Ooteghem¹

¹Department of Kinesiology and Health Sciences, University of Waterloo, Waterloo, Canada. ²School of Communication Sciences and Disorders, Western University, London, Canada. ³Department of Computer Science, Western University, London, Canada. ⁴Department of Communication Sciences and Disorders, Northwestern University, Chicago, USA. ⁵Canadian Centre for Activity and Aging, Western University, London, Canada

Abstract / Résumé

Objective: Remote measurement using wearable sensors can inform healthcare decision-making, but clinical uptake has been limited. This project describes our wearable sensor analytic pipeline, NiMBaLWear, which derives high-fidelity outcomes from multiple health domains (physical activity, mobility, sleep, cardiovascular), exceeding the clinical utility of one-size-fits-all commercial systems. NiMBaLWear includes user-friendly data output and reports appropriate for a range of end users.

Method: NiMBaLWear was developed in Python using an iterative and incremental software development process and data from two remote-measurement studies (ReMiNDD and HANDDS-ONT) deployed within the Ontario Neurodegenerative Disease Research Initiative (ONDRI). In each study, participants wore multiple inertial measurement units on their wrists, ankles, and chest and one electrocardiogram sensor continuously for 7 to 10 days. A minimum viable product was developed using ReMiNDD data with further iterations evaluated in HANDDS-ONT over a 2-year period. Evaluation included a combination of semi-automated data integrity inspection and expert data review.

Results: NiMBaLWear is a modular, open-source, wearable sensor analytic pipeline that quantifies physical activity, mobility, sleep, and cardiovascular function from raw multi-day, multi-sensor, free-living data. Data captured in different possible formats are standardized prior to processing. Data preparation includes accelerometer autocalibration, sensor synchronization, and non-wear detection. Validated, domain-specific algorithms detect events, generate outcome measures, and output standardized tabular data and user-friendly summary reports.

Conclusion: The NiMBaLWear pipeline transforms raw wearable sensor data into accurate and relevant outcomes across multiple health domains useful for informing healthcare decision-making. Its design allows for integration of additional modules and advanced analytics, both which are ongoing.
Meeting the call for citizen engaged gerontological research: Lessons learned from co-designing a systematic review

Elaine Moody\textsuperscript{1}, Elliot Paus Jenssen\textsuperscript{2}, Heather McDougall\textsuperscript{1}, Marilyn Macdonald\textsuperscript{1}, Caitlin McArthur\textsuperscript{1}, Rebecca Affoo\textsuperscript{1}
\textsuperscript{1}Dalhousie University, Halifax, Canada. \textsuperscript{2}Citizen Partner, Saskatoon, Canada

Abstract / Résumé

Background: Evidence synthesis is most often thought of as an academic exercise, however in recent years with calls for increased patient engagement, patients, caregivers, and citizens are increasingly part of systematic review projects. The SPOR Evidence Alliance, an organization focused on improving collaborative research has recently funded knowledge synthesis projects co-led by patient/citizen partners on topics identified by those partners.

Objective: To share what a collaboration of academic researchers and citizen partners, is learning about citizen engagement in aging research from co-designing a systematic review on alternatives to long-term care for older people with complex needs.

Methods: As one of three knowledge synthesis projects funded by the SPOR Evidence Alliance and co-led by researchers and citizens, we have unique perspective on the challenges of engaging citizens in traditionally academic work.

Findings: While there are many similarities among the three teams, there are also unique challenges and opportunities for topics relevant to older people. We will discuss our findings in relation to: (1) appreciating what each person brings to the project; (2) making space to build trust; (3) enabling open communication; (4) acknowledging differences; and (5) foregrounding the need to support change.

Discussion: Citizen engagement has the potential to foster more meaningful research and uncover new ways to motivate change, however, it is essential to recognize the varied costs of engagement for citizen partners throughout the engagement process.
Examining the relationship between sleep and physical activity in older adults and persons living with neurodegenerative disease using the Canadian 24-Hour Movement Guidelines and objective measures derived from accelerometry.

Vanessa Thai¹, Kit B. Beyer¹, Kyle S. Weber¹, F. Elizabeth Godkin¹, Benjamin F. Cornish¹, Richard H. Swartz², Brian Tan³, Angela C. Roberts⁴,⁵,⁶, William E. McIlroy¹, Karen Van Ooteghem¹
¹Department of Kinesiology and Health Sciences, University of Waterloo, Waterloo, Canada. ²Department of Medicine (Neurology), Sunnybrook Health Sciences Centre, University of Toronto, Toronto, Canada. ³Rotman Research Institute, Baycrest Health Sciences, Toronto, Canada. ⁴School of Communication Sciences and Disorders, Western University, London, Canada. ⁵Department of Computer Science, Western University, London, Canada. ⁶Canadian Centre for Activity and Aging, Western University, London, Canada

Abstract / Résumé

Objectives: Although an association between sleep and physical activity (PA) in older adults has been established, few studies have objectively measured these behaviours in naturalistic settings. This study examined the relationship between PA and sleep over 7 days of remote measurement with wearable sensors in the context of Canadian 24-hour Movement Guidelines.

Method: 118 older adults (healthy (n=47, 74±6 years), neurodegenerative disease (NDD) (n=71, 74±6 years)) wore 3 accelerometers (wrist, ankle, chest) for 7-10 days (HANDDS-ONT study). Daily sedentary, moderate-to-vigorous PA (MVPA), and sleep durations were derived from raw wrist sensor data. Descriptive statistics were used to summarize outcomes and to determine if healthy participants met daily sleep and weekly activity guidelines. Correlational analyses characterized the relationship between daily sleep and PA for healthy/NDD participants.

Results: Participants engaged in a daily median of 54.9 (range: 0.8-305.3) minutes of MVPA, 6.4 (range: 2.3-10.2) hours of sleep, and 12.3 (range: 2.6-17.5) hours of sedentary behaviour. There was a weak association between median daily sleep and MVPA (rho_{healthy}=-0.182, rho_{NDD}=-0.178, both p>.05). Among healthy participants, 68% (n=32) met only the MVPA guideline, none met sleep only, 28% (n=13) met both MVPA and sleep guidelines, and 4% (n=2) did not meet either guideline.

Conclusion: Meeting guidelines for sleep and MVPA appear independent. It is possible that age-related conditions for some participants in the healthy cohort require condition-specific guidelines. Future work will consider sleep quality, the temporal relationship between sleep and PA, and multi-sensor derived outcomes.
Exploring variability across dimensions of health captured using daily life monitoring with wearable sensors: Early data from the SuperAging Research Initiative

Karen Van Ooteghem¹, Kit Beyer¹, Andrew Lim², Richard Swartz², Changiz Geula³, M. Marsel Mesulam³,⁴, Emily Rogalski³,⁵, William McIlroy¹, Angela Roberts⁶,⁷,⁸,⁹

¹Department of Kinesiology and Health Sciences, University of Waterloo, Waterloo, Canada. ²Department of Medicine, Sunnybrook Health Sciences Centre, University of Toronto, Toronto, Canada. ³Mesulam Center for Cognitive Neurology and Alzheimer’s Disease, Northwestern University Feinberg School of Medicine, Chicago, USA. ⁴Department of Neurology, Northwestern University Feinberg School of Medicine, Chicago, USA. ⁵Department of Psychiatry and Behavioral Sciences, Northwestern University Feinberg School of Medicine, Chicago, USA. ⁶School of Communication Sciences and Disorders, Western University, London, Canada. ⁷Department of Computer Science, Western University, London, Canada. ⁸Department of Communication Sciences and Disorders, Northwestern University, Chicago, USA. ⁹Canadian Centre for Activity and Aging, Western University, London, Canada

Abstract / Résumé

Objective: The SuperAging Research Initiative uses wearable technologies to examine whether ‘SuperAgers’ (people 80+ with episodic memory abilities like those 2-3 decades younger) show preserved biological and physiological complexity relative to Controls. This analysis examined early data to advance approaches for characterizing variability in daily activity.

Method: Data collection/analysis is ongoing (target: 300 SuperAgers; 200 Controls). We will present data for 10 participants (84±4.0 years) who wore a trunk sensor (accelerometer with electrocardiography) and two inertial measurement units (wrist, ankle) over 14-days. Measures of physical activity, mobility, sleep, and cardiovascular function were derived and summarized using descriptive statistics across varying timescales within and between participants. Correlational analysis examined relationships in variability across domains.

Results: Across participants, daily mean sedentary time was 744 (SD=120) min/day, moderate-to-vigorous physical activity (MVPA) volume was 51 (SD=53) min/day, step count was 8370 (SD=7568) steps/day, sleep duration was 376 (SD=82) mins/day, and sleep efficiency was 77% (SD=13%). Within participant, day-to-day variability often exceeded between-participant variability. Range of within-participant variability (SD) was 42-248 min/day for sedentary time, 1-41 min/day for MVPA, 631-5688 steps/day for step count, 35-289 min/day for sleep duration, and 3-17% for sleep efficiency. Cross-domain associations were strong for sedentary time, MVPA, and step count (all r>0.90), with little-to-no association to sleep (all r<0.2). Temporal associations, variability in cardiovascular function, and outcomes by cohort will also be reported.

Conclusion: Preliminary data highlight participant-level variability, warranting continued investigation into the structure and relationship of behavioral patterns within SuperAgers and in relation to Controls.
Exploring barriers to arts participation in an older population

Kate Dupuis\textsuperscript{1,2}, Brooklyn Baly\textsuperscript{3}, Hannah Gans\textsuperscript{3}, Alison Chasteen\textsuperscript{3}
\textsuperscript{1}Sheridan Centre for Elder Research, Oakville, Canada. \textsuperscript{2}Schlegel-UW Research Institute for Aging, Waterloo, Canada. \textsuperscript{3}University of Toronto, Toronto, Canada

Abstract / Résumé

Objectives: Despite the fact that participating in the arts can positively benefit well-being as we age, only a minority of older adults report participating in activities involving creativity and self-expression. We sought to explore potential barriers to participation, including self-perceptions of artistic abilities and early-life experiences.

Method: Ninety-seven respondents (M age = 71.6 years, range = 57-81 years; 68% self-identified female) completed an online questionnaire shared through the University of Toronto Adult Volunteer Pool.

Results: Participants were asked to rate themselves as either artistic or non-artistic, indicate whether they were ever told earlier in life that they were not artistic, and describe potential barriers to arts participation. Fifty-six percent of participants self-rated as artistic. One third of participants had experienced an early-life situation where they were told (typically by an educator or family member) that they were not artistic. These participants showed reduced readiness to participate in the arts, suggesting early-life experiences may be a barrier to participation. Other barriers identified include cost of activities, suitability of activities for one’s age group, and a lack of awareness of, and interest in, available activities.

Conclusions: Feelings about personal artistic nature and comments made by others about artistic abilities may influence older adults’ desire to participate in the arts across the lifespan. Interventions that encourage older adults to become more engaged in creative pursuits and seek to overcome barriers may provide them with new artistic opportunities that can help improve health and well-being as they age.
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Relationship between Hearing Ability, Working Memory, and Social Well-being in Older Adults

Rayna Adachi, Brandon Paul
Toronto Metropolitan University, Toronto, Canada

Abstract / Résumé

Age-related hearing loss (ARHL) has been linked to negative outcomes such as cognitive decline and dementia. One hypothesis is that social isolation and loneliness mediate this relationship, such that lonelier or less supported individuals with hearing loss have lower cognitive function. However, the relationship between hearing loss and social loneliness remains unclear. ARHL is typically measured objectively using hearing tests, and/or subjectively using questionnaires, but these measures are weakly correlated. Subjective hearing loss may be a better predictor of loneliness and social isolation than objective hearing loss because subjective hearing ability may better reflect psychological or emotional factors, but this has not been tested. The aim of our study is to compare objectively and subjectively measured ARHL when predicting loneliness/social isolation in older adults to better inform the literature on how ARHL impacts well-being. 117 adults 60 years and older participated in an online study that collected objective hearing ability (speech-in-noise), self-rated hearing, working memory, and well-being measures (i.e., loneliness, perceived social support, and anxiety/depression). Findings suggest no significant relationship between hearing loss measures and loneliness when adjusting for anxiety and depression. Nonetheless, subjective hearing ability predicted perceived social support when anxiety/depression scores were low. However, when anxiety/depression scores were high, the anxiety/depression predicted social support, rather than one’s perceptions of their hearing. Objective hearing and working memory did not predict loneliness or perceived social support. Results suggest that beliefs about hearing, rather than objective hearing, are better predictors of perceived social support.
Ageism in healthcare: implications for the psychological well-being of Atlantic Canadian healthcare professionals

Éric R. Thériault, Madelyn Purchase
Cape Breton University, Sydney, Canada

Abstract / Résumé

It is well established that ageism in healthcare is related to poor outcomes for older patients. However, the objective of the current study was to evaluate the relationships between ageism and various aspects of the psychological well-being of healthcare professionals in Atlantic Canada. To examine this, a qualitative method was used, with an online survey of 294 diverse healthcare professionals. This anonymous survey consisted of the Expectations Regarding Aging scale, Perceived Stress Scale, Abbreviated Maslach Burnout Inventory, WHO-5 Well-Being Index, and the emotional dissonance subscale of the Emotional Labour Scale. Results indicated that aging expectations were significantly related to burnout, perceived stress, well-being, and emotional dissonance. With the use of a path analysis, emotional dissonance partially mediated relationships between burnout and well-being with stress. However, aging expectations did not significantly predict emotional dissonance. Consequently, emotional dissonance did not mediate the relationships between burnout and well-being with ageism. Differences were found across professional groups on the psychological well-being and ageism variables. For example, physiotherapists expressed more positive aging expectations of physical health than paramedics, registered, and licensed practical nurses. Conclusions support the need for increased awareness and attention to the relationship between ageist attitudes and professionals’ well-being, as well as the need for education and interventions to reduce false expectations about the aging process. This study expands on previous literature by demonstrating that emotional dissonance may not explain the relationship between ageism and burnout. Nonetheless, it provides support for this relationship in a diverse sample of healthcare professionals.
Visual compensation in age-related hearing loss: An EEG comparison between verbal and non-verbal visual processing

Michelle Williams, Brandon Paul, Patricia Aguiar
Toronto Metropolitan University, Toronto, Canada

Abstract / Résumé

Objective: Hearing loss disproportionately affects older adults, occurring in approximately half of those above the age 50 (Feder et al. 2015, Health Rep, 26(7), 18-25). Older adults may compensate for this age-related hearing loss (ARHL) by relying on visual information, such as looking at lip movement when understanding speech. Little is known about brain changes that accompany visual compensation in ARHL, but research in total deafness suggests that compensation depends on neuroplastic changes to visual and other sensory systems. Limited evidence of this neuroplasticity has been found in people with ARHL, however, it is unclear whether compensation effects are specific to visual events that are relevant for communication, such as lip motion during speech. This study aimed to determine if visually evoked potentials (VEPs, visual brain responses) were modified in older adults with ARHL and depend on whether the stimulus viewed was verbal (mouth movement) or non-verbal (geometric pattern) and the extent of hearing loss measured using standard tests.

Methods: 42 participants aged 40 to 80 underwent basic hearing and speech-in-noise (SIN) listening tests. VEPs were recorded with electroencephalography (EEG) while participants viewed visual verbal and non-verbal motion stimuli.

Results: After accounting for age differences, results suggested that worse SIN listening was correlated to longer latencies for the verbal stimulus, but no correlations in amplitude or latency were found for the non-verbal stimulus.

Conclusions: These results suggest that visual brain responses are modified in ARHL and depend on relevance of the stimulus for speech communication.
Perceived Control Moderates the Internalized Stigma Model of Seeking Mental Health Services in Distressed Older Adults

Dallas Murphy¹, Corey Mackenzie¹, Rob Dryden¹, Jeremy Hamm²
¹University of Manitoba, Winnipeg, Canada. ²North Dakota State University, Fargo, USA

Abstract / Résumé

Older adults are especially unlikely to seek help for mental health concerns, and internalized stigma is a key reason why. However, more research is needed to understand which older adults are likely to have internalized stigma impact help-seeking. Thus, we investigated whether perceived control (PC) moderates an internalized stigma model in which internalized stigma of helps-seeking negatively impacts help-seeking attitudes and intentions. To accomplish this, we analyzed the cross-sectional, secondary data from 350 psychologically distressed adults aged 65 years and older. We employed an online survey which included measures of public and self-stigma of help-seeking, help-seeking attitudes, help-seeking intentions, psychological distress distress, and PC. Results indicated that PC moderated the internalized stigma mediation model. Older adults lower in PC (vs. higher in PC) were more likely to have public stigma negatively affect intentions toward seeking through the serial mediation of (1) self-stigma and (2) help-seeking attitudes. Specifically, older adults lower in PC were more likely to have public stigma internalized as self-stigma and more likely to have less positive help-seeking attitudes predict lower help-seeking intentions. Finally, older adults lower in PC were less likely to intend to seek help in the face of low levels of self-stigma. These results contribute to a nuanced understanding of which older adults are especially unlikely to seek help. Additionally, identifying PC as a moderator of this internalized stigma model suggests that interventions that enhance PC may protect against public stigma’s internalization and improve help-seeking behaviors for older adults who need such help.
The Impact of the Big-Five Model of Personality on Help-Seeking Stigma, Attitudes, and Intentions in a Sample of Community-Dwelling Older Adults

Dallas Murphy, Corey Mackenzie
University of Manitoba, WINNIPEG, Canada

Abstract / Résumé

Objectives: Most individuals do not seek professional help for mental health concerns. Older adults are especially unlikely to seek such help. Research has begun investigating the impact of personality on help-seeking but has many limitations. Thus, the present study evaluated the impact of the Big-Five model of personality on help-seeking stigmas, attitudes, and intentions in older adults. Methods: We analyzed a dataset which was administered to 1,763 adults aged 65 years and older that included sociodemographic variables, personality traits, and several established predictors of help-seeking. It also included outcome measures of public- and self-stigma of seeking help, help-seeking attitudes, and help-seeking intentions. We employed hierarchical regression to examine, (1) the bivariate influence of our predictors on all outcome variables, (2) a model of all five personality traits ran simultaneously, (3) a model with additional sociodemographic predictors, and (4) a model including additional predictors of help-seeking. Results: Among personality traits, in our final models, agreeableness was most impactful in predicting less stigma, more favourable help-seeking attitudes, and greater help-seeking intentions. Extraversion predicted less public stigma, more positive attitudes, and greater intentions. Openness predicted less self-stigma. Conscientiousness and neuroticism did not significantly predict any outcome variables when controlling for other established predictors. Conclusion: This research is important in understanding and identifying which older adults are unlikely to seek help for mental health concerns, an important step in getting these at-risk individuals the help they may need.
Assessing associations between narcissistic personality and suicide ideation among middle-aged and older men

Marnin Heisel¹, Brian Bird², Gordon Flett³, Paul Links²
¹Western University, London, Canada. ²McMaster University, Hamilton, Canada. ³York University, Toronto, Canada

Abstract / Résumé

Background: Middle-aged and older men have high suicide rates, necessitating theory and research on factors that confer suicide risk in this demographic. Clark (1993) theorized that age-related losses and transitions can trigger narcissistic injury in older men, and lead to declining mood, substance misuse, loss of insight, and increased risk for suicide. Researchers have variably found that Narcissistic Personality (NP) increases (Ronningstam et al., 2008) or decreases risk for suicide ideation or behaviour (Coleman et al., 2017), necessitating investigation of this question among middle-aged and older men facing a key life transition.

Objectives: To assess associations between suicide ideation (SI) and NP traits in 82 community-residing men, 55 years and older (M=63.3, SD=4.6), who participated in a Meaning-Centered Group for men transitioning to retirement.

Method: Participants completed pre-group measures of Pathological Narcissism (Pincus et al., 2009), depression, suicide ideation, and other risk and resiliency factors.

Results: Linear regression analyses indicated a significant association between elements of NP and SI. Contingent Self-Esteem (NP) was specifically positively associated with overall suicide ideation scores (t=2.41, p=.019), and with interpersonal psychological (Loss of Personal Worth; t=2.10, p=.040) and existential (Perceived Meaning in Life; t=2.80, p=.007) aspects of SI, controlling for depression symptom severity.

Conclusions: Findings suggest an association between thoughts of suicide and issues of self among middle-aged and older men in transition. Discussion will focus on broader themes of masculinity, losses and transitions, and suicide prevention in middle-aged and older men.

Charline COMPAGNE1,2, Damien GABRIEL2,3, Lenaic FERRERO2, Eloi MAGNIN1,3,4, Thomas TANNOU5,3,1
1UR LINC, Université de Franche-Comté, Besancon, France. 2CIC-1431 INSERM, Centre Hospitalier Universitaire, Besancon, France. 3Plateforme de Neuroimagerie fonctionnelle Neuraxess, Besancon, France. 4Département de Neurologie, CHU de Besancon, Besancon, France. 5CIUSS Centre-Sud de l'Île de Montréal, CRIUGM, Montreal, Canada

Abstract / Résumé

Context: Diseases such as Alzheimer's cause an alteration of cognitive functions, which can lead to increased daily risk taking in older adults living at home. The assessment of decision-making abilities is primarily based on clinicians' global analysis. Usual neuropsychological tests such as the MoCA (Montreal Cognitive Assessment) cover most of the cognitive domains and include mental flexibility tasks. Specific behavioral tasks for risk-taking, such as the Balloon Analogue Risk Task (BART) or the Iowa Gambling Task (IGT), have been developed, particularly in the field of addictology, to assess risk-taking behavior.

Methods: Our cross-sectional study aims to determine whether the MoCA global cognitive assessment could be used as a substitute for behavioral tasks in the assessment of risky behavior. In the current study, 24 patients (age: 82.1 ± 5.9) diagnosed with a mild dementia completed the cognitive assessment (MoCA and executive function assessment) and two behavioral risk-taking tasks (BART, simplified version of the IGT).

Results: Results revealed no relationship between scores obtained in the MoCA and behavioral decision-making tasks. However, the two tasks assessing risk-taking behavior resulted in concordant risk profiles. In addition, patients with a high risk-taking behavior profile on the BART had better Trail Making Test (TMT) scores, and thus retained mental flexibility.

Conclusion: This finding suggests that MoCA scores are not representative of risk-taking behavioral inclinations. Thus, additional clinical tests should be used to assess risk-taking behavior in geriatric settings. Executive function measures, such as the TMT, and behavioral laboratory measures, such as the BART, are recommended for this purpose.

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Preclinical mobility limitation (PCML) outcomes in rehabilitation interventions for middle-aged and older adult populations: a scoping review

Aiping Lai1,2, Ashley Morgan1, Lauren E. Griffith3, Ayse Kuspinar1, Jenna Smith-Turchyn1, Julie Richardson1,4
1School of Rehabilitation Science, McMaster University, Hamilton, Canada. 2Community and Professional Service, Yee Hong Centre for Geriatric Care, Scarborough, Canada. 3Department of Health Research Methods, Evidence, and Impact, Hamilton, Canada. 4Department of Health Research Methods, Evidence, and Impact, Hamilton, Canada

Abstract / Résumé

Purpose: To describe the conduct and reporting of Preclinical Mobility Limitation (PCML) intervention studies in middle-aged and older adults, identify knowledge gaps in the current literature, and make recommendations about future research direction. Methods: Seven databases (MEDLINE, EMBASE, AMED, PsycINFO, CINAHL, Web of Science and Cochrane CENTRAL) were used to identify relevant studies, using the PCC framework (population, concept, context). An initial search of 2,291 articles resulted in 14 articles that met the inclusion criteria. Study characteristics were extracted, and data were presented in tabular form with a narrative summary. Results: (1) Most studies (66.7%) included a PCML assessment, ensured participants were cognitively and medically stable as eligibility criteria, and all completed studies included participants who were in a stage of PCML. (2) Only one study used a multi-faceted intervention; exercise was the most frequently used intervention. Others included education, tele-physiotherapy, knowledge translation, and counselling. (3) PCML measures varied from self-report scales (e.g. Fried scale) to performance-based scales (e.g. gait speed). Other outcomes measured included physical function and disability; balance; lower extremity strength; endurance; physical activity; mobility; quality of life; and psychological outcomes. (4) PCML changes were measured by reporting changes in PCML scores or the percentage of participants with PCML. Conclusions: Findings showed limited publications on PCML interventions for community-dwelling older adults. It also revealed the complexity and variety of currently available measures. Future research is needed to combine performance-based tools with self-reported scales to more sensitively capture the preclinical signs of functional decline in older and middle-aged adults.

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Different views and opportunities: Use of virtual reality as a therapeutic tool among people living with dementia, family caregivers, and recreation therapists

Kirstian Gibson¹,², Susan Tupper²,¹
¹University of Saskatchewan, Saskatoon, Canada. ²Saskatchewan Health Authority, Saskatoon, Canada

Abstract / Résumé

Objectives: Virtual reality (VR) is an effective therapeutic tool. Few VR applications have been developed in partnership with people living with dementia and family caregivers (FCGs). We aimed to describe perspectives of FCGs and people living with dementia on VR to design brief VR videos using an iterative participatory approach.

Methods: This study included three phases. Phase-1: 29 FCGs and 7 people living with dementia were asked about their experiences, perspectives, and preferences of using VR. Phase-2: Video content was developed and revised from feedback from key stakeholders and experts. Phase-3: 10 FCGs and 15 geriatric care recreation therapists were provided VR headsets and interviewed about their experiences. Phases 1 and 3 interviews were audio-recorded, transcribed, and analyzed using content and descriptive thematic analysis.

Results: While the majority (94%) of phase-1 participants had no prior knowledge and/or experience using VR, 69% of participants had positive opinions on and expressed interest in trying VR. 28% of participants expressed negative or mixed opinions on the use of VR, with highest cited concerns being VR’s effect on brain health or capacity to operate VR. Phase-2 participants recommended that VR content be carefully selected for users’ physical, psychological safety, and goals of care.

Conclusions: Concerns were raised about safety and the ability to interact with VR technology. Ageist and ableist beliefs about people living with dementia may limit the design process and contribute to barriers for use. VR design must incorporate participatory universal design principles to support participation from people living with dementia.
Economics of In-Appropriate Antipsychotics Utilization Comparing Pre- and Post-COVID-19 Pandemic in Regional Long-Term Care Homes in Niagara

Bhrugisha Patel¹, ASIF KHOWAJA¹, Alexis Lamsen², Paolo Varias², Henriette Koning²
¹Brock University, St.Catharines, Canada. ²Niagara region, St.Catharines, Canada

Abstract / Résumé

Potentially Inappropriate Use of Antipsychotics (PIUA) without a diagnosis of psychosis represents financial implications for residents and care providers in long-term care (LTC). This study aimed to calculate the costs averted associated with reduced PIUA from a public-payer perspective in the Niagara Region.

A secondary analysis of the Point-Click-Care (PCC) database was undertaken to compare resident-level health resource utilization pre-and-post COVID periods. The data included residents aged >65, classified as PIUA in eight municipal LTC homes. Descriptive analysis was applied to calculate the frequency/percent change of drug dispensation and costs averted associated with preventing adverse events (i.e., falls, fractures, and/or hospitalizations). A paired t-test was applied to assess the risk of falls and fractures. 3-year forecasting was performed to estimate total costs averted for the healthcare system by 2025.

Residents receiving antipsychotic medication had a higher risk of falls and fractures, as shown by significant differences in paired t-tests (p=0.01). However, the PIUA decreased from 20.21% pre-pandemic to 12.2% in 2022, resulting in costs averted from potentially preventing medically treated falls/fractures and ED visits. A total of $173,303 was averted associated with reducing PIUA, of which $33,832 (19.51%) was for preventing fractures, $45,251 (26.11%) ED visits and $94,220 (54.38%) falls. The projected 3-year cost savings for ED visits was estimated at $75,040.

This study highlights the financial gains from reducing PIUA during the COVID-19 pandemic. More research is needed to assess the long-term health and non-health impacts of LTC programs on PIUA, fall prevention strategies, recreational programming and technological innovations.
Overcoming, The Pain Experience of Knee & Hip Osteoarthritis: A Qualitative Study of the Perspectives of Black & White Canadians with Osteoarthritis

Rachel Almaw, Monica Maly
University of Waterloo, Waterloo, Canada

Abstract / Résumé

Objectives

The purpose of this study is to explore the range of experiences of osteoarthritis (OA) related pain in the hip and/or knee, and its impact on physical activity and daily living, among participants who self-identify as Black and White.

Methods

Purposive sampling was used to recruit 30 Canadians who identify as Black and White, who meet established clinical criteria for hip and/or knee OA. Qualitative interpretive design was implemented to capture contextual expressions and variance of participants’ experience, whilst highlighting shared experiences. Data was collected using semi-structured interviews.

Results

Participant narratives identified two intersecting continua within the pain experience: (1) a continuum between succeeding and being defeated was driven by control and (2) a continuum between restoring and deteriorating was driven by respect. At the intersection of being defeated and deteriorating, participants felt worn out and misunderstood. The experience of being defeated and restoring was characterized by unmet expectations. Many were succeeding in returning to activities but deteriorating in terms of trust, confidence, and quality of life. Finally, experiencing both success and restoration was best articulated as restoring, with a return to valued activities and quality of life.

Conclusion

Pain due to OA existed along two continua driven by control (succeeding versus being defeated) and respect (restoring versus deteriorating). Those who articulated being in control of their bodies, and experiencing respect, experienced overcoming their OA pain by engaging in meaningful activities in their daily lives. Future work should evaluate the temporal changes in the OA pain experience.
P200

Exploring the Economics Impacts of the Snow Buddies Program: A Qualitative Analysis

Hamdan Aalsanad¹, Devangi Shah¹, Kaitlyn Michener¹, Lynne Rousseau², Laurie Elliot¹, Heather Ramey¹, Renee Leung¹, Asif Khowaja¹
¹Brock University, St. Cathrines, Canada. ²CSSN, St. Cathrines, Canada

Abstract / Résumé

Introduction: There is a paucity of scientific evidence surrounding the economic impacts of volunteering services for older adults in community settings. This study aimed to explore the perceived financial benefits of volunteering for the Snow Buddies program that partners youth (volunteers) with older adults (clients) for shoveling snow/ice from driveways in the Niagara Region.

Methods: A qualitative exploratory study design was utilized and data were primarily collected via semi-structured interviews with clients (n=4), family members(n=1), and volunteers(n=10). Interviews were conducted virtually over Microsoft Teams and/or phone. The coding program NVivo was used to conduct a reflexive thematic analysis of transcribed interviews.

Results: Participants revealed potential financial savings resulting from enhanced mobility, social interactions, and participation in daily chores during the winter/snowy months. As one participant mentioned, “All of the neighbours, my parents included, do not have the financial means to hire a company to do the snow removal.” Although some participants reported giving a small token of appreciation to volunteers, they saved on snow plowing expenses, opportunity costs and travel time for families/caregivers who were remotely located. Furthermore, by engaging in the Snow Buddies program, the number of falls/fractures among older adults can be reduced, which implies substantial costs averted from preventing medically treated falls/fractures using a healthcare system perspective.

Conclusions: This is the first study to highlight the financial gains of a community-based voluntary program. More research is needed to develop tools for measuring aggregated cost savings from community-based voluntary programs from a societal perspective.
Abstract / Résumé

Introduction:

Fear of falling (FoF) can lead to reduced activity, disability, and falls in older adults. Few studies examine FoF over time or the relationships between FoF, physical performance measures (PPM), and falls in older adults. This project aims to characterize cross-sectional distributions and longitudinal changes in FoF and examine these relationships.

Methods:

A longitudinal retrospective analysis of older adults (n=65, 85±6 years) who completed subjective FoF (11-point Likert scale: 0=no fear, 10=extreme fear) and PPM tests (standing balance, walking, repeated sit-to-stand, and grip strength) were conducted at two time points 1 year apart. Documented falls were compared to FoF and changes in FoF in a subgroup of 29 participants.

Results:

At baseline 62% (n=40) of participants reported some degree of FoF, (median=4, range=1-8). After 1-year, median FoF was unchanged, however 10 participants (15%) transitioned from no-FoF to any-FoF and from any-FoF to no-FoF. No significant associations were found between changes in FoF and PPM (rho=-.04 to -.20, all p>.05). There were no significant differences between FoF score and the number of PPM indicating “at-risk” at baseline (F(3,61)=2.5, p=.067) or 1 year (F(3,61)=.78, p=.51). Participants with no (14(48%), one (10(34%)), or multiple falls (5(17%)) did not significantly differ in their FoF at baseline (F(2,27)=.20, p=.82) or 1-year (F(2,27)=1.06, p=.36).

Conclusion:

The limited changes in FoF over time and the lack of relationships between changes in FoF, physical performance measures, risk, and falls may suggest limited usefulness in using subjective longitudinal FoF measures in older adults.
Deinstitutionalization among Manitobans with intellectual and developmental disabilities: Health and quality of life findings

Kayla Kostal¹, Maria Baranowski¹, Margherita Cameranesi¹, Lindsay McCombe², Jenna Heschuk², Shahin Shooshtari¹²
¹University of Manitoba, Winnipeg, Canada. ²St.Amant Research Centre, Winnipeg, Canada

Abstract / Résumé

Background: Deinstitutionalization refers to the move from an institutional setting to community homes. Persons with intellectual and developmental disabilities experience more health problems, more challenges accessing healthcare, complex aging, and have a lower quality of life compared to the general population. Deinstitutionalization has been associated with improved quality of life; however, health outcomes and age differences are not well understood.

Objectives: To examine health status and quality of life outcomes by age from deinstitutionalization of Manitobans with intellectual and developmental disabilities.

Methods: A longitudinal study (2014-present) was conducted. 32 persons with intellectual and developmental disabilities were recruited in this study from St.Amant, a not-for-profit organization in Winnipeg, Canada. Data were collected through medical chart reviews, the Comprehensive Health Assessment Program, and the San Martin Scale at 2 time-points: pre-transition and post-transition. Data were analyzed through descriptive and aggregate-level analyses.

Results: For quality of life, improvements were generally seen with no differences in age group. For aggregate-level analyses, health outcomes were heterogeneous in their direction. Some health outcomes declined, such as sleep problems and chronic incontinence. Some health outcomes stayed the same, such as receiving a dental examination within the last 6 months. Differences are seen among age groups.

Conclusion: The majority of quality of life and health indicators improved in a desirable direction after moving into the community from an institutional setting. Further investigations are warranted for some health indicators and to help inform where to target services per age group.
The SuperAging Research Initiative (Canadian Site): A Study of Extraordinary Cognitive Aging

Angela Roberts1,2, Elizabeth Finger1,3, William McIlroy4, Karen Van Ooteghem4, Vanessa Thai5, JB Orange1,2, Kit Beyer4, Miguel Restrepo-Martinez1, Andrew Lim5, Richard Swartz5, Robert Bartha1,6, Ivan Culum1,2, Shannon Belfry5, Sarah Jesso3, Kristy Coleman3, Denise Scholtens7, Mary Beth Tull7, Nathan Gill7, Yasmin Pina7, Padraig Carolan7, Gabriella Amador7, Matt Huentelman8,9, Changiz Geula7, M-Marsel Mesulam7, Rogalski Emily7

1Western University, London, Canada. 2Canadian Centre for Activity and Aging, London, Canada. 3Lawson Health Research Institutes, London, Canada. 4University of Waterloo, Waterloo, Canada. 5Sunnybrook Health Sciences Centre, Toronto, Canada. 6Robarts Research Institute, London, Canada. 7Northwestern University, Feinberg School of Medicine, Chicago, USA. 8Translational Genomics Research Institute, Phoenix, USA. 9University of Arizona, Phoenix, USA

Abstract / Résumé

Background and Objective: ‘SuperAgers’ are 80+ year-olds with episodic memory performance considered at least average for people 2-3 decades younger. Established in 2021, the SuperAging Research Initiative is a multi-site study with 3 Cores and 2 Projects led by Northwestern University (Chicago, Illinois) with a goal of enrolling 500 participants. Project 1, led by the Canadian team, uses wearable sensors to capture lifestyle and physiological factors associated with SuperAging. Project 2 focuses on transcriptomic, genetic, and protein profiling to examine central and peripheral immune and inflammatory systems. Sites include the University of Michigan, University of Wisconsin, Emory University, and a Canadian site led by Western University in partnership with the University of Waterloo, Canadian Centre for Activity and Aging, and Sunnybrook Research Institute. The primary objective is to identify factors associated with superior cognitive aging, with a focus on increasing representation from racialized communities.

Method: The Canadian Site has initiated recruitment, enrollment, and harmonized data collection, including neuropsychological assessments and neuroimaging, self-report measures capturing psychosocial, lifestyle, and environmental factors as well as blood draw and enrollment into Project 1.

Results: We will present the study design, organizational structure, and preliminary cohort data for the Canadian SuperAging Research Initiative site. The poster will provide an overview of recruitment strategies employed by the Canadian site, both barriers and facilitators to enrollment.

Conclusions: Understanding factors that contribute to exceptional cognitive aging may help inform mechanistic and lifestyle processes underlying different cognitive aging trajectories and identify potentially modifiable factors for preventing age-related brain diseases.
Understanding Task Sequencing of in People with Dementia and Mild Cognitive Impairment (MCI) to Inform the Use of Mixed Reality Technology (MRT)

Ava Favero1, Eliora Wee1, Shital Desai2, Arlene Astell3
1University of Toronto, Toronto, Canada. 2York University, Toronto, Canada. 3University Health Network, Toronto, Canada

Abstract / Résumé

Introduction. Individuals with dementia or mild cognitive impairment (MCI) may require assistance in completing activities of daily living (ADLs) due to difficulty meeting cognitive demands of planning and ordering different steps of the activity (i.e., task sequencing). Mixed Reality Technologies (MRTs) carry potential to support task sequencing as they integrate virtual and physical environments and can be used to deliver prompts. For MRTs to successfully deliver necessary cues and prompts, a better understanding of how people with dementia carry out everyday tasks is required.

Objectives. The purpose of this study is to understand the differences between older adults with and without cognitive impairments as they complete everyday tasks. The types of differences that are anticipated include where they look for cues and prompts in their environments, and the types of repetitions or omissions that they make. This will inform MRT design, which can enhance task sequencing support for this population.

Methods. An observational mixed methods study was conducted using four data collection sources: eye-tracking technology, physiological sensor watch, videos, and paper-based observations of participants with and without MCI or dementia (n=30) completing 3 household tasks. Data will be integrated and analyzed in Noldus Observer XT using thematic and quantitative analyses.

Conclusions. This study anticipates complexities of task sequencing among people with and without MCI or dementia. Some of these may relate to cognitive functioning while others are anticipated to relate to individual variation, such as variation in gender, culture and task familiarity.
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Investigating the Health and Patterns of Cannabis Use among Older Adults with Rheumatologic Conditions in Alberta

Cheryl Sadowski¹, Sammy Lowe¹, Allyson Jones¹, Tarek Turk¹, Shelby Yamamoto¹, Kali Gregg², Linda Kolewaski¹, Joanne Olson¹, Pauline Paul¹, Elaine Yacyshyn¹

¹University of Alberta, Edmonton, Canada. ²Saskatchewan Polytechnic, Regina, Canada

Abstract / Résumé

Objectives: This study explores the health and cannabis use profiles of older adults (65+) seeking care for rheumatologic conditions.

Methods: Adults were contacted through Alberta Health Services if they had a diagnostic code for rheumatologic conditions and a billing code for health system use in the past year. Participants completed an online survey capturing sociodemographic, lifetime cannabis use, and health factors. Patterns of cannabis use across these factors were assessed using descriptive statistics. Bivariate analyses were run to compare pain and wellbeing among use groups.

Results: Our sample of 1,928 older adults (mean age=73.6 years, SD=6.4) was largely was largely white (n=1,812, 94.0%), female (n=1,029, 53.4%), and consisted of 384 (19.9%) current users, 508 (26.4%) past users, and 1,036 (53.7%) never-users of cannabis. The most common rheumatologic conditions reported were osteoarthritis (n=1,244, 64.5%) and rheumatoid arthritis (n=339, 17.6%). 510 (26.5%) and 1,627 (84.4%) of respondents experienced mental and physical comorbidities, respectively. When comparing health profiles, the proportions of respondents with high pain scores (56.5% vs. 41.9%, p<0.001) and low wellbeing scores (57.1% vs. 46.3%, p>0.001) were significantly higher for cannabis users (current and past) compared to never-users. A higher proportion of current-users used cannabis to address rheumatological pain compared to past users (66.9% vs. 38.0%, p<0.001).

Conclusion: Older rheumatology patients experiencing high pain and poor wellbeing might be more likely to use cannabis, with pain being a common reason for current use. Further work is needed to determine if cannabis use relates to changes in pain and wellbeing over time.
Employee experience supporting family communication in long-term care during the COVID-19 pandemic

Mackenna Hamilton¹, Yash Tendulkar¹, Ivy Myge¹, Katherine Ottley¹, Thomas Qiao¹, Rebeca Pereira¹, Paulette Hunter²
¹University of Saskatchewan, Saskatoon, Canada. ²St. Thomas More College, University of Saskatchewan, Saskatoon, Canada

Abstract / Résumé

BACKGROUND: The COVID-19 pandemic posed many unique challenges for long-term care (LTC) homes and their employees, including the challenge of implementing social contact restrictions while maintaining resident and family communication. The objective of this study was to explore LTC staff members’ experiences supporting virtual visitation between residents and family members during the COVID-19 pandemic, with a focus on how employees adjusted their practice to support the visits, what challenges arose, how they viewed available supports, and how the staff members evaluated the practice of virtual visits.

METHODS: A total of nine LTC staff with experience supporting or coordinating videoconference visits were interviewed about their experiences implementing or supporting virtual visits during the first year of the pandemic. Interviewees ranged in age from 33 to 53, and included recreation workers, nurses, and care directors. Interviews were conducted over WebEx or telephone. Interview data was analyzed using reflexive thematic analysis.

RESULTS: An overarching theme of holding it together: working with the imperfect to support resident and family communication encompassed four key themes of: accepting distanced communication as a new normal, tolerating the discomfort of new roles, the need to rely on each other in difficult circumstances, and a disconnect between policy and on-the-ground experience.

CONCLUSIONS: The COVID-19 pandemic introduced new challenges to LTC that changed how staff provided care to residents and families. The staff experience described in this study may be valuable to ongoing planning for future outbreaks, epidemics, and pandemics in LTC, especially when considered alongside resident and family experiences.
Construct validity of the Life-Space Assessment in the Canadian Longitudinal Study on Aging (CLSA)

Selina Malouka, Julie Richardson, Marla Beauchamp, Bruce Newbold, Ayse Kuspinar
McMaster University, Hamilton, Canada

Abstract / Résumé

Aim: The Life-Space Assessment (LSA) is a measure that captures community mobility; however, it has not been validated among community-dwelling adults in Canada. The current study assesses the construct validity (convergent and known-groups) of the LSA in community-dwelling adults using data from the Canadian Longitudinal Study on Aging (CLSA).

Methods: Baseline data for participants from the CLSA were assessed (n=23,906). For convergent validity, the LSA was compared against the Physical Activity Scale for the Elderly (PASE), single leg stance (SLS), the 4-Meter Walk Test (4MWT), the OARS Multidimensional Assessment scale, Timed-up and Go (TUG), and chair rise test. For known-groups validity, the LSA was assessed for its discriminative ability of comorbidities and falls. Spearman’s correlation coefficients were calculated for convergent validity, hypothesizing r≥0.5 with self-report measures and r=0.3-0.5 with performance-based measures. For known-groups, Kruskal Wallis tests were employed, hypothesizing p<0.05 between groups.

Results: On average, the sample was 63.1 y.o. (50.8% women) and scored 85.6 out of 120 (± 18.0) on the LSA. For convergent validity, the LSA correlated with the PASE at r=0.24, the SLS at r=0.22, the 4MWT at r=0.16, the OARS at r=-0.15, the TUG at r=-0.15, the chair rise at r=-0.09. For known-groups, the LSA identified those who had comorbidities [x2(1)=202.5, p <0.001] and falls [x2(1) =30.1, p<0.001].

Conclusions: The LSA did not meet hypotheses for convergent validity but met that for known-groups. Low associations for convergent validity could be due to the differences in constructs measured by the LSA and comparator measures.
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Patient partners in a rapid scoping review of long-term care initiatives: An evaluation of partner engagement

Marilyn Macdonald¹, Lori Weeks¹, Erin Langman¹, Julie Caruso¹, Andrea C. Tricco²,³, Ba' Pham², Sharon Straus², Sujata Mishra², Wanrudee Isaranuwatchai³,⁴, Gordon V. Cormack⁵, Maura R. Grossman⁵, Alexa Yakubovich¹, Arezoo Mojtabafan¹, Melissa Ignaczak¹, Caron Leid⁶, Jennifer Watt², Susan Stevens⁷, Tayaba Khan⁸, Janet Curran¹, Elaine Moody¹
¹Dalhousie University, Halifax, Canada. ²University of Toronto, Toronto, Canada. ³Strategy for Patient-Oriented Research (SPOR) Evidence Alliance, Toronto, Canada. ⁴Unity Health Toronto, Toronto, Canada. ⁵University of Waterloo, Waterloo, Canada. ⁶Public Partner, Brampton, Canada. ⁷Nova Scotia Health, Halifax, Canada. ⁸Public Partner, Calgary, Canada

Abstract / Résumé

Globally, one in 10 persons is ≥65 years of age and this is projected to reach one in six by 2050. Due to rapidly ageing populations, a greater prevalence of chronic health conditions such as dementia, gains in life expectancy, varying family dynamics and living arrangements, the demand for long-term care (LTC) services continues to increase. The WHO contracted this team to complete a rapid scoping review of LTC initiatives worldwide related to quality, coverage, financial protection, and financial sustainability for older persons. Two patient partners joined the team for the conduct of the review. Patient partners participated in team meetings and in meetings with the project leads. They reviewed and provided feedback on drafts of the project report, the subsequent manuscript and on this abstract. The Canadian Institutes of Health Research Strategy for Patient-Oriented Research – Patient Engagement Framework was used to inform the engagement of patient partners. To meet the project timeline and to address the volume of abstracts, the review was guided by JBI methods. The Continuous Active Learning Tool® was used to order titles and abstracts from the most to least relevant. Titles and abstracts underwent an interrater exercise followed by single review. Dual full text and data extraction were executed. The Public and Patient Engagement Evaluation Tool (PPEET) module B was employed. This module was used upon completion of the project to understand what worked and how to improve.

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Intergenerational mentorship for international students: Which benefits for older adults?

Emmanuel Duplàa, Béatrice Crettenand Pecorini, Michaela Adams, Elizabeth Kristjansson
LIFE, University of Ottawa, Ottawa, Canada

Abstract / Résumé

E. Duplàa, B Crettenand Pecorini, M. Adams, E. Kristjansson

Intergenerational activities are in full development in several contexts: housing, daycare in residences, etc. These activities offer many benefits to older adults, such as breaking isolation or feeling effective in society (Park, 2014). More specifically, intergenerational mentoring is increasingly used in business, to compensate for the exit of baby boomers from the market while training new recruits with less experience (Houck, 2011). Mentoring can offer real benefits for the mentees, however, benefits for mentors are less well studied. Based on the intergenerational tutoring model (Topping, 2019), we have developed this type of mentoring with older adults and international students to promote their professional integration, remotely, during the covid 19 crisis. We organized 9 mentor-mentee pairs. We held a short training session with the mentors, and then asked them to meet, remotely or face-to-face, during a 4-month session. Finally, we organized semi-structured interviews semi-structured with 10 voluntary participants, 5 mentors and 5 mentees. Our results show the challenges posed by the implementation of such a project: recruitment of mentors, cultural distance in the communications of the pairs, border of the expected support, etc. Our results also show that if the students have a significant benefit in terms of professional and cultural integration, the older adults benefit from the project in several dimensions: breaking their isolation, regaining confidence in their ability to have an impact on the world and trust in new generations. Finally, we discuss the perspective for this type of mentoring in academic institution.
Qualitative analysis of the strategies used by the scammer to initiate and maintain the relationship.

Audrey Potz¹, Sandrine Lavertu¹, Claudia Marchand¹, Frédérique Campbell¹, Julie Carpentier¹,², Charles Viau-Quesnel¹,³,⁴
¹Université du Québec à trois-Rivières, Trois-Rivières, Canada. ²Centre international de criminologie comparée, Trois-Rivières, Canada. ³Réseau Québécois de Recherche sur le Vieillissement, Trois-Rivières, Canada. ⁴Laboratoire interdisciplinaire de recherche en gérontologie, Trois-Rivières, Canada

Abstract / Résumé

Romance fraud happens when a scammer expresses a false sense of attachment to the victim to obtain money or services (Buchanan & Whitty, 2014). Older adults are the most frequent victims of online fraud and those who experience the highest monetary losses (BBB, 2019). Scammers use a variety of techniques to financially gain from their victims, but more knowledge is needed to understand how scammers maintain the fraud over time, as longer frauds tend to have greater financial and psychological impacts. The purpose of this study is to explore, from the perspective of the victim, the strategies used by scammers to initiate and maintain the fraudulent relationship. A qualitative analysis was conducted on the interviews of 16 Canadian participants (4 men) who had experienced romance fraud. Participants ranged from 40 to 75 years old (M=61, SD=9.19). Scammers generally begin the fraudulent relationship by showing credibility, for example by alleging personal wealth. The scammer nurtures a feeling of love or connection with the victim to manipulate her. This is done by identifying victims needs, vulnerabilities and expectations. As the fraud progresses, he also uses the victim's fear of reprisal, for example by sextortion, and tries to isolate the victim by keeping the relationship secret. The psychological abuse by scammers has a psychological impact (e.g. strong sense of shame, self-blame and mourning). Results highlight the importance of understanding the level of sophistication of the scammer's strategies to avoid secondary victimization and ageism (e.g., doubting cognitive competence) when intervening with victims. The expectations that social worker have of victims can limit empathic interventions that meet the real needs of victims (e.g. rebuilding trust).
LGBT2SQ Seniors in Long-term Care Homes: Identifying the Need for Policy and Current Limitations

Peter Brink
Lakehead University, Thunder Bay, Canada

Abstract / Résumé

Much of the research examining sexuality in long-term care focus on individual experiences, specifically their past, present, and future lived experiences. We know little about long-term care home policies, how they relate to the LGBT community, or how accommodating long-term care homes are to the LGBT+ community. In many ways, residents who identify as LGBT+ have been invisible in long-term care homes. Up until the not-to-distant past, homosexuality was illegal, and discrimination was acceptable. Canada’s LGBT population has also suffered because of the HIV/AIDS epidemic. For these and other reasons, members of the LGBT community might resist entering long-term care or attempt to keep their sexuality secret. The goal of any long-term care home is to be a welcoming place, to display signs of inclusion, and to help residents and staff feel that they are embraced. From the perspective of the long-term care home, it is possible that many of these facilities do not necessarily see the need to mention gender identity or sexual orientation in their welcoming materials. However, from the perspective of the invisible minority, it may be important that these homes be more than just welcoming. This study examined the role of institutional policies in long-term care for residents who identify as LGBT.
YourCare+: A social prescribing platform for caregivers and older adults

Andrew Costa¹,²,³, Connie Schumacher⁴, Sophie Hogeveen², Sydney Jones¹, Lindsay Klea²
¹McMaster University, Hamilton, Canada. ²St. Joseph’s Health System Centre for Integrated Care (CIC), Hamilton, Canada. ³InterRAI Canada, Hamilton, Canada. ⁴Brock University, St. Catherines, Canada

Abstract / Résumé

Objectives: YourCare+ is a Health Canada funded platform for caregivers and older adults living with chronic disease. The objectives are 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 and tools related to home care, chronic disease, caregiver wellness, and communication with health professionals. Products are co-created with caregivers, older adults, and health professionals, including primary care physicians, care coordinators, personal support workers, and rapid response nurses. YourCare+ developed an online version of the interRAI Check-Up (CU) Assessment – Self-Reported Version available for individuals, or caregivers on their behalf, to identify care needs. Virtual access reduces the need for health professionals to conduct assessments in-person or over the phone, shifting resources to more vulnerable individuals. The results identify potential health areas at risk, recommended resources, and a physician directed health summary.

Results: Since spring 2021, YourCare+ has had 34,000 users. An AMS Healthcare research study is evaluating if YourCare+ information is effective, understandable, and communicated in a caring manner. Other collaborations include St. Joseph’s Integrated Comprehensive Care (ICC) program, Waterloo-Wellington Older Adult Strategy, and the Ontario Caregiver Organization. YourCare+ materials are used in the Canadian Remote Access for Dementia Learning Experiences+ (CRADLE+) online course.

Conclusions: Virtually accessible resources are increasingly valuable for self-managing care to safely age in place. Adapting assessments previously administered by clinicians into validated self-report versions will allow caregivers and older adults to self-assess care needs.
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Building the Evidence for Carer-Inclusive Workplaces: A Community-Engaged Partnership for Societal Care Reform

Allison Williams\textsuperscript{1}, Bharati Sethi\textsuperscript{2}
\textsuperscript{1}McMaster University, Hamilton, Canada. \textsuperscript{2}Trent University, Peterborough, Canada

Abstract / Résumé

Objective: The goal of the community-engaged partnership program (2017-2025) is to build evidence for Carer-Inclusive Workplaces (CFWPs) in Canada and internationally (https://ghw.mcmaster.ca/projects/healthy-productive-work-partnership-grant/). Made up of 17 research projects, the primary goal of the partnership program is to scale up CFWPs, as informed by the creation of a bilingual and gender-sensitive Canadian Caregiver-Friendly Workplace (CFW) Standard (https://www.csagroup.org/article/b701-17/) to accommodate Carer-Employees (CEs) whilst also sustaining efficiencies in the workplace. This presentation highlights Project 5 to feature the importance of (a) community-based participatory research in reaching racially and culturally diverse populations, and; (b) strategic dissemination for social change.

Method: The partnership program continues to regularly engage a National Advisory Committee of community partners representing academia, government, non-profit, private business, and labour to scale up CFWPs. As informed by McLeroy et al. (American Journal of Public Health, 2003, 93(4), 529-533), each of the intervention projects recognizes community in one or more ways: 1. Setting, 2. Target, 3. Agent, and/or 4. Resource, highlighting the various ways the program has engaged with community.

Results: The findings illustrate that the accrued evidence for the social and economic impacts of CFWPs is community specific, reflecting the context-specific nature of building reform in social care. Those specific to Project 5 - which characterizes community as both 1. Setting, and 2. Target - will be discussed in more detail.

Conclusions: Over the multi-year community-engaged partnership program we have learned that successfully generating and disseminating research evidence that drives social change is context-specific and requires authentic community partnerships.
Engaging in integrated health and social care for older adults within a Canadian context

Siu Mee Cheng¹,², Christina Bisanz³, Whelton John⁴
¹Toronto Metropolitan University, Toronto, Canada. ²Street Haven, Toronto, Canada. ³CHATS, Toronto, Canada. ⁴Leading Edge Group, Toronto, Canada

Abstract / Résumé

Background: Canada’s society is ageing and the health and social care needs for older adults have become increasingly complex including chronic multiple diseases, income insecurity, housing insecurity and social isolation, to name a few. Literature and global experiences have demonstrated that health and social services integration can be leveraged towards providing enhanced care for older adults with a strong person-centered approach. It can contribute towards more comprehensive health and social care, lower avoidable acute care utilization, greater feelings of patient empowerment and higher levels of patient satisfaction. Despite the body of knowledge that exists, it is an emerging and evolving phenomenon in Canada. Purpose and objectives: An overview of a conceptual framework based on research of successful Canadian integrated initiatives will be provided. It will guide policymaking, planning and programming towards successful services collaboration using a social determinants of health lens. Key integration factors that contribute to services partnerships and lessons learned from Canadian case studies will be shared. Quality improvement techniques to implement the integration factors will be detailed. Attendees will acquire an understanding of integrated health and social care, learn quality improvement techniques to support integrated care, and gain exposure to successful integrated Canadian programs for older adults. Format: This highly interactive workshop will comprise of lectures, Canadian case studies of integrated programs for older adults including CHATS’ Hospital-to-Home transition in care programs, and group-based exercises that will involve analyzing case studies and applying the conceptual framework and quality improvement techniques to real-world older adult care situations.
Roles of service quality and complaints commissioners in the development and implementation of institutional policies to address mistreatment

Mélanie Couture¹,², Sarita Israel²,³, Julien Gauthier-Mongeon²,³, Anne-Sophie Dubé²,³
¹Research Chair on Mistreatment of Older Adults, Université de Sherbrooke, Sherbrooke, Canada.
²Centre for Research and Expertise in Social Gerontology, Côte Saint-Luc, Canada. ³CIUSSS West-Central Montreal, Côte Saint-Luc, Canada

Abstract / Résumé

In 2017, the province of Quebec (Canada) passed the Act to combat maltreatment of seniors and other persons of full age in vulnerable situations which required that both public health and social service institutions and private long-term care facilities adopt institutional policies to counter mistreatment. This Act also stipulates that service quality and complaints commissioners are responsible for handling complaints from users of public and private institutions, but also mandatory reporting for professionals. The present study aims to describe the roles of local service quality and complaints commissioners in the development and implementation of these institutional policies. Thirty-six local service quality and complaints commissioners and individuals responsible for implementing the policies participated in individual semi-structured interviews. Thematic analysis of the qualitative data was performed using the approach of Miles, Huberman and Saldana (2014). The results showed that the commissioners were often directly involved in the drafting of the institutional policy and proof reading as the other actors recognized their expertise regarding mandatory reporting. Their role was to provide concrete examples to help people understand the various elements of the policy, but also to ensure that their roles in the management of mistreatment situations was well understood. To support the implementation of the policies, several commissioners conducted training within their institution to raise awareness regarding mistreatment in general and of the new policy. Overall, the commissioners are seen as resource persons within the institution for the development and implementation of institutional policies.
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Engaging with communities to gather data on the needs of, and available resources for, community-living older adults to live in place

Grace Warner, Tanya Packer, Elaine Moody, Brianna Wolfe, Bryah Boutilier
Dalhousie University, Halifax, Canada

Abstract / Résumé

Objectives: The objective of this multi-phase, proof of concept project is to engage with municipal, community, and provincial partners to pilot and evaluate the feasibility of implementing an innovative approach to gathering community-level data. Data on the needs of community-living older adults (aged 65 and over) and locally available resources that match these needs are being gathered to support social prescribing efforts and build age-friendly communities in Nova Scotia. Methods: This mixed methods project is evaluating the feasibility of implementing the Age Care Technologies® (ACTTM) to house resources, match them to individual needs, and provide sufficient data to generate community profiles. Document reviews, focus groups, interviews, and surveys with multi-level partners are informing sustainability and future project scale up. Results: Three rural municipalities were chosen using a competitive expression of interest process, community coordinators were onboarded, local assessors trained, and a resource database established. Key feasibility issues have been stability of local internet, participant recruitment, partners’ commitment, ongoing tailored training, database updating, and identifying local resources. Conclusions: There are challenges to gathering community-level data and sustaining community databases. There is, however, a passion for gathering information that can inform and support proactive programs, services, and policies to keep community-living older adults living and aging well in place in their local communities.
Reconsidering Race Differences in Positive Aspects of Dementia Caregiving: An Application of Item Response Theory

Sheung-Tak Cheng
The Education University of Hong Kong, Tai Po, Hong Kong

Abstract / Résumé

Objective: Some studies suggest that Blacks find caregiving less problematic and report more positive aspects of caregiving (PAC) than Whites. This study examines whether such a race difference in PAC is due to bias in reporting and whether the race difference remains after removing bias.

Method: The baseline data of the Resources for Enhancing Alzheimer’s Caregiver Health (REACH) I trial (295 Blacks, 691 Whites) were used. Item response theory was applied to analyze differential item functioning (DIF) in caregivers’ responses to the 11-item Positive Aspects of Caregiving Scale. The Scale’s data were specified using the multiple-indicators multiple-causes model, with reporting bias estimated after controlling for actual overall PAC level (i.e., latent true scores).

Results: Results showed that 5 of the 11 items (feeling useful, feeling good, developing more positive attitudes, appreciating life more, and learning new skills) had DIF, with the overall effect favoring Blacks (i.e., reporting higher scores on these items at the same PAC level). Moreover, such biases were unrelated to relationship differences between African Americans and Whites (with the latter having more spousal caregivers). Further analysis showed that race-based heterogeneity of variance, an important assumption in analyzing between-group differences and an issue with the Positive Aspects of Caregiving Scale, no longer existed after removing the five DIF items. Still, Black caregivers reported higher PAC than their White counterparts.

Conclusions: African Americans reported higher PAC than Whites, but their differences were accentuated by the DIF items as a whole. Questions about how to optimally measure PAC are raised.
Dealing with problematic asymmetries in caregiving relationships: a role for social robots?

Noah Zijie Qu¹, Kailyn Henderson¹, Jamy Li², Mark Chignell¹
¹University of Toronto, Toronto, Canada. ²Toronto Metropolitan University, Toronto, Canada

Abstract / Résumé

Objectives. How can a third party (person or social robot) mitigate the negative aspects of the asymmetrical dyadic relationships associated with caregiving of the elderly? In this paper we focus on dyadic informal care relationships and on the role of third parties (human or robotic) in addressing problems that arise in those relationships. We will provide guidance for the design of social robotic interventions for care dyads, and we will base our recommendations on a brief review of research.

Methods. We start by examining the social-psychological structure of the relationship between givers and recipients of eldercare. We then identify problems that frequently occur and review interventions that have been used or proposed for dealing with those problems. Finally, we synthesize the results of our review in terms of recommendations for how and when social robots might be used as interventions in this context.

Results. The review identified four roles of robots (mediator of conflict, decision maker, shared companion, social-relationship distancer) for dyad/group interaction that can potentially address an asymmetric informal care relationship. These four roles may aid robot designers to better model or understand actions that a robot may take that have potential benefit to caregivers and recipients.

Conclusions. Designing robots with decision making authority or relational capabilities that can be accepted by both caregivers and older adults requires consideration of social implications, perceptions and ethics and is therefore a direction that requires additional research and deliberation in the field of HRI.
Age differences in the effectiveness of positive versus negative framing of health messages concerning the therapeutic use of psychedelics.

Ashley Larsen-Stewart, Greg Wells, Reiko Yeap
Red Deer Polytech, Red Deer, Canada

Abstract

Research indicates that how public health messages are framed can have substantial cognitive and emotional impacts on recipients, influencing their health decisions. Framing, particularly the degree to which messaging is positive (gain-focused) or negative (loss-focused), is thus an important consideration in the design of effective messaging. Some, though not all, research suggests that the relative efficacy of positive versus negative framing is potentially influenced by age-related changes in positivity bias and socioemotional selectivity (Löckenhoff & Carstensen, 2007). The goal of the present study was to explore potential differences between younger and older adults in the relative impact of positively versus negatively framed messages about the potential therapeutic utility of psychedelic drugs in enhancing well-being, reducing mental anguish and effecting positive lifestyle changes, taking into account the potential moderating role of pre-existing attitudes. Following random assignment to online questionnaires first assessing pre-existing attitudes toward psychedelics, and then presenting either positively or negatively framed messaging concerning the therapeutic use of psychedelics, participants completed assessments of their reactions and hypothetical intentions. Results will be discussed in the context of age sensitive best practices and implications for social policy.
Participant Advice on Walking-Jogging-Running Intervention Program

Fairouz Gaballa, Jessica Strong
University of Prince Edward Island, Charlottetown, Canada

Abstract / Résumé

Studies have found that physical activity, such as walking/running/jogging may improve cognitive function and brain structure in individuals with MCI or dementia. These activities are accessible, low cost, and can be modified to suit individual needs, making them an ideal form of exercise for this population compared to other physical exercise programs. Additionally, they can reduce social isolation, which can be beneficial for individuals with MCI or dementia. We invited older adults from the community across levels of cognitive functioning (healthy and MCI) to participate in group meetings or to complete an online form. The first group meeting focused on discussing general physical activity and what older adults might be willing to do as part of an exercise program. They also answered questions about barriers and incentives to participation. Qualitative review of responses identified time as a barrier, and injury. Incentives included access to a personal trainer, opportunity for social interaction, and refreshments. There was variability in “dose” of program (e.g., amount of time per day, days per week, overall length), ranging from daily for a month, to twice weekly for several months. The second group is planned for summer 2023, with the intention of asking about program outcomes, and how to measure those outcomes. Findings will be analyzed using thematic content analysis to help inform the development of a running/walking/jogging program for older adults.
Mentally Healthy Living after Social Distancing in Later Life: A National Snapshot

Gail Low¹, Alex Franca², Gloria Gutman³, Zhiwei Gao⁴, Donna Wilson¹, Luciano Magalhaes Vitorino⁵, Sofia von Humboldt⁶, Hunaina Allana¹
¹University of Alberta, Edmonton, Canada. ²Federal University of San Carlos, San Carlos, Brazil. ³Simon Fraser University, Vancouver, Canada. ⁴Memorial University of Newfoundland, St. John's, Canada. ⁵Faculdade de Medicine de Itajuba, Grupo Afya, Itajuba, Minas Gerais, Brazil. ⁶William James Center for Research:ISPA -Instituto Universitario, Lisbon, Portugal

Abstract / Résumé

Objectives: RTOERO Foundation funding helped us launch a wellness-oriented study two years into COVID-19, as public health restrictions were lifting. We wanted to learn about older Canadians’ anxiety levels and mentally healthy living strategies for managing this. Older Canadians were thought to be especially at risk for the physical harms of COVID-19. Their return to a world without social distancing could be especially anxiety provoking.

Methods: A national e-survey was launched in June and throughout August of 2022. Data were obtained from 1,327 community-dwelling older persons, stratified by age, sex, and education to approximate the Canadian population. A short lay-friendly anxiety and a mentally healthy coping strategies checklist were adopted to minimize responder burden and to maximize participation.

Results: A multivariate regression analysis (F = 18.84, df = 24, p < .001) explained 26.8% of the variance in age-related anxiety. All such scores were statistically significantly associated with responders’ age and perceived health, and nine coping strategies with limited beneficial and detrimental effects. A post-hoc Network Analysis linked three core coping strategy bridges with a troubling trio of: feeling restless, keyed up or on edge; feeling no control over one’s life; and muscle tension.

Conclusions: Older Canadians managed age-related anxiety as social distancing lifted using a wide variety of coping strategies. There are lessons to be learned from them for future pandemics and other times of crisis. We are disseminating their shared wisdom in a novel “cookbook” format.

For the most recent version, please see the complete online program. Pour la version la plus récente, veuillez consulter le programme complet en ligne.
After Social Distancing Advice from Older Canadians for Older Canadians

Gail Low¹, Sofia von Humboldt², Donna Wilson¹, Gloria Gutman³, Zhiwei Gao⁴, Alex Franca⁵, Luciano Magalhaes Vitorino⁶, Hunaina Allana¹
¹University of Alberta, Edmonton, Canada. ²William James Center for Research: ISPA - Instituto Universitario, Lisbon, Portugal. ³Simon Fraser University, Vancouver, Canada. ⁴Memorial University of Newfoundland, St. John’s, Canada. ⁵Federal University of Sao Carlos, Sao Carlos, Brazil. ⁶Faculdade de Medicina de Itajuba, Grupo-Afya, Itajuba, Minas Gerais, Brazil

Abstract / Résumé

Objective: Social isolation during the COVID-19 pandemic had a serious impact on older adults’ mental health and well-being. In this study we explored older Canadians’ suggestions to lessen social isolation.

Methods: The study, funded by the RTOERO foundation, took place between June and August of 2022. We asked: With COVID-19 public health measures lifting, based on your own experience, what would you suggest other older Canadians do to reduce social isolation? This open-ended question was posed in a larger online survey about mentally healthy living strategies and age-related anxiety. The studied sample was 60 years of age and older, and stratified by age, sex, and education to approximate the Canadian population. Data were content analyzed, and the conceptual structure was visualized using NVivo 1.7.

Results: Thirteen mutually exclusive categories or suggestions shared by 1,212 (91.4%) older Canadians largely concerned how to ‘Stay Engaged’ whereby one could, for example, stay connected with near and dear ones (friends and family) and how to ‘Stay Positive’ by making conscious choices to learn new skills and by getting ready through being hopeful. Other suggestions included ‘Stay Protected’ through public health/government measures; and ‘Voiced Out Challenges’ or personal feelings/experiences.

Conclusions: Good health promotion information is borne out of sound evidence and comes from those who have walked a mile in older Canadians’ shoes. Older Canadians suggestions should be considered for future interventions, policy and programs to address everyday social isolation and future pandemics.
P223

Speech language deterioration in early to moderate stage Alzheimer's disease

Telimoye Mac-Ikpulu, Jessica Strong
University of Prince Edward Island, Charlottetown, Canada

Abstract / Résumé

Understanding dementia, and its subtypes like Primary progressive aphasia (PPA) depends on the ability to distinguish between the symptoms that are particular to each subtype. Research has found some overlap in the symptoms of all three types of PPA: semantic variant, logopenic variant and nonfluent agrammatic variant, thus preventing proper diagnosis of aphasia, and limiting the impact of speech therapy and other speech language interventions. In order to address this overlap, we used Progressive Aphasia Severity Scale (PASS), comparing the different categories of speech language, and other communicative skills on individuals with mild to moderate dementia. Participants with a cognitive screen score between 10 and 27 were tested on the different language domains, including articulation, single word comprehension, reading, writing, turn taking during conversation, among others. Performance in these domains was tracked 3–4-months after baseline testing. Informants (family members close with the participant) also completed a questionnaire that contains questions regarding the speech language abilities of the participant with dementia. The questionnaire is meant to provide an objective account of the level at of the participant’s communicative skills. Based on a comparative analysis of each participant’s performance on the different language categories, we hope to find which specific language domains in particular deteriorate and which domains may maintain functioning longer as dementia progresses. We hope the results of this study inform future interventions for speech pathologists.
P224

Potentially Morally Injurious Events in Long-term Care Providers during COVID-19

Kim Ritchie¹, Mauda Karram², Andrea D'Alessandro², Kate Dupuis³, Jane Kruper⁴, Margaret McKinnon⁵
¹Trent University, Peterborough, Canada. ²McMaster University, Hamilton, Canada. ³Sheridan College, Hamilton, Canada. ⁴University of Waterloo, Waterloo, Canada. ⁵McMaster, Hamilton, Canada

Abstract / Résumé

Healthcare providers (HCPs) working in long-term care (LTC) homes faced unique circumstances during the pandemic as they were challenged with sparse resources, staffing shortages, and high infection and mortality rates among residents. Previous studies have demonstrated that HCPs are at increased risk of moral injury due to their exposure to potentially morally injurious events (PMIEs) during the pandemic. Currently there is limited knowledge about PMIEs experienced by HCPs working in LTC during the pandemic.

The purpose of this study was to identify the types of PMIEs described by HCP working in LTC during the COVID-19 pandemic and the associated psychological and functional outcomes.

HCP from across Canada participated in a virtual semi-structured interview from February 2021 to September 2022. Participants were asked to describe events during the COVID-19 pandemic that transgressed their morals, and the impact of these events on aspects of their mental health and functioning. Qualitative data will be coded using MAXQDA software and analyzed through an inductive thematic approach.

A total of 14 HCP who worked in LTC during the pandemic participated in this study, including nurses, personal support workers, and recreational therapists. Thematic analysis is currently underway, and results will be available for the presentation.

Organizations must be aware of the types of occupational situations which put HCP at risk of MI to prevent or mitigate exposure to these situations. Understanding the effects of MI in HCPs who worked in LTC settings during the pandemic is critical to effectively respond with necessary supports and resources.
P225

An Examination of the Well-Being Paradox Among Older Adults Living with Chronic Pain

Amara Kohlert¹, Taylor Hill², Natasha Gallant¹,³
¹University of Regina, Regina, Canada. ²Dalhousie University, Halifax, Canada. ³Centre on Aging and Health, Regina, Canada

Abstract / Résumé

Older adulthood (i.e., 60 years of age and older) is associated with a worsening in happiness-contributing factors, such as one’s physical health. For example, older adults experience elevated rates of chronic pain (i.e., persists for more than three months). Despite the decrease in happiness-contributing factors, older adults experience higher levels of subjective well-being (i.e., eudaimonia) compared to their younger counterparts. This phenomenon is known as the well-being paradox. While the paradox has been well established, little is known about the role of chronic pain in relation to the experience of the paradox. This study is, therefore, aimed at investigating the influence of chronic pain and its associated characteristics on the well-being paradox. Findings were derived from 132 participants from Canada ranging from 60 to 90 years of age living with chronic pain. Results were obtained from a set of self-report questionnaires analyzed using a series of multiple linear regressions. Analyses revealed that current age, magnification, and psychological inflexibility significantly predicted overall eudaimonic well-being. Further, three subcomponents of eudaimonic well-being were analyzed (i.e., self-acceptance, autonomy, environmental mastery). Current age, developmental age, physical functioning, helplessness, and psychological inflexibility significantly predicted participants’ self-acceptance. Current age, magnification, and psychological inflexibility significantly predicted autonomy levels. Finally, current age, developmental age, physical functioning, helplessness, and avoidance of pain significantly predicted participants’ environmental mastery. Aside from adding novel contributions to literature concerning the well-being paradox, findings from this study could influence training for mental health professionals and result in improved chronic pain treatments for aging populations.
Control Beliefs as Individual-Differences Predictors of Cognitive Impairment: Examining Patterns of Change and Systematic Time-Varying Associations with Cognitive Function

Emily Sundby, Nicholas Tamburri, Cynthia McDowell, Stuart MacDonald
University of Victoria, Victoria, Canada

Abstract / Résumé

Control beliefs (CB)—individuals’ self-perceived competency and agency—are associated with myriad health outcomes for older adults at cross-section; comparatively, longitudinal investigations of CB are few. This study 1) parameterized change in CB across both short- (i.e., biweekly) and long-term (i.e., annual) timescales, 2) explored whether within-person change in CB was associated with downstream cognitive status, and 3) investigated within-person time-varying associations between CB and cognitive function. Participants from Project MIND (N=304; aged 64-92 years), a longitudinal measurement burst study, were assessed across 4-5 biweekly sessions repeated annually. Cognitive impairment no dementia (CIND) status was classified at the final burst (Year 4) and at Year 8. Response time inconsistencies (RTI) were computed to index intraindividual variability across RT trials of a choice reaction time (CRT) task. Three-level multilevel models simultaneously estimated rates of change in CB across both sessions and years, with person-level slopes being utilized as predictors of CIND status at years 4 and 8. Further, time-varying covariation models investigated the systematic within-person associations between CB and CRT RTI across sessions and years. Results indicated that CB are more labile across years than sessions. Further, annual person-level declines in the present ability CB subscale were associated with increased likelihood of cognitive impairment. Finally, all CB subscales significantly covaried with CRT RTI at the level of years but not sessions. This intensive repeated-measures design highlights unique associations between CB and cognitive function and identifies the potential utility of CB as an individual-differences predictor of cognitive status.
The Geriatric Suicide Ideation Scale: A systematic review and psychometric meta-analysis

Matthew Vandermeer¹, Genevieve Bianchini², Marnin Heisel², Rebecca Hocke³, Yevin Cha¹, Michelle Yeschin², Salman Ali²
¹McMaster University, Hamilton, Canada. ²Western University, London, Canada. ³Lawson Health Research Institute, London, Canada

Abstract / Résumé

Background: The Geriatric Suicide Ideation Scale (GSIS; Heisel & Flett, 2006) is a multi-dimensional measure of suicide ideation and related factors developed for use with older adults. Since its introduction in the literature over 20 years ago (Heisel, Flett, & Besser, 2002), the GSIS has become one of the most widely-cited measures of suicide ideation used with older adults.

Objectives: To review the literature on the psychometric properties and general use of the GSIS with older adults.

Method: A search was conducted of the peer-reviewed medical and psychological literature on the terms: “geriatric suicide ideation scale” OR “geriatric suicidal ideation scale.”

Results: Of the 669 studies identified, 180 were retained for further analyses as they made direct reference to the GSIS in text. Sixty studies reported statistics for the GSIS (e.g., mean scores, psychometric values, etc.), as derived from 68 independent samples (N= 8,315 participants overall). Preliminary results from studies that reported internal consistency found excellent mean weighted reliability for the GSIS (α = .92, 95% CI [.91, .93], k = 29) and its four subscales (α = .82 – .87, k = 19 – 24), yet significant heterogeneity (Q = 36.02 – 449.81, p < .001).

Conclusions: Findings support strong reliability for the GSIS, and suggest value in investigating potential moderators of its internal consistency. These and other findings will be discussed, along with findings on the construct validity and general use of the GSIS with older adults.
Meaning-Centered Groups: An upstream approach to enhancing psychological resiliency among older adults

Marnin Heisel1, Danielle Sinden2, Lindsay Cecile1, Rebecca Hocke3, Michelle Yeschin1, Genevieve Bianchini1, Jason Chung1, Paige Vowels1, Salman Ali1, David Conn4, Gordon Flett5, Paul Links6, Yevin Cha6, Sisira Sarma1, Saverio Stranges1, Simon Hatcher7, David Streiner6, Sylvie Lapierre8, Iris Gutmanis1, Silvia Canetto9, Nicholas Carleton10, Mustaq Khan1, Gerald McKinley1

1Western University, London, Canada. 2Perley Health, Ottawa, Canada. 3Lawson Health Research Institute, London, Canada. 4University of Toronto, Toronto, Canada. 5York University, Toronto, Canada. 6McMaster University, Hamilton, Canada. 7University of Ottawa, Ottawa, Canada. 8Universite du Quebec a Trois-Rivieres, Trois-Rivieres, Canada. 9Colorado State University, Fort Collins, USA. 10University of Regina, Regina, Canada

Abstract / Résumé

Older adults have high suicide rates, and the number of those who die by suicide is growing. Evidence-based approaches are needed for promoting psychological resiliency and reducing suicide risk.

This workshop will provide a theoretical background for Meaning-Centered groups designed to promote psychological resiliency and reduce suicide risk in potentially vulnerable populations. These groups were developed based on the tenets of Viktor Frankl’s existential psychotherapy, findings supporting meaning-centered interventions in reducing the wish to die, and positive associations between Meaning in Life and psychological well-being and negative associations with depression, hopelessness, and suicide ideation.

Meaning-Centered Men’s Groups (MCMG) are 12-session community-based groups designed to prevent the onset of depression and suicide risk among men facing retirement. Group members in our initial study reported camaraderie and social support, and experienced increased psychological well-being, and significant reduction in depression, hopelessness, and suicide ideation. With new project funding, we are adapting MCMG for: 1. Adults over the age of 60, who are residing in Retirement Homes or Community locations and are experiencing pandemic-related social isolation and/or psychological distress (Online Meaning-centered Groups or OMG); 2. Male military veterans and public safety personnel, 50 and older, experiencing a major career transition (including release/retirement; MCMG for Veterans and First-Responders).

This interactive workshop will focus on the impact of life transitions and challenges on one’s perception of meaning in life and mental health, share promising findings to date, and offer experiential exercises for those interested in delivering meaning-centered groups to help enhance psychological well-being in their communities.
Understanding Task Sequencing of in People with Dementia and Mild Cognitive Impairments (MCI) to Inform the Use of Mixed Reality Technology (MRT)

Arlene Astell¹,², Shital Desai³,⁴, Ava Favero¹, Eliora Wee¹
¹University of Toronto, Toronto, Canada. ²KITE Research Institute - UHN, Toronto, Canada. ³SaTS Lab - York University, Toronto, Canada. ⁴AMPD Lab - York University, Toronto, Canada

Abstract / Résumé

Introduction. Individuals with dementia or mild cognitive impairment (MCI) may require assistance in completing activities of daily living (ADLs) due to difficulty meeting cognitive demands of planning and ordering different steps of the activity (i.e., task sequencing). Mixed Reality Technologies (MRTs) carry potential to support task sequencing as they integrate virtual and physical environments and can be used to deliver prompts. For MRTs to successfully deliver necessary cues and prompts, a better understanding of how people with dementia carry out everyday tasks is required.

Objectives. The purpose of this study is to understand the differences between older adults with and without cognitive impairments as they complete everyday tasks. The types of differences that are anticipated include where they look for cues and prompts in their environments, and the types of repetitions or omissions that they make. This will inform MRT design, which can enhance task sequencing support for this population.

Methods. An observational mixed methods study was conducted using four data collection sources: eye-tracking technology, physiological sensor watch, videos, and paper-based observations of participants with and without MCI or dementia (n=30) completing 3 household tasks. Data will be integrated and analyzed in Noldus Observer XT using thematic and quantitative analyses.

Conclusions. This study anticipates complexities of task sequencing among people with and without MCI or dementia. Some of these may relate to cognitive functioning while others are anticipated to relate to individual variation, such as variation in gender, culture and task familiarity.
Perceptions of time among people living with dementia: A scoping review

Natasha Gallant¹, Kylie Ewing², Sarah Nakonechny¹
¹University of Regina, Regina, Canada. ²Cape Breton University, Cape Breton, Canada

Abstract / Résumé

Emerging evidence suggests that persons living with dementia experience memory loss along with distortions in time perception. To identify the nature and extent of this evidence, a scoping review using ScienceDirect, MEDLINE, PsycINFO, Web of Science, Embase, and CINAHL. This search identified 561 studies that were screened and assessed for eligibility. After deduplication (N = 94) and exclusion of articles following titles/abstract screening (N = 418) and full text reviewing (N = 39), a total of 10 articles were included in this scoping review. Eligible studies included a total of 747 individuals living with dementia (n=199), Alzheimer’s disease (n=190), or dementia with Lewy bodies (n=30). All except one study compared individuals living with dementia to a control group (e.g., individuals living with mild cognitive impairment, older adults, younger adults; n=328). Most studies found that individuals living with Alzheimer’s disease produced more errors in time estimation (N=3) and interval production (N=2) compared to control groups, while other studies found no such effects (N=2). Individuals with dementia with Lewy bodies appeared to underestimate time intervals more than those with Alzheimer’s disease (N=1). Moreover, compared to control groups, individuals living with Alzheimer’s disease were more likely to feel that their fate was predetermined and plan less for the future. Based on the findings of this scoping review, time perceptions may be an important diagnostic marker or treatment target for dementia. The importance of bringing time perceptions to advancements in the assessment and management of dementia will be discussed.
Brief questionnaire to assess technology acceptance and usability of technologies to locate persons living with dementia

Antonio Miguel-Cruz¹,²,³, Christine Daum⁴, Noelannah Neubauer³, Serrina Philip³, Keshi Maheswaran², Lili Liu²
¹University of Alberta, Edmonton, Canada. ²University of Waterloo, Waterloo, Canada. ³Glenrose Rehabilitation Research, Innovation & Technology (GRRIT), Edmonton, Canada. ⁴University of Waterloo, University of Waterloo, Canada

Abstract / Résumé

Objective: Despite the potential of locator devices to mitigate the risk of getting lost among persons living with dementia, no standardized approach exists to assess their acceptance and usability. This study aimed to develop and validate a questionnaire for assessing the acceptance and usability of locator technologies.

Methods: Backed by a previous literature review our team conducted, we created a preliminary acceptance and usability questionnaire comprising 34 questions during the content and face validity phases. The questionnaire was given to a sample of 22 experts consisting of persons living with dementia, care partners, healthcare providers, and persons from community organizations. In consultation with them and by calculating the Content Validity Index, we developed a second version of the questionnaire, consisting of the 18 most relevant items. The questionnaire’s comprehensibility and content were then assessed by seven experts (3 persons living with dementia and four care partners).

Results: We created two versions of the 18-item questionnaire following the recommendations of the expert, i.e., one for persons living with dementia (3-point Likert scale) and another version for care partners (5-point Likert scale). People living with dementia and their caregivers reported that the questionnaires were understandable, concise, easy to answer and straightforward to answer.

Conclusions: Our questionnaires have the potential to help persons living with dementia and their care partners make informed decisions when adopting a locator device to mitigate the risk of getting lost.
Supporting Veterans Living with Dementia: A UK based study

Anthea Innes\textsuperscript{1}, Lydia Morris\textsuperscript{2}, AnaMaria Churchman\textsuperscript{2}
\textsuperscript{1}McMaster University, Hamilton, Canada. \textsuperscript{2}University of Manchester, Manchester, United Kingdom

Abstract / Résumé

This project explores the current gap in knowledge and understanding about the experiences and support needs of veterans diagnosed with dementia who continue to live in their own homes in the community in the UK.

This ongoing 18-month research project has four phases and is designed to explore the experiences of veterans living with dementia. The first phase involves 1-1 interviews with service providers, the second phase interviews with Veterans living with dementia and their care partners, the third phase comprises policy and practice workshops and the final phase focuses on wider dissemination. In this paper we will present our findings on the first phase of the project, 1-1 interviews with service providers to explore the issues of providing support to community dwelling veterans with dementia from their standpoint.

The research will ultimately benefit Veterans with dementia and their families as will help service providers and others who are responsible or interested in supporting veterans with dementia by increasing their awareness of the support needs of veterans with dementia and their families.

Funded by the Forces in Mind Trust this project is the first UK based research on the lived experiences of Veterans who continue to live in the community that can be used to inform policy and practice and future support and service provision.
Resisting dementia related stigma through meaningful leisure experiences

Darla Fortune¹, Rebecca Genoe²
¹Concordia University, Montreal, Canada. ²University of Regina, Regina, Canada

Abstract / Résumé

Experiences of stigma, often brought about by negative attitudes and assumptions, can limit opportunities for leisure among people living with dementia. When people living with dementia internalize such stigma, they may feel that they are no longer welcome or able to participate in previously enjoyed leisure pastimes, effectively reducing their leisure engagement. While meaningful opportunities for leisure are threatened by stigma, leisure can also serve to counteract dementia related stigma. The freedom inherent in leisure creates space for people to engage in acts of citizenship that demonstrate remaining strengths and abilities, connect to their identities, and experience a sense of belonging. In this presentation, we will highlight numerous examples from academic literature that depict how personally enjoyable leisure experiences can keep stigma at bay for people living with dementia. As these examples demonstrate, leisure experiences help to resist stigma by enabling people living with dementia to continue to participate in meaningful experiences that contribute to their valued identities, support their freedom and enjoyment, and maintain their social citizenship. We will also discuss the significant roles that family, friends and other individuals play when it comes to supporting people with dementia to maintain meaningful leisure experiences. Drawing from these examples, we offer several recommendations for how people living with dementia, their friends and care partners, and leisure service providers can help prevent dementia related stigma in ways that support inclusion and social citizenship for people living with dementia.
Improving Lives through Community Engaged Research

Aisha Bonner Cozad¹, Cassandra Cantave², Daniel Matthews³, Fanni Farago¹
¹AARP, District of Columbia, USA. ²AARP, Atlanta, USA. ³Community Market of Pottawatomie County, Shawnee, USA

Abstract / Résumé

This workshop will inform participants about how community engaged research can achieve remarkable, data-driven changes in communities. Participants will learn about cases of collaborative research between AARP and community stakeholders. Notably, participants will hear the story of how AARP’s Food Scarcity Survey played a role in the development and implementation of the strategic plan of the Community Market of Pottawatomie County, a local food market and distribution site in Oklahoma that serves over 1,000 families weekly in the county. In the interactive portion of the session, participants will be introduced to various real-life cases where community engaged research was needed to inform strategic decision-making around pressing community issues. Participants will work in small groups to review the context, key issues, and themes of their case and asked to identify strategies for addressing the problems presented in their case. Facilitators will prompt participants to reflect on how the insights gained from the cases might apply to their own work. After the participants have had time to review and discuss their cases, each group will be asked to summarize the key points of their discussion and share any insights or questions they have with the facilitators and the group.
The case of “Bien vieillir chez soi Cocagne” a one-stop shop of community-based support services for aging in place in rural New Brunswick

Catherine Bigonnesse
University of New Brunswick, Fredericton, Canada

Abstract / Résumé

Access to community-based support services is key to fostering older adults’ capacity to age in place. However, in New Brunswick, one of the provinces with the fastest aging population in the country, access to this type of service remains a challenge, especially for Francophone older adults living in rural areas. This presentation reports on the findings of a community-based participatory research (CBPR) project developed in partnership with the Age-Friendly Community Committee in Cocagne (NB). The project aimed to develop, implement, and evaluate an innovative hybrid model of a one-stop shop offering community-based support services for aging in place in rural areas. Structured as a non-profit organization – now known as “Bien vieillir chez soi Cocagne” (BVCSC), the one-stop shop goal is to: 1) promote existing support services, 2) establish and work in partnership with other non-governmental organizations to coordinate services offers and demands, and 3) develop and offer new community-based support services to address older adults’ unmet needs. Findings indicate that members of BVCSC are more confident in their ability to age in place and are highly satisfied of the services they received. The popularity of the one-stop shop is increasing as its members have doubled in the last year and the volume of inquiries about services has increased five folds during the same period. Despite its success, BVCSC faces important sustainability challenges. Learning and recommendations about university-community partnerships, community needs assessment, financial sustainability, organizational and regulatory challenges, and the role of local, regional, and provincial governments will conclude this presentation.
Resilience as a Mediator between COVID-19 Infection and Depressive Symptoms in Ageing Adults in Hong Kong: The Moderating Role of Family Functioning

Xue Bai¹², Chang Liu¹², Xinxin Cai¹², Jiajia Zhou¹²
¹The Hong Kong Polytechnic University, Hong Kong, Hong Kong. ²Research Centre for Gerontology and Family Studies, Hong Kong, Hong Kong

Abstract / Résumé

Objectives: Older adults were at high risk of experiencing Long COVID, and post-COVID-19 depression is a prevalent symptom. However, its protective mechanism remains unclear. This study aimed to investigate the role of resilience as a mediator between COVID-19 infection and depressive symptoms in ageing adults. The study also examined family functioning as a moderator on the relationship between COVID-19 infection and resilience, as well as the relationship between resilience and depressive symptoms. Additionally, the study explored potential gender differences in the moderating role of family functioning.

Methods: The data of this study were drawn from the first wave of the Panel Study on Active Ageing and Society, a biennial longitudinal survey conducted with a representative sample of adults aged 50 year or older in Hong Kong. Mediation and moderated mediation analyses were conducted using the PROCESS macro for SPSS.

Results: Approximately 35% of ageing adults tested positive for COVID-19. The mediation analysis indicated that resilience significantly mediated the association between COVID-19 infection and post-COVID-19 depressive symptoms. Family functioning was found to be a significant moderator: The relationship between COVID-19 infection and resilience was stronger among older adults with higher family functioning, and the relationship between resilience and depressive symptoms was weaker among older adults with higher family functioning. Its moderating effects of family functioning were stronger in females than in males.

Conclusion: Resilience can protect ageing adults from post-COVID-19 depressive symptoms, and interventions to enhance family functioning may promote the formation of resilience, especially among older females.
Bridging Academia and Community to Support People Living with Dementia

Claire Webster, José A. Morais, Serge Gauthier, Pedro Rosa-Neto
McGill University, Montreal, Canada

Abstract / Résumé

OBJECTIVE:

Universities can play a very important role in providing post-diagnosis dementia education and support to the community. The McGill University Dementia Education Program was founded in 2017 by Claire Webster, a former care partner and dementia care consultant with this aim.

METHODS:

The program offers a comprehensive range of free resources and cutting-edge teaching and learning techniques, including simulation to educate and support persons living with dementia, family and informal care partners, healthcare professionals, medical students and the public at large; a dementia companion guide available in 8 different languages, over 90 educational webinars and podcasts, virtual support groups for care partners, and an online education program currently under development for care partners.

McGill University has fully embraced the “person/patient centred care approach” into its medical curriculum by making in mandatory for all first-year medical students to attend Claire Webster’s lecture on “Navigating the Journey of Caring for a Person Living with Dementia”.

RESULTS:

Within only 5 years of its inception, the McGill University Dementia Education Program has received international recognition. The Academic and Medical Directors of the program (authors of this abstract) were selected by Alzheimer’s Disease International to write the 2021 and 2022 World Alzheimer’s Reports on the inter-related topics of diagnosis and post-diagnosis management.

CONCLUSION:

Universities can play a critical support role, bridging academia and community to provide service to society. They can institute community outreach programs that leverage the wealth of expertise within their institution, and they can integrate caregiver awareness and education into their medical school curriculum.
The generations project: community-engaged teaching through student-led intergenerational program

Marfy Abousifein, Rhea varghese
McMaster University, Hamilton, Canada

Abstract / Résumé

Objective: Incorporating the community-engaged teaching practice of teacher-learner project co-development, student-led intergenerational projects address isolation and ageism while improving inter- and intra-personal skills. Such projects address the lack of qualified workers in gerontology, by promoting gerontology-related career exploration.

The Canadian Association on Gerontology: McMaster Student Connection (CAG-MSC) developed The Generations Project using the “Incorporating Community-Engaged Education into Courses: A Guidebook”. The project aimed to promote intergenerational empathy and dialogue, showcase gerontology careers, further volunteer skills and knowledge of community-engagement projects, and reduce isolation and ageism.

Methods: Recruitment occurred through CAG-MSC Instagram and outreach. Volunteers interviewed older adults, caregivers, and gerontologists using semi-structured interview guides. Volunteer research experience wasn’t required. Executives provided training and mentorship. Volunteers contributed to recruitment, obtaining consent, interview planning, conduction, and transcription.

Results: Five older adult, two caregiver, and four gerontologist interviews were conducted by three volunteers, with a mean of 25 minutes. Findings were published as a book through McMaster’s Bachelor Health Sciences (Hons) Program website, presenting social issues, solutions, and heterogeneity, promoting reflection, dialogue, and action, ultimately educating and engaging the community.

Older-adult interviews explored life experiences, employment, retirement, goals, and ageism, promoting reflection, intergenerational dialogue, empathy, and relationships while addressing stereotypes. Caregiver and gerontologist interviews explored responsibilities, challenges, and rewards, exposing volunteers to careers, including geriatric nursing and medicine, aging research and caregiving.

Conclusion: Engagement in The Generations Project allowed participants to build intergenerational relationships, tackling ageism. Volunteers gained exposure to gerontology careers and improved their skills. Reporting on the experience educated the community.
Courageous conversations: The politics, possibilities and perils of discussing death in the classroom

Samantha Teichman¹, Albert Banerjee²
¹Simon Fraser University, Vancouver, Canada. ²St. Thomas University, Fredericton, Canada

Abstract / Résumé

When developing curricula on topics in gerontology related to families and health, we often relegate death and dying, end-of-life care, and bereavement as the last topic of the course outline. However, what if we were to restructure our classes to consider death and dying first? A key component of the compassionate communities approach recognizes that while death, dying and bereavement have become professionalized, they are not just matters for professionals. Gerontologists are well poised to support public engagement with mortality; in doing so we benefit from confronting our understanding of death, dying, and grief. How to do this well? As educators, we too need to learn how to engage with this topic in a meaningful way and become comfortable with the discomfort. This talk emphasizes the importance of teaching on death and dying in aging studies and how such conversations can impact higher education and our communities through grief literacy. We will explore ways to incorporate resources like Death Cafes into our teachings and discuss the importance of art as a medium to provoke critical discussions on how grief, death, and dying inform the life course.
Mieux accompagner les aîné(e)s utilisant des substances psychoactives en contexte d'hébergement et de soins de longue durée : des pistes issues du projet BeSPA

Vincent Wagner¹,², Camille Beaujoin¹,³, David Guertin¹, Miguel Bergeron-Longpré¹,³, Louis-Philippe Bleau¹,³, Julie Beausoleil⁵, Valérie Aubut¹,⁴, Nadine Blanchette-Martin¹,⁵, Francine Ferland¹,⁵, Christophe Huỳnh¹,³, Nadia L'Espérance¹,⁴, Jorge Flores-Aranda¹,⁷

¹Institut universitaire sur les dépendances, Montréal, Canada. ²Université de Sherbrooke, Longueuil, Canada. ³Université de Montréal, Montréal, Canada. ⁴Université du Québec à Trois-Rivières, Trois-Rivières, Canada. ⁵CIUSSS de la Capitale-Nationale / CISSS de Chaudière-Appalaches, Québec, Canada. ⁶CIUSSS de la Mauricie-et-du-Centre-du-Québec, Trois-Rivières, Canada. ⁷Université du Québec à Montréal, Montréal, Canada

Abstract / Résumé

Les établissements d'hébergement et de soins de longue durée pour personnes âgées accueillent de plus en plus fréquemment des résident(e)s consommant des substances psychoactives (SPA, incluant alcool, tabac, cannabis et substances illégales). Ces milieux peinent à répondre aux besoins complexes de cette clientèle et l'absence d'accompagnement adapté accentue leur perte d'autonomie. Via le projet "BeSPA", nous avons ainsi cherché à documenter les pistes possibles d'amélioration de l'accompagnement de cette population.

Notre démarche repose sur l'analyse thématique d'entrevues individuelles réalisées avec 28 résident(e)s, 35 intervenant(e)s et 13 gestionnaires (milieux d'hébergement et de soins de longue durée pour aîné(e)s et services en dépendance) au Québec. À cela s'ajoute l'analyse de 65 documents identifiés dans le cadre d'une revue de portée de la littérature scientifique et grise.

La synthèse de ces données insiste sur le besoin de formation du personnel quant aux spécificités de cette population, tout comme celui d’une collaboration accrue entre ressources aux expertises complémentaires. De même, améliorer l’intégration des résident(e)s, l’évaluation et le suivi de leurs pratiques de consommation, leur offrir des activités adaptées, sont des points qui reviennent régulièrement. Disposer d’un cadre clair relatif à la consommation (incluant l’approvisionnement et la distribution des SPA) au sein des établissements apparait également essentiel.

Les pistes proposées viennent soutenir la bonification des services, favorisant in fine l’autonomie et le bien-être des personnes, à l’heure où le vieillissement de la population exerce une pression croissante sur l’organisation des services de santé et sociaux.

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Exploring first-hand experiences of moral distress and moral injury in long-term care staff during the COVID-19 pandemic

Kate Dupuis
Sheridan College, Oakville, Canada. Schlegel-UW Research Institute for Aging, Waterloo, Canada

Abstract / Résumé

Objectives: The COVID-19 pandemic has been particularly devastating for the long-term care (LTC) sector. Staff were frequently called upon to make multiple modifications to practice to best serve the needs of their residents while respecting constantly changing public health regulations. The pandemic has taken a toll on staff mental health, putting them at risk of experiencing moral distress and/or moral injury- the sense of being unable to carry out one’s duties in a way that reflects personal moral codes. We examined experiences of moral distress/injury in LTC staff.

Methods: A 20-item questionnaire was created to collect information from recreation staff working in LTC homes across Canada and distributed between December 2020-March 2021.

Results: The question of interest to examine potential moral distress/injury was: “What are your current sources of stress at work?”. This question was completed by 217 participants (M age = 39 years, 95% self-identified as female) working in LTC. Responses were coded by two reviewers; once consensus was reached following discussion, 23% of responses (50/217) were found to reflect issues of moral distress/injury. Responses related to staff shortages, barriers to implementing meaningful recreation opportunities for residents, meeting expectations of residents/family care partners/fellow staff/leadership. Reactions included stress, guilt, worry, and fatigue.

Conclusions: Approximately 1/5 of respondents experienced situations in their workplaces that reflected feelings of moral distress/injury. These data underscore the need for a system-wide culture change in LTC towards “caring for the caregiver” that will benefit staff well-being and tackle issues that may impact burden and burnout.
Identifying Risk Factors for Anxiety in Older Adults: A Rapid Review of Observational Studies

Andrea Iaboni¹, Carly Whitmore², Sébastien Grenier³, Abitha Suthakaran⁴, Iulia Nicaescu⁴, Isaac Adeleji⁴, Mahnoor Akram⁴, Juliette S. Mojgani⁵, Sarah Burke Dimitrova⁴, Alastair Flint¹, Zahra Goodarzi⁵, Amy Gough⁶, Heli Juola⁷, Kristin Reynolds⁸, Shanna Trenaman⁶, Erica Weir⁹, Michael Van Ameringen², Anthony Yeung¹⁰,¹¹, Sarah Neil-Sztramko⁴

¹University of Toronto, Toronto, Canada. ²McMaster University, Hamilton, Canada. ³Université de Montréal, Montréal, Canada. ⁴CCSMH, Markham, Canada. ⁵University of Calgary, Calgary, Canada. ⁶Dalhousie University, Halifax, Canada. ⁷Sunnybrook Health Sciences Centre, Toronto, Canada. ⁸University of Manitoba, Manitoba, Canada. ⁹Queens University, Kingston, Canada. ¹⁰University of British Columbia, Vancouver, Canada. ¹¹St Paul’s Hospital, Vancouver, Canada

Abstract / Résumé

Introduction: Anxiety in older adults (≥60 years) is a significant issue that can impact quality of life, health, and well-being. Anxiety in this population can include anxiety disorder, symptoms of anxiety, and fear including fear of falling or fear of death, for example. Knowing the risk factors for anxiety in older adults is important as it can help to identify those who are at risk for developing anxiety, as well as allow for early intervention, prevention, and support. Reflective of the broad literature base and supporting guideline development, the purpose of this review was to identify risk factors for anxiety in this population.

Methods: A rapid review of electronic databases was conducted in February 2023 to identify relevant studies. Inclusion criteria included: 1) systematic reviews of observational studies, 2) that examined risk or preventative factors associated with anxiety, fear, fear of falling, or related outcomes, 3) in older adults aged 60 years and above. Two reviewers independently completed eligibility screening, extraction, and critical appraisal.

Results: A total of 26 papers were included from the initial search of 2446 systematic review. Reviews identified wide-ranging physical (e.g., older age, female sex, sleep disturbance, pain severity, balance impairment, multimorbidity, polypharmacy), psychological (e.g., stress, loneliness), and social (e.g., relationship status) risk factors for anxiety.

Conclusion: This rapid review identified multiple risk factors for anxiety in older adults, highlighting the need for a comprehensive approach to prevent and manage anxiety in this population. Healthcare providers should consider the identified factors when screening older adults for anxiety and devising comprehensive treatment plans.
Measuring Quality of Life in Older Canadians with Osteoarthritis

Ayse Kuspinar, Ayse Kuspinar, Eunjung Na, Eunjung Na
McMaster University, Hamilton, Canada

Abstract / Résumé

Aim

Osteoarthritis (OA) is a common chronic condition affecting older adults in Canada and can have a significant impact on one’s quality of life (QOL). Individualized QOL measures allow the person to identify the domains (or areas of life) that are important to them. The aim of this study was to identify areas that are most important to the QOL of Canadians living with OA and provide recommendations for clinical practice.

Methods

Canadians aged 50 years or older with a diagnosis of hip or knee OA were recruited for this study. Participants completed the Patient Generated Index (PGI), an individualized measure of QOL. They identified 5 areas of their life affected by OA, rated the impact and importance of each area. Frequently recurring words from their answers were identified using synonym identification and ranked based on the weight of word recurrence across the entire data.

Results

One hundred older Canadians with OA participated (mean age=63.18±7.52; 75.0% women; mean years since diagnosis=14.03±10.14). The weighted percentages identified through the analysis generated over 20 domains. The top concerns were walking (word count=68), pain (word count=62), participating in recreational activities such as sports or gardening (word count=49), sleeping (word count=23), and social interactions with friends, children, and grandchildren (word count=18).

Conclusion

People with OA voiced a range of QOL concerns. The results of this study have important implications for clinical practice and research, reinforcing the importance of physical and social factors in the assessment and treatment of older adults with OA.
Hearing Screening and Healthy Aging: Why, When, How

Marilyn Reed¹, Kathleen Pichora-Fuller²,³
¹Baycrest, Toronto, Canada. ²University of Toronto, Mississauga, Canada. ³Simon Fraser University, Vancouver, Canada

Abstract / Résumé

Why: Hearing loss increases with age beginning in mid-life and it is the largest cause of disability in older adults, affecting the majority of Canadians over 70 years of age. It can have negative effects on communication, socialization and quality of life. Directly or indirectly, it can contribute to poorer physical, mental and cognitive health and frailty. It is one of six key factors affecting functioning that the WHO recommends be addressed in community-based integrated person-centered care and a 2020 Lancet Commission report identified it as the greatest potentially modifiable risk factor for dementia.

When: While interventions can be beneficial, hearing loss often goes undiagnosed and untreated. Growing evidence of these adverse consequences has led to recommendations for hearing screening in mid-life and beyond by several groups (e.g., the American Medical Association, the American Geriatrics Society and the World Health Organization). As a proactive, cost-effective solution to overcome delays in identification and management, hearing screening is recommended for all adults starting at 50 years of age, as part of routine health checks or combined with other health interventions.

How: At the workshop, we will discuss evidence for including hearing screening in assessments of cognitive function and in routine health checks by primary care providers. We will demonstrate different screening methods and discuss (dis)advantages of each, showing how they may be administered in-person and/or virtually and implemented in different health care scenarios. Barriers and facilitators to options for referral pathways will be re-imagined using new inter-professional team approaches.
A comparison of nurses' and other healthcare providers' perceived acceptability of a warning signs intervention for rural hospital-to-home transitional care.

Mary Fox¹, Sidani Souraya², Jeffrey Butler¹, Adam Day³, Evelyn Durocher⁴, Behdin Nowrouzi-Kia⁵, Janet Yamada⁶, Sherry Dahlke⁷, Ilo Maimets¹
¹York University, Toronto, Canada. ²Toronto Metropolitain University, Toronto, Canada. ³Equipe sante-Sudbury-Espanola-Manitoulin-Elliot Lake Ontario Health Team, Sudbury, Canada. ⁴McMaster University, Guelph, Canada. ⁵University of Toronto, Toronto, Canada. ⁶Toronto Metropolitan University, Toronto, Canada. ⁷University of Alberta, Edmonton, Canada

Abstract / Résumé

Objectives. To compare the acceptability of an evidence-based warning signs intervention proposed for rural transitional care, as perceived by nurses and other healthcare providers.

Methods. A cross-sectional design was used. The convenience sample included 45 nurses and 32 other healthcare providers who self-identified as delivering transitional care to rural patients in Ontario, Canada. Participants were presented with a description of the warning signs intervention and completed established measures of intervention acceptability on Survey Monkey. The measures captured 10 intervention acceptability attributes (i.e., effectiveness, appropriateness, risk, convenience, relevance, applicability, usefulness, frequency of current use, future likelihood of use, and confidence in ability to deliver the intervention). Scores or ratings of at least 2 indicated acceptability. Data analysis involved independent samples t-tests, as well as computing effect sizes to quantify the magnitude of the difference in acceptability ratings between nurses and other healthcare providers.

Results. Nurses and other healthcare providers rated all intervention attributes at least 2 except the attributes of convenience and frequency of current use. Nurses rated the intervention higher than other healthcare providers on its applicability, frequency of current use, and likelihood of its future use (all p’s < .007 and moderate effect sizes).

Conclusions. The results indicate positive perspectives of the intervention and suggest that initiatives to enhance the convenience of its implementation are warranted to support its widespread adoption in rural Ontario by nurses and other healthcare providers.
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**Early detection and management of frailty in primary care: reliability of the eFI-CGA in electronic health records**

Xiaowei Song¹, Grace Park¹, Barry Clarke², Hilary Low¹, Jenny Hoang¹, Jodie Penwarden¹,³, Sherri Fay²,³, Belinda Robinson⁴, Kenneth Rockwood²,³

¹Fraser Health Authority, Surrey, Canada. ²Nova Scotia Health, Halifax, Canada. ³Dalhousie University, Halifax, Canada. ⁴Fraser Health Authority, New Westminster, Canada

**Abstract / Résumé**

**Background:** In older adults, frailty is common and associated with adverse outcomes. To promote early detection and management of frailty outside specialized geriatric services, we developed an electronic Frailty Index based on deficit accumulation in a Comprehensive Geriatric Assessment (eFI-CGA) from primary care electronic health records. We compare the eFI-CGA assessments of family physicians (FP) and geriatricians (GM).

**Methods:** Fraser Health and Nova Scotia Health are collaborating to validate the eFI-CGA. We enrolled community-dwelling adults aged 65+ years with mild to moderate frailty. An FP and a GM assessed each patient independently. Characteristics of the eFI-CGA were examined for each physician group using descriptive statistics and correlation analysis. FP-GM inter-rater reliability was tested using intraclass correlation coefficient (ICC, two-way mixed model for absolute agreement).

**Results:** 98 participants aged 83.6±6.4 years; 62.2% were women, with 13.8±3.8 years of education; 39% lived alone. Mild cognitive impairment or dementia was present in 38% of participants. The median clinical frailty scale (CFS) was 4 as rated by both FPs and GMs. The mean eFI-CGA was 0.28±0.11 and 0.29±0.12 respectively. The CFS and eFI-CGA ratings were closely correlated (p<.001; r=0.63 for FP, r=0.70 for GM). The eFI-CGA for each was moderately correlated with age (p<.001; r=0.39 for FP, r=0.42 for GM). The average ICC value was 0.76 (95% CI=0.64-0.8478) for CFS and 0.91 (CI=0.86-0.94) for the eFI-CGA (each p<.001). The ICC between FP and GM of 94% of the 56 individual CGA items were significant (p<.05); median ICC=0.67.

**Conclusion:** Frailty assessments in primary care are largely comparable with geriatrician assessments. Ongoing work will test these relationships in follow-up and outcomes evaluations.

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The Application of Web-Based and Immersive Virtual Reality Reminiscence Therapy for Person with Dementia: A Comparative Study

Winnie Sun¹, Alvaro Quevedo¹, Ramiro Liscano¹, Farzana Rahman¹, Sheri Hornsbugh²
¹Ontario Tech University, Oshawa, Canada. ²Ontario Shores Centre for Mental Health Sciences, Whitby, Canada

Abstract / Résumé

Purpose This paper presents the perspectives of healthcare providers using a comparative study between a web-based reminiscence therapy (RT) and immersive virtual reality (VR) application to understand the limitations and opportunities of both platforms for facilitating engaging experiences for PWD towards recalling memories while easing the therapy process for the healthcare providers.

Method The first stage of this study involved a qualitative descriptive study using focus group to explore the perspectives of healthcare providers’ utilization of web-based and non-immersive RT as an intervention to support PWD’s emotional health during the COVID-19 pandemic. The second stage focused on capturing healthcare providers (HCPs) perceptions when interacting with the web-based and non-immersive RT tools as interventions during RT. A total of fifteen HCPs were recruited from both GTU (Geriatric Transitional Unit) and GDU (Geriatric Dementia Unit) of Ontario Shores Center for Mental Health Sciences in Ontario, Canada.

Results/Discussion HCPs agree that both web-based and non-immersive RT provided a platform to upload customized reminiscence contents tailored to individual’s needs. These approaches added value to their care and increased engagement, where PWD may connect more with the contents than traditional RT methods. They believed that the digitalization of RT would reduce their need for paper copies or collection of tangible artifacts to promote efficiency, accessibility and continuity of care. HCPs indicated that digital RT could be implemented in combination with traditional RT as it could complement each other to facilitate dementia care. Our preliminary findings suggested that digital approaches could advance reminiscence experiences for PWD.
Patient experience and patient engagement: The unique, and not-so-unique, experiences of racialized immigrant older adults and their families

Shankavi Vigneswaran, Vanessa Choy, Moad Alsefaou, Neil Arya, Kimberly Lopez, Jacobi Elliott, Paul Stolee, Catherine Tong
University of Waterloo, Waterloo, Canada

Abstract / Résumé

Racialized immigrant older adults (RIOAs) in Canada are a highly heterogenous group facing numerous barriers to health care. Limited data are available on RIOAs’ patient experiences, engagement, roles, and decision-making, all of which are important when receiving care. Our team aims to co-design linguistically and culturally appropriate resources to support patient engagement and improved patient experience of RIOAs. As part of a multi-phase, community-engaged project in SW Ontario, we interviewed 31 older adults and 11 family caregivers in Arabic, Mandarin and Tamil. Supported by a multilingual team and professional interpreters, interviews were transcribed and entered into NVivo 14 for team-based analysis. Participants emphasized: the diverse roles that family members play in health care for immigrant older adults; the importance of not just language, but true communication with providers; transnational care experiences and decision-making related to non-Western medicine; the importance of preventive health care; and, consistent with what many older Canadians have reported, their concerns with the disjointed and delayed nature of care in our current system. Participants shared strong and diverse views on if/how gender impacts their care, and to what extent they feel culture and care do/should intersect. Some group differences were noted and will be discussed. While some findings are very consistent with what we know from the broader literature on Canadian-born and non-racialized older patients, others are specific to RIOAs and their families. These findings broaden our understanding of RIOAs’ health care experiences, well beyond the more widely reported barriers.
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Recruitment and Retention of Older Adults who are Frail from the Mapping Sedentary Behaviour (MAPS-B) Study

Suleman Tariq¹, Alexa Koroukis¹, Rachel Swance¹,², Jonathan Adachi¹,³, Carolyn Leckie³, Alexandra Papaioannou¹,², Isabel B. Rodrigues¹,²
¹McMaster University, Hamilton, Canada. ²Geriatric Education and Research for the Aging Sciences, Hamilton, Canada. ³St. Joseph’s Healthcare Hamilton, Hamilton, Canada

Abstract / Résumé

Including diverse individuals at the research and participant levels are essential to improve the effectiveness of real-world interventions; however, there are challenges when including such individuals. Our study purpose was to report the challenges of recruiting diverse older adults for the Mapping Sedentary Behaviour study. Our methods were guided by Step-1 (“Establish Partnerships”) in the Knowledge-to-Action-Ethics Framework. We assembled a diverse team of researchers, clinicians, and patient partners. To recruit a broad group of participants, we partnered with CityHousing Hamilton, which provides subsidized housing for older adults. We met with the organization’s partnership development advisor who organized two recruitment orientations where 80 potential participants and returning attendees were present. Coffee and donuts were provided. Most attendees were from visible minorities and had visible disabilities (i.e., used a walker or cane). To build rapport, we met with attendees in groups of 5-6 to introduce the research team and explain the study. We recruited 13 participants (seven female, one transgender man; Morley FRAIL score≥3). Before their scheduled study visit, eleven participants dropped out citing medical mistrust (i.e., fearing unintentional medical tracking). One participant dropped out after the initial study visit due to their family’s skepticism in research and one completed the study. Additionally, some individuals may have enrolled for financial incentives as they were interested in receiving immediate monetary compensation. We faced challenges when recruiting frail older adults from diverse backgrounds. Future studies should focus on developing methods to target medical mistrust with older adults and their families.
A comparative analysis of regulatory approaches to the assisted living/retirement home sector in Ontario and British Columbia.

Krystal Kehoe MacLeod\textsuperscript{1,2}, Michael Hillmer\textsuperscript{3,4}, Marsha Pinto\textsuperscript{5}, Scott Wingrove\textsuperscript{6}, Barry Bruce\textsuperscript{7}, Sara Allin\textsuperscript{4}, Doug Archibald\textsuperscript{1}, Amy Hsu\textsuperscript{2}, Derek Manis\textsuperscript{8}, Andrew Costa\textsuperscript{8}, Kimberlyn McGrail\textsuperscript{9}, Margaret McGregor\textsuperscript{9}, Michael Corman\textsuperscript{10}, Lauren Konikoff\textsuperscript{11}, Peter Tanuseputro\textsuperscript{1,2,11}

\textsuperscript{1}University of Ottawa, Ottawa, Canada. \textsuperscript{2}Bruyere Research Institute, Ottawa, Canada. \textsuperscript{3}Ministry of Health, Toronto, Canada. \textsuperscript{4}University of Toronto, Toronto, Canada. \textsuperscript{5}Ministry for Seniors and Accessibility, Toronto, Canada. \textsuperscript{6}Ministry of Health, Vancouver, Canada. \textsuperscript{7}West Carleton Family Health Team, Ottawa, Canada. \textsuperscript{8}McMaster University, Hamilton, Canada. \textsuperscript{9}University of British Columbia, Vancouver, Canada. \textsuperscript{10}University of the Fraser Valley, Abbotsford, Canada. \textsuperscript{11}Ottawa Hospital Research Institute, Ottawa, Canada

Abstract / Résumé

Objectives: The retirement home/assisted living (AL) sector supports aging in place for many older Canadians. This sector is largely unregulated, majority owned and operated by the private sector, and its interlinkages with the health care system are poorly understood. Regulation is a key policy tool to guide and monitor AL services helping to protect residents and optimize the role of the sector in the continuum of care. This study will develop policy options regarding the role of regulation in integrating the AL sector into the continuum of care to support aging in the right place.

Methods: In partnership with key knowledge users in the Ontario (ON) and British Columbia (BC) governments, this project collects data from key informants (interviews=12) and secondary data sources (n=50) to evaluate the strengths, gaps, and/or limitations of the Retirement Homes Regulatory Authority (ON) and the Office of the Assisted Living Registrar (BC). Using this data, our team will draft policy options and host a virtual policy workshop with diverse stakeholders to engage in a deliberative dialogue to refine and contextualize options for AL regulatory reform.

Anticipated Results and Conclusion: This integrated knowledge translation study will detail the policy drivers influencing the adoption and reform of different AL regulatory approaches in ON and BC. The project will directly inform decision-making at the ON Ministry for Seniors and Accessibility and the ON and BC Ministries of Health to advance higher-performing and more integrated health care systems with better health outcomes and care experiences for AL residents.

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Évelyne Tanguay-Sela¹, Daniel Dickson², Samuel Ragot¹, Shari Brotman¹, Laura Pacheco³, Marie-Hélène Deshaies⁴, Camille Demers⁵
¹McGill University, Montreal, Canada. ²Concordia University, Montreal, Canada. ³Memorial University, St. John’s, Canada. ⁴Université Laval, Québec, Canada. ⁵Sans Oublier le Sourire, Montreal, Canada

Abstract / Résumé

Objective: Individuals aging with neurodiversity (ie. intellectual disability (ID) or autism spectrum (ASD)) face unique challenges that inclusive policy design and person-centred care strategies can address. This poster examines the extent to which recent Quebec policies on aging and ID/ASD consider aging neurodiverse individuals’ realities.

Methods: This work is part of a research project designed to better understand experiences of social exclusion among neurodiverse older adults and their families through life story narratives. A textual policy analysis was conducted to examine the inclusion of neurodiverse older adults in several recent Quebec policies in relation to the UNCRPD. In this way, this analysis connects people’s stories to the policies that shape their interactions with public sector services.

Results: The gap between the identification of vulnerable populations in policies and the attention given to neurodiversity and aging is highlighted. While some measures implicitly include aging neurodiverse individuals, there exists a paucity of actionable measures that specifically target this population’s challenges. Service providers interviewed for the study observe that the inattention to the intersection of ID/ASD and aging can cause a lack of service direction that frontline workers need to compensate for.

Conclusion: The lack of explicit mention of neurodiversity and aging within recent policies represents a significant challenge to the effective implementation of inclusive programs and services in Quebec. Accounting for the intersection of age and neurodiversity is therefore crucial to better equip frontline workers and ensure the social inclusion of neurodiverse older adults.
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Using The Experiences and Perceptions of Older Adults, Police Officers and Adult Learning Theories to Inform the Development of an Equity-Informed Geriatrics Police Training Curriculum

Kristina Kokorelias¹,²,³, Anna Grosse¹,³,⁴, Elsa Nana Nzepa¹, Joshua Wyman⁵, Adam Christopher⁶,⁷, Samir Sinha¹,³,⁸,⁹,⁴,¹⁰

¹Division of Geriatric Medicine, Department of Medicine, Sinai Health System and University Health Network, Toronto, Canada. ²Department of Occupational Sciences and Occupational Therapy, Temerty Faculty of Medicine, University of Toronto, Toronto, Canada. ³National Institute on Ageing, Toronto Metropolitan University, Toronto, Canada. ⁴Division of Geriatric Medicine, Department of Medicine, Temerty Faculty of Medicine, University of Toronto, Toronto, Canada. ⁵Department of Psychology, King’s University College at Western University, London, Canada. ⁶Department of Medicine, Temerty Faculty of Medicine, University of Toronto, Toronto, Canada. ⁷Institute of Health Policy, Management and Evaluation, Toronto, Canada. ⁸Division of Geriatric Medicine, Department of Medicine, Temerty Faculty of Medicine, University of Toronto, Toronto, Canada. ⁹Institute of Health Policy, Management and Evaluation, University of Toronto, Toronto, Canada. ¹⁰Division of Geriatric Medicine and Gerontology, Johns Hopkins University School of Medicine, Baltimore, USA

Abstract / Résumé

Objectives: To describe the development of a Geriatrics Police Training Curriculum, using a community-oriented, inclusion-focused approach.

Method: First, a rapid literature review was conducted to map the published evidence and initiatives to improve interactions between older adults and law enforcement, and their outcomes. Next, we conducted focus groups with older Torontonians to explore participants’ experiences with and attitudes towards police services. Lastly, we surveyed Toronto Police Service (TPS) officers to identify their training needs around policing issues involving older adults. Data were evaluated using descriptive statistics and thematic analysis. Following the curriculum’s design and implementation, a formal evaluation will occur.

Results. A total of 21 publications were included in the literature review. 26 older adults from diverse backgrounds participated in 5 virtual focus groups. Key themes derived from their responses were the intersectionality of age, race, and culture; the impact of police officer attitudes and biases on their interactions with older adults; and what age-friendly policing looks like from the perspective of older adults. 101 TPS officers completed the online survey. Key areas identified for further training included cognitive impairment, elder abuse and available resources for older adults and their caregivers.
Conclusion: Taken together, our data offers insights about what geriatrics-focused police training should consist of that may better support police officers in working with older people. We have used these findings to develop a geriatrics training curriculum for TPS officers. If successful, this curriculum could be adapted for other services within and beyond Canada to promote more age-friendly community policing initiatives.
Meeting the needs of older adults: Co-developing a research agenda with Metro Vancouver independent, not-for-profit senior centres

Andrea Wadman¹, Laura Kadowaki¹, Andrew Wister¹, Anthony Kupferschmidt²
¹Simon Fraser University, Vancouver, Canada. ²City of Richmond, Richmond, Canada

Abstract / Résumé

Senior centres play a vital role in supporting the social, emotional, mental, and physical health of community-dwelling older adults. In Canada, the impact of senior centres on the health and well-being of older adults has received sparse research attention. Although senior centres often contribute significantly to academic research through participant recruitment, studies have not fully developed effective ways researchers can ensure that the translation of results are in a form that is relevant to senior centre partners. Focus groups were conducted with six independent, not-for-profit Metro Vancouver, B.C., senior centres comprised of three stakeholder groups, including board members, staff, and older adult members (n=34). Data were collected on senior centres’ values and features, their ability to respond and adapt to community needs, and how senior centres and the academic sector can better collaborate. The study findings clearly indicate that senior centres are important sources of social, emotional, and practical support; yet they face challenges (e.g., funding, volunteer capacity) that may hinder their ability to meet the needs of older adults, especially those who are vulnerable and/or members of diverse communities. Research that supports permanent funding, creates an evidence base for advocacy to government, and identifies emergent needs related to centre programming and services were deemed to be beneficial. This will require researchers to collaborate with senior centres as community partners in the co-creation of knowledge, which could lead to a more robust understanding of how to enhance the roles of senior centres in the future.
Working together to create impactful solutions for unique challenges faced by older adults living with dementia from racialized groups when accessing and participating in community programs.

Dana Zummach\textsuperscript{1}, Nathan Honsberger\textsuperscript{1}, Courtney Hicks\textsuperscript{2}, Carrie McAiney\textsuperscript{1,2}, Christine Pellegrino\textsuperscript{1}
\textsuperscript{1}Schlegel-UW Research Institute for Aging, Waterloo, Canada. \textsuperscript{2}University of Waterloo, Waterloo, Canada

Abstract / Résumé

Objectives:

Supporting Inclusion for Intergenerational Partnerships project’s Isolation 2 Inclusion case competition was an innovative two-day event where community organizations and post-secondary students from Waterloo Region came together to understand and create solutions to address unique challenges older adults living with dementia from racialized groups face when accessing and participating in community programs. The objective was to identify feasible, impactful solutions and award funding to implement viable solutions.

Method:

Community organizations provided real local challenges and student teams were tasked with developing a solution with support from a literature review, panel of guest speakers and design thinking facilitators. Developed solutions were shared and judged through a pitch competition. Surveys and post-event discussions were used to garner feedback from attendees.

Results:

Through the event, solutions to the following were developed: increasing community involvement amongst older adults in the African community, helping community programs reach more diverse populations, creating more welcoming policies and practices, and addressing stigma related to accessing support to care for family members living with dementia. Students gained design thinking skills and knowledge of challenges faced by older adults. Event organizers gained an understanding of the acceptability of the case competition based on Theoretical Framework for Acceptability constructs (affective attitude, burden, perceived effectiveness, ethicality, intervention coherence, opportunity costs, and self-efficacy) and other ideas for improving future events.

Conclusion:

This event was an impactful way for community organizations to work with students to develop innovative ideas for improving the lives of older adults living with dementia from racialized groups.
The Spectrum of Ageism, Mentalism, and Ableism: Expressions of a Triple Jeopardy

Kiran Rabheru\textsuperscript{1,2}, Margaret Gills\textsuperscript{1}
\textsuperscript{1}ILC CANADA, Ottawa, Canada. \textsuperscript{2}University of Ottawa, Ottawa, Canada

Abstract / Résumé

Globally, the COVID-19 tragedy combined with the extensively entrenched societal ageism, has created a dual pandemic, leading to a widespread and devastating impact on older persons’ lives everywhere. Previously implicit biases towards older persons (ageism), coupled with discrimination against mental symptoms or conditions (mentalism), and prejudice against people with disabilities (ableism), have become much more explicit during the period of the COVID-19 pandemic.

The International Longevity Centre - Canada (ILC-C), along with its partners are leading a Canadian Coalition Against Ageism, (CCAA) to accelerate and build momentum for transforming the current global narrative with strong negativity bias to one where every older person is able to fully enjoy their life. CCAA’s bold vision of a Canada free of Ageism will be achieved by advocating for a United Nations (UN) convention on the rights of older persons, while simultaneously combating ageism using evidence-based tools interventions outlined by the World Health Organization in its 2021 Global Report on Ageism.
Impacts and measurements of prolonged visitor restrictions on residents: A scoping review

Kirstian Gibson1,2, Heather Ward1,2, Michael Szafron1, Susan Tupper2,1
1University of Saskatchewan, Saskatoon, Canada. 2Saskatchewan Health Authority, Saskatoon, Canada

Abstract / Résumé

Background: Families were conflated with transmission risk during the pandemic and were restricted from entering long-term care (LTC) homes as a means of infection control. People living in LTC experienced prolonged isolation and changes in care during visitor restrictions that coincided with observed changes in physical, mental, and emotional wellbeing. We aimed to identify the nature and extent of the impact prolonged visitor restrictions had on people living in LTC.

Methods: Following Arksey and O’Malley’s six-stage scoping review framework, we conducted a scoping review of evidence informed outcomes on prolonged visitor restrictions and associated measurements for people living in LTC. 18 key stakeholders were consulted for feedback regarding initial search terms and preliminary findings. Principal component analysis (PCA) was conducted to group key themes of commonly studied consequences.

Results: 54 articles were included in the analysis (1178 articles were excluded due to duplication/not meeting eligibility criteria). An analysis of the literature yielded themes including behavioural, cognitive, mental, physical, and social health consequences and impacts on rates of mortality, medication use, and nutrition. Little consistency was found in the approaches to measurement between studies. PCA revealed three overarching factors: symptoms of dementia, impact on caregivers, and functional ability.

Conclusion: Visitor restrictions caused harm to and impacted the safety of people living in LTC. The findings suggest that family caregivers may play a larger role in the wellbeing and safety of people living in LTC than previously identified. Future research would benefit from a focus on family caregivers’ integral role in safety.
The need for trust where there is none: Findings and reflections from a student safety navigator project

Kirstian Gibson1,2, Heather Ward1,2, Katherine Stevenson1, Michael MacFadden1, Cathy Cole1
1Saskatchewan Health Authority, Saskatoon, Canada. 2University of Saskatchewan, Saskatoon, Canada

Abstract / Résumé

Background: Saskatchewan Health Authority (SHA) prevented family presence in long-term care (LTC) homes during the initial pandemic response. Education, training, and processes to support infection prevention and control (IPAC) were identified needs to support safe family presence and mitigate risks for transmission COVID-19. SHA initiated and supported a student safety navigator project that positioned senior students in LTC to support the identified needs.

Methods: Three cohorts of health sciences students, their faculty supervisors, people living in LTC, and family members collaborated with SHA directors and staff in a co-designed safety navigator project to support identified deficiencies and learn about the conditions for co-production in team based care.

Results: The project evolved from training families in IPAC practices to exploring the concept of co-production of quality and safety in LTC. Six primary drivers for co-producing quality and safety in LTC were identified: 1) establish a learning community, 2) develop an engagement ready environment, 3) ensure leadership support and strategic focus, 4) create a shared understanding of the current context, 5) support the conditions for cultural and psychological safety, and 6) recognize the value of residents and families in team-based care. Building trusting relationships was identified as a pre-requisite to the co-production of quality and safety in LTC.

Discussion: Community evaluation in a co-learning context highlighted that the absence of trust limits the capacity for co-production of pandemic response and recovery strategies. These findings necessitate a realist review to understand how to build trust in LTC.
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Current context of palliative programs in LTC Homes in New Brunswick, Canada: Findings and lessons learned from a situational analysis.

Caroline Gibbons¹, Tasha Rossignol², Rose McCloskey³, Sarah Balcom³, Patricia Morris³, David Busolo³, Sharon Kaasalainen⁴, Kate Tucker⁵, Jennifer Elliott⁵, Daphne Noonan⁶, Pam Durepos⁵
¹Université de Moncton, Moncton, Canada. ²Department of Social Development, Government of New Brunswick, Moncton, Canada. ³University of New Brunswick, Saint John, Canada. ⁴McMaster University, Hamilton, Canada. ⁵University of New Brunswick, Fredericton, Canada. ⁶Person-Centred Universe, Fredericton, Canada

Abstract / Résumé

Objectives This Healthy Seniors Pilot Project (HSPP) aims to understand the current state of palliative programs in long-Term care homes (LTC) across N.B. and identify facilitators, barriers, internal and external resources to scaling-up the SPA-LTC palliative program across the province.

Method

A mixed methods approach with multiple phases is being performed. Phases include a grey literature search and document analysis; survey of current components, processes, and tools for a palliative program in each of the 72 LTC homes in NB using LimeSurvey software and semi-structured interviews (telephone, videoconference) with internal and external stakeholders. Stakeholder participants include LTC administrators, leaders/staff from community organizations (e.g., Extra-Mural NB, NB Association of Nursing, hospices), as well as policy-makers. Estimated sample size is 96-100 participants.

Results

Findings from the document analysis will be shared as well as a descriptive summary of current palliative programs in N.B., perceived barriers, facilitators and lessons learned.

Conclusions This study brings together stakeholders from across multiple sectors and is the first step towards implementing a province-wide palliative program for LTC homes. Findings will provide an important baseline of palliative programs and will be used to inform the development of community-specific plans and provincial strategies to implement SPA-LTC in a sustainable way.
Social isolation and loneliness among older adults during the pandemic: How has technology mitigated the risk?

John Puxty¹,², Sarah Webster², Sasha Puxty¹
¹Queen's University, Kingston, Canada. ²Providence Care, Kingston, Canada

Abstract / Résumé

The COVID-19 pandemic has had a significant impact on individual health and wellbeing; on individual attitudes and beliefs; and on broad systems globally. There have been many challenges faced by older adults during the pandemic, however a particular thorny issue has been an emergence and magnification of isolation and loneliness, especially among vulnerable populations.

Methods: The authors conducted a literature review and environmental scan to explore how public policies or programs facilitated the development of internet connectivity and technological tools to reduce seniors’ social isolation and loneliness during the pandemic, and how seniors’ usage of the internet and technology has changed from pre-pandemic levels.

Findings: Technological programs have the potential to mitigate social isolation; during the pandemic, there has been a notable increase in the number of digital programs for older adults, as well as the proportion of this population using technology to maintain independence, stay physically active, and make connections with others. However, there remains a significant digital divide. Strategies to overcome this divide and mitigate isolation and loneliness include access to internet connectivity, access to devices, technology training, telephone check-ins, telephone and virtual programming and innovative technology (i.e. new apps or devices).

Conclusions: Several recommendations emerge about how government and non-governmental organizations can leverage lessons from the pandemic to bridge the digital divide and effectively mobilize technology to mitigate social isolation and loneliness in this population.
The Comprehensive Approach to Dementia Data Monitoring in Canada (CADDM) project: Creating a clearer picture of the experiences of people living with dementia in Canada

Katelyn Wheeldon¹,², Navjot Gill¹,², Vanessa Vucea-Tirabassi², Camryn Berry¹,², George Heckman¹,², Carrie McAiney¹,²
¹University of Waterloo, Waterloo, Canada. ²Schlegel-UW Research Institute for Aging, Waterloo, Canada

Abstract / Résumé

We do not have a comprehensive understanding of Canadians living with dementia. Current surveillance systems capture the number of Canadians living with dementia stratified by age and sex but do not reflect the heterogeneous nature of this condition and the experience of those living with dementia. The Comprehensive Approach to Dementia Data Monitoring in Canada (CADDM) project aims to enhance the current surveillance system by tracking factors that can impact people’s experience living with dementia. This began with a realist review of the literature that allowed for a rigorous systematic approach to data gathering while incorporating qualitative analysis techniques for data synthesis. All types of evidence are of value in a realist review, but must be categorized based on their quality so that future surveillance efforts can focus on factors with the most robust data. Factors related to the experience of living with dementia span individual, social, structural, and environmental domains. These include factors such as culture, social support, and well-being that can affect the experience of living with dementia. Our findings were then tested against middle-range theories about how people experience dementia. The information thus gathered was to create a more holistic model that will inform data surveillance efforts. A surveillance system based on this model will help create a clearer picture of the experiences of people living with dementia in Canada so that supports and services can be used to improve their experience and quality of life.
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The Comprehensive Approach to Dementia Data Monitoring in Canada (CADDM) Project: Realist Review-Risk Factors

Navjot Gill\textsuperscript{1,2}, Katelyn Wheeldon\textsuperscript{1,2}, Vanessa Vucea-Tirabassi\textsuperscript{2}, Camryn Berry\textsuperscript{1,2}, George Heckman\textsuperscript{1,2}, Carrie McAiney\textsuperscript{1,2}

\textsuperscript{1}Schlegel-UW Research Institute for Aging, Waterloo, Canada. \textsuperscript{2}University of Waterloo, Waterloo, Canada

Abstract / Résumé

Dementia is a significant public health concern, and an effective surveillance system is crucial to understanding its impact on individuals and society. The Comprehensive Approach to Dementia Data Monitoring in Canada (CADDM) project aims to inform enhanced dementia data collection and monitoring in Canada. We conducted a realist review to identify risk factors for the development of dementia and used the findings to create a holistic model of dementia that categorizes these factors across multiple domains, from the individual to the environment. Realist review methods were employed to identify relevant studies that shed light on the factors that increase the risk of developing dementia. Factors are organized by level of evidence, and a holistic model was created to categorize these based on their proximity to the individual. The review revealed various established, potential, or emerging factors influencing the risk of developing dementia (e.g., physical health, social support, environment). The findings of this review will inform the development of a more person-centred framework for dementia data monitoring that incorporates the identified risk factors and considers the heterogeneity of dementia. By guiding how we can enhance dementia-related data collection and monitoring, the CADDM project will better inform dementia prevention and care strategies and improve the lives of Canadians.
Measuring impact within an interdisciplinary aging research landscape

Audrey Patocs¹, Gésine Alders¹, Gésine Alders¹, P.J. White², P.J. White², Allison Dubé¹, Allison Dubé¹, Ine Wauben¹,³, Ine Wauben¹,³, Parminder Raina¹,³,⁴, Parminder Raina¹,³,⁴
¹McMaster Institute for Research on Aging, Hamilton, Canada. ²South East Technological University, Carlow, Ireland. ³Canadian Longitudinal Study on Aging, Hamilton, Canada. ⁴Department of Health Research Methods, Evidence, and Impact, McMaster University, Hamilton, Canada

Abstract / Résumé

Aging research increasingly incorporates interdisciplinary and stakeholder collaborations to address complex challenges, as population aging will demand we integrate technology, health sciences, social sciences, business, and public and patient engagement to be truly impactful and successful.

OBJECTIVES: This presentation will describe the process for implementing and evaluating interdisciplinary supports and processes into aging research through the McMaster Institute for Research on Aging (MIRA), a centralized research institute at McMaster University, in Hamilton, Ontario, and how design thinking can facilitate interdisciplinary interactions, and may contribute to research impact.

METHODS: We consulted with researchers and research support staff from all of McMaster’s six Faculties to better understand the different metrics for success among academic disciplines. Informed by this, we designed and collected research reporting from 40 researcher teams and 75 trainees who received funding from the institute for at least one year over the course of a six-year period (2017-2022). Respondents submitted detailed reporting on interdisciplinary interactions, stakeholder and public engagement, academic output, grants and awards, recruitment of staff or trainees, media coverage, engagement with policy makers, and other knowledge translation activities and research impact measures.

RESULTS & CONCLUSIONS: Greater interdisciplinary and stakeholder-engaged approaches in research projects were related to patterns in research impact and researcher success, including traditional metrics (publications, conference presentations, research funding and awards). Further, qualitative data describe how researchers made adaptive changes to methods, analyses, knowledge translation and implementation strategies based on feedback from stakeholders and colleagues from other disciplines. However, interpreting traditional metrics, such as the numbers of publications or students trained using appropriate disciplinary lenses.
Setting a Future Direction for Oasis Using a Co-Design Framework

Kathryn McCartney¹, Jessica Ramlakhan², Simone Parniak¹, Catherine Donnelly¹, Jennifer Wilkie², Riley Malvern¹, Vincent DePaul¹
¹Queen's University, Kingston, Canada. ²BoardWalk Group, Toronto, Canada

Abstract / Résumé

Background: Over the next 20 years, Canada’s older adult population is expected to grow by 68%. Older adults face isolation, loneliness, inadequate nutrition, and lack of physical activity. Oasis Senior Supportive Living (Oasis) is an older adult directed program which provides socialization, nutrition, and physical activity programming in naturally occurring retirement communities. Oasis has demonstrated a decrease in loneliness and improved health outcomes for those who participate. As Oasis expands across Canada, a more fulsome governance, corporate structure, and strategic plan is needed to support it.

Methods: Mixed methods were used to co-design the organizational structure, including governance and strategic plan. Surveys were completed by 64 older adults living in Oasis communities; 16 Board Members, staff, and research partners; and 21 general stakeholders. Subsequently, an in-person workshop with 23 stakeholders was held to explore and expand on the survey themes.

Results: Participants identified the purpose of Oasis as promoting wellbeing, bringing people together, and creating safe, inclusive communities. Participants emphasized that Oasis seeks to support aging well in place with focus on key values: social connectedness, community, respect, welcoming environments, and partnerships. Using an evidence-based framework, participant insights were compiled to guide refinement of governance and corporate structures.

Conclusions: Participants provided key insights and demonstrated commitment to the potential of Oasis to support aging well in place across Canada. Data collected through co-design methods has been used to inform a Strategic Plan, and Governance and Sustainability Roadmap for Oasis to guide future development of the network of communities across Canada.
Safety in Long-term Care: Examining Accidents that Result in Emergency Department Admission

Peter Brink
Lakehead University, Thunder Bay, Canada

Abstract / Résumé

Emergency departments provide a vital service to young and old alike. The services provided to older adults systematically differ from that of younger cohorts, where older adults often present with high acuity conditions that are more complex. Although emergency department use by older adults has gotten a lot of attention over the years, little research has explored emergency department use by long-term care residents.

Studies have shown that older adults access emergency departments at a higher rate than younger cohorts, and even though many of these visits are warranted, some may have been preventable. A literature review of emergency transfers suggests that, from a systems level perspective, emergency department use by residential aged care facility residents represents a significant use of healthcare resources. From the resident perspective, an emergency department admission can be a significant burden that may have adverse consequences.

This paper examines some of the reasons that long-term care residents requires emergency department care. Existing research suggest that older adults use the emergency department more often than younger age cohorts. There also exists a limited understanding of emergency department use by older adults, even less so that examines this caveat in relation to other health services.
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Dementia-Friendly Transportation Services: A Scoping Review

Stéphanie Lanthier-Labonté, Joey Wong, Habib Chaudhury, Lillian Hung
1University of Sherbrooke, Quebec, Canada. 2University of British Columbia, Vancouver, Canada. 3Simon Fraser University, Vancouver, Canada

Abstract / Résumé

Objectives: Dementia-friendly transportation (DFT) support people with dementia to keep their mobility, participation, and independence in the community. Despite the increased attention to creating dementia-friendly communities, there has been less focus on transportation services. A scoping review was conducted to explore existing empirical literature on DFT services and their characteristics.

Method: Relevant studies were searched through 15 databases. Eligibility included empirical research about transportation services in English or French, specifically for people with dementia in the community. A narrative synthesis approach was used to summarize findings.

Results: Of 650 articles, 35 studies were included. Most studies were published after 2017 in North America, Europe, Asia and Australia, including rural and urban contexts. We synthesized the findings as: 1) met and unmet needs of transportation services, 2) use of services, and 3) 5As, including availability, accessibility, adaptability and acceptability, and affordability. Insights observed are the gap between the need and use of services, challenges to provide affordable services in the rural context, the service quality in terms of staff attitude and training on the needs of people with dementia, the availability of legible navigation tools such as signages, quiet spaces and public toilets in transportation hubs.

Conclusions: This scoping review revealed that the scope of existing literature remains limited. Studies showed the need to improve the 5As and optimize the use of DFT services. Best practices such as mobility management and improvements of transportation hubs still need to be designed, demonstrated and evaluated with people with dementia in further studies.
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Interventions against Social Isolation of Older Adults: A Systematic Review of Existing Literature and Interventions

Jaya Manjunath, Nandita Manoj, Tania Alchalabi
The George Washington University School of Medicine and Health Sciences, Washington, USA

Abstract / Résumé

Social isolation is widespread among older adults, especially those confined to living in nursing homes and long-term care facilities. We completed a systematic review evaluating the effectiveness of 20 interventions used to combat social isolation in older adults. A scoring mechanism based on the Joanna Briggs Appraisal Checklist was utilized to determine the quality of the studies. Searches were conducted in "MedLine", "PubMed", "PsycINFO" and "Aging and Mental Health". Studies completed on group and person-centered interventions against social isolation were the highest quality as the social isolation experienced by older adults decreased after the intervention, and this effect continued in follow-up studies. Other interventions such as volunteering-based interventions also alleviated isolation; however, follow-up studies were not completed to determine long-term efficacy. Given the increase in social isolation faced by older persons during the pandemic, our review can be utilized to create effective interventions to reduce social isolation.
Consent and Meaningful Inclusion of People Living with Dementia in Research

Amanda Grenier\textsuperscript{1,2}, Deb O'Connor\textsuperscript{3}, Krista James\textsuperscript{4}, Sara Pon\textsuperscript{4}, Laura Tamblyn-Watts\textsuperscript{5,1}, Daniella Minchopoulos\textsuperscript{1}, Nicole Velev\textsuperscript{5}, Jim Mann\textsuperscript{6}
\textsuperscript{1}University of Toronto, Toronto, Canada. \textsuperscript{2}Baycrest Hospital, Toronto, Canada. \textsuperscript{3}University of British Columbia, Toronto, Canada. \textsuperscript{4}Canadian Centre for Elder Law, Vancouver, Canada. \textsuperscript{5}CanAge, Toronto, Canada. \textsuperscript{6}AGE-WELL, Vancouver, Canada

Abstract / Résumé

People living with dementia (PLWD) may want to participate in research. However, several barriers in legislation, research practices, and guidelines of research ethics boards (REBs) actively exclude PLWD from meaningful research participation. This proof-of-concept project aims to engage with legal, ethical, conceptual and research frameworks; challenge ideas and practices of presumed incapacity; clarify law and policy in consent and decision-making rights; and develop and share print guides, online training, and education modules. The study utilizes a multi-method approach comprised of (1) legal research on legislative frameworks, laws, and policies across Canada; (2) a literature review on consent to research participation; and (3) 15 semi-structured qualitative interviews with Canadian dementia researchers.

This poster outlines initial findings of the literature review. First, capacity and consent in research are rarely defined in the academic literature despite the widely acknowledged ethical importance of informed consent. Second, additional tensions arise with regards to who should be involved in decision-making and consent processes. Third, the relationship between ethics, vulnerability, and inclusion of PLWD in research is under-examined. Added to this is the emerging finding of the legal review, that few mechanisms exist to ensure inclusion. Together, these findings reveal gaps in understanding of consent, and the challenges that may exist in overcoming existing assumptions and practices that operate through presumed incapacity, processes of exclusion, and discrepancies in knowledge and practice about consent across Canada. Our research underscores the importance of changes to ensure the meaningful inclusion of PLWD in the research that ultimately affects their lives.
Increasing commodification of life’s time? Subjective life expectancy and intention to retire in two Danish cohorts

Anu Siren¹, Mona Larsen²
¹Tampere University, Tampere, Finland. ²The Danish Centre for Social Science Research, Copenhagen, Denmark

Abstract / Résumé

Both life expectancies and retirement ages are increasing. In many countries, statutory retirement age is directly linked to the increase in average life expectancy. In turn, the individual subjective expected time left has been demonstrated to be associated to people’s individual retirement decisions.

Using data from the Danish Longitudinal Study of Ageing (DLSA), this study investigated the association between subjective life expectancy (SLE) and people’s intention to retire (ITR) over time by comparing two cohorts. It asks whether the increasing individualization in retirement planning and decision making has made people to increasingly factor the expected time left into their decision about retirement. The study included DLSA respondents who were 52 years in 2012 and 2017 (birth cohorts 1960 and 1965).

The findings show that between 2012 and 2017, the association between SLE and ITR has become stronger for women but not for men. The possibility to collect early retirement benefit (possibility gradually phased out in the Danish system) also affected the association between SLE and ITR.

Retirement norms guide people strongly in culturally homogeneous societies like Denmark. Changes in policy, norms and behaviour are likely to cause a change in the association between subjective life expectancy and retirement plans, but more research is needed to entangle their effects.

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Recognizing incapacity to seek help in the context of vulnerability: A conceptual analysis.

Julien Gauthier Mongeon\textsuperscript{1,2}, Maryse Soulières\textsuperscript{3,1}, Sarita Israël\textsuperscript{1}, Anne-Sophie Dubé\textsuperscript{1}

\textsuperscript{1}Centre for Research and Expertise in Social Gerontology, Montreal, Canada. \textsuperscript{2}National Institute of Scientific Research, Montreal, Canada. \textsuperscript{3}University of Montreal, Montreal, Canada

Abstract / Résumé

In April 2022, the government of Quebec made amendments to the Act to combat maltreatment of seniors and other persons of full age in vulnerable situations (L-6.3). The Act stipulates that older adults and persons in situations of vulnerability in specific contexts are subject to mandatory reporting by healthcare workers and other professionals. The capacity to seek help is central to the definition of a person in a situation of vulnerability in the law, defined as “a person of full age whose ability to request or obtain assistance is temporarily or permanently limited...”. Thus the importance for workers to recognize the capacity to seek help among persons that meet the criteria for mandatory reporting.

A conceptual analysis of help-seeking among adults was led, based on the work of Walker and Avant (2014) who developed a model often utilized in nursing sciences. The main databases in health and social services were consulted to identify the pertinent literature. This presentation will focus on the results of this analysis, highlighting the principal definitions and key components of help-seeking. We will also discuss the limits and outcomes of this analysis, including the potential for the development of clinical tools to support practice with older adults and persons in situations of vulnerability.
Meanings of creative and arts-based leisure in later life

Rebecca Genoe¹, Toni Liechty², Wonock Chung³, Pattara Tavilsup⁴, Samara Stearns⁵, Kristen Plandowski¹, Jenna Fesemyer⁵
¹University of Regina, Regina, Canada. ²University of Illinois Champaign Urbana, Champaign, USA.
³Northern Illinois University, DeKalb, USA. ⁴University of Calgary, Calgary, Canada. ⁵University of Illinois Champaign Urbana, Champaign, USA

Abstract / Résumé

Engagement in arts-based and creative leisure has been shown to contribute to well-being across the life course. For example, participation in crafts such as knitting and sewing serves as a means of managing stress and self-expression. Despite these benefits, little is known about the meaning of these types of leisure activities in later life. Thus, the purpose of this poster presentation is to explore how arts-based and creative leisure pursuits (e.g., music, fiber arts, drama, writing, and woodworking, among others) contribute to a sense of meaning in later life. Data for this presentation come from a multi-year longitudinal study exploring leisure and the transition to retirement. Forty-four Canadian baby boomers participated in the study. Data were collected using a multi-author blog, where participants were invited to share their experiences regarding leisure and retirement. Participants were divided into five groups, and each group blogged four times per year. Posts were analyzed using thematic analysis in NVivo 12. Findings indicate that participants found pleasure and joy in the process of pursuing arts-based and creative leisure activities. They valued opportunities to develop and practice their skills as they sought out new challenges. They also engaged in these activities as a means of self-expression. Furthermore, some participants engaged in arts-based and creative activities to cope with challenging situations, such as caregiving for a loved one or dealing with health concerns. Participants took pride in the results of their efforts and appreciated sharing their accomplishments with others, such as family, friends, and their communities.
Understanding aging process through changes in later life: A qualitative study of older adults’ perception of oldness and aging

Lun Li¹, Yeonjung Lee², Laxman Shrestha³, Stacey Squires³
¹MacEwan University, Edmonton, Canada. ²Chung-Ang University, Seoul, Korea, Republic of. ³University of Calgary, Calgary, Canada

Abstract / Résumé

This study intends to understand how older adults perceive oldness and aging through their later life experiences, including the change of mental and physical health, family and social life, as well as impacts of the COVID-19 pandemic. Social work students who enrolled a gerontology course in a Western Canada university during the winter semester in 2022 and 2023 conducted a semi-structured in-depth interview with older adults aged 70 years and older as an assignment. The recordings of the interview were transcribed, and a thematic analysis was conducted for 15 transcriptions, which the consent was obtained from students. Three main themes were identified: 1) older adults conceptualize oldness based on deterioration of physical health and functional capability, but neither mental nor emotional health; 2) older adults normalize the aging process through the changes of family/generation structure, a shift from a productive to a recreative social life, and the narrowed networking size; and 3) the fact that pandemic has adversely affected older adults disproportionately compared to younger groups contributes to older adults’ perception of aging as a risk factor for health and wellbeing. The findings suggest older adults distinguish oldness and aging, as shown that most of older adults believe they are aging, but not old. The findings also reveal the salience of creating positive aging experiences through promoting healthy, active and successful aging as well as creating aging-friendly environment, such as the use of aging inclusive languages.
Our Words Matter When There is a Change in Autonomy

Marie-Claude Giguere
Helping Seniors, Montreal, Canada

Abstract / Résumé

So much bullying is being witnessed in the language that is used when helping seniors adapt at home, downsize, lightsize, and/or transition towards senior living. These are words that destroy confidence and breakdown conversations: “They have no choice”, “We will force them.”, “I’ll put my parents over there.”, “There is no other option.”, “He shoved her into making that decision.”

These statements are painful to hear and it is clear that the words used trigger/activate emotions during every conversation. This ultimately affects how closed people are to talking about aging, and often leads to arms that are crossed in a crisp fashion over the chest, with heels dug into to the ground, as the senior says: “They can take me feet first out of this place.”

A slight modification in the words we use when a senior faces new realities and adjusts to current needs can create a positive outcome, less guilt and shame for everyone involved, and can help offer more power to the senior in the room.

Based on 24 years of field research, this presentation will bring light to the current language used and offer tools to have more productive conversations that are beneficial to everyone involved. The goal is to invite change so that, as a community, we can create new best practices and teach one person at a time how a few words can make a huge difference when we guide our seniors facing a delicate stage in life.
The "Real" Realities of Knowledge Mobilization through Age-friendly Outreach

Judy Lynn Richards\textsuperscript{1,2}, Peter Holman\textsuperscript{2}
\textsuperscript{1}University of Prince Edward Island, Charlottetown, Canada. \textsuperscript{2}Age-friendly PEI, Inc, Albany, Canada

Abstract / Résumé

Join us as we share the real realities of knowledge mobilization. Age-friendly PEI, Inc (2020), with the mandate to support age-friendly environments and living across Prince Edward Island (PEI). Using a knowledge mobilization framework, along with the Public Health Agency Canada’s (PHAC) and the World Health Organization’s (WHO) age-friendly criteria, AFPEI has conducted outreach, e.g., with activities, like several workshops, all while collaborating to coalesce an academic/community path to "close the know-do-gap." The benefit: reaching our objectives to help to reduce isolation, promote community involvement of seniors in their communities and their day-to-day lives, in an evolving age-friendly environment, province-wide.

With this pre-conference workshop, we have two objectives. One is to share the "real" realities of forging "our" path. Indeed, doing so has not always been an easy task to honour and respect the ideas and wishes of the parties involved (nor to negotiate the pandemic as an organization), while trying to bring current information to our most valued and vulnerable. A second objective is to delineate our time using our KM strategies while on Government committees, such as being asked to join PEI Seniors Health and Wellness Implementation Council, which manifested in our contributions to numerous recommendations being presented to the PEI Government, moving age friendly thinking and actions forward.

Highlighted from our journey, together, as community and academia, we share our experiences and abilities (and challenged inabilities) to work with concepts like mutual understanding, reflexivity, tacit knowledge, covert knowledge, and the expected and unexpected outcomes, etc, in communities across PEI.

While we are getting "real," we will share our knowledge, mobilizing it to and with you!
Beautywithin: community-engaged teaching through an awareness campaign

Marfy Abousifein, Rhea Varghese
McMaster University, Hamilton, Canada

Abstract / Résumé

Objective: The Canadian Association on Gerontology: McMaster Student Connection (CAG-MSC) created BeautyWithin, a community-engagement campaign seeking to defy ageism and traditional beauty standards that isolate vulnerable populations. The campaign aims to empower future and present-day older adult community members by highlighting their diverse perspectives.

Methods: Community-engagement teaching practices of promoting learner collaboration, reflection, dialogue, and experiential learning were utilized. Student managers interviewed participants at McMaster University and virtually. There was no age restriction and audio-recorded or written consent was obtained. Participants answered two questions: "What is beauty?" and "What is aging?". A student photographer captured participant headshots.

Results: Thirty-four older adults and students were recruited. Interviews were transcribed. Emergent themes regarding beauty include internal beauty, variability within cultures, the importance of role models, beauty within action, and self-perception. Emergent themes regarding aging include mental and physical aging, fear, change, challenges, loss of control, wisdom, experience, community, and social opposition to aging.

The content was compiled into a website, shared through McMaster's Daily News website and CAG-MSC Instagram, to highlight community perspectives on aging and beauty.

To promote dialogue and spread awareness, the campaign incorporated a two $50 gift card giveaway. To enter the giveaway, students had to comment on beauty and aging on CAG-MSC Instagram posts or share the project. 79 entries were recorded.
Conclusion: This experiential learning opportunity allowed student managers to design, conduct, and analyze interviews, collaborate, and utilize knowledge mobilization strategies to highlight diverse perspectives on aging and beauty. The giveaway and website educated and engaged the community.
Competency By Design For Geriatric Medicine Training Programs in Three Countries

Philip St John1,2, Derek Fisk3, Jose Francois4
1Section of Geriatric Medicine, University of Manitoba, Winnipeg, Canada. 2Centre on Aging, University of Manitoba, Winnipeg, Canada. 3Max Rady College of Medicine, Winnipeg, Canada. 4Department of Family Medicine, University of Manitoba, Winnipeg, Canada

Abstract / Résumé

BACKGROUND: Competency Based Medical Education (CBME) is an outcomes-based approach to the design, implementation, and evaluation of education programs and to the assessment of learners across the continuum that uses competencies or observable abilities. CBME is becoming a standard for geriatric medicine education in many countries, including the US, Canada and the UK. METHODS: We obtained the frameworks for CBME and the Entrustable Professional Activates (EPAs) or national equivalent, for subspecialty training in Geriatric Medicine in Canada, the US and UK. EPAs are key tasks of a discipline that an individual can be trusted to perform in a given health care context, once sufficient competence has been demonstrated. We then compared the content of the EPAs across the countries, and determined areas of general agreement, disagreement, and areas which were not covered in some countries. RESULTS: All three countries developed EPAs based upon physician groups within the specialty. There was minor involvement of other key stakeholders. EPAs from all countries in included: patient centred care, advance care planning, considering family and/or social supports, pain management, managing transitions in care, participating in interdisciplinary teams, assessment of cognition, and quality improvement. Differences include: consideration of spirituality (present in the US and UK but not in Canada), managing a practice (only in Canada), engaging in scholarly work (only in Canada), understanding legal issues (UK only), comanagement with other specialties (not in Canada), and dealing with global health and public health (only UK). CONCLUSIONS: Despite different societies, health care systems, and educational systems, CBME has considerable similarities between the three countries.
The Ohio Association of Gerontology and Education and Ohio Department of Aging Scholars in Aging Program

Daniel Van Dussen¹, Kate DeMedieros², Jennifer Kinney³
¹Youngstown State University, Youngstown, USA. ²Concordia University, Montreal, Canada. ³Miami University, Oxford, USA

Abstract / Résumé

The Ohio Scholars in Aging Program (Scholars Program) is a collaborative effort between the Ohio Department of Aging (ODA) and the Ohio Association of Gerontology and Education (OAGE). The ongoing program, which admitted its first cohort in 2013, links students’ hands-on experience to aging-related policy at the state level, provides scholars the opportunity to learn about aging-related policy-making, establish career-long professional contacts, and gain valuable career knowledge and skills in the field of aging. The program is designed for students from any discipline who are pursuing a baccalaureate or post-baccalaureate degree and are enrolled in an aging-related internship/practicum, service learning, or are working on an applied research project. The overarching goal of the program is to build OAGE’s aging network by cultivating future decision-makers and designers of aging services, hopefully in Ohio. The development and evolution of the program and its student and community organization participants; provides initial feedback about the program from the alumni scholars. Finally, the manuscript examines program challenges and successes over the past decade and concludes with recommendations for others who are interested in implementing similar programs.
Communities of teaching practice and educational research: Age relations among intergenerational partnerships of students, staff, and faculty in higher education

Kelsey Harvey¹, Stephanie Hatzifilalithis¹, Julia Cerminara², Elisa Do³, Kate Cooper⁴
¹McMaster University, Hamilton, Canada. ²Brock University, St. Catharines, Canada. ³University of Victoria, Victoria, Canada. ⁴University of Surrey, Surrey, United Kingdom

Abstract / Résumé

Population aging has affected all social institutions, including higher education. Yet, intergenerational relations between students, faculty, and staff in higher education has received little attention. To investigate intergenerational relations in higher education, we examined the students as partners movement in higher education wherein faculty, staff, and students are said to work as equals on teaching- and learning-related projects/research. We asked, how do the ages of student, staff, and faculty influence power and relational dynamics in formal educational partnerships? Using a critical grounded theory approach, we interviewed 13 individuals (four students, three staff, and six faculty members) from three countries (Canada, the U.S., and the U.K.) ranging in ages from 20-50 years. We found that individuals’ past experiences, their social locations, and identities, shaped individuals’ expectations of working in intergenerational collaborations. Herein, normative age-graded hierarchies embedded within academic structures meant partners neither questioned nor discussed age-related biases. These biases arose from the conflation of age and stage, wherein greater age and higher (student/career) stage were privileged, devaluing youth and the student position. To foster intergenerational power sharing, individuals described consciously cultivating closeness to overcome conceptual and actual age gaps. We conclude by arguing for the importance of including age as a salient social category in the pursuit of diversity, equity, and inclusion initiatives in higher education. We also argue, as gerontologists teaching and conducting research in higher education, for the importance of thinking intergenerationally and with an anti-ageist lens within and beyond our academic communities.

For the most recent version, please see the complete online program.
Pour la version la plus récente, veuillez consulter le programme complet en ligne.
Aging Globally: Lessons from Scandinavia – Concept, History, and Achievements from Canadian Perspective

Aleksandra Zecevic
Western University, London, Canada

Abstract / Résumé

Aging Globally: Lessons from Scandinavia, a faculty-led study abroad international course, was initiated at the Western University, Canada in 2018, as a third-year elective, delivered in a blended format that combines synchronous and asynchronous activities online, in person trip preparation and a 12-day travel. The 13-week pre-trip activities include Collaborative Online International Learning (COIL) with like-peers from OsloMet University in Norway, followed by the study tour through Norway, Sweden and Denmark. At Karolinska Institute in Sweden we meet for a full day seminar, deepening discussions about healthcare systems, public health, multidisciplinary teams, long-term care, health technology, and more. The objective is to explore and identify what we can learn from each other when it comes to disease prevention, management of chronic disease, health provision and health-related quality of later life. Students work in multinational, trans-Atlantic interdisciplinary teams that create videos, infographic, and individual e-Portfolios. Since 2018, the course involved 320 students (150 CAN, 50 NOR, 120 SWE) and 24 professors (8 CAN, 8 NOR, 8 SWE) from Health Studies, Occupational Therapy, Physiotherapy, Nursing, and Technology, Science and Design programs at three universities, and nine partners with non-academic institutions (e.g., Cycling Without Age, Silviahemmet, WHO European Office). Outcomes for students include expended knowledge, cultural competencies, networking, teamwork and other transferable skills. The course was a catalyst for three curriculum development grants totaling nearly $2 million CAD, a prestigious Teaching Fellowship for the lead instructor, new research collaborations, internships, student exchanges, and summer course, lifting global gerontological education to a new level.
Internationalization at Home: Swedish Perspective of Aging Globally Collaborative

Anne-Marie Boström, Vanja Berggren, Susanne Guidetti, Sara Widén, Margarita Mondaca, Sofia Vikström
Karolinska Institutet, Stockholm, Sweden

Abstract / Résumé

Since 2018, Karolinska Institutet (KI) has had a collaboration with the Western University, London, Canada with an objective to identify opportunities for teaching and research in the field of healthy aging and care of older adults for both students and faculty. We have arranged a one-day seminar combining a group of KI students from the undergraduate programs in nursing, physiotherapy and occupational therapy, with visiting students from Western and more recently from OsloMet University too. The aim of the seminar is to comparatively explore how healthcare and social care are provided for older adults in Sweden and Canada using a case study. In total 130 students and 11 professors from KI have been involved. During the seminar, the KI students have reflected on the similarities and differences between the countries, and especially on lessons worth learning from Canada, such as tailoring the care for older adults from diverse cultural backgrounds. Professors have established alliances for future research and teaching activities. Since 2022, KI has provided research internships and in 2023 we included Western students in an interprofessional course titled Community- and Home-Based Rehabilitation - Cultural Perspectives. While all KI Faculty of Health Sciences programs have been involved in the Aging Globally seminar, due to limited space, only select students from each program have been able to participate. The next step is to develop a knowledge mobilization learning activity where the seminar participants will disseminate their new knowledge and skills to peers in their respective programs, so called internationalization at home.
Responsive Behaviors and Comfort rounds: Educational activities for Nursing Students

Rashmi Devkota, Sherry Dahlke
University of Alberta, Edmonton, Canada

Abstract / Résumé

Objectives: To examine nursing students’ perceptions about responsive behaviours, and safety and mobility e-learning activities.

Methods: A cross-sectional survey design was used. We included third year baccalaureate nursing students at a Canadian university. Students self-selected to participate in the study and those who completed surveys were included. Our sample included 107 participants for responsive behaviours module and 119 participants for safety and mobility module. We used feedback survey to assess students’ perceptions of each of the e-learning activities using four 5-point Likert-type items (1=strongly disagree and 5=strongly agree). We also asked one open-ended question to collect their feedback and suggestions for the module. Descriptive statistics (frequency, mean, and standard deviation) were used to summarize sample demographics and participants responses. We used content analysis to analyze open-ended responses.

Results: Participants reported that the module increased their confidence, interest and knowledge in managing responsive behaviours and providing effective comfort to older people during comfort rounds. Participants also found the method of instruction interactive and enjoyable.

Conclusions: Our interactive modules related to responsive behaviours and comfort care was effective in sensitizing nursing students to their role in promoting evidence-based care to older people.
Thème en lien avec l’enseignement et apprentissage de la gérontologie. Nouvelle approche innovatrice pour intervenir auprès des troubles neurocognitifs. L’approche positive.

Johanne Maheu  
Laurentian University, Sudbury, Canada

Abstract / Résumé

Résumé atelier

Bonjour,

Dementia-friendly first responders edu-action: Development of interactive training materials for indigenous first responders

Isabella Chawrun¹,², Hector Perez¹,², Antonio Miguel-Cruz¹,³,⁴, Noelannah Neubauer¹, Christine Daum¹,³, Cathy Conway¹, Jamie Stirling⁵, Lili Liu¹
¹Faculty of Health, University of Waterloo, Waterloo, Canada. ²The Games Institute, University of Waterloo, Waterloo, Canada. ³Faculty of Rehabilitation Medicine, University of Alberta, Edmonton, Canada. ⁴Glenrose Rehabilitation Research, Innovation & Technology (GRRIT) Hub, Glenrose Rehabilitation Hospital, Edmonton, Canada. ⁵SAR-1, Listowell, Canada

Abstract / Résumé

Dementia is 3-5 times higher in First Nations, increasing at a faster rate with onset ten years younger on average. As dementia is associated with risks of going missing, culturally appropriate training for Indigenous first responders would enhance capacity to mitigate these risks in Indigenous communities. Training videos could be an effective way to increase awareness and knowledge. In this case, training could utilize real-life scenarios. We co-developed three traditional videos and one 360-video for Indigenous first responders to support the search and rescue (SAR) of persons living with dementia in their communities. We partnered with two Indigenous Nations: Kahnawà:ke SAR and Peacekeepers in Quebec and Fire and Fisher River Ambulance from Peguis First Nation in Manitoba. In collaboration with a SAR expert, we co-designed evidence-based search scenarios specific to Indigenous contexts to ensure content was relatable and specific to their communities. The four interactive videos cover basic and advanced concepts of SAR for missing persons living with dementia, specifically for Indigenous first responders. The training will be available in English, French, Mohawk and Ojibwe. Community-based approaches and engagement with multiple stakeholders are crucial to establishing partnerships and creating context-specific training that meets Indigenous first responders’ needs. Thus, by co-developing interactive training materials that are actionable, we generate edu-action. Indigenous first responders can use these videos to equip themselves with the knowledge to mitigate and manage missing incidents. The next step is to disseminate these videos to other Indigenous communities and evaluate their usefulness in enhancing awareness and knowledge.
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Holding space for community to happen: What we learned about intergenerational residencies from the ICER Award

Pauli Gardner, Ella Laygo, Katherine Scully
Brock University, St. Catharines, Canada

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 reduce social isolation and loneliness, increase social support, improve mental and physical health, and enhance the quality of life for older and younger participants. Community-based housing arrangements that have university students living with older adults provides a space to combat ageism and age-segregation and promote social integration, intergenerational relationships, and a sense of community.

The ICER (Intergenerational Community-Engaged Residency) Award is a unique experiential learning and living opportunity. The awardee, a Masters 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, the student contributes to the vibrancy of the residence by providing 30-40 hours per month of community engagement in the building.

Data collected over the course of the first (pilot) year includes tracking of all activities and events, photographs, meeting notes between the student, ICER coordinator and faculty member, and interviews with tenants, other MAG students and building managers and recreation staff.

In this session we present the results of our evaluation with a particular focus on the more unexpected and unanticipated outcomes of the program including how this experience empowered the older adults, helped to re-build connections severed during Covid-19, and highlighted the qualities of the student that we believe are the most effective for community-building and intergenerational fun.
Facilitating palliative care training for persons with dementia using a self-instructional gamification learning module

Winnie Sun¹, Jen Calver¹, Volletta Peters¹, Marvin Mnaymneh¹, Attila Kovacs¹, Sheryl Thorpe², Harry van Bommel³, Daniel Sparks², Nitha Reno², Manon Lemonde¹
¹Ontario Tech University, Oshawa, Canada. ²Durham Region, Oshawa, Canada. ³Legacies Inc, Toronto, Canada

Abstract / Résumé

Purpose: To engage long-term care staff and students in an interactive, gamified learning environment to support capacity building and to deliver education about evidence-informed palliative care services for persons with dementia.

Objectives: (1) Upskill dementia care competencies to promote resilience and evidence-informed practice; (2) Bridge the gap in dementia care training for LTC staff; (3) Prepare the LTC workforce and care partners to address the palliative care needs of residents living with dementia.

Workshop Format: In this workshop, approaches to palliative care training for persons with dementia using self-instructional and gamified learning will be discussed. Participant will explore their own perceptions of palliative care learning and, discuss barriers and facilitators to engaging in virtual self-instructional learning. During this workshop, participants will have an opportunity to role play a family carer who needs to make decisions regarding the care and supports for their mother, using a simulated and gamified learning environment. To conclude this workshop, participants will debrief and reflect on their perceived self-efficacy in utilizing a simulated and gamified educational approach to learning about palliative care for persons with dementia.
BC Interior Health Long Term Care Virtual Reality Program: Bringing the world to people living in long term care homes to improve quality of life and supporting quality of work life for LTC staff

Joanna Harrison¹, Michelle Smith¹,², Karen Littleton¹, Paula Morrison¹, Deanne Taylor¹, Jake Pechauer³
¹Interior Health, Kelowna, Canada. ²University of British Columbia, Kelowna, Canada. ³Rendever, Denver, USA

Abstract / Résumé

For decades, the long term care (LTC) sector has increasing challenges to provide clinical care needs in a safe home environment for people living in LTC homes as well as support families and staff. With addition of the COVID-19 pandemic, LTC homes struggle beyond capacity without an identifiable end. Notable effects in the day-to-day life of people living in LTC (e.g., social isolation, decreased indoor/outdoor activities, decreased connection with family, visitors) associated with decreases in mental and physical health and negative impacts on family experience and staff experience continue. One intervention in response to this context, is our Interior Health (IH) LTC Virtual Reality (VR) program. This phased approach to implementation utilizes Rendever Virtual Reality (VR) equipment and programming is an evidence-based approach/tool to support people living in LTC, families and staff. Rendever VR provides people living in LTC with the ability to experience new places, visit childhood homes and have fully immersive experiences they have never had a chance to do before-and to have and share these immersive experiences with their fellow residents, family, friends and staff to reduce isolation and build stronger bonds within our communities. We will present our developing program from initial start May 2021 to expansion to date of 20 homes. We present our meaningful engagement process including in person VR demos in 35+ LTC homes, consultation across IH departments and collaboration with Rendever, measurement strategy, challenges, problem solving and next steps further developing our LTC VR program.
Better addressing challenges related to older adults’ social participation by connecting gerontology professionals: example from a cooperation between Quebec and Chile

Dolores Majón-Valpuesta1,2, Pastor Cea-Merino3, Agathe Prieur-Chaintré1, Thi Huyen Trang Nguyen1, Katherine Boisvert-Vigneault1, Alexandra Lemay-Compagnat4, Wood Guerlin Tellus1, Mélanie Levasseur1
1Centre de recherche sur le vieillissement, Université de Sherbrooke, Sherbrooke, Canada. 2Universidad de Sevilla, Sevilla, Spain. 3Universidad de Aysén, Coyhaique, Chile. 4Université de Sherbrooke, Sherbrooke, Canada

Abstract / Résumé

The aging of population involves a significant social demand, for which healthy ageing must be optimized by promoting their social participation, and better addressing the challenges that this entails for gerontology professionals. For example, in 2050, older adults will represent 32.1.% in Chile and 27.0% in Quebec. Spaces for reflection of theoretical and practical knowledge related to social participation were developed in one cooperation, with students and professionals in Quebec (with extensive background in gerontology training) and Chile (with fewer opportunities for training in gerontology). This presentation will explore how connecting gerontology professionals from Quebec and Chile can help address the challenges they face in promoting the social participation in old age. Between March 2022 and January 2023, 9 workshops were held with 26 participants: 13 masters and doctoral students from Université de Sherbrooke, 5 undergraduate students from Universidad de Aysén and 8 professionals from regional care services in Chile. For Chile, the main challenges concerned difficulties of reaching older adults due to the characteristics of the territory (transportation routes), absence of institutional support (public policies), and professionals’ ageist perspectives. In Quebec, the participants discussed lack of motivation to participate or the problems of communication using certain technologies are highlighted. These challenges require better accessibility to older adults and the promotion of spaces for listening and the promotion of self-determination (finding the meaning of participation). These results should contribute to adjustment of gerontology training programs focusing on skills to deal with the diverse realities related to older adults’ social participation.
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Exploring the Lived Experiences of Using Healthcare Services Through the Lens of the Older Adult

Sue Ann Mandville-Anstey, Joanne Chafe
Centre for Nursing Studies, St. John's, NL, Canada

Abstract / Résumé

Ageism is defined as stereotyping or discrimination against people because of their age. With the growing population of older adults in Canada and developing countries worldwide, ageism is and continues to be prevalent in society. The presence of ageism in healthcare is concerning as it impacts the quality of care and health outcomes of older adults. Older adults require unique and specialized approaches when receiving healthcare as the health status of older adults is influenced by a combination of age related changes, disease pathology, and lifestyle choices. It is essential for those providing care to have a heightened awareness of the presence of ageism in society and within healthcare environments that may influence the quality of care experienced by older adults.

The purpose of this research study is to use a phenomenological approach to explore the experiences of older adults who have utilized health services in Newfoundland within the last two years and determine if approaches to care impacted this experience. Findings from this study will be presented.

It is anticipated that the findings from this study will contribute to the development of strategies and policies that will shape the quality of care seniors receive in the healthcare system. As nurse educators we are confident that our inquiry will inform teaching methods by helping educators exert a more transformative effect on attitudes toward aging in future nurses.
Screening, assessing and supporting older drivers: the development, acceptability and feasibility of a nursing guide

Camille Savoie¹, Philippe Voyer¹, Suzanne Bouchard¹, Martin Lavallière²
¹Université Laval, Quebec, Canada. ²Université du Québec à Chicoutimi, Chicoutimi, Canada

Abstract / Résumé

The nurse is one of the five healthcare professionals authorized by the Quebec Highway Safety Code to judge a person's fitness to drive. Due to its proximity to people, it holds a key position in screening, assessing and supporting elderly drivers. Moreover, nurses play little or no role in road safety, because they say they lack expertise in this area. This subject is rarely addressed in initial and continuing training, and no tool or practice guide is currently available to support clinical judgment and guide the nursing role in road safety. This presentation aims to present the results of a doctoral research project aimed at developing and testing a nursing guide for the assessment and support of seniors in road safety. The study was conducted in two research phases. The first descriptive qualitative phase, used to develop the guide, was carried out according to a triangulation of empirical, theoretical and experiential data (semi-directed interviews with seniors, relatives, nurses, physicians and occupational therapists). The second phase, carried out according to a convergent mixed method, made it possible to assess the acceptability and feasibility of the guide by testing it with nurses, physicians and seniors. The guide, totaling 23 pages, offers nurses an orientation regarding their role in road safety and allows them to meet the needs of seniors encountered in their practice. This study turns out to be the first attempt to create a guide dealing with road safety, intended for the nursing profession in Quebec.
Identifying knowledge mobilization strategies for the uptake of clinical guidelines for the treatment of mental health conditions in older adults: a scoping review

Stacey Hatch¹, Fardowsa Halane², Jennifer Watt³, Dallas Seitz¹
¹University of Calgary, Calgary, Canada. ²Western University, London, Canada. ³University of Toronto, Toronto, Canada

Abstract / Résumé

Background: Developing evidence-based clinical guidelines does not necessarily translate into uptake of those guidelines by healthcare providers, patients and caregivers. Therefore, we conducted a scoping review to identify knowledge mobilization implementation strategies for older adults’ mental health used in the uptake of clinical guidelines by healthcare providers, patients and patients.

Methods: This scoping review will be conducted in accordance with the JBI methodology for scoping reviews and reported as per the PRISMA-ScR extension statement. Information sources to be searched will include electronic databases of peer reviewed literature, grey literature sources, hand scanning of reference lists of relevant reviews and studies, and other sources as provided by knowledge mobilization and stakeholder users. Article selection and extraction of data will be conducted by two independent reviewers, with conflicts resolved by discussion with a third reviewer. Data mapping will include publication, type of evidence source, study design, setting, characteristics of participants, and implementation strategy used.

Results: We will present the scoping review findings as the final component of this symposium. Participants will describe a knowledge base of recent international peer-reviewed and grey literature describing available knowledge mobilization implementation strategies for the uptake of clinical guidelines by clinicians, patients and caregivers concerning the treatment of mental health conditions in older adults.

Conclusions: This scoping review will describe knowledge mobilization implementation strategies for the uptake of clinical guideline recommendations that can be employed by clinicians, patients and caregivers of older adults in the treatment of mental health conditions.
Mobile neuroimaging in the real-world: how do brain waves during mobility differ between young adults, older adults with and without a history of falls, and adults diagnosed with Parkinson’s disease?

Samantha Marshall, Nicholas Hayhow, Gianna Jeyarajan, Raphael Gabiazon, Tia Seleem, Jennifer Hanna Al-Shaikh, Lindsay Nagamatsu
Western University, London, Canada

Abstract / Résumé

With age, the ability to move and navigate through the world demands greater cognitive resources. Previous neuroimaging research has demonstrated that mobility impairments in older adults and adults with Parkinson’s disease are associated with reduced attention. However, previous work has been limited to assessing attention while participants are stationary and/or in laboratory environments, which may not reflect real-world settings. Mobile neuroimaging has made it possible to observe brain activity outside of standard laboratory environments while participants are in motion. Therefore, our research utilizes mobile electroencephalography (EEG) to examine and compare brain activity in laboratory and real-world environments across younger adults, older adults (with and without a history of falls), and older adults diagnosed with Parkinson’s disease. We found significant differences in alpha, theta, and beta frequencies during walking in the real-world environment between younger adults and older adults. Significant differences in these frequency bands were also observed during walking in the real-world environment between older adults without mobility impairments and adults with mobility impairments (i.e., adults with a history of falls and adults diagnosed with Parkinson’s disease). Our findings have the potential to expand current understandings of brain function in older adults, Parkinson’s disease, fall risk, and human mobility using real-world methods and technology. This may inform interventions to address fall risk to increase quality of life among these populations.
Supporting Long-Term Care Staff in Managing Stress: A Coherent Breathing Intervention Process Evaluation

Heather Titley¹, Brittany DeGraves¹, Trina Thorne¹, MacKinna Hauff¹, Ravjoot Randhawa¹, Ashley Daigle¹, Liane Ginsburg², Jordana Salma¹, Yinfei Duan¹, Cybele Angel¹, Janice Keefe³, Sube Banerjee⁴, Kathleen Hegadoren¹, Ruth Lanius⁵, Carole Estabrooks¹
¹University of Alberta, Edmonton, Canada. ²York University, Toronto, Canada. ³Mount Saint Vincent University, Halifax, Canada. ⁴University of Plymouth, Plymouth, United Kingdom. ⁵Western University, London, Canada

Abstract / Résumé

Objectives: Process evaluation is an important component in complex intervention studies. Here we report on the process evaluation component of a pre-post intervention study – Workforce resilience: coherent breathing to manage workplace stress.

Methods: We conducted a concurrent process evaluation of a pre-post intervention study in 31 long-term care (LTC) homes in Alberta. 686 care aides, nurses and managers were recruited and assigned to either a basic or comprehensive (with biofeedback) intervention group, both completing 8-weeks of coherent breathing. Process evaluation measures included: fidelity enactment, adherence, and attrition. Qualitative data were also captured during the process evaluation. Data were collected using a variety of methods – session fidelity checklists, questionnaires, attrition surveys, participant journals, biofeedback data, and focus groups.

Results: 254 (37%) participants completed the 8-week intervention and final post-intervention measures. Despite this attrition, the overall effects of and responses to the study were highly positive. Preliminary results suggest fidelity enactment was higher in the basic group. Basic participants completed more sessions per week, followed the prescribed schedule, and had an overall better adherence score compared to the comprehensive group. In focus groups, both groups reported an overwhelming appreciation for the intervention and noted its positive effects. Many participants reported modifying the technique for their own needs at work and in their personal lives and sharing the technique with others.

Conclusions: These findings demonstrate the value of a multidimensional process evaluation when conducting intervention studies and support the utility of this simple intervention as a useful tool for staff in LTC.
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Strengthening a Palliative Approach in Long-Term Care (SPA-LTC): Exploring Resources for Everyone

Abigail Wickson-Griffiths¹, Paulette V. Hunter², Sharon Kaasalainen³, Genevieve Thompson⁴, Lynn Mc Cleary⁵, Tamara Sussman⁶, Lorraine Venturato⁷, Kirstian Gibson¹, Hailey Acton⁸, Donny Li³, Ivy Myge⁸, Katherine Ottley⁸, Shan Landry⁹, Jane McPhee⁹

¹University of Regina, Regina, Canada. ²St. Thomas More College, Saskatoon, Canada. ³McMaster University, Hamilton, Canada. ⁴University of Manitoba, Winnipeg, Canada. ⁵Brock University, St. Catharines, Canada. ⁶McGill University, Montreal, Canada. ⁷University of Calgary, Calgary, Canada. ⁸University of Saskatchewan, Saskatoon, Canada. ⁹SK LTC Network, Saskatoon, Canada

Abstract / Résumé

Purpose and Objectives: Our SPA-LTC team (www.spaltc.ca) seeks to build capacity in a palliative approach to care for all long-term care community members, from both individual and organizational perspectives. We offer free, evidence-informed resources that support people living in long term-care and their family and staff caregivers. The resources are useful throughout the phases of the long-term care journey: the transition to the long-term care home, living with advanced illness, end-of-life care and bereavement. In the workshop we will introduce:

1. Educational or informational resources to strengthen staff and volunteers’ appreciation of a palliative approach to care, including an online module series, videos and infographic or poster communications.

2. Educational or informational resources for people living in long-term care and their family caregivers such as illness trajectory pamphlets, comfort care booklet or podcasts.

3. Clinical tools and guidelines to strengthen communication and palliative care conferences from the perspectives of people living in long-term care, and family and staff caregivers.

4. Tools to support everyone in the long-term care community with grief and bereavement.

Format: Workshop attendees will learn about resources as well as hear thoughtful suggestions on how they can be used or implemented in the long-term care home community. The presenters will invite attendees to reflect on using the resources in their own settings or contexts.
Improving Engagement and Supports for Older Adults with Cognitive Impairment through Virtual Programs

Winnie Sun, Rabia Akhter, Glory Gabel
Ontario Tech University, Oshawa, Canada

Abstract / Résumé

Background: This study evaluated the effectiveness of OSCC55+ virtual programs (VP) in addressing the needs for social connection for older adults with dementia and their caregivers during the pandemic. The study provides recommendations to both OSCC55+ and City of Oshawa on how to engage, communicate and deliver programs to older adults with cognitive impairments.

Methods: A mixed methods research design using client interviews (n=14), caregiver focus groups (n=11) and staff surveys (n=42) were used to examine the lived experiences of persons with dementia (PWD) and their informal caregivers (ICG) and examine the feasibility and effectiveness of VPs by OSCC55+ and City of Oshawa staff. Additional interviews were conducted with staff (n=3) to fill the gaps from the surveys.

Findings: The PWD, ICG and staff interviews/surveys provided insight into the facilitating factors, barriers, positive/negative impacts, and suggestions to enhance OSCC55+ and City of Oshawa VP. PWD and ICG participants expressed the VP created an option to allow them to remain socially connected to their community throughout the lockdowns. Program staff expressed that VPs provided enhanced social engagement for PWD, while City Staff would like to receive more dementia care training to interact with PWD customers.

Conclusion: The VP developed by OSCC55+ were perceived as effective and useful for older adults and their informal caregivers as they helped reduce their feelings of loneliness and relieved caregiving tasks during the COVID-19 pandemic. There is a need for dementia care training for staff to further support the development of a dementia-friendly community.
The impact of care-recipient relationship type on quality of life (QoL) in community-dwelling older adults with dementia: cross-sectional and longitudinal analyses

Aiping Lai1,2, Lauren E Griffith3, Ayse Kuspinar1, Jenna Smith-Turchyn1, Julie Richardson1,3
1School of Rehabilitation Science, McMaster University, Hamilton, Canada. 2Community and Professional Service, Yee Hong Centre for Geriatric Care, Scarborough, Canada. 3Department of Health Research Methods, Evidence, and Impact, McMaster University, Hamilton, Canada

Abstract / Résumé

Purpose: To examine the cross-sectional correlation between the care-recipient relationship type and QoL among persons living with dementia (PLWD) as well as predictors of relationship type on longitudinal changes in QoL. Methods: Older adults selected from the National Health and Aging Trends Study (NHATS) Round 5 (2015) dataset was used for the cross-sectional analysis together with the longitudinal evaluations over four years (2019). Participants were categorized into four groups: being cared for by (1) spouse/partner; (2) adult-child; (3) “others” (e.g. grandchild); (4) “multiples,” indicating multiple caregivers. QoL was assessed through mental health (Patient Health Questionnaire for Depression and Anxiety), self-reported health, pain (Yes/No) and functional limitations (i.e. number of ADLs requiring assistance). Bivariate and multivariable regressions were used to estimate correlations. Generalized estimating equation models were used to examine how relationship type was related to QoL changes. Results: PLWD with adult-child or multiple caregivers experienced higher functional limitation versus those with spousal caregivers, after adjustment for their socio-demographic and dementia status. For PLWD with ≤high school education, those with adult-child caregivers experienced a significantly higher risk of increasing functional limitations over the years than those with spousal caregivers. For PLWD with a high school education, those cared for by multiple caregivers also had a significantly higher risk of functional limitations than those with spousal caregivers. Conclusions: Our findings provide evidence about the significant contribution of care-recipient relationship type on care recipients’ QoL changes over time. They also help to prioritize resource allocation while addressing PLWD’ demands by socio-demographic characteristics such as education level.
Hospital Utilization Research Reveals where Older People get End-of-life Care in Canada

Donna Wilson¹, Yiling Zhou², Anna Santos Salas²
¹Edmonton, Edmonton, Canada. ²University of Alberta, Edmonton, Canada

Abstract / Résumé

Statement of Objectives. This presentation reveals the findings of a study of population-based hospital utilization data to assess the use of hospitals across Canada by older people who died in hospital, and determine how often they are admitted to hospital in the last 365 days of life.

Method. An investigation was carried out on complete population-level cross-Canada (except Quebec) inpatient hospital utilization data gathered for the most recent pre-COVID years (2018-2020).

Results. 91,640 inpatients died in the 2019-2020 year, a small (<5%) proportion of total inpatients. These people comprise 41.82% of deaths that year in Canada. Decedents were mostly aged 65+ (81.26%), male (53.4%), arrived by ambulance (72.2%), and admitted through an emergency department (80.2%). The most common diagnosis was “factors influencing health status and contact with health services” (23.8%), followed by “circulatory diseases” (18.2%) and “respiratory diseases” (15.6%). The average stay was 16.5 days, with 90% having alternative level of care days recorded, indicating another care setting was appropriate. Only 5.8% had CPR performed and only 25.7% were admitted 2+ times in their last year of life; 74.3% (mostly older decedents) were admitted once.

Conclusion. Most deaths and most end-of-life processes take place outside of hospital. There is an urgent need for enhanced community-based end-of-life care to enable more people to avoid hospitals when dying, especially older people who are more likely to experience good deaths outside of hospitals in a place of their choosing, such as their home or another home-like setting.
A Need for Stable and Predictable Help for Family Caregivers of Community-based Older People

Donna Wilson¹, Gail Low²
¹Edmonton, Edmonton, Canada. ²University of Alberta, Edmonton, Canada

Abstract / Résumé

Statement of Objectives. Family caregiver burnout is a major concern. This study sought to determine what help family caregivers need so they can continue to provide home-based care for frail-elderly family members through to the end of life.

Method. We conducted a 4-part study in 2022-2023 including weekly interviews of 150 family caregivers across Alberta for six months to learn what they did (in the past week), what help they needed, and what help they got. We did literature reviews on those needs and also program logic investigations of what came to be seen as essential services.

Results. We identified 10+1 common needs of family caregivers and 5 essential support services. The interview date, literature reviews, and program logic investigations revealed every home should be assured of a standard package of publicly-funded services: (a) Personal care, (b) Housekeeping, (c) Respite, (d) Day programs, and (e) Transportation.

Conclusion. Every home should be assured of a standard package of the five publicly-funded services: (a) Personal care, (b) Housekeeping, (c) Respite, (d) Day programs, and (e) Transportation. Each province needs to be charged with ensuring these services exist and are accessible to all family caregivers. The federal government needs to develop a national Community-care End-of-life Policy and provide financial support for provincially delivered community-based services to prevent family caregiver burnout, and enable more older and dying people to stay out of hospitals and nursing homes.
Lessons from British Columbia on Emergency Preparedness and Response

Amaanali Fazal, Barbara McMillan, Kahir Lalji
United Way British Columbia, Burnaby, Canada

Abstract / Résumé

Older adults are more at risk for harm in emergency situations (e.g., pandemics, natural disasters, extreme weather events) and often require more assistance in response and recovery efforts. In 2021, a series of emergency situations occurred in British Columbia, including the COVID-19 pandemic, forest fires, flooding, and heat waves. These events prompted United Way British Columbia to host a provincial consultation on emergency preparedness and response in 2022 in order to collect input from community-based seniors’ services and other key stakeholders on the specific needs of older adults in emergency situations and the lessons learned from responses to recent emergency situations. In this presentation, we report on the key findings from the consultation and the development by United Way British Columbia of an intentional network strategy for emergency preparedness and response. The consultations identified the need for a more collaborative and regional approach to emergency preparedness and response, including provincial coordination, sharing best practices, training and mentoring, relationship building, protocols to support vulnerable older adults, and increased volunteer capacity. In response to these needs, United Way British Columbia has developed a comprehensive approach to supporting communities to understand and address the specific needs of older adults in emergency planning and management, including: 1) community grants and capacity building; 2) tools and resource development; 3) policies and rights-based strategies; and 4) fostering collaboration between CBSS agencies, emergency management professionals, and all levels of government.
Evaluation Findings from the Integrated Community-Based Programs for Older Adults with Higher Needs Demonstration Projects

Bobbi Symes, Kahir Lalji
United Way British Columbia, Burnaby, Canada

Abstract / Résumé

Three demonstration projects of integrated community-based programs for older adults with higher needs were implemented in British Columbia over 2020 to 2023: 1) Social Prescribing (n=19 programs), 2) Therapeutic Activation Programs for Seniors (n=15 programs), and 3) Family and Friend Caregiver Groups (n=16 programs). An evaluation of the Higher Needs programs was conducted consisting of interviews (n=28) and surveys with program stakeholders (n=72). Due to the COVID-19 pandemic, 80% of programs reported they had shifted their focus during their first year of operations in response to emergent pandemic needs which was considered an important success of the project. Despite the challenges to implementation posed by the pandemic, in the survey of program stakeholders over two-thirds of respondents believed that the programs have been somewhat effective or very effective at improving older adults’ well-being, social connectedness, and ability to remain independent in their own homes. Over three-quarters of programs reported making three or more new partnerships, most commonly forming partnerships with other community-based organizations and primary care networks. Over 85% of stakeholders believed the higher needs programs had somewhat achieved, achieved, or highly achieved the objective of increased integration of home health, primary care, and community-based services. However, programs identified getting referrals from physicians as their most significant challenge. The evaluation plans also included collection of longitudinal outcome data for program participants; however, disruptions due to the pandemic resulted in inadequate follow-up samples and further evaluation is required to evaluate the outcomes of program participants.
Advancing a palliative approach through inter-sectoral collaboration in Saskatchewan

Mary-Anne Parker¹, Paulette Hunter², Abigail Wickson-Griffiths³, Elizabeth Pywell⁴
¹Saskatchewan Hospice Palliative Care Association, Saskatoon, Canada. ²St. Thomas More College, University of Saskatchewan, Saskatoon, Canada. ³University of Regina, Regina, Canada. ⁴University of Saskatchewan, Saskatoon, Canada

Abstract / Résumé

(Background) The demand for a palliative approach to care in Canada is higher than ever due to population aging, the patient-centred care movement, and improved recognition of illness trajectories for a range of health conditions.

(Objective) In this context, Saskatchewan Hospice Palliative Care Association (SHPCA) invited members to share perspectives throughout a day-long summit, held in September 2022, which engaged participants from the primary care, acute care, long-term care, non-profit, and business (e.g., funeral care, counselling) sectors.

(Methods) Participants explored past successes, current needs, and future goals within four main areas: holistic hospice care; inter-sector collaboration; specialist consultation; and long-term care. Their observations were summarized and shared using a strategic planning framework that emphasized needs, opportunities, improvements, successes, and elegant solutions (“NOISE”).

(Results) A key finding was that advancing a palliative approach to better address the needs of the last stage of life requires inter-sectoral collaboration.

(Conclusion) Several specific recommendations were generated to advance a palliative approach in Saskatchewan within the healthcare sector, the education and research sector, the non-profit sector, and the business sector.
P300

Long-term and palliative care stakeholders' recommendations to inform scale-up plans for a palliative approach programs: A Manitoba perspective.

Liliane Waas, Genevieve Thompson, Catherine Sarre
University of Manitoba, Winnipeg, Canada

Abstract / Résumé

Introduction: Manitoba was invited to participate as part of a recently funded Health Canada project examining how to increase the uptake of a palliative approach program in Canadian long-term care (LTC) homes. The Strengthening Palliative Approaches in Long Term Care (SPA-LTC) program was developed as an approach to care that draws together best practices in palliative care within LTC settings. We conducted a situational analysis study as a first step in developing province-specific scale-up plans to modify and implement the SPA-LTC program.

Objective: To describe the recommendations of stakeholders in Manitoba for palliative programs in LTC.

Method: Qualitative interviews were conducted to gain stakeholder perspectives. Stakeholders involved in the delivery of care either within LTC homes (i.e., healthcare providers, administrators, executives) or palliative care services participated in individual interviews about the current state of palliative programs and how best to implement them in their local LTC context. Interviews were recorded and analyzed using thematic analysis.

Findings: A total of 8 stakeholders participated in the study. Several facilitators and barriers to widespread adoption of the SPA-LTC program were identified including the need for allied health supports, culturally safe environments, and buy-in from leadership teams.

Conclusions: Findings demonstrate the enthusiasm for the SPA-LTC program and the importance of leveraging existing resources to address gaps in LTC.
P301

Concerns using alert systems to locate missing persons with dementia: Preliminary findings

Christine Daum, Adebusola Adekoya, Antonio Miguel-Cruz, Lili Liu
University of Waterloo, Waterloo, Canada

Abstract / Résumé

People living with dementia who go missing are at risk of being exposed to serious harm. Alert systems notify the public about missing persons with dementia to aid search and rescue efforts, thereby minimizing their risk of harm. However, little is understood about perceived risks associated with release of missing individuals’ personal information in alert systems. This study aimed to explore concerns related to the release of personal information in alert systems from the perspectives of stakeholders including people living with dementia, caregivers, service providers, first responders, technology developers, and experts in policy and law from Canada and the United Kingdom. In-person and virtual interviews were conducted with 14 participants, recorded and transcribed. Transcripts were analyzed using thematic analysis. Concerns associated with the release of personal information in alert systems include: Balancing safety and privacy, risk of vulnerability, social stigma, caregiver guilt and shame, consent, and dementia education and support. Public disclosure of personal information helps to locate missing persons. However, this can increase their risk of becoming more vulnerable to harm and must be balanced with privacy concerns and one’s right to make informed decisions. Education about dementia and support for care partners can help affected individuals cope with social stigma of dementia and caregiver guilt and shame. Conversations that include people living with dementia would include their wishes. Concerns related to consent and how the wishes of people living with dementia are taken into consideration and respected can be addressed with the use of advance directives.
Impacts of health chronic conditions on leisure activities after retirement.

Pattara Tavilsup\textsuperscript{1,2}, Rebecca Genoe\textsuperscript{1}, Toni Liechty\textsuperscript{3}, Samara Stearns\textsuperscript{1}, Wonock Chung\textsuperscript{3}, Kristen Plandowski\textsuperscript{1}, Jenna Fesemyer\textsuperscript{3}

\textsuperscript{1}University of Regina, Regina, Canada. \textsuperscript{2}University of Calgary, Calgary, Canada. \textsuperscript{3}University of Illinois at Urbana-Champaign, Champaign, USA

Abstract / Résumé

Retirement is a significant life transition that impacts daily activities and social interactions and is considered to have significant effects on health. Participation in leisure activities is linked to improved mental and physical health in older adults, however, a chronic disease or health condition can be challenging for older workers. Although leisure activity is related to several health outcomes, more research is needed to understand how leisure activity varies in relation to significant life events such as retirement. The purpose of this poster presentation is to share the preliminary findings of an online qualitative study to examine the impact of chronic diseases or health conditions on leisure activities among Canadian baby boomers using a multi-author blog. Forty-four participants were divided into five groups, and each group blogged four times per year. Posts were analyzed using thematic analysis in NVivo 12. Preliminary findings indicate that participants value physical activity in their leisure time after retirement. For some of them, physical activity may be challenging due to health reasons. Thus, they adjusted their physical activities to manage the challenge. Furthermore, some of them managed to maintain a life balance while being concerned about injuries and/or health problems. Finally, the health condition served as a trigger or motivation to start prioritizing their health and engaging in leisure activities such as low-impact physical activities.
Through the Looking-Glass: The Family Shame of Elder Abuse

Jessica Hsieh, Raza Mirza
University of Toronto, Toronto, Canada

Abstract / Résumé

Background: Elder abuse (EA) has been recognized as a serious public health concern. Recent studies have found that approximately 10% of community-dwelling older adults experience some form of EA annually. Often under-reported, only an estimated 15% of cases are reported to formal support services; one of the main reasons for this is the victims’ feelings of shame, exacerbated when the perpetrator is a family member with whom older adults have trusting relationships.

Methods: Qualitative interviews were conducted with 12 caregiver dyads (n=24) of older adults and their adult child caregivers to explore how EA unfolds within a parent-adult child relationship. Data analysis followed an iterative, constant comparison process, allowing for the emergence/reorganization of themes.

Results: Older adults who experience EA by their adult children feel intense shame. Thematic analysis focused on what led to this shame, resulting in five main themes: (1) Adult children viewing them as powerless and unworthy; (2) Failure in their role as a parent (3) Experiencing negative psychological effects; (4) Self-blame; and (5) Cultural belief/expectations.

Conclusion: With a sense of responsibility to protect their family, older adults tend to keep ‘family shame’ to themselves, leading to a reluctance to disclose EA. As spouses and adult children, the two most common caregiving types, have been reported to be the two most common groups of EA perpetrators, gaining a better understanding of the root causes of shame can help to support older adults in living safely in their homes and communities for as long as possible.
Old School: The Shame and Stigma of Being an Older Student

Raza Mirza, Jessica Hsieh, Christopher Klinger
University of Toronto, Toronto, Canada

Abstract / Résumé

Background: As the global population of older adults continues to grow, addressing social structures that negatively impact them becomes increasingly important. One such structure is the higher education system, which can perpetuate ageism and discrimination against older students. This begins with labeling older students as “non-traditional” or “mature,” perpetuating stereotypes and biases about their ability to learn. Practices and policies often do not uphold the right to an education free from discrimination due to age; despite this, an increasing number of older adults are pursuing higher education for personal growth and positive physical/mental health effects.

Methods: Two case studies were conducted with older adults who pursued graduate education in their 70s and 80s.

Results: Both participants revealed that ageism was present in the classroom, subsequently leading to feelings of shame and doubt, impacting their ability to participate and succeed. To combat ageism in higher education, both participants suggested the need for age-inclusive pedagogy and policies, as well as an overall age-friendly university movement that offers solutions to create safe and welcoming environments for older students.

Conclusions: The case studies showed that intergenerational educational settings foster positive relationships and exchange, and understanding the factors that lead to ageism can lead to strategies to combat it. Addressing ageism in higher education is crucial for ensuring that older adults have equal access to education and the opportunities. By creating age-inclusive policies and pedagogy, universities can offer safe and welcoming environments for older students, leading to positive benefits for both individuals and society.
P305

Professionals Encountering Socially Isolated Older Adults: Perspectives of Pharmacists, Primary Care Providers and Bank Tellers

Alex Rose¹, Verena Menec¹, Nancy Newall²
¹University of Manitoba, Winnipeg, Canada. ²Brandon University, Brandon, Canada

Abstract / Résumé

A variety of professionals regularly encounter socially isolated older individuals and can be in a position to refer people to community supports. The purpose of the present study was to explore among different professional groups (i.e., pharmacists, primary care providers, bank tellers) how often they encounter isolated adults, what they do, and what resources they might find useful to support isolated individuals. Focus groups were conducted with: 8 pharmacists; 6 primary care providers; and 8 bank tellers from Winnipeg and smaller communities in Manitoba. Focus groups were conducted on-line during Summer 2022. All professional groups indicated having regular, daily contact with isolated adults and that the pandemic had drastically impacted their older clients. The three groups appeared to differ in terms of how they dealt with situations. Pharmacists who worked in smaller communities reported being more prepared to refer people to resources. Bank tellers reported that they felt their main role was listening. Both bank teller and pharmacist groups mentioned lack of time as a main barrier in helping people. Primary care providers indicated having the time to discuss issues with patients and several indicated being able to make referrals to associated health teams, as necessary. Professional groups discussed the importance of being connected to community organizations and potentially having a listing of resources (brochure; telephone line; etc.) to offer clients. Findings support further development of resources aimed at professional groups to help them connect with and assist isolated adults that they encounter.
P306

Case finder programs: Examining models used in Canada to reach and refer socially isolated older adults to resources

Nancy Newall\textsuperscript{1}, Appiah Bonsu\textsuperscript{1}, Cassidy Rempel\textsuperscript{1}, Verena Menec\textsuperscript{2}
\textsuperscript{1}Brandon University, Brandon, Canada. \textsuperscript{2}University of Manitoba, Winnipeg, Canada

Abstract / Résumé

Across Canada there are community organizations offering programs and services aimed to enhance social connection among older adults. However, reaching socially isolated people who may benefit from these programs can be difficult. Case finders can be a ‘first contact’ for isolated individuals and link them to community resources. Case finders are individuals who encounter older adults during their regular day and who are provided skills and resources to identify and refer socially isolated individuals to appropriate services. The aim of this study was to learn about what case finder approaches are being used across Canada and to better understand: What are common approaches, who are common case finders (e.g., health professionals; other), and how do they identify/refer socially isolated older adults? We interviewed 7 key informants from 6 Provinces (AB, BC, MB, NB, ON, QC) in Fall 2022. Organizations that are/were engaging in case finder approaches were identified through networking and website searches. Interviewees included executive directors, outreach workers, and program directors. We found that organizations are utilizing a variety of case finder approaches, with different funders (e.g., government, non-profit, grants), collaborators, and protocols. A common model involved case finders (like GPs) referring to a staff member embedded in a community organization (e.g., resource coordinator, community connector). Common case finders included: health care professionals, outreach workers, and community members. Training seemed to focus primarily on resource coordinators rather than case finders themselves. In conclusion, it is of value to compare and contrast different approaches to reaching socially isolated individuals.
Who can help older adults who experience difficulties at night-time? Mapping care from multiple stakeholders in the Côte Saint-Luc living lab

Thomas TANNOU1, Mélanie COUTURE2, Sylvain GIROUX3, Sébastien GABOURY4, Kevin BOUCHARD4, Carolina BOTTARI5, Charles Gouin-Vallerand3, Guy PARÉ6, Nathalie BIER1,5
1CIUSS Centre-Sud de l’île de Montréal, Centre de Recherche de l’Institut Universitaire de Gériatrie de Montréal, Montréal, Canada. 2Chaire de recherche sur la maltraitance envers les personnes aînées, École de Travail social, Faculté des lettres et sciences humaines, Université de Sherbrooke, Sherbrooke, Canada. 3Université de Sherbrooke, Sherbrooke, Canada. 4Université du Québec à Chicoutimi, Chicoutimi, Canada. 5Université de Montréal, Montréal, Canada. 6HEC Montréal, Montréal, Canada

Abstract / Résumé

Objectives: The City of Côte Saint-Luc's living lab is actively involved in developing a supportive ecosystem based on smart environments to facilitate the identification of available community resources and their optimal use by vulnerable and socially isolated seniors. To achieve such a model, it is important to first understand help-seeking behaviours and resources to support activities of daily living. Night-time and sleep disorders are a key issue, as over 50% of seniors complain about them.

Methods: A mixed method design was used to better understand the resources available to support older adults at night-time especially for sleep disorders. A survey of senior citizens (n=96) was conducted and complemented by 15 group interviews (n=57) with seniors, caregivers, and representatives of the municipality, community organizations, private companies, and social and health care providers.

Results: In our survey, when dealing with sleep problems, 22% of respondents turned to their doctor and 10% to family members. Still, most of the seniors citizens in our sample did not identify any resources to deal with these issues. The complementary group interviews have led to identify the resources that can be mobilized for sleep problems within the city. For example, distant families may keep a night watch, sometimes using monitoring technologies provided by private companies. Friends and neighbours can also play this role if they live close enough. Social and health care providers may be solicited to better structure bedtime routines.

Conclusion: When faced with sleep disorders, seniors citizens turn to their doctor or their families. The care mapping within the city underlined that other care resources can also be mobilized to support socially isolated seniors.
P308

Stopping Older Person Gender-Based Violence in Women 55+ Through Promising Practices: A Scoping Review

Melissa Macri¹, Jihan Abbas²,³, Sandi Hirst⁴, Melanie Santarossa³, Jessica Hsieh⁵, Margaret MacPherson⁶, Benedicte Schoepflin⁷, Raza Mirza⁵
¹Queen’s University, Kingston, Canada. ²DisAbled Women’s Network (DAWN) Canada, Montreal, Canada. ³Toronto Metropolitan University, Toronto, Canada. ⁴University of Calgary, Calgary, Canada. ⁵University of Toronto, Toronto, Canada. ⁶Western University, London, Canada. ⁷Canadian Network for the Prevention of Elder Abuse, Vancouver, Canada

Abstract / Résumé

Background: Intimate partner and family violence (IPFV) disproportionately affect women of all ages, but are often understudied in older populations. Older women also face numerous barriers to reporting these types of abuse. A scoping review was undertaken to: (1) synthesize current knowledge about the utility and suitability of screening and intervention tools for older women (55+) experiencing IPFV; and (2) identify existing policy, practice, and research gaps with regard to current screening and intervention tools.

Methods: A comprehensive search of the databases Medline, CINAHL, PsychINFO, AgeLine, ASSIA, and Sociological Abstracts was conducted. In addition, grey literature sources were searched using Google Scholar, ISI Social Sciences Citation Index, ISI Conference Proceedings Citation Index-Social Science & Humanities, Dissertations & Theses: Full Text, Canadian Institute for Health Information (CIHI), and National Institute of Health (NIH). After screening and selection, 42 documents were included for data extraction.

Results: There were five major themes that emerged: (1) older women were not the specific targets of the studies/tools; (2) screening and intervention tools should address health outcomes; (3) tools identified were used or developed for some diverse populations; (4) two or more tools were used in combination; and (5) intervention tools should focus on social support and empowerment.

Conclusions: Older women, especially those with intersectional identities, are rarely represented in studies of IPFV, and are even less frequently the primary focus. Screening and intervention tools should address health outcomes, social support, and empowerment. Effective screening and intervention may stem from utilizing multiple tools in combination.
Co-design with older adults and caregivers in multiple languages: Methodological reflections

Vanessa Choy, Catherine Tong, Jacobi Elliott, Shankavi Vigneswaran, Moad Alsefaou, Paul Stolee
University of Waterloo, Waterloo, Canada

Abstract / Résumé

Co-design is a participatory process in which patients/caregivers, researchers and/or health care staff work together to identify system challenges, goals, and solutions to improve care delivery. There is limited guidance on how to do co-design work in a linguistically inclusive manner. As part of a broader study on the engagement experiences of racialized immigrant older adults and their caregivers, we engaged in multilingual co-design sessions, tracking the process to inform our future efforts. To prepare, the team completed three 90-minute co-design training sessions led by JE. After 43 interviews in Arabic, Mandarin, English and Tamil, we shared translated summary reports and invited participants to co-design sessions. We completed one co-design session in Mandarin (two older adults, one caregiver), and one in Tamil (one older adult, one caregiver). No Arabic-speaking participants wished to participate. Online sessions were led by multilingual researchers (VC & SV), with professional interpreters, and recorded. We debriefed and composed field notes after each session. Each co-design group identified actionable solutions. Methodological takeaways included: 1) sending translated summary reports in advance helped focus the discussion; 2) interpretation was challenging and time-intensive; 3) having the same researchers and interpreters throughout provided a sense of continuity and community; 4) older adults and caregivers viewed online sessions as more accessible and flexible, however, this may have been a barrier for others. Lessons from this research will inform future multilingual co-design processes of our team and may be helpful to others engaged in similar work.
"Have you seen my car?": Examining care partners' responses to confusion in time and place among persons living with dementia

Candace L. Kemp¹, Jennifer Craft Morgan¹, Andrea M. Hill¹, Emerald Anglin¹, Elisabeth O. Burgess¹, Molly M. Perkins², Alexis A. Bender²
¹Georgia State University, Atlanta, USA. ²Emory University, Atlanta, USA

Abstract / Résumé

Persons living with dementia frequently experience confusion, and depending on dementia type, memory loss, and possibly distrust, paranoia, hallucinations, restlessness, anxiety, agitation, and depression. The ways in which care partners navigate confusion, especially in terms of orientation to time, place, and scenarios, and associated expressions, are apt to shape quality of life and care experiences. Yet, little research has examined care partners' responses to such confusion and accompanying influential factors and outcomes. Here, we address these knowledge gaps by presenting analysis of qualitative data gathered from a 5-year longitudinal study focused on meaningful engagement and quality of life among persons living with dementia. The study involved eight diverse assisted living (AL) communities in Atlanta, Georgia, each studied for a one-year period between 2019 and 2023. Researchers followed 70 residents with dementia and their myriad care partners (family, friends, AL staff, and external workers), conducting interviews, where possible, and making multiple-weekly participant observation visits detailed in fieldnotes. This analysis systematically examined data relevant to resident reality and care partners’ care beliefs, attitudes, behaviors, and strategies. We found considerable variation in responses to residents’ confusion ranging from correcting or questioning to joining them in time, place, and scenario. Care partners who took residents’ viewpoints, attempted to collaborate, and had the capacity to “join them,” tended to have more successful and productive interactions than those who did not. Findings have implications for practice, policies, and training aimed at enhancing care interactions and quality of life among persons living with dementia across care settings.
P311

Addressing the Mental Health and Social Isolation of Older Men: A Scoping Review on Men’s Sheds

Ruth Tamari1, Evan Foster2, Julianna Hill1, Mary Hynes2,3,4, Christopher A. Klinger1,2,5, Nicole Perry6, Gregor Sneddon6, Raza M. Mirza1,2,6
1University of Toronto, Faculty of Arts and Sciences, Health Studies Program, Toronto, Canada.
2University of Toronto, Factor-Inwentash Faculty of Social Work, Institute for Life Course and Aging, Toronto, Canada.
3KITE Research Institute, Toronto, Canada.
4University of Toronto, Institute of Medical Science, Toronto, Canada.
5National Initiative for the Care of the Elderly (NICE), Toronto, Canada.
6HelpAge Canada, Ottawa, Canada

Abstract / Résumé

Background:
Applying a gendered lens to later life mental health concerns and social isolation highlights that the experiences and needs of older men differ from those of older women. Men’s Sheds programs, described as grassroots community initiatives that provide communal spaces where men meet regularly to socialize and work on projects, learn from and support each other, and contribute to their communities, show promise for responding to men’s concerns regarding health, wellbeing, and social connection in later life.

Objectives:
A scoping review was conducted to investigate the impact of Men’s Sheds on mental health, wellbeing, and social connection.

Methods:
Keyword search of electronic databases and hand search of references following Arksey and O’Malley’s framework.

Results:
Over 500 scholarly and grey literature sources were reviewed, with 50 full-text studies assessed for eligibility. Of these, 20 met inclusion criteria.

Content analysis revealed four main themes:

1. Types of Activities, Structure, and Purpose of Men’s Sheds;
2. Psychosocial Benefits and Improved Social Support;
3. Peer and Intergenerational Mentoring;
4. The Shed as a Place of Belonging.

Discussion:

For the most recent version, please see the complete online program.
Pour la version la plus récente, veuillez consulter le programme complet en ligne.
Men's Sheds are autonomous spaces which offer an effective strategy for providing men a safe, familiar environment to connect, foster social support, belonging, and camaraderie. Results are set to inform future practice, policy, and research, highlighting that Men’s Sheds provide benefits to older men who often lack social contact.

Conclusion:
Men’s Sheds are effective in reaching older men, and can enhance the wellbeing of men who are reluctant to engage in health services and social support networks.
Reflections on positionality in research with South Asian older adults and family caregivers regarding long-term care

Sherin Jamal
Fraser Health, Surrey, Canada

Abstract / Résumé

Objective: This presentation reflects upon the researcher's positionality in research with South Asian older adults and their families on long-term care. The study aimed to provide insights on the needs, preferences, challenges, and decision-making of South Asian older adults and their families regarding long-term care, and to explore the extent to which existing long-term care services are culturally responsive and competent.

Method: Ethnography informed by a critical theoretical perspective was used to conduct the study.

Results: The researcher's insider and outsider status, as an adult child caregiver, woman, student researcher, and South Asian, impacted data collection and interpretation. The presentation will discuss how these social locations conferred challenges and advantages. The researcher will reflect upon her positionality and its impact on the research process, highlighting the importance of reflexivity in critical research.

Conclusion: The presentation provides valuable insights into the complexities of conducting research with diverse populations, and the importance of reflexivity in ensuring the trustworthiness and authenticity of the research process and findings. It also underscores the need for culturally responsive and competent long-term care services for older adults from diverse ethnic and cultural backgrounds.
Reciprocity and rapport in the context of COVID-19: methodological reflections of conducting qualitative research online with racialized immigrant older adults

Diya Chowdhury, Paul Stolee, Catherine Tong
University of Waterloo, Waterloo, Canada

Abstract / Résumé

Building trust and rapport is a key component of cross-cultural qualitative inquiry, and researchers have historically relied on in-person interactions to do so. The COVID-19 pandemic imposed public health restrictions that curtailed social engagement and in-person contact, resulting in a shift in how qualitative researchers do their work.

We aim to: (1) discuss the experience of conducting qualitative research on virtual platforms, and (2) analyse how this affects trust and meaning-making processes with multilingual communities.

DC led in-depth, semi-structured interviews with 53 South-Asian older adults, in Hindi, Tamil, Punjabi, Urdu, Bangla, and English over Zoom. Interviews lasted an average of 84 minutes (min: 32, max: 120). To support relationship-building prior to the interviews, DC participated in 144 hours of online community events, in place of the in-person community engagement that we had planned prior to the pandemic.

Older adults living in multigenerational households may rely on family members for assistance; this can impact data collection. For establishing rapport, video calling services such as Zoom were preferred over telephone interviews. Additional phone calls and emails also supported a reciprocal relationship with community members. Most participants agreed that online engagement can provide the same sense of social connection and camaraderie as do in-person interactions.

Prior to the pandemic, technology was a useful tool for social contact and research, but it has since gained even more importance as a means of connecting with others. For the participants in our study, this online approach to data collection was well-received.
Cyber Safety and Digital Security: Protecting Older Adults Online

Laura Tamblyn-Watts\textsuperscript{1,2}, Diana Cable\textsuperscript{1}
\textsuperscript{1}CanAge, Toronto, Canada. \textsuperscript{2}University of Toronto, Institute for Life Course and Aging, Toronto, Canada

Abstract / Résumé

Virtual environments that are inclusive of all ages can greatly benefit older adults. These environments allow them to connect with others, share their experiences, and participate in the digital economy. However, older adults often report lower levels of technological self-efficacy, which can lead to a lack of confidence in using technology. In addition, they may fear being scammed, and unfortunately, cybercriminals often target older adults due to their lower levels of digital literacy. It is essential to ensure the safety and security of older adults online to prevent them from falling victim to phishing tactics, grandparent scams, and other forms of digital theft and abuse. A focus on cyber safety and digital security will not only protect older adults' personal information and finances but also allow them to fully participate in virtual environments. Furthermore, it is important for older adults to learn how to identify misinformation and fake news online. In this presentation, we will share insights gained from our organizational experience to shed light on the different resources accessible for tackling online safety and security concerns specific to older adults. Our focus will be on how libraries and community hubs can assist older adults in developing digital literacy skills, participating in virtual environments, and safeguarding themselves against online threats.
Dementia-Friendly Learning Resources for First Responders: From Concept to Implementation

Lili Liu¹, Hector Perez¹, Cathy Conway¹, Christine Daum¹,², Isabella Chawrun¹, Antonio Miguel-Cruz²,¹
¹University of Waterloo, Waterloo, Canada. ²University of Alberta, Edmonton, Canada

Abstract / Résumé

Persons living with dementia are at risk of becoming lost, which poses a threat to their safety and well-being. First responders, such as police, fire, ambulance, and search and rescue (SAR) personnel, have a pivotal role in creating safe and supportive communities for persons living with dementia. Training can help first responders provide culturally appropriate services to persons living with dementia in various communities. We collaborated with stakeholders, such as police services, paramedics and local Alzheimer societies, SAR experts, and two First Nations communities, to co-develop nine research-informed education videos. These short videos are two to three minutes long featuring basic and advanced concepts of search and rescue to help them understand dementia and aging. This knowledge mobilization strategy addresses ways to manage missing incidents involving persons living with dementia. During this interactive workshop, we will showcase the content developed, and offer participants an opportunity to explore the principles underlying this knowledge mobilization initiative, from conception to implementation. By the end of the workshop, participants will be able to: (1) reflect on the barriers to knowledge mobilization activities, (2) identify strategies to overcome barriers through collaboration with stakeholders, and (3) develop practical ways for knowledge mobilization in their practice. The workshop provides a platform to discuss, share ideas, and work collaboratively toward creating more inclusive and effective knowledge mobilization practices.

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Applying a curriculum framework for an interprofessional approach to teaching deprescribing

Cheryl Sadowski¹, Barbara Farrell², Winnie Sun³, Jennifer Isenor⁴, Lalith Raman-Wilms⁵
¹University of Alberta, Edmonton, Canada. ²Bruyere Institute, Ottawa, Canada. ³Ontario Tech University, Oshawa, Canada. ⁴Dalhousie University, Halifax, Canada. ⁵University of Manitoba, Winnipeg, Canada

Abstract / Résumé

Statement of Purpose:

This workshop is designed to engage healthcare professional educators and curriculum developers in geriatrics or gerontology to identify and implement a curriculum framework for deprescribing.

Objectives:

After attending this workshop the participant will be able to:

- Explain how the 7 competencies in a deprescribing curricular framework apply to their health profession’s education
- Identify areas of their curriculum that could be sources for integrating deprescribing
- Develop a plan for teaching deprescribing to various levels of learners within the institution’s program(s)
- Select appropriate teaching/delivery and assessment methods for deprescribing content based on the level of learner
- Identify actions that can be put in place for an interprofessional deprescribing learning activity at their institution

Format:

The workshop will use a World Café format where participants engage with each other through small group activities while transitioning to small groups to maximize learning. This format will take place after introductions of facilitators and attendees. A brief introduction to the framework publication (Farrell, et al. Medical Science Educators 2023) will be provided. The facilitators will encourage participants to contribute to the discussions at tables where each of the 7 competencies will be addressed. Discussion will include identifying how their profession can individually apply that competency for different learner levels, discussing the learning and assessment strategies, and conferring about how that competency could be achieved in an interprofessional setting. At the end of the discussion, notetakers at each table will share a brief overview of key learning and discussion points with the large group.
“Not just tenants, but friends”: Reflections from my year-long adventure living in a community-based seniors' residence.

Krischella Laygo, Katherine Scully, Pauli Gardner
Brock University, St. Catharines, Canada

Abstract / Résumé

The Intergenerational Community-Engaged Residency (ICER) Award is a unique opportunity for a Master of Applied Gerontology (MAG) student to learn about the population they hope to serve in profound ways by spending 12 months immersed in the lives of older adults living in subsidized community housing in Downtown St. Catharines. The awardee contributes to the vibrancy of the residence by providing 30-40 hours per month of engagement which includes a combination of ‘in the building’ and ‘in the neighbourhood’ initiatives. The aim of this paper is to reflect on the year-long experience and share the impact and lessons learned with the greater gerontological community.

The primary data source for analysis was a daily journal. Entries consisted of “highlights” and “personal reflections” that included feelings and thoughts that emerged from formal and informal interactions with tenants. Data was analyzed thematically by the authors: Ella, the first-ever ICER awardee and MAG student; Katherine, the ICER Award Coordinator who provided daily support to the student; and Dr. Pauli Gardner, Associate Professor in the MAG program and faculty member overseeing the award. Final interpretation of main themes highlighted several key findings that relate to the overall experience and also to the profound impact of the experience on Ella’s personal, academic and professional life.

In this poster presentation, we share stories, images and quotes that capture the immersive experience of living intergenerationally and highlight the impact of this experience as a young gerontology student learns from the ‘real’ aging experts — older adults themselves.
Evaluating an introductory e-learning module about sexuality and dementia.

Birgit Pianosi1, Katelynn Aelick2, Rosemarie Mangiardi3, Kristy McKibbon4, Lori Schindel Martin5
1Laurentian University, Sudbury, Canada. 2Behavioral Supports Ontario, Sudbury, Canada. 3Ontario Health, London, Canada. 4Hamilton Health Sciences, Hamilton, Canada. 5Toronto Metropolitan University, Toronto, Canada

Abstract / Résumé

Many healthcare providers (HCPs) apply personal values and beliefs to make sense of the sexual expressions of people living with dementia; while doing so, they run the risk of labeling these expressions as pathological and/or inappropriate. Without an understanding of evidence-based approaches, HCPs may stigmatize people living with dementia, separate them from peers, and administer unnecessary medications. Challenging these harmful practices requires HCPs to increase their knowledge, expand their skillset, and change their perceptions of the sexual and intimacy needs of people living with dementia.

To promote positive practice change, we developed a free e-module, Dementia, and Sexuality: An Introduction. This e-module employs four narratives, which underscore the importance of diversity, 2SLGBTQ+ representation, and communication. While engaged with the narratives, HCPs are invited to consider how people living with dementia express their unmet sexual and intimacy needs, and how they may work collaboratively to address such needs.

We invited learners, who accessed the e-module from November 2021 to May 2022, to participate in pre- and post-surveys, during which they voluntarily evaluated the content and design of the e-module. From the total sample size (n=507), we matched pre- and post-survey data for 280 participants, revealing statistically significant improvements in self-efficacy (p<0.001). We also identified that learner satisfaction with the e-module (measured out of 5) was high, with an average score of 4.62.

We will draw from the results of the evaluation to inform our efforts in developing subsequent e-modules, which will be available in 2024.
Insights on life and aging: Students, instructors and older adults co-creating an open access digital storybook for educational gerontology

Moad Alsefaou, Zachary Abraham, Diya Chowdhury, Alexandra Giff, Leonardo Romano, Manasa Sivakumar, Catherine Tong, Elena Neiterman
University of Waterloo, Waterloo, Canada

Abstract / Résumé

Objective: Our aim was to design an accessible instructional tool, a digital storybook about aging, co-created with insights and contributions from students (the intended learners), older adults (the stars) and instructors. We sought to reflect some of the diversity of the Canadian aging population in this storybook.

Methods: Seven students from two universities helped direct the digital storybook and recruited nine older adults to share their insights on aging (men and women, aged 60s through to 90s, born in Canada and four other countries). Older adult participants were invited to share their stories in a variety of formats (e.g. video, audio, or audio with static visuals). Digital stories were led and captured by the students and ranged from seven to forty-four minutes. Students kept fieldnotes during story collection, and team meetings were recorded. This work was completed in Spring 2022, during the COVID-19 pandemic, which impacted story collection.

Results: The open access digital storybook, which also includes an instructor’s guide, can be accessed here. Screen shots and a QR quote to the storybook will be incorporated into our poster. Students contributed to the development of the storybook by sharing their ideas about the structure and organization of stories. In their reflections, they shared important insights on recruitment, consent, content, and instructional/assessment activities.

Conclusions: This resource will be of use to those teaching about aging, particularly at the undergraduate level. Our work also highlights the important role that students can play in the development of instructional tools.
Aging in place/ older adult care navigation

Sonya Ducey¹, Jacquelyn Perry¹, Kyle Brymer¹, Derek Gaudet², Tammie Fournier¹, Scott Henwood¹
¹NBCC, Fredericton, Canada. ²University of New Brunswick, Saint John, Canada

Abstract / Résumé

Background: Previous findings have indicated that Canadians prefer aging in place to transitioning into long-term care. However, aging in place requires that a substantial portion of care be provided by informal caregivers. While aspects of caregiving can be rewarding, older adult family caregivers often report negative physical and psychological outcomes as a result of feeling overwhelmed when navigating complex health and social systems. The purpose of the current project was to deliver a student-infused educational program to older adult family caregivers in New Brunswick to help them better access and navigate available services.

Methods: The educational program was infused by 78 senior health-care students and licensed professionals from New Brunswick Community College and the University of New Brunswick Saint John. The health students led four half-day workshops in community centre’s and long-term care homes, providing informal caregivers the opportunity to network and learn and practice navigating supports and services online (and in paper format).

Results: Older adult family caregivers reported increased knowledge, confidence, and understanding about navigating available supports from health and social systems, as well as increased understanding of the needs of family caregivers and persons receiving care. We observed a positive relationship between family caregivers’ participation in the workshop and family caregivers’ perception of preparedness and quality of life.

Conclusion: The results of this work show how a student-infused educational program delivered to family caregivers can successfully help them prepare to navigate the caregiver role.
An Interprofessional Approach to Deprescribing: A curricular framework

Winnie Sun1, Barbara Farrell2, Lalitha Raman-Wilms3, Cheryl Sadowski4, Camille Gagnon5
1Ontario Tech University, Lindsay, Canada. 2Bruyere Research Institute, Ottawa, Canada. 3University of Manitoba, Manitoba, Canada. 4University of Alberta, Alberta, Canada. 5Canadian Medication Appropriateness and Deprescribing Network, Montreal, Canada

Abstract / Résumé

Deprescribing is an important component of managing polypharmacy and reducing harm from potentially inappropriate medications. Healthcare professionals identify barriers to deprescribing, including the need for specific knowledge and skills. This is not surprising as pre-licensure education does not consistently incorporate components of deprescribing into curricula. There is a clear need to consider how to promote deprescribing competencies, teach related knowledge and skills and assess learning outcomes.

The Canadian Medication Appropriateness and Deprescribing Network (CaDeN) Healthcare Professional Committee undertook a consensus approach to develop competencies for deprescribing, along with literature review and analysis of prescribing competencies. The authors also outlined the required knowledge and skills related to the competencies, with suggested teaching and assessment strategies. The seven deprescribing competencies include: gathering and interpreting patients’ medication history and clinical information within their context, using tools that help identify potentially inappropriate medications, weighing potential benefit and harm of continuing or deprescribing medications, using shared decision-making to make decisions about deprescribing, communicating deprescribing and monitoring plans, and monitoring progress and outcomes.

The competency framework considers interprofessional learning and how to involve patients and care partners in deprescribing decisions. Integrating deprescribing competencies in healthcare curricula requires an intentional and structured approach across all years of the program, focusing on interprofessional collaboration. Learning activities should be active and practical, progressing from early to advanced learner skills and include integration of deprescribing during experiential education. This framework includes a review of the competencies, learning outcomes, and assessment strategies, with a discussion of strategies to incorporate interprofessional learning activities.
P322

Insights from how older Widows and Widowers in Ghana deal with Social Isolation and Loneliness through Radio Listening and Television Viewing during the COVID-19 era

Jacob Nkansah
Lingnan University, Tuen Mun, Hong Kong

Abstract / Résumé

Evidence suggests that social isolation and loneliness increase in old age, especially for those elderly who are widows and widowers during the covid-19 pandemic. However, little is known about how older widows and widowers deal with social isolation and loneliness through radio listening and television viewing in the covid-19 era. This study explored how the media might act as a source of companionship for older adults’ widows and widowers in Ghana in the COVID-19 era. Data were acquired utilizing a qualitative descriptive research design using semi-structured interviews with 12 older adults in Ghana. Eight main themes emerged from the study: (1) Loneliness attributed to long-term infirmity other than COVID-19 (2) Loneliness attributed to the inability to participate in religious activities (3) Loneliness attributed to the inability to meet friends (4) Loneliness attributed to the inability to attend to social functions (5) Feeling devalued and unhappy due to isolation and loneliness (6) Source of relaxation and regulation of mood (7) Source of inspiration and reminiscence (8) Source of companionship. The study recommended that it would be beneficial if mandatory governmental agencies enhanced their efforts to identify older persons who are more likely to feel lonely, alone, or socially alienated.
P323

Why relevant patient-reported experience measure (PREM) data matters to improved aging care: Development of a survey for integrated home and community care in Ontario, Canada

Celina Carter¹, Justine Giosa¹,², Valentina Cardozo¹, Paul Holyoke¹
¹SE Research Centre, Markham, Canada. ²University of Waterloo, Waterloo, Canada

Abstract / Résumé

Objective: More than 80% of Canadian home care clients are 65 years of age or older. The objective of this study was to develop a patient-reported experience measures (PREM) for integrated home and community care to improve evidence-informed decision-making involving this critical aging care sector.

Methods: Guided by Streiner et al.’s (2015) method, a four-phase approach was used. Phase 1: developed a matrix of relevant domains and corresponding items from PREM literature and healthcare leader interviews (n=6). Phase 2: tested the appropriateness, relevance, and coverage of items by engaging client and caregiver experts-by-experience (n=17) and care providers (n=15) in online focus groups and interviews. Phase 3: scaled items and re-engaged experts-by-experience (n=11) to identify issues in answering PREM questions. Phase 4: psychometrically tested the PREM with home care clients (n=40) in Ontario, Canada.

Results: The new PREM has four domains - equity, continuity, life care, and relational caring; 16 categories (e.g., collaborative care, respect, holistic needs); and 39 questions. At the time of the conference, results of psychometric tests for validity and reliability, and a preview of the PREM, will be available.

Conclusions: Transformative healthcare system change should be guided by reliable and valid patient experience data, as an essential component of the Quintuple Aim. The design, testing, and implementation of a new PREM for home and community care, in partnership with experts-by-lived experience, is an example of community-engaged research that will improve opportunities to meet the needs of aging Canadians through evidence-informed decision making in policy and practice.
Engaging interdisciplinary stakeholders: Co-designing education for health and social care providers to partner with and support caregivers

Sharon Anderson1, Jasneet Parmar1,2, Michelle Lobchuk3, Elisabeth Drance4, Jamie Penner3, Laurie Caforio4, Tanya L’Heureux1, Jamie Stewart1, Glenda Tarnowski1, Cecilia Marion5, Arlene Huhn6, Donna Thomson7, Laura Schattle-Weiss3, Marlene Rassock8, Jim Hnatuk9, Sanah Jowhari10, Gwen McGhan11, Sandra Lundmark12, David Howatt13, Colleen Turkington14, Charlotte Pooler2,1, Johanna Lowther15
1University of Alberta, Edmonton, Canada. 2Alberta Health Services, Edmonton, Canada. 3University of Manitoba, Winnipeg, Canada. 4University of British Columbia, Vancouver, Canada. 5Covenant Health, Edmonton, Canada. 6Alzheimer Society of Alberta and Northwest Territories, Edmonton, Canada. 7McMaster University, Hamilton, Canada. 8Alberta Association on Gerontology, Edmonton, Canada. 9Schizophrenia Society of Alberta, Calgary, Canada. 10Pantala Tech, Calgary, Canada. 11University of Calgary, Calgary, Canada. 12Island Health, Victoria, Canada. 13Caregiver, Edmonton, Canada. 14College of Licenced Practical Nurses of Alberta, Edmonton, Canada. 15Caregivers Alberta, Edmonton, Canada

Abstract / Résumé

Caregiving literature extolls providers to integrate family caregivers [FCGs] as partners in care; foster relationship-based care between healthcare providers and FCGs; increase FCG resilience/wellbeing to sustain care and for FCGs to thrive; and assist FCGs to navigate health and community systems. Recent research recommends training for health providers to support and partner with FCGs. Our objective is a mixed methods report on our Advanced Caregiver-Centered Care Education. Our co-design group of 146 multi-level interdisciplinary stakeholders co-designed six competency based educational modules for health providers who work extensively with FCGs. We used the Kirkpatrick-Barr health workforce training evaluation framework to evaluate the education program, measuring various healthcare providers’ learner satisfaction with the content (Level 1), pre-post changes in knowledge, attitudes, and confidence when working with FCGs (Level 2). We recruited healthcare providers from all disciplines and healthcare settings via email and social media. Participants were primarily healthcare employees representing all healthcare settings. On a 7-point Likert scale the first 66 learners completing the Recognizing the Caregiver Role module indicated they could use the education in their practice (Mean(M) = 6.64; SD = .76). The paired T-tests conducted to evaluate the effect of the education on knowledge, attitudes, and confidence to work with FCGs found significantly significant increases in post-education scores (pre M = 60.45, SD = 10.03; post M = 67.30, SD = 4.34; t(65) = -6.11, p < .001). Qualitative responses mirrored positive quantitative results. Health workforce education to provide person-centered care to FCGs appears to be one element of a better system to address the current inconsistent system of supports for FCGs.
ACP conversations with Chinese and South Asian patients: Physicians’ perspectives of barriers and facilitating factors

Gloria Gutman, Avantika Vashisht, Taranjot Kaur
Simon Fraser University, Vancouver, Canada

Abstract / Résumé

Introduction/Objective: Advance Care Planning (ACP) discussions are infrequently conducted with physicians, even fewer among minorities. We explored physicians’ experiences in engaging Chinese (CH) and South Asian (SA) patients in ACP conversations to understand initiation and participation patterns, topics covered, and barriers and facilitating factors. This study aims to address the low rate of ACP engagement amongst South Asian and Chinese while determining whether a need exists to differentiate between the two populations. Method: 22 physicians with 15%+ SA patients aged 55+ and 19 with 15%+ CH patients aged 55+ were interviewed. Results: SA and CH serving physicians described similar initiation patterns, cultural context, and need for standardized ACP routines. However, the SA-serving physicians described greater involvement of family members, while CH-serving physicians described more communication barriers and family members’ desire to hide the diagnosis from patients. Furthermore, 64% of SA-serving physicians had ACP training compared to 79% of CH-serving physicians. A majority in both groups reported using tools to facilitate discussion (SA=59%; CH=63%). Conclusion: SA and CH populations should be considered separately when devising approaches to engage the two minorities in ACP discussion and when developing ACP tools and resources, as they have different barriers and cultural values. Cultural taboos surrounding discussion around death and dying appear to influence CH older adults and families strongly. Whereas a lack of familiarity with ACP amongst the SA population accounts more for their limited engagement in ACP discussions.
Between a Rock and a Hard Place: A qualitative exploration of the experiences of Nursing Faculty

Sheila Boamah¹, Rosain Stennett², Russell de Souza³
¹School of Nursing, Faculty of Health Sciences, McMaster University, Hamilton, Canada. ²Department of Health Research Methodology Health Evidence and Impact, Faculty of Health Science, McMaster University, Hamilton, Canada. ³Department of Health Research Methodology Health Evidence and Impact, Faculty of Health Sciences, McMaster University, Hamilton, Canada

Abstract / Résumé

Background: It is no secret that Canada, like most countries, has been challenged to meet the growing and evolving needs of an ageing population. Improving the social and health policy landscape for older Canadians require a strong health workforce. Nurses are a vital part of the healthcare system as they are often the linchpin across a wide variety of settings, providing continuum of care. With increasing migration among health professionals, this study sought to better understand the experiences of nursing faculty in order to inform strategies to improve retention, remediate attrition and strengthen the quality of the nursing workforce.

Methods: Semi-structured focus groups were conducted with 22 nursing faculty holding varied academic appointments at universities and colleges across Canada. Data were analyzed using content and thematic analysis.

Results: Themes emerged around workload challenges (both in terms of hours worked and the type of work being done, job expectations), relationships with colleagues and administrators (including unclear inequity in job requirements, quality of worklife, and conflict between academic and clinical requirements) and feeling stuck and uncertain about the future.

Conclusions: Our findings support the growing evidence suggesting the need for systemic change addressing the nursing workplace culture and workload management. The results could inform strategies and policies to promote healthy working conditions, greater inclusiveness, and a better worklife balance to improve the recruitment, retention and sustainability of the nursing workforce. Ultimately, this will lead to more qualified nurses to provide quality care and meet the needs of our ageing society.
P327

Examining the Relationship Between the Natural Environment and Outcomes Related to the Mental Health and Well-Being of Residents and Care Staff in Long-Term Care Homes

Peggy Chi1, Adrian Wagg2, Olesya Falenchuk3, Stephen Verderber4, Whitney Berta1
1University of Toronto, Institute of Health Policy, Management and Evaluation, Toronto, Canada.
2University of Alberta, Faculty of Medicine & Dentistry, Edmonton, Canada. 3University of Toronto, Ontario Institute for Studies in Education, Toronto, Canada. 4University of Toronto, John H. Daniels Faculty of Architecture, Landscape and Design, Toronto, Canada

Abstract / Résumé

Objectives: This investigation aims to examine the relationships between the natural environment and the mental health and well-being of residents and care staff in long-term care (LTC) homes using a rigorously developed survey to standardize an approach to evaluating the natural environment in these settings.

Method: In a cross-sectional, Multiphase Mixed Method study, psychometric properties were examined using inter-item correlation, principal component analysis, and Cronbach’s alpha, and associations were examined using multilevel modelling and regression analyses. Primary data were collected using a new survey, Natural Environment Survey for Long-Term Care (NESL), on the (a) design of the natural environment in units (n=83) of LTC homes (n = 27), (b) residents’ usage of and exposure to the natural environment within the same units (n = 83), and (c) care staff’s usage of and exposure to the natural environment (n = 563) as well as their work-related stress. Secondary data were collected on residents’ health relating to depression, responsive behaviour, social engagement, and the intake of antidepressant and antipsychotic medications (n = 1599).

Results: The application of the NESL identified statistically significant associations between the natural environment and residents’ responsive behaviour in secure units and between the natural environment and care staff’s work-related stress, burnout, and turnover intention in both secure and non-secure units.

Conclusion: The NESL advances research by providing a strong conceptual and empirical base for future development and standardization. Findings from this research have potential utility for researchers and decision-makers who are transforming LTC.
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Exploring Resident Safety in Long-Term Care: Equity and Relational Care Perspectives

Sue Bookey-Bassett, Sherry Espin, Sepali Guruge
Toronto Metropolitan University, Toronto, Canada

Abstract / Résumé

Study Objectives: Increased demand for safe long-term care (LTC) homes is being driven by aging populations and sociodemographic diversity among residents. LTC homes increasingly provide care to residents with medical complexities, immigrants, and persons with varied cultural, racial, and ethnic backgrounds, sexual orientations, and socioeconomic statuses. In LTC, safety is traditionally conceptualized as relating to physical and environmental factors, like inadequate funding, fall prevention, out-of-date buildings, and infection control. We aimed to expand this understanding of safety by exploring social, political, and economic factors associated with resident safety in LTC using equity and relational care lenses.

Methods: This 3-phase qualitative descriptive study was implemented collaboratively with the LTC community partner. In Phase 1, individual interviews with residents and caregivers explored perceptions of safety and identified facilitators and barriers to resident safety. In Phase 2, perceptions of safety, facilitators and barriers to providing equitable, safe, relational care and potential mitigation strategies from staff (focus groups) and leadership (individual interviews) were explored. Data were transcribed verbatim and inductively analyzed using thematic analysis. Equity and relational care lenses guided data analysis.

Results: Phase 1 and 2 results will be presented. Resident, caregiver, staff, and leadership perspectives of resident safety, including facilitators, barriers, similarities, and differences will be highlighted. Results can inform how resident safety is understood, measured, and addressed, leading to development of organizational policies and practices to support resident safety from a conceptualization beyond physical and environmental factors.

Conclusions: Using equity and relational care perspectives enhanced our understanding of the social and environmental factors affecting resident safety in long-term care homes.

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Examining the disjuncture between housing policy and the intersectional life course experiences of people aging with neurodiversity in Quebec

Evelyne Tanguay-Sela\textsuperscript{1}, Daniel Dickson\textsuperscript{2}, Samuel Ragot\textsuperscript{1}, Julien Simard\textsuperscript{1}, Shari Brotman\textsuperscript{1}, Laura Pacheco\textsuperscript{3}, Marie-Hélène Deshaies\textsuperscript{4}
\textsuperscript{1}McGill University, Montreal, Canada. \textsuperscript{2}Concordia University, Montreal, Canada. \textsuperscript{3}Memorial University, St. John's, Canada. \textsuperscript{4}Université Laval, Quebec, Canada

Abstract / Résumé

Objectives: The availability of inclusive housing is crucial to addressing the significant social exclusion faced by people with neurodiversity (ND) – including intellectual disabilities and autism – and their family caregivers over the life course. This paper asks: how do existing housing policies address the social exclusion of older adults with ND in Quebec?

Methods: A mixed-methods design is used to connect policy analysis to lived experience. Life story narrative interviews were conducted with older adults with ND and their family caregivers addressing a wide variety of subjects, including housing experiences. Stories are complemented by interviews with service providers, including those responsible for implementing housing policies for older adults with ND. Taken together, these interviews elucidate the connection between policy shifts and available options. Insights are accompanied by a textual analysis of recent housing policies, alongside a longitudinal analysis of annual provincial spending (generosity, allocation, and demographic dispersion).

Results: While existing research identifies disconnected service silos in aging and disability policy, less is known about how services are navigated within these sectors. This contribution employs an intersectional life course perspective (ILCP) drawing upon the lived experiences of older adults with ND and family caregivers to identify key transition points in the uptake of housing options.

Conclusion: The ILCP situates the experiences of older adults within a policy context where increasingly austere spending practices and mounting demographic pressures are widening the fissure between housing needs and available options. Identifying key transition points contributes to a discussion of best practices in ND policy.
P330

The Impact of Covid-19 on Ontario Age-Friendly Community Planning and Implementation

Sarah Webster¹, John Puxty²,¹
¹Providence Care, Kingston, Canada. ²Queens University, Kingston, Canada

Abstract / Résumé

Since 2015, the Ontario Age-Friendly Communities (AFC) Outreach Program has consistently supported more than 70 age-friendly community initiatives across the province. One aspect of this role is to evaluate and spread promising practices and respond to emerging trends or challenges emerging across communities.

Methods: The AFC Outreach Program conducts an annual survey to understand challenges and enablers to age-friendly planning, implementation and sustainability within communities. For the last three years, this survey has included a specific focus on the impact of the pandemic on age-friendly activities.

Results: The COVID-19 pandemic has had an effect on the planning, implementation and evaluation of age-friendly community initiatives across Ontario. Almost all saw it as a major barrier in 2021 however; this fell to only half of respondents in 2022. Communities evolved strategies and different programs to reduce the impact of the pandemic as well as refocusing their efforts.

Conclusion: It is from examining these experiences that we can pull forward lessons about how to strengthen and sustain the age-friendly movement at provincial and local levels.

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Scaling and sustaining a national intergenerational program

Sarah Webster¹, John Puxty²,⁰¹, Marc Mailhot³,⁴, Jules Myer³
¹Providence Care, Kingston, Canada. ²Queen's University, Kingston, Canada. ³GrandPals National Program, Kingston, Canada. ⁴Elementary Educator, Orangeville, Canada

Abstract / Résumé

The objective of this presentation is to explore the central supports required to scale and sustain intergenerational programming. The GrandPals Program began in 2010 with a simple question: How might we provide students with more applied, experiential avenues for character development? From there, the GrandPals Program was born - a unique intergenerational program that connects an elementary school class with a small team of GrandPals (adults over 55) to engage in weekly, open conversations providing a path for connection and learning through storytelling. Students, Host Teachers and GrandPals benefit through forming bonds that build understanding, mutual respect and an increased sense of belonging.

Method: The GrandPals Program has now expanded to communities in three provinces (Ontario, Manitoba & Saskatchewan). The National GrandPals Program offers core infrastructure to support onboarding of new sites including training, resources, coaching, website promotion, a community of practice and ongoing knowledge broker support.

Findings: The presentation will explore the evolution of a national network and support structure to enable program fidelity and sustainability. It will touch on key learnings of how a central organization can support the expansion of intergenerational programs at a local level throughout Canada that are responsive to each community’s requirements.

Conclusions: In a country as diverse as Canada, the scaling and sustainability of intergenerational programming requires national core elements to ensure program fidelity, as well as a flexibility to allow communities to adapt the program to local context.
“The 5-year grant period is over before you know it”: Rethinking sustainability planning for enduring community-led dementia friendly interventions

Nancy Akwen, Akram Mahani, Bonnie Jeffery, Nuelle Novik, Tom McIntosh
University of Regina, Regina, Canada

Abstract / Résumé

Sustainability has increasingly gained attention in program planning and policy oriented research and development. Most funding agencies require that grant-seeking organizations submit sustainability plans - roadmaps for continuation - once “the funds run out”. Beyond financial stability measures that include broadening the base of potential funders to ensure continuity of services, it can be challenging to identify the role that organizational and community oriented measures play in ensuring sustained impact beyond the grant period. We draw on experience with a 5-year Collective Impact project aimed at enhancing the social inclusion of older adults with dementia and their care partners in rural Saskatchewan, to explore untapped resources for sustainability planning. Based on document reviews and interviews, our findings suggest that beyond obtaining funds, adapting a ‘more than business as usual’ approach is crucial to enhancing dementia awareness within organizational operations. Further, there are opportunities to maximize the network systems within smaller rural communities to maintain activities that improve public awareness, foster social inclusion and reduce the stigma and social isolation associated with dementia. This approach provides a framework for organizations providing dementia care to move past the challenges associated with relying on securing funds for program continuity to leveraging community assets to support continued initiatives. In the face of limited availability of dementia care resources in rural communities and increasing health and caregivers costs, our findings suggest the importance of public supports for intervention programs that capitalize on community commitments to guarantee continued impact.
Adapting to cognitive diversity in the aging workforce: Exploring employer perspectives and accommodation strategies for workers identified with mild cognitive impairment

Josephine McMurray¹, AnneMarie Levy¹, Kristina Kokorelias², Jennifer Boger³, Catherine Burns³, Arlene Astell⁴
¹Wilfrid Laurier University, Waterloo, Canada. ²Sinai Health and the University Health Network, Toronto, Canada. ³University of Waterloo, Waterloo, Canada. ⁴The Kite Research Institute, University Health Network, Toronto, Canada

Abstract / Résumé

Objectives: Retirement from paid work by 65 is declining in response to work and leisure preferences, economic pressures, and increasing longevity. The odds of developing conditions that impact cognition such as mild cognitive impairment or dementia (MCI|DEM) are higher in workers who are chronologically older. As the workforce ages, the number of people with MCI|DEM “on the job” is expected to rise, yet there is scant research exploring how this will impact productivity, the ability to meet jobs requirements, and workplace culture. Methods: We used instrumental case studies to explore two Canadian employers (E1 and E2) to 1. understand employers’ perspectives towards workers with disabilities associated with MCI|DEM, 2. identify unique factors that impact the accommodation of MCI|DEM, and 3. explore technologies (policies, hardware/software, services, facilities) that are, have been, are planned, or are needed by employers to accommodate employees identified with MCI|DEM. Participating employers were federally regulated and employed between 40-100,000+ employees. Results: Participants (E1: N=45; E2: N=30) were any employees who understood the organizations’ corporate culture and operations and completed a demographic survey followed by one in-depth, semi-structured interview (~60-minutes). Thematic analyses combining both inductive and deductive techniques were used to analyze 75-interviews and generate themes related to industry, organizational, and individual barriers/facilitators to accommodation, corporate risk, resource priorities, lack of technology, training and development, culture and societal biases such as ageism and stigma. Conclusions: A systems approach is necessary for employers to better prepare for an aging workforce and extend the productivity of employees with MCI|DEM.
Implementation of the Dementia Isolation Toolkit in long-term care improves awareness but does not reduce level of moral distress amongst staff

Andrea Iaboni¹, AnneMarie Levy¹, Josephine McMurray², Alisa Grigorovich³, Kaitlyn Ranft¹, Hannah Quirt¹, Katia Engell¹, Kristina Kokorelias³, Arlene Astell¹, Kevin Rodrigues¹, Steven Stewart¹, Alastair Flint¹

¹KITE Research Institute, Toronto Rehabilitation Institute, Toronto, Canada. ²Wilfrid Laurier University, Waterloo, Canada. ³St. Catherine’s, St. Catherine’s, Canada. ⁴Sinai Health and the University Health Network, Toronto, Canada

Abstract / Résumé

In this study, we examined the experiences of healthcare providers working in long-term care homes (LTCH), and the impact of an intervention called the Dementia Isolation Toolkit (DIT) on moral distress. We measured self-reported levels of moral distress before and after the implementation of the DIT and conducted 1:1 semi-structured interviews with providers to understand their experiences of moral distress and the impact of the DIT. A total of 23 providers from three long-term care homes participated in the study. Participants described daily experiences of moral distress related to implementing public health directives, chronic staff shortages, and professional burnout that reduced the perceived quality of care delivered to residents. Following implementation, moral distress as measured by the Moral Distress in Dementia Care Survey did not change. However, in the interviews, participants who used the DIT reported improved awareness of moral distress and reductions in the experience of moral distress. They related this to feeling that the quality of resident care was improved by integrating principals of person-centered care and information gathered from the DIT. The study highlights the prevalence of moral distress amongst long-term care providers and how the pandemic exacerbated these experiences. We report divergent findings with no quantitative improvement in moral distress but evidence from interviews that the DIT intervention can ease some forms of moral distress and improve the quality of care delivered to residents in long-term care settings.
P335

Development of the National Research Council’s Aging in Place Challenge Program.

Courtney Genge¹, Heather McNeil¹, Patricia Debergue², Amaya Arcelus¹
¹National Research Council, Ottawa, Canada. ²National Research Council, Montreal, Canada

Abstract / Résumé

Objective

The National Research Council (NRC) launched the Aging in Place (AIP) Challenge Program in 2021 with a seven-year mandate and an overarching goal of developing technologies and innovations to support an increase by 20% in the number of older adults who remain in their home or community of choice.

Method

In developing the AIP program, a top-down/bottom-up approach was followed. Top-down activities consisted of a needs assessment and knowledge gap analysis. The bottom-up view leveraged extensive stakeholder engagement to assess how AIP could best address identified gaps.

Results

Development activities resulted in a complexity-informed theory of change model. Three opportunities for AgeTech to reduce the number of older adults experiencing transition from community to nursing home care were identified:

- Preventing: Supporting healthy aging through technologies and innovations for early detection of disease and/or increased access to preventative care and anticipatory risk reduction for known causes of transitions in care.
- Enabling: Leveraging technologies that reduce risk of sentinel events (hospitalizations, falls, and caregiver crisis/burnout) and facilitate well-being through independence in activities of daily living.
- Creating age friendly communities and social structures: Systematically investigating and addressing social, political and built environmental barriers to aging in place though policy or standards recommendations.

Conclusion

The model has informed the launch of collaborative projects across four thematic pillars; safety, health, connection and standards which will contribute new scientific knowledge, develop innovative solutions and support adoption of existing and new technologies. AIP is stimulating an AgeTech innovation ecosystem that supports Canadians to successfully age in place within their home or community of choice.

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Design thinking for community-engaged aging research at the MIRA | Dixon Hall Centre

Audrey Patocs¹, Marla Beauchamp¹,², Gésine Alders¹, Nadia Jamil³, Cindy Tse³, Christine Chow³, Ine Wauben¹,⁴, Parminder Raina¹,⁴,⁵
¹McMaster Institute for Research on Aging, Hamilton, Canada. ²School of Rehabilitation Sciences, McMaster University, Hamilton, Canada. ³Dixon Hall, Toronto, Canada. ⁴Canadian Longitudinal Study on Aging, Hamilton, Canada. ⁵Department of Health Research Methods, Evidence, and Impact, McMaster University, Hamilton, Canada

Abstract / Résumé

Research that incorporates users (older adults, patients, caregivers, and other stakeholders) can be more impactful. One mechanism for effectively incorporating user perspectives is Design Thinking. Design Thinking uses an iterative approach and solution-based thinking to incorporate multiple perspectives on a problem.

Methods: The McMaster Institute for Research on Aging embarked upon a novel partnership with multi-service agency Dixon Hall, in Toronto, creating the MIRA | Dixon Hall Centre. The partnership seeks to implement evidence-based programs and collect new evidence that can improve aging outcomes for Dixon Hall’s community, including diverse and often underrepresented, underserved, or marginalized older adults. Here we describe how we employed Design Thinking methods to better understand challenges, knowledge gaps, and potential solutions. A facilitated, in-person workshop, followed by multi-pronged follow-up methods focused on identifying challenges and gaps, ideating solutions through "how might we" questions, and envisioning ideal future states for older adults and Dixon Hall's programs and services.

Results: We identified eight priority themes for research and services: 1) Social Isolation, loneliness & well-being; 2) Poverty, food security, & financial well-being; 3) Housing & aging in place; 4) System navigation & access to services; 5) Technology use and barriers; 6) Physical and cognitive health; 7) Language & culture; and 8) Ageism & loss of agency. This process also generated buy-in for an evidence-based lecture series and for establishing a staff and community research advisory council.

Conclusions and next steps: The priorities and ideas generated through Design Thinking will be used to advise best practices for existing research programs currently underway at Dixon Hall, and moreover will inform the development of novel research programs at the Centre.
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Educating healthcare professionals as change agents to champion dementia care in acute care settings

Shelley Peacock¹, Mary Harrison¹, Sarah Nickel¹, Anna Jack-Waugh², Rhoda MacRae², Jill Bally¹, Allison Cammer¹, Kristen Haase³, Lillian Hung³, Megan O'Connell³, Hannah O'Rourke⁴, Noelle Rohatinsky¹, Genevieve Thompson⁵

¹University of Saskatchewan, Saskatoon, Canada. ²University of the West of Scotland, Glasgow, United Kingdom. ³University of British Columbia, Vancouver, Canada. ⁴University of Alberta, Edmonton, Canada. ⁵University of Manitoba, Winnipeg, Canada

Abstract / Résumé

Objectives

Persons with dementia and family carers identify several challenges when hospitalized including poor communication with professionals and loss of independence. Acute healthcare professionals cite understaffing and lack of dementia education as barriers to optimal care. To address these issues, the purpose of this project is to co-produce an educational program based on the Scottish National Dementia Champions Programme.

Method

We used Hawkins et al.’s three-phase framework to guide our project: 1) evidence review and stakeholder consultation, 2) co-production of intervention content, and 3) prototyping. Phase 1 was completed and supported undertaking Phase 2. In Phase 2 we held meetings where program topics were considered, ideas/insights were shared by team members, refinements were made to the topic content, then content was iteratively presented to the team until consensus was reached.

Results

Through monthly meetings, which included dementia and family carer researchers and two carers with lived experience, we produced a dementia education training program. The goals of the program are to equip healthcare professionals: 1) with knowledge, values, and skills about caring for persons with dementia and family carers; and 2) to support their agency to improve dementia care.

Conclusions

The outcome of this co-production is a comprehensive dementia education training program that increases the knowledge, values, and skills of acute healthcare professionals. The program also supports them to lead as change agents in their acute care settings to optimize the care for persons with dementia and family carers. Next steps involve piloting the program in Saskatchewan.
A systematic review of measures of social connection for people living in long-term care homes

Madalena Liougas¹, Neha Dewan², Hannah Chapman³, Gill Livingston⁴, Katherine McGilton², Hannah O’Rourke⁵, Andrew Sommerlad⁴, Jennifer Bethell²
¹Rehabilitation Sciences Institute, Temerty Faculty of Medicine, University of Toronto, Toronto, Canada. ²KITE-Toronto Rehabilitation Institute – University Health Network, Toronto, Canada. ³Division of Psychiatry, University College London, London, United Kingdom. ⁴Division of Psychiatry, University College of London, London, United Kingdom. ⁵College of Health Sciences, Faculty of Nursing, University of Alberta, Edmonton, Canada

Abstract / Résumé

Objective: To review the content and psychometric properties of social connection measures developed for long-term care (LTC) residents, including those with dementia.

Methods: We searched eight bibliographic databases to April 2022 for studies conducted in LTC residents reporting any psychometric property of a measure of social connection. We analysed studies and measures using: (1) COnsensus-based Standards for the selection of health Measurement INstruments (COSMIN) systematic review methods to appraise the evidence of quality for the measures, (2) framework method to describe measure content.

Result: From 8753 records, we identified 61 studies reporting 37 measures assessing social connection in LTC homes. These measured differing concepts (e.g., social support, loneliness, etc.): 27 measured quality of life, wellbeing or life satisfaction and included a social connection subdomain. Only 10 measures specifically targeted social connection. In 36 measures, 14% (n=5) have sufficient structural validity, 8% (n=3) sufficient internal consistency, 25% (n=9) sufficient reliability, and 17% (n=6) sufficient construct validity. None of the measures showed high-quality evidence for sufficiency of both reliability and validity.

Conclusion: Our new inventory of existing social connection measurement tools for LTC residents shows few of these tools have been specifically designed for this purpose and most have insufficient psychometric properties. These results will enable researchers to choose valid and reliable tools which measure relevant components of social connection in LTC homes. Our results will inform the development of a new person-centred social connection measurement tool for LTC residents in the Social Connection in Long-Term Care Home Residents (SONNET) study.
Views of Aging and Well-Being: The Role of Attitudes Toward Arts Participation

Alison Chasteen¹, Brooklyn Baly¹, Hannah Gans¹, Kate Dupuis²
¹University of Toronto, Toronto, Canada. ²Sheridan College, Oakville, Canada

Abstract / Résumé

Objectives: Participation in the arts has shown significant promise for enriching older adults’ quality of life. Yet, there is limited understanding of how older people’s views of aging might facilitate or hinder participation in creative outlets that have the potential to improve their well-being. In the present study, we sought to determine linkages between views of aging, attitudes toward arts participation, and well-being in older Canadians.

Method: 97 community-dwelling older adults (Mage = 71.61 years, SD = 5.60; 68.04% self-identified cisgender women) completed an online survey that included measures of views of aging (Expectations Regarding Aging), attitudes towards arts participation (Self-efficacy for Arts Participation), and well-being (Psychological Well-being Scale).

Results: Mediation analyses revealed that older adults’ expectations regarding aging directly predicted well-being such that more negative views of aging were associated with lower well-being. Views of aging also indirectly predicted well-being through feelings of self-efficacy for arts participation. Specifically, more negative views of aging were associated with lower feelings of self-efficacy, and self-efficacy was positively associated with well-being. Secondary analyses revealed that these direct and indirect relationships were most pronounced for well-being in the form of autonomy and personal growth.

Conclusions: The present study reinforces the important role that arts participation plays in older people’s quality of life through showing the linkage between self-efficacy for arts participation and well-being. Moreover, this work identifies areas for intervention by demonstrating that views of aging may be an important determinant of older Canadians’ willingness to engage in creative outlets.
P340

Introducing exercise gaming systems to people with dementia.

Erica Dove\textsuperscript{1,2}, Arlene Astell\textsuperscript{1,2}
\textsuperscript{1}Rehabilitation Sciences Institute, University of Toronto, Toronto, Canada. \textsuperscript{2}KITE, Toronto Rehabilitation Institute, Toronto, Canada

Abstract / Résumé

Background and Objectives: We have previously shown that people with dementia can learn to play an exercise video game (exergame), improve over time, and enjoy the activity. As gaming systems develop and new exergames are made, greater understanding of how to introduce exergame systems and support people living with dementia is needed to increase access and support care providers to offer these resources.

Methods: Thirty-two people with dementia (mean age: 78.25 years; 56.25\% female; mean MoCA: 12.75/30) participated in group ‘game testing sessions’ once per week for six weeks. Each session introduced a different old- or new-generation exergame system, including the Nintendo Wii, Xbox Kinect, and Nintendo Switch. Video-recorded observations and participant feedback were collected during each session for analysis using behavioural analysis software.

Results: Overall, participants enjoyed taking part in the group gaming sessions. The video coding scheme examined three main categories: (i) instructions (e.g., system vs. instructor-based prompts); (ii) usability issues (e.g., speed); and (iii) game elements (e.g., colour). This revealed limited or lack of accessibility in most existing exergame systems and games.

Conclusions: This study identified key mechanisms involved in introducing old- and new-generation exergame systems and games to people living with dementia relating to both systems (hardware) and games (software). Exergames can support people living with dementia to engage in physical activity. However, the current lack of accessibility highlights a pressing need for games developers and rehabilitation practitioners to engage people living with dementia in the design of exergames and systems to suit their unique requirements.
Vibroacoustic Therapy and Multi-Sensory Gamma Treatment in Dementia Care

Amy Clements-Cortes
University of Toronto, Toronto, Canada

Abstract / Résumé

Music-based interventions (MBIs) have demonstrated efficacy in work with persons diagnosed with dementia with respect to cognition, mood, and symptom reduction. Vibroacoustic therapy, a MBI uses low frequency sound (LFS) and been implemented as part of a treatment package for a variety of diagnoses such as Parkinson, fibromyalgia and more recently with persons diagnosed with Alzheimer’s disease and dementia.

Objective: This presentation will feature a brief introduction to Rhythmic Sensory Stimulation (RSS), which is an extension to vibroacoustic therapy as it relates to a potential treatment for persons diagnosed with dementia. RSS has been shown to drive brain activity at selected frequency levels in the gamma range i.e. 40 Hz, which is essential for cognition.

Method: An overview of the research pilot and a series of case studies will be shared. The AB cross-over pilot study involved 18 participants who received 13 sessions: one intake and 12 treatment. Treatment A consisted of 40 Hz RSS and Treatment B involved visual stimulation. Case studies involved individuals with dementia engaging in RSS treatment 5 times per week in their home.

Results: Pilot results pointed to increased clarity, alertness and statistically significant scores for increased cognition as assessed by the St. Louis University Mental Status Test (SLUMS). For case study participants maintenance of cognition and increases in mood for participants with Alzheimer’s disease or mild cognitive impairment were realized.

Conclusion: Results are promising, and further research is needed to assess the integration of this therapy in the overall care for persons with dementia.
Leadership and agism: A educational activity for Nursing Students

Kelly Baskerville, Sherry Dahlke
University of Alberta, Edmonton, Canada

Abstract / Résumé

Objectives: To examine fourth year baccalaureate nursing students’ perceptions about an educational activity designed to promote action against ageism.

Methods: A quasi-experimental design was used to test whether an e-learning module developed to enhance clinical leadership in taking action against ageism in practice. The module was developed combining research evidence about leadership, ageism and practice challenges related to care of older people. We used feedback survey to assess students’ perceptions of each of the e-learning activities using four 5-point Likert-type items (1=strongly disagree and 5=strongly agree). We also asked one open-ended question to collect their feedback and suggestions for the module. Descriptive statistics (frequency, mean, and standard deviation) were used to summarize sample demographics and participants responses. We used content analysis to analyze open-ended responses.

Results: Participants reported that the module increased their confidence, interest and knowledge in ageism and how to take a leadership role in practice. Participants also found the method of instruction interactive and enjoyable.

Conclusions: Our interactive module related to leadership and ageism was effective in sensitizing senior nursing students to their leadership role in recognizing and diminishing ageism towards older people.
P343

Pain management, palliative care, and equity/diversity: Educational activities for nursing students

Shovana Shrestha, Reshef Devkota, Sherry Dahlke
University of Alberta, Edmonton, Canada

Abstract / Résumé

Objectives: To examine nursing students’ perceptions about pain management, palliative care, and equity, diversity and inclusion e-learning modules.

Methods: A cross-sectional survey design was used to assess nursing students’ perception about three e-learning modules. We purposively selected third year baccalaureate nursing students at a Canadian university. Two modules were developed to enhance understanding in managing pain and palliative care in older people and one module to sensitize students to the heterogeneity of older people and the prevalence of ageism. A total of 188 participants completed for survey for pain module, 152 for equity/diversity, and 204 for palliative care. We used feedback survey questions (four 5-point Likert scale items) and one open-ended question to assess students’ perceptions. The completion of survey was considered as their consent to participate. Descriptive statistics were used to examine mean scores and participants demographics, and content analysis to analyze open-ended responses.

Results: Participants reported that the module increased their confidence, interest and knowledge in palliative care, pain management, and understanding the heterogeneity of older people. Participants also found the method of instruction interactive and enjoyable.

Conclusions: Our interactive modules related to palliative care, pain management and equity and diversity were effective in sensitizing nursing students to their role in promoting evidence based care to older people.
Health Promotion with Older People: Educational activities for Nursing Students

Sherry Dahlke, Ojie Onebunne, Rashmi Devkota
University of Alberta, Edmonton, Canada

Abstract / Résumé

Objectives: To examine nursing students’ perceptions about the health promotion with older people e-learning activity.

Methods: A cross-sectional survey design was used. We included first year baccalaureate nursing students at a Canadian university. Students self-selected to participate in the study and those who completed surveys were included. Our sample included 167 participants out of a possible 260 for a 64.2% response rate. We used feedback survey to assess students’ perceptions of each of the e-learning activities using four 5-point Likert-type items (1=strongly disagree and 5=strongly agree). We also asked one open-ended question to collect their feedback and suggestions for the module. Descriptive statistics (frequency, mean, and standard deviation) were used to summarize sample demographics and participants responses. We used content analysis to analyze open-ended responses.

Results: Participants reported that the module increased their confidence, interest and knowledge in managing responsive behaviours and providing effective comfort to older people during comfort rounds. Participants also found the method of instruction interactive and enjoyable.

Conclusions: Our interactive module related to health promotion was effective in sensitizing nursing students to their role in promoting evidence-based care to older people.
Leveraging local geriatric care expertise through peer mentorship in rural South West Ontario: Findings from a pilot professional education program

Lauren Gardner¹, Cheryl McDonald¹, Jody Glover¹, Jacobi Elliott¹,², Bradley Hiebert¹,²
¹St. Joseph’s Health Care London, London, Canada. ²Lawson Health Research Institute, London, Canada

Abstract / Résumé

Background: The South West Frail Senior Strategy developed a pilot education program in response to learning needs identified by interdisciplinary care teams with a high proportion of Community Paramedics in two rural communities in South West Ontario. The Program involved a self-study component followed by engagement with providers from learners’ communities with geriatric expertise as peer mentors. The Program was piloted in both virtual (Model 1) and in-person (Model 2) settings.

Methods: A quasi-experimental pre-test post-test study design was used to evaluate the effectiveness of each model. Online surveys including scale-based and open-ended questions were distributed to program participants to understand how the Program influenced their: self-rated foundational geriatric knowledge, local resource awareness, and confidence in caring for older adults.

Results: 51 learners (Model 1, n = 24; Model 2, n = 27) completed both pre- and post-test surveys. Factorial repeated measures ANOVA revealed that the Program significantly increased learners’ self-rated knowledge [F(1, 49) = 32.33, p < .001], local resource awareness [F(1, 49) = 40.28, p < .001], and confidence in ability to care for older adults [F(1, 49) = 37.42, p < .001]. Additionally, there was no significant effect of Model on the outcome variables. Analysis of learners’ open-ended responses highlights inclusion of local geriatric care experts was a key element of the Program’s success.

Conclusions: Virtual or in-person geriatric care education including local peer mentors may be an effective way to improve care providers’ foundational knowledge, local resource awareness, and confidence in caring for older adults.
Poster: Latebreaker / Affiche : Portant sur des résultats de dernière heure

LB1

To what extent are Alberta nursing homes and supportive living facilities integrated with their community? A sequential quantitative-qualitative study

Michelle Gao, Saima Rajabali, Adrian Wagg
University of Alberta, Edmonton, Canada

Abstract / Résumé

This study investigated the extent to which community-integrating activities exist within Alberta continuing care facilities (CCF), and examined perceived benefits, risks, harms, and/or barriers to implementation.

A cross-sectional survey was distributed to all Alberta CCF directors of care, concerning current activities, those prior to Covid-19 pandemic restrictions, and any planned for the next 2 years. Qualitative semi-structured interviews further explored associated factors, as above. Quantitative data was analyzed using descriptive statistics. Comparative analyses were made using chi-squared testing. Qualitative data was analyzed using a conventional content analysis approach with iterative coding.

140 survey responses were received from 334 eligible institutions, of which 116 were analyzable (34.7% response rate). The range of activities varied widely. Prior to Covid-19, the most common were Spiritual activities entering CCF (96.5%) and Community volunteers entering CCF (93.0%); CCF rarely had activities such as Child daycare (5.2%). Approximately 12.9% of Spiritual activities entering CCF had not been restarted following the pandemic, but homes were planning to restart this ceased activity (16) or start it as a new activity (1). There was no statistically significant relationship between any activity and facility owner-operator model, size, type, and geography at any survey time category. Seven semi-structured interviews were conducted; themes included Resident quality of life and wellbeing, Home’s capacity and openness, Sources of support, and Planning and programming for implementation.

This study addresses a knowledge gap regarding community integration in CCF and provides insight on the level and types of community-integrated activities occurring in Alberta’s CCF.
Engager la communauté dans la formation, la recherche et la pratique

Monique Kabuya
ONG La Médecine Chez Moi, Kinshasa, Congo, the Democratic Republic of the

Abstract / Résumé

A. LES OBJECTIFS : Faisant suite à notre résumé de l’an dernier, nous n’avons pas pu installer le centre Médical ni l’espace pour une éducation thérapeutique des personnes du 3e âge et de sensibilisation pour les aidants. Par contre, nous avons exploité l’objectif spécifique ; former et sensibiliser les personnes du 3e âge et les aidants sur le vieillissement ainsi les pathologies du 3e âge au mois de juillet 2023.

Général : Procurer un sentiment de bien-être et de paix à nos aînés.

Spécifiques : Aider nos cibles à mieux comprendre les maladies du 3âge, connaitre les bons gestes à poser face à cela et bannir l’isolement des personnes du 3âge

B. METHODES

1ère : Organiser les conférences de sensibilisation sur les maladies du 3e âge sanctionnées par des consultations en masse. 2ème : Organiser les journées récréatives avec plusieurs activités (y compris les jeux)

C. RESULTATS Sur un échantillon de 122 personnes âgées contactées dans le district de Mont Amba, il y a eu :

60% des participants aux activités (conférence et journée récréative), 20% de ceux qui n’ont pas pu participer à cause de manque de moyens de transport, 16% de ceux qui étaient malades, 3,27% de la participation de l’entourage aux deux activités

D. CONCLUSION

Après ces deux activités, nous avons constatés que les participants n’étaient plus les mêmes. Ils ont compris la période du 3e âge, comment la vivre en paix et heureux.
Supporting Aging Research and Community Engagement in Newfoundland and Labrador

Karen Doody¹, Veronica Hutchings¹, Amanda Affram¹, Rick Audas³, Mumtaz Cheema¹, Sukhinder Cheema⁴, Dawn Pittman⁵, Kelly Vodden¹, Kelly Warren¹
¹Grenfell Campus, Memorial University of Newfoundland and Labrador, Corner Brook, Canada. ²Aging Research Centre-Newfoundland and Labrador, Corner Brook, Canada. ³Newfoundland and Labrador Centre for Applied Health Research, St. John's, Canada. ⁴Memorial University of Newfoundland and Labrador, St. John's Campus, St. John's, Canada. ⁵Western Regional School of Nursing, Corner Brook, Canada

Abstract / Résumé

Objectives: Newfoundland and Labrador (NL) has the highest aging population in Canada. The Aging Research Centre-Newfoundland and Labrador (ARC-NL) was established in 2018 as a cross-campus research centre of Memorial University of Newfoundland and Labrador (MUNL). After a successful pilot phase, ARC-NL underwent strategic planning to focus on future directions of the Centre.

Method: An environmental scan of Canadian aging research centres was completed using data from web searches, annual reports, and interviews. Subsequently, a facilitated strategy session was held with the ARC-NL Core Leadership Team. Discussion points included governance, engagement, and collaboration, and a SWOT analysis was performed to indicate the strengths, weaknesses, opportunities, and threats in ARC-NL’s current structure.

Results: The environmental scan of 14 institutions revealed key insights relevant to ARC-NL including diversification of funding sources, community engagement in research, and simplification of governance structures. The strategy session resulted in development of a pillar system to promote equitable distribution of resources among research areas, offering of “research support services”, and continuing focus on community engagement. ARC-NL received official Research Centre status at MUNL into 2029.

Conclusion: ARC-NL introduced three thematic pillars (Biology of Aging, Lived Experience of Aging, and Aging in Place) to conduct research, support community engagement, and together form interdisciplinary teams to address broad research questions. As the only aging research centre in Newfoundland and Labrador, ARC-NL continues to grow and support its mission to create a provincial network of researchers studying late life issues and to prioritize knowledge mobilization and engagement with older adults.
The influence of integrated home and community care programs on Quadruple Aim and Health Equity outcomes across the health care system: A scoping review

Marie Lauro1, Margaret Saari1,2, Ryan McLeod1, Valentina Cardozo1, Paul Holyoke1, Justine Giosa1,3
1SE Research Centre, SE Health, Markham, Canada. 2Lawrence S Bloomberg Faculty of Nursing, University of Toronto, Toronto, Canada. 3School of Public Health Sciences, University of Waterloo, Waterloo, Canada

Abstract / Résumé

Objective: To understand the evidence examining the influence of integrated home and community care programs on the health system (acute care, emergency medical services, primary care, informal care, and facility-based long-term care) through the lens of the Quadruple Aim and Health Equity.

Method: A scoping review following Levac et al.’s (2010) approach was conducted. Comprehensive searches of literature published in the last decade were completed in AgeLine, CINAHL and MEDLINE using keywords relevant to home and community care, health system services, and Quadruple Aim and Health Equity outcomes. Major integrated care journals were hand searched and included articles underwent citation searching.

Results: 5,656 titles and abstracts and 569 full-text articles underwent screening, with 50 articles moving to extraction. Many studies were excluded because of unclear descriptions of the care model or how it facilitated integrated care delivery in home and community settings. Preliminary findings show 1) most articles investigated effects of integrated home and community care on hospital or emergency medical service utilization (i.e., readmission rates, length of stay, and emergency department visits) with few articles including cost details. 2) Most articles reported population health outcomes, with few articles investigating economic, patient/provider experience or equity outcomes.

Conclusions: Synthesis and application of evidence on integrated home and community care models requires researchers to describe model components and study settings more clearly in their publications. Additional research into the influence these models have on health system settings and outcomes beyond hospital-based service utilization is needed for future uptake, scale and spread.

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A Rapid Review of Key Features for Supporting NORCs in your Community

Serrina Philip1,2, Paula Rochon1,2, Rachel Savage1,2, Stephanie Hatzifilalithis1, Kerry Bruner1, NORC Innovation Centre3
1Womens College Hospital, Toronto, Canada. 2University of Toronto, Toronto, Canada. 3University Health Network, Toronto, Canada

Abstract / Résumé

Background: Naturally Occurring Retirement Communities (NORCs) have the potential to promote aging in place and establish age-friendly environments. NORCs are geographical areas that have naturally become home to a large concentration of older adults (>30%) but are not purpose-built for older people. NORCs can be enhanced through onsite supports and services, driven by the needs of older residents, but to spread enhanced NORC models, information is needed on how to effectively implement these models across a range of contexts and settings. Current study and methods: To further spread and scale enhanced NORC models, we are studying their implementation in 10 sites across Toronto and Barrie. Learnings will be used to create a NORC Implementation Toolkit. In this poster, we outline foundational work to rapidly review and synthesize key features of implementation toolkits. Results: The rapid review illuminated six key elements to be helpful in establishing an enhanced NORC model, 1) Establishing roles and responsibilities of key knowledge users, 2) Conducting a community needs assessment 3) Resident engagement, 4) Optimizing communication strategies, 5) Sound evaluation procedures, and 6) Identifying and minimizing potential barriers. Conclusion: We showcase key features of a NORC implementation toolkit that positions residents as vital stakeholders and active participants in decision-making processes to shape their NORC community. The broader project will help identify how to successfully implement NORC-based interventions in local communities.
LB6

Using cherished objects to help older adults adjusting to Continuing Care Retirement Communities

Ohad Green
University of Oxford, Oxford, United Kingdom

Abstract / Résumé

Each time we move a house, we need to think what to do with all of our possessions. This is not an easy process as each object captures a significant moment from our life. For older adults, this process is even harder, and sometimes almost unbearable. This is because of the greater significance they attach to their belongings due to other losses they experience as part of their aging process. When older adults move to a dwelling that is considerably smaller than their current dwelling such as long-term care facilities and continuing care retirement communities, these decisions about which belongings to take and what to do with the others enhance levels of stress and insecurity. If not addressed correctly, not only this could impede the process of moving but also it risks the adjustment to the new dwelling. Based on our research and our fieldwork, we would like to offer important guidelines to help support older adults in the moving process. We will show how we can harness the power of cherished objects to facilitate a process of constructive growth, balancing older adults’ desire to maintain continuity with their past and the limited space of their new dwelling. We will discuss different issues which raises from each step of the moving process, and give practical take-home tips for anyone who is about to be involved in a moving process as a practitioner, individual, or a family member.
Optimizing the therapeutic potential of robotic pets for residents with mild-to-moderate dementia living in facility-based continuing care: Insights for practitioners

Michelle LeBlanc¹, Justin Eng¹, Brooklyn Fernandes¹, Jennifer Hewson¹, Ann Toohey¹, David Hogan¹, Nicole Baker²
¹University of Calgary, Calgary, Canada. ²Brenda Strafford Foundation, Calgary, Canada

Abstract / Résumé

Animatronic (“robotic”) pets have garnered attention as a therapeutic tool used by caregivers for persons living with mild-to-moderate dementia. These devices may be experienced as interactive companions, reducing loneliness, boredom, and agitation. Few studies have considered how the delivery of robotic pet programs may shape their therapeutic effectiveness. To address this knowledge gap, we evaluated attitudes and approaches adopted by a team of professional caregivers introducing Joy for AllTM robotic pets into recreation programming within a care facility. We conducted a series of qualitative, semi-structured group interviews and ethnographic observations with members of the recreation team over a 6-month study period. Using interpretive description methodology, we identified three overarching categories shaping practice: (i) facility setting and context; (ii) program delivery approaches; and (iii) sustainability. We found that caregivers have positive views on working with robotic pets, adopt interactive approaches tailored to residents’ evolving needs, and respond to various caregiving and behavioral challenges through skillful device handling. An initial investment of financial and social resources towards robotic pet programming support opportunities for discovering and applying innovative practices, including: adopting resident-centered approaches for human-robotic pet interactions involving staff, other residents, and family; developing an integrated network within and across care-delivery teams to disseminate observations; and acquiring an adequate supply of devices to cycle between program and individual use by residents demonstrating strong attachments. This study offers evidence-informed insights that may help optimize the therapeutic impact of robotic pets when delivered as an affordable, accessible intervention for people living with mild-to-moderate dementia.
Perceptions of financial abuse against older adults

Kelly Warren, Jessie Holden
Grenfell Campus, Memorial University of Newfoundland, Corner Brook, Canada

Abstract / Résumé

Financial abuse against older adults amounts to billions in monetary losses each year. Estimation accuracy is difficult, as few victims of such abuse report it. Despite this, there is limited research assessing older adults’ perceptions of barriers to reporting and no known research assessing the perceptions of bystanders, for example, bank employees. In the present study, the perceptions of older adults, bank employees, and members of the general public were assessed across four financial abuse scenarios that varied according to the identity of the perpetrator (i.e., it was either a stranger, trusted friend, the victim’s adult child, or the spouse of the victim’s adult child). Questions assessed victim and perpetrator blame and responsibility, ageism, beliefs regarding the communication between banks and older adults, and barriers to reporting. Gender neutral names were used to assess the perceived gender of the perpetrator and the victim. Participants (aged 17-91) were recruited through a university participant pool, social media pages, local seniors’ organizations, and informal directories of banking personnel. The importance of reporting abuse was recognized, and there was no difference in perceived severity or the necessity to report as a function of perpetrator identity. Most participants assumed a male perpetrator and a female victim. The onus to report was placed on the victim, but possible barriers to victim reporting were acknowledged. Those who thought the bank employee should report failed to recognize possible barriers. Finding illustrate a need for education about reporting and an awareness of the effects of ageist views.
Investigating the benefits of a virtual mindfulness-based stress reduction program in older Canadian immigrants: A pilot study

Lauren Hytman, Alexandra Fiocco
Toronto Metropolitan University, Toronto, Canada

Abstract / Résumé

Background: Chronic stress accelerates the aging process and increases the risk for poor health outcomes in later adulthood. While stress management strategies may mitigate the impact of stress on well-being, there is a dearth of interventions that target stress reduction in older Canadian immigrants. Objective: The study objective was to examine the effects of 9-week virtual Mindfulness-Based Stress Reduction (MBSR) on perceived stress, emotion regulation, self-compassion, and trait mindfulness (TM) in older adult Canadian immigrants. Methods: Using a quasi-randomized controlled design, 38 participants (70±6.8 years, 95% female) were assigned to MBSR or waitlist control conditions using blocked randomization. Participants completed questionnaires that tapped into perceived stress, emotion regulation, self-compassion and trait mindfulness at baseline and post-intervention/9 weeks. Results: Although within-groups comparisons found significant improvements in psychological outcomes in the MBSR group, mixed model ANCOVA’s failed to show significant between-group differences for perceived stress, emotion regulation, and self compassion. With respect to TM, MBSR participants displayed significant improvements in Observing (p=.002), and a trend for greater improvement in Acting with Awareness (p=.069) and Non-judging (p=.085) facets. Conclusion: Results failed to support the benefits of virtual MBSR for older adults Canadian immigrants. Contributing methodological factors, including low statistical power will be discussed.
The big five personality traits moderate the internalized stigma model of help-seeking in distressed older adults

Dallas J. Murphy, Aston Knelson-Dobson, Corey S. MacKenzie
University of Manitoba, Winnipeg, Canada

Abstract / Résumé

Older adults are the age demographic least likely to seek mental health services in the face of a need. Stigma appears to be an important factor, but little is known which older adults are impacted by stigma, and why. This study sought to understand how the Big 5 personality traits (openness, conscientiousness, extraversion, agreeableness, and emotional stability) impact older adult’s help-seeking in the face of stigma. We conducted a moderated mediation analysis of the secondary data of 350 distressed older adults that included measures of public stigma, self-stigma, help-seeking attitudes, help-seeking intentions, and the Big 5 personality traits. Low agreeableness and emotional stability emerged as risk factors in terms of help-seeking. Specifically, older adults low in agreeableness were more likely to have negative help-seeking attitudes and less likely to intend on seeking help in the face of stigma. Similarly, older adults low in emotional stability were more likely to have stigma lead to negative help-seeking attitudes. High conscientiousness, on the other hand, was a protective factor in terms of help-seeking intentions. Older adults high in conscientiousness were less likely to internalize public stigma as self-stigma. Openness and extraversion had no significant effects. The analysis revealed personality factors play a key role in distressed older adults’ help-seeking intentions in the face of stigma. Understanding which personality traits distressed older adults possess may assist us in identifying older adults at risk to not seek help in the face of stigma, and subsequently intervene to increase help-seeking intentions and behaviours.
Quality of life and wellbeing during the COVID-19 Pandemic: A cross-sectional, online survey of community-dwelling older Canadians

Jennifer Leanne Briere, Sophia Haotong Wang, Ulfat Ara Khanam, Josh Lawson, Donna Goodridge
University of Saskatchewan, Saskatoon, Canada

Abstract / Résumé

The Covid-19 pandemic significantly impacted the quality of life (QoL) of Canadian seniors, including their wellbeing, risks of loneliness, and social isolation. This study examined predictors of QoL and wellbeing among older Canadians within context of the Covid-19 pandemic. A cross-sectional, online survey of 2,207 older Canadians (55.7% female, M_age = 69.4 years) revealed that over one-third strongly disagreed that the pandemic had a significant effect on either their mental (35.0%) or physical health (37.6%). Multiple linear regression demonstrated that different patterns of predictors were apparent for QoL and wellbeing. After adjusting for all variables in the models, the ability of income to meet needs emerged as the strongest predictor of higher QoL, but was not associated with wellbeing, except for those who chose not to disclose their income adequacy. Age was not associated with QoL or wellbeing but females were more likely to experience lower wellbeing (β=-2.0, 95% C.I.=-4.0,-0.03) but not QoL. Reporting three or more chronic health conditions and that the Covid-19 pandemic had a negative impact on one’s mental health was associated with lower QoL and wellbeing. Loneliness predicted reduced QoL (β=-1.4, 95% C.I.=-1.6,-1.2) and poor wellbeing (β=-3.7, 95% C.I.=-4.3,-3.0). A weak association was noted between QoL and social isolation. The Covid-19 pandemic resulted in differential effects among older Canadians. Specifically, those with limited financial resources and multiple chronic conditions appeared most at risk for adverse QoL and wellbeing consequences. Loneliness may be a modifiable risk factor for decreased QoL and well-being in targeted interventions.

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Older Adults’ Motivation to Learn

william kops
University of Manitoba, Winnipeg, Canada

Abstract / Résumé

Objective - the study surveyed older adults taking university courses to better understand their motivations and experiences as learners.

Methodology – a survey was sent to students in the Faculty of General Studies at the University of Manitoba (UM) who had completed at least one (3 credit-hour) undergraduate degree course in the prior two years. Students self-selected to participate based on age (55 years of age and older). Forty-one students agreed to participate resulting in thirty-seven completed surveys (response rate 40%).

Results – Eighty percent (80%) of respondents fell into the Senior Student category (free tuition and no fees for those 65+ years); two-thirds of respondents were UM alumni; most respondents were learning oriented versus motivated by a goal or taking courses to fill their time and make new friends (activity oriented); challenges experienced related to the institution, included application requirements, registration, and use of online tools; and two-thirds of respondents preferred online or blended courses because of increased accessibility.

Conclusions – Older adult had positive learning experiences. The recommended changes represent a natural progression to create welcoming, comfortable, and safe spaces at the university for older adults, including provide easy to understand, age-friendly, facilitative information that encourages older adults to take advantage of university courses; set up a single point of contact to serve older adult students; streamline admission and registration processes; provide designated technical assistance and help (online and in-person) for older learners; and embrace intergenerational learning and purposefully connect older adults with younger students.
LB13

Training of healthcare professionals during the COVID-19 pandemic: Strategies for promoting comprehensive care for the older population in primary care in Brazil

Priscila Leite Gonçalves¹, Marie Claire Sekkel², Bernadete Oliveira³, Carri Hand⁴, Ruth Lopes⁴, Laura Boyle¹
¹Western University, London, Canada. ²Universidade de São Paulo, São Paulo, Brazil. ³UNISA, São Paulo, Brazil. ⁴Ponfícia Universidade Católica de São Paulo, São Paulo, Brazil

Abstract / Résumé

Objectives: To discuss a training course for professionals in Brazilian Primary Healthcare and its impacts on the care of older adults during the COVID-19 pandemic.

Method: Participatory action research was conducted to implement emancipatory education, drawing from the Freirean perspective, emphasizing comprehensive care for older adults. In 2020, this initiative provided 16 hours of synchronous, remote 4-week training to 139 healthcare professionals, divided into nine groups from different regions of Sao Paulo. We collected and analyzed narratives written by professionals to assess whether the course contributed to improved understanding and provision of care for older adults within the healthcare system. We also conducted reflective analysis during in-course discussions to understand the course's impacts.

Results: Analysis highlighted healthcare professionals' improved relational, socio-emotional, and communication skills, alongside enhanced listening and observation techniques that were compromised during the pandemic. This fostered critical examinations of their territory/community, work processes, healthcare access for older adults, and age-related stereotypes. Professionals integrated theoretical content on the healthcare network, biopsychosocial perspectives of aging, and the socio-cultural and historical construction of ageism into their existing knowledge. This recognition of older adults' rights and idiosyncrasies expanded their understanding of care providing.

Conclusions: Amid the COVID-19 pandemic, remote continuing education gained significance. The training course facilitated a critical-reflexive transformation of technical and social practices among healthcare professionals, promoting strategies tailored to the heterogeneity and complexity of aging. This experience expanded care beyond the biomedical model, strengthening healthcare networks and providing an alternative training paradigm in the Brazilian Public Health System.

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The History of Gerontology at the University of Waterloo

Karen El Hajj, Leonardo Romano, Lama Abdallah, Christiano Choo, Catherine Tong, Paul Stolee
University of Waterloo, Waterloo, Canada

Abstract / Résumé

Introduction: Gerontology programs have been established in many academic institutions across Canada, but there is limited information on their development and evolution. The first English-language graduate program in gerontology was established in the 1980s at the University of Waterloo (UW). In this project, we explored the origins, development, and impact of UW’s gerontology program.

Methods: We conducted semi-structured interviews with key informants who participated in the development and evolution of gerontology at UW. Participants were recruited through purposeful and snowball sampling. Information was also gathered through searches of the UW archives and reviews of documents informants provided.

Results: The gerontology program at UW was established through the efforts of many, with leadership from Dr. William F. Forbes. Originally a free-standing Program in Gerontology, gerontology is now housed within the Faculty of Health. “Gerontology” is no longer a specific academic unit, but UW offers a PhD program in Aging, Health and Wellbeing. Gerontology graduates have had impacts in academic, health system, and non-governmental sectors. Success of the program can be attributed in part to early acceptance of cross-disciplinary approaches, currently maintained in a university-wide gerontology minor, the UW Network for Aging Research, and student networks.

Conclusion: Institutions looking to provide a program in gerontology should consider the benefits of multi-disciplinary approaches in both research and education. Lessons from this project may be helpful for others who wish to develop or sustain gerontology programs in their centres.
**Immunotherapy targeting of age-linked protein damage doubles lifespan in a mouse model of chronic inflammation**

Pazhanichamy Kalailingam¹, SoFong Cam Ngan², Ranjith Iyappan², Newman Sze³
¹Nanyang Technological University, Singapore, Singapore. ²Brock University, St Catharines, Canada. ³Brock University, St. Catharine, Canada

**Abstract / Résumé**

**Objectives:**

Aging results from the accumulation of protein damage that impairs normal biochemical processes. The objective of this study was to investigate the impact of anti-protein damage immunotherapy on health-span and life-span in a mouse model of protein damage-induced chronic inflammation, which exhibit premature death.

**Method:**

We previously reported that age-linked damage to the amino acid sequence NGR (Asn-Gly-Arg) results in 'gain-of-function' conformational switching to isoDGR (isoAsp-Gly-Arg), an integrin-binding motif that induced chronic inflammation. isoDGR-specific mAb was generated for functional studies and immunotherapy. To test the immunotherapy's effects, we conducted various experiments, including the injection of isoDGR-modified plasma proteins or synthetic peptides into young WT animals and the administration of anti-isoDGR monoclonal antibody (mAb) at a dose of 1mg/kg on a weekly basis.

**Results:**

We observed extensive accumulation of isoDGR and increased expression of inflammatory cytokines in multiple tissues from Pcmt1-/- mice and naturally aged WT animals. These effects could also be induced by injecting isoDGR-modified plasma proteins or synthetic peptides into young WT animals. However, the weekly injection of anti-isoDGR mAb significantly reduced isoDGR-protein levels in body tissues, decreased pro-inflammatory cytokine concentrations in blood plasma, improved cognition and coordination metrics, and doubled the average lifespan of Pcmt1-/- mice. Mechanistically, isoDGR-mAb mediated immune clearance of damaged isoDGR-proteins through antibody-dependent cellular phagocytosis (ADCP).

**Conclusions:**
These results suggest that immunotherapy targeting age-linked protein damage, specifically the isoDGR motif in proteins, may represent an effective intervention strategy in a range of human degenerative disorders and age-related diseases, particularly those characterized by chronic systemic inflammation.
CIHR-CFN-CSA Inactivity Study: selective benefits from daily exercise in 55- to 65-year-old men and women confined to bed for two-weeks

Richard Hughson¹, Carmelo Mastrandrea¹, Eric Hedge¹, Andrew Robertson¹, Robin Duncan²
¹Schlegel-UW Research Institute for Aging, Waterloo, Canada. ²University of Waterloo, Waterloo, Canada

Abstract / Résumé

The Inactivity Study provided an opportunity to examine the physiological responses to 14-days continuous head-down bedrest (HDBR). Our research team focused on hypotheses related to potential benefits of exercise during HDBR on physical fitness, orthostatic tolerance, bone and metabolic biomarkers and potential indicators of biological age. Twenty-two adults (11 women, 59±3 yr) completed 2-wk 6° HDBR. Five men and 6 women exercised ~1 h daily (EX) in three bouts separated by several hours to break-up sedentary time. Exercises included high-intensity interval cycling, aerobic cycling, and upper- and lower-body resistance training; control participants (CON) had daily physiotherapy. As anticipated, peak oxygen uptake was reduced after HDBR in CON (2.00±0.66 to 1.79±0.58 L/min) but maintained in EX (2.47±0.82 vs. 2.39±0.81 L/min). Orthostatic tolerance assessed by maximum 15-minutes 80° head-up tilt before was markedly reduced in CON and EX with no difference between men and women. Blood volume was reduced in CON and EX and did not correlate with changes in orthostatic tolerance. Blood biomarkers of bone metabolism and glucose handling, sclerostin and FGF23, had significant Group x Time interactions with greater increase in EX compared to CON with HDBR. Glycated albumin, a short-term index of glucose metabolism, was not altered by HDBR. Estimates of biological age from DNA methylation were found to be variable between algorithms and unable to predict susceptibility to orthostatic tolerance or change in physical fitness. Daily exercise protected cardiorespiratory fitness but not orthostatic tolerance although large between person variability was observed.
The Adverse Events and Effects of Thickened Liquid Use in Adults: A Systematic Review

Sophia Werden Abrams¹, Pooja Gandhi², Ashwini Namasivayam-MacDonald¹
¹McMaster University, Hamilton, Canada. ²University of Toronto, Toronto, Canada

Abstract / Résumé

Purpose: Liquid modification is a primary strategy for managing swallowing disorders in older adults, however, the breadth of negative consequences associated with their use is not well understood. The purpose of this review was to summarize evidence on adverse outcomes of thickened liquid (TL) use.

Method: Six databases were searched in February 2022. Articles were included if they compared adults receiving different TL viscosities and discussed at least one adverse event or effect of consuming TLs. Articles were excluded if they were review articles, rehabilitation studies, rheological analyses, not in English, or not peer-reviewed. Screening and data extraction were completed by two independent reviewers. Risk of bias was assessed using Cochrane tools.

Results: 33 studies were eligible for inclusion (2,405 records screened). Reported adverse events included dehydration (n = 5), pneumonia (n = 4), death (n = 2), urinary tract infection (n = 1), and hospitalization (n = 1); adverse effects included reduced quality of life (n = 18), aspiration (n = 12), reduced intake (n = 8), increased residue (n = 4), and reduced medication bioavailability (n = 2). Results were mapped onto domains of the International Classification of Functioning, Disability and Health.

Conclusions: A range of adverse outcomes were identified suggesting that TL recommendations are not benign, and the potential negative consequences of clinical decisions must be considered for optimal patient outcomes. It is vital for healthcare teams to weigh the risks and benefits of TL use in collaboration with patients and families to mitigate potential adverse outcomes.
A Comprehensive Mobility Discharge Assessment Framework for Older Adults Transitioning from hospital-to-home: What mobility factors to include? An international e-Delphi study.

Michael Kalu¹, Vanina Dal Bello-Haas², Meridith Griffin³, Sheila Boamah³, Jocelyn Harris², Daniel Rayner²
¹York University, Toronto, Canada. ²McMaster University, Hamilton, Canada

Abstract / Résumé

Aim: To prioritize and achieve consensus on mobility determinant factors [cognitive, financial, environmental, personal, physical, psychological, social] considered critical to include in the Comprehensive Mobility Discharge Assessment Framework (COMDAF) for older adults transitioning from hospital-to-home.

Methods: We conducted a three-round modified e-Delphi process with 60 international experts (seven older adults, nine family caregivers, 24 clinicians, and 20 researchers) from nine countries with universal or near-universal health coverage. Expert members rated 91 factors identified from scoping reviews using a 9-point scale: not important (1-3), important (4-6), and critical (7-9), and provided rationale for rating.

Results: Response rates were 77%, 87%, and 87% in Rounds 1, 2 and 3. 41 of 91 factors met the a-priori consensus criterion after three rounds: five cognitive, five environmental, two personal, 19 physical, six psychological, and six social factors. No financial factors reached a consensus. Based on feedback and comments from Round 3 from the older adult experts, the steering committee grouped environmental factors that reached consensus among older adults and caregivers as "safety, accessibility and availability" and included government or institutional support in the final list of factors. Forty-three final factors comprise the COMADF. Experts’ reasons for rating mobility factors included the uniqueness of each older adult, healthcare roles and practice-based reasons, and differences in the universality of health coverage.

Next step: Because of the busy nature of hospital-to-home transition, assessing the 43 factors would not be feasible; therefore, developing core mobility factors from the 43 COMDAF and testing the feasibility of use in the Canadian hospital-to-home care transition team is warranted.
Implementing Dementia-Friendly care approach for cancer patients living with dementia

Shelley Canning¹, Michael McKenzie², Genevieve St-Martin², Lillian Hung³, Nicole Percival⁴, Rachel Wan³, Jasleen Brar¹
¹University of the Fraser Valley, Abbotsford, Canada. ²BC Cancer, Vancouver, Canada. ³University of British Columbia, Vancouver, Canada. ⁴Fraser Health, Abbotsford, Canada

Abstract / Résumé

Objectives: The aim of this study is to address the inequity of care outcomes for cancer patients living with dementia through exploring current challenges and barriers, and developing education and recommendations to support a Dementia-Friendly approach to cancer care.

There is growing recognition that the number of cancer patients living with dementia is increasing and typically experience poor outcomes, including less curative treatment and lower survival rates than patients without dementia. The cancer journey is also difficult for caregivers and cancer care providers who often lack confidence and knowledge regarding dementia-care.

Methods: This three-year draws on a focused ethnography methodology underpinned by a person-centred philosophy. Phase one explores cancer care experiences of patients with dementia, their caregivers, and their cancer care providers; 55 participants are being interviewed from these groups. Data is also being gathered through participant observation as patients and caregivers navigate the care environment during treatment and follow up visits across BC Cancer sites. Phase one findings will inform development of Dementia-Friendly cancer care education and recommendations for practice in phase two.

Results: Early caregiver data highlights issues related to “navigating memory issues” and the need to “prepare for every eventuality” during appointments. Early care provider data highlights the challenges of successfully “sharing the diagnosis” of dementia between members of the care team “navigating unpredictable responses”.

Conclusions: Phase one data underpins the need for both dementia aware education and recommendations for Dementia-Friendly policies and processes to ensure equity and better tailor cancer care for patients living with dementia.
LB20

Lessons from Around the World: A Comparative Policy Analysis of Long-Term Care Policies in Canada and Sweden

Gabrielle Muzzi¹, Aleksandra Zecevic²
¹Western University, London, Canada. ²Western, London, Canada

Abstract / Résumé

The ageing population is creating a demand for more long-term care (LTC) services worldwide. In Canada, long wait times for LTC homes are causing stress on provincial healthcare systems, such that in spring 2022 many are in a crisis. One prominent unresolved issue is the high quantity of alternate level of care patients, popularly known as “bed blockers”, occupying vital hospital resources waiting for LTC home placement. When faced with similar problem, in 1992, Sweden adopted an ageing-in-place policy that has become internationally regarded as a LTC policy model. The purpose of this study was to conduct a comparative analysis between LTC policies in Canadian province of Ontario and Sweden with the goal of generating ideas for policy improvement. A multiple case study design was adopted to guide policy comparison. Information on three policy areas: regulation, service provision, and financial policies, were analysed to examine similarities and differences. Data was extracted from policy documents, reform bills, research articles, and government websites. Findings show that both countries have decentralised systems that allow for flexibility in responding to local demand. Major differences include variations in governing structures, policy language, and level of detail. The distribution of resources varies between levels of government, especially provincial and municipal, subsequently producing differences in care provided. The policy change in Sweden reduced the number of alternate level of care patients from 15 to six percent, and kept it low over time. Knowledge gained from this policy comparison may contribute to the improvement of LTC systems internationally.
Evaluating the acceptability of the interRAI Check-Up self-report in Uganda: A qualitative study

Brittany Kroetsch¹, Emmanuel Sendaula², Warren Dodd¹, John Hirdes¹, George Heckman¹
¹University of Waterloo, School of Public Health Sciences, Waterloo, Canada. ²Reach Out Mbuya Community Health Initiative, Kampala, Uganda

Abstract / Résumé

The Ugandan healthcare system faces important challenges in planning for the emerging medical and social needs of its aging population. This study aimed to assess the acceptability of the interRAI Check-Up self-report (CUSR) geriatric assessment instrument to support healthcare system planning and care practices for older adults. Semi-structured interviews were conducted with healthcare providers (n=11) at the Reach Out Mbuya Community Health Initiative to characterize the acceptability of the CUSR in central Uganda. Participant characteristics were summarized using descriptive statistics. Interview data were analyzed thematically using a deductive approach guided by the Theoretical Framework of Acceptability. The CUSR was found to be acceptable for use, with minor assessment and implementation barriers identified. Gaps in assessment coverage included economic stability, food security, living arrangement, and the physical environment. Technology and time to complete introduced barriers to implementation. Question modifications (more details and additional questions) were recommended to address limitations. Additional instrument translations were recommended to increase accessibility. Ongoing capacity training for CUSR use by healthcare providers is also needed. These findings provide insight into how use of the CUSR can support the development of a geriatric health system and care planning for older adults in Uganda.
Biological sex and caregiver burden are associated with incident depressive symptoms among older home care clients

Maya Canham¹, Nicole Williams¹, Chris Perlman², Dawn Guthrie¹
¹Wilfrid Laurier University, Waterloo, Canada. ²University of Waterloo, Waterloo, Canada

Abstract / Résumé

Objectives: This project examined potential risk factors for new depressive symptoms among a sample of older home care clients in Ontario.

Methods: This retrospective cohort study utilized secondary data collected using the Resident Assessment Instrument for Home Care (RAI-HC) from 2004-2018. The cohort included individuals aged 65+, with two assessments within 12 months, and a Depression Rating Scale (DRS) score of zero at baseline (n=153,087). Incident depressive symptoms were defined by a DRS score of three or greater upon reassessment. A logistic model was used, with multiple stepwise techniques, to identify the most important predictors.

Results: In the overall sample, 7.1% (n=10,810) of individuals developed depressive symptoms. The mean age of the sample was 82.4 years, and 60.1% were female. After adjusting for all variables in the multivariate model, individuals with a caregiver at high risk of experiencing burden were 1.28 times more likely to develop depressive symptoms (odds ratio (OR) =1.28; CI: 1.21, 1.35), and females were 1.24 times more likely to develop new symptoms (OR=1.24; CI: 1.18, 1.30). A significant interaction between biological sex and caregiver burden was present and showed that female clients with a caregiver at high risk of experiencing burden were 62% more likely to develop depressive symptoms.

Conclusions: The relationships between the individual, caregiver, and new depressive symptoms are complex. Since some risk factors for depressive symptoms are amenable to change, it is important to continually assess and flag for these factors to allow for timely interventions to optimize the individual’s quality of life.

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Association of Fall-Related Injuries (FRIs) and Different Diagnoses in Older Adults of Ontario: A Machine Learning (ML) Approach

Sorour Rostampour, Aleksandra Zcevic, Richard Booth
Western university, London, Canada

Abstract / Résumé

Falls are the leading cause of injury-related hospitalizations among older adults in Canada. This study aimed to identify the most informative diagnostic categories associated with fall-related injuries (FRIs) using three machine learning algorithms: decision tree, random forest, and extreme gradient boosting tree (XGBoost). Secondary data from two Ontario health administrative databases (NACRS, DAD) covering the period 2006-2015 were analyzed. Older adults (aged ≥ 65 years) who sought treatment for FRIs in emergency departments (ED) or hospitals, as indicated by the Canadian version of the 10th revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10-CA) codes for falls and injuries, were included in the study. Accuracy, sensitivity, specificity, precision, and F1 score measures were calculated for each model. 631,339 ED admissions and 304,495 hospitalizations were recorded due to FRIs. The random forest model demonstrated the highest sensitivity and accuracy in both datasets. Dyspnea and secondary malignant neoplasm of liver and intrahepatic bile duct were the most informative diagnostic diseases for FRIs among older adults admitted to ED and hospitals. These findings indicate that machine learning models can also be used to study FRIs as they can handle large datasets and provide a better than 60% accuracy. Also, diagnostic categories linked to FRIs have the potential to enhance healthcare providers’ ability to prevent FRIs in the future.
Abstract / Résumé

Aim: To assess the feasibility of huddles (15-minute discussions) to engage residents, their family caregiver, and the healthcare team in a collaborative approach to care planning to support person-centered care. Huddles are led by the resident and their family caregiver and include staff, a huddle coach (leader), and a researcher as an observer.

Methods: The study was conducted in four long-term care homes in Ontario. We held an in-person education day using the Team Essentials for Engaging Families in Care learning module for staff (nurses, personal support workers, allied healthcare providers) and leaders at each site. Leadership coaching sessions were also conducted to build leader capacity to support the huddle process. Residents and family caregiver training included a video simulation, communication tool, and a practice huddle. During COVID-19, we successfully continued the leadership coaching sessions and the huddles virtually at one study site (researcher joined via Zoom). Phone interviews were conducted with participants for feedback on the huddles.

Results: A total of 74 staff and 27 leaders attended the education day. Fifteen participants completed the study during the pandemic (6 leaders, 3 nurses, 3 residents, 3 family caregivers). Each resident/family dyad led 3 huddles on topics such as pain management; they indicated that they felt listened to and enjoyed the huddles. Staff found the huddles were helpful to understand residents’ needs. Leaders found that the huddles provided opportunities to build trusting relationships with residents and families.

Conclusion: Huddles support information sharing and engage residents and families in care planning.
Testing theoretical models of factors influencing older adults’ time to transition to facility-based care settings

Kaitlyn Tate¹, Matthias Hoben², Greta Cummings¹
¹University of Alberta, Edmonton, Canada. ²York University, Toronto, Canada

Abstract / Résumé

Many older persons (>65 years of age) report wanting to remain in the same home as they age, but the complex factors enabling them to do so are poorly understood. Using structural equation modeling, our objectives were to 1) develop context-specific theoretical models of factors influencing older persons’ time to transition from home to assisted living (called Designated Supportive Living, DSL, in Alberta, Canada) or long-term care (LTC) facilities and 2) identify how changes in client health, function and healthcare service use factors influence time to these transitions. Home care clients (>65 years) in Alberta, Canada who lived with their primary caregiver were included. The models explained 32% of variance in time to transitions to LTC (n=210), 13% for DSL4-D (n=125), 20% for DSL4 (n=118), but effects were weak. Increases in healthcare aide (HCA) hours and day program use significantly delayed time to transition to DSL4-D; changes in healthcare service use had no significant effects on time to transition for LTC or DSL4. A greater increase in functional impairment led to delays in transitions to LTC and DSL4. Changes in client functional impairment had no/minimal effects on caregiver burden, and caregiver burden was not associated with time to transition. Studies on caregivers’ health, function, and well-being are needed to better understand the influence of caregivers on time to transition. Older persons may benefit from accessing home health services earlier. Case managers could consider increases in HCA hours to delay transition time to DSL4-D settings.
Care of older adults in Primary Health Care in Brazil: experiences of health professionals in the city of Sao Paulo

Priscila Leite Gonçalves¹, Marie Claire Sekkel², Carri Hand¹, Bernadete Oliveira³, Ruth Gelehrter da Costa Lopes⁴, Laura Boyle¹
¹Western University, London, Canada. ²Universidade de São Paulo, São Paulo, Brazil. ³UNASP, São Paulo, Brazil. ⁴Pontifícia Universidade Católica de São Paulo, São Paulo, Brazil

Abstract / Résumé

Objectives: To present findings regarding the experiences of healthcare professionals in the Brazilian public healthcare system concerning the tensions in the care provided to older adults, encompassing patients and their caregivers aged 60 and above.

Method: An exploratory qualitative study involved 55 professionals (34 nursing assistants, 14 pharmacy technicians, and 6 health surveillance technicians) from various public services across all regions of São Paulo. Data collection relied on narrative interviews and questionnaires, analyzed through content analysis.

Results: Participants provided insights into: 1) the professional-older adult relationship; 2) socio-economic and health characteristics of the older population they cared for; 3) accessibility to healthcare services. Professionals stressed the importance of establishing strong relationships with older adults to facilitate caregiving. For example, despite facing criticism from colleagues for “wasting time” engaging in conversations with older adults, participants argued that communication and relationship-building were integral to caregiving. The study also revealed links between income, education, gender, and morbidity, underscoring iniquities within the current care model. This highlights the need for expanding integrated and effective public policies tailored to this population’s unique needs. Furthermore, pervasive ageism and limited access to information still hinder older adults’ access to public services in Brazil.

Conclusions: Promoting collective spaces for reflection, experience sharing, and relationship-building between older adults and healthcare professionals is vital for reframing care practices. Addressing entrenched ageism in healthcare and improving the working conditions of healthcare professionals is essential to ensure the rights to universal access, humanized care, and comprehensive healthcare for the older population.
Queer Caregiving: A Scoping Review of the Lived Experiences of LGBTQ+ Caregivers of Older Adults

Darien Dyck¹, Steven Hall², Natasha Hubbard Murdoch², Adam Stacey²
¹Saskatchewan Polytechnic, Saskatoon, Canada. ²University of Saskatchewan, Saskatoon, Canada

Abstract / Résumé

The aging population coincides with a higher demand for informal caregivers. An expanding LGBTQ+ community worldwide is accompanied by an increasing number of LGBTQ+ caregivers of older adults. However, the experiences and perspectives of LGBTQ+ caregivers remain poorly understood within the healthcare system. This scoping review compiles literature that highlights the unique challenges, needs, and support systems required by LGBTQ+ caregivers. We used Arksey & O’Malley’s five-step iterative scoping review methodology and identified relevant studies through a search of three electronic databases conducted on May 11, 2023. A total of 57 items were included in this review: 13 quantitative studies, 22 qualitative studies, 6 mixed methods studies, 2 scoping reviews, 1 literature review, and 13 grey literature records. Researcher interactions with participants included surveys and questionnaires, interviews, focus groups, and a support group intervention. Using thematic analysis, we identified five major themes: LGBTQ+ caregivers are highly active in providing informal care; queer caregiving has unique complexities; LGBTQ+ caregivers want to feel recognized and understood; caregiving can be overwhelming; and challenges navigating heteronormative health systems. This scoping review highlighted the distinct experiences of LGBTQ+ caregivers and their specific support needs as individuals and as a caregiver of older adults. Findings from this review emphasize the importance of healthcare professionals receiving comprehensive LGBTQ+ focused education to better understand and support LGBTQ+ caregivers. Further research is needed to address the gaps in knowledge, provide effective interventions, and draft policies to support LGBTQ+ caregivers.
Considerations for Recruiting People Living Well with Dementia from Diverse Populations: A Case Study from the Japanese Canadian Community in British Columbia

Hiro Ito, Susan Cox, Alison Phinney
University of British Columbia, Vancouver, Canada

Abstract / Résumé

**Background:** A capabilities approach to dementia focuses on how people live well with dementia within their sociocultural contexts, acknowledging the dynamic interplay between a person and their environment. Researchers taking a capabilities approach often strive to ensure the voices of people living with dementia are represented. Despite these efforts, the lack of diversity in this field has limited our understanding of how culture intersects with experiences of living with dementia.

**Objective:** We aim to underscore key considerations concerning recruiting for and conducting culturally specific research about living well with dementia. Specifically, we illustrate these considerations in the context of the Japanese Canadian community in British Columbia.

**Method:** We build on our experience recruiting for a qualitative, arts-based study on living well with dementia. In the first part of the study, we invited people living with dementia and their care partners from diverse cultural backgrounds. In the second part, we narrowed our focus to the local Japanese Canadian community. We take a critical, relational lens to our experiences and connect these reflections to the literature.

**Results:** Several themes emerged, including histories, language, and stigma. We discuss each theme in relation to barriers and facilitators we encountered during recruitment. We also discuss promising strategies to negotiate access and promote safe and meaningful participation of people living with dementia and their care partners from culturally diverse populations.

**Implications:** This research sheds light on ethical and practical considerations for including the voices of people living with dementia from diverse communities.
COVID-19 vaccination decision-making for residents in Manitoba Personal Care Homes

Michelle M. Porter, Lynsie Braun, Nicole J. Dunn, Mary Shariff, Anila Shaw
Centre on Aging, University of Manitoba, Winnipeg, Canada

Abstract / Résumé

Many individuals living in long-term care rely on others to provide consent for vaccinations. Given the public controversies with COVID-19 vaccines, we were interested in exploring the COVID-19 vaccination-decision making process in Manitoba Personal Care Homes (PCHs) from the perspective of family members or friends, as well as those working or volunteering in PCHs. In total there were 87 respondents (54 family/friends, 33 staff/volunteers) to our online survey. Many different sources of information beyond what was provided by the PCH were used to make consent decisions (government sources, conversations with others (e.g., family, PCH medical professionals, non-PCH medical professionals), traditional media, and social media). In addition, 45% of family/friends responded that they used the knowledge that the resident would have wanted to be vaccinated. While most family members gave their consent for a COVID-19 vaccination (98%), a few respondents felt coerced or were against a vaccine they felt had not been tested. About 40% of family/friend respondents reported that family conflicts arose surrounding vaccinations, while 63% of staff/volunteer respondents indicated that family conflicts had occurred in their PCH. Some of both respondent groups also indicated that vaccine decision-making had changed over time (46% in family/friends, 59% in staff/volunteers). This included waning support due to “repeated exposure”, or being convinced to provide consent later due to “seeing someone they know passing from covid”. Lessons learned from this study could lead to recommendations regarding vaccination decision-making for residents of long-term care facilities who no longer make medical decisions for themselves.
A frailty index to predict mortality, resource utilization and costs in patients undergoing coronary artery bypass graft surgery in Ontario

Ana Johnson¹,², Elizabeth Hore³, Brian Milne⁴, John Muscedere⁵, Yingwei Peng³, Daniel McIsaac⁶,⁷, Joel Parlow⁴
¹Department of Public Health Sciences, Queen’s University, Kingston, Canada. ²Institute for Clinical Evaluative Sciences, Queen’s University, Kingston, Canada. ³Department of Public Health Sciences, Queen’s University, Kingston, Canada. ⁴Department of Anesthesiology and Perioperative Medicine, Queen’s University, Kingston, Canada. ⁵Department of Critical Care Medicine, Queen’s University, Kingston, Canada. ⁶The Ottawa Hospital Research Institute, Ottawa, Canada. ⁷Departments of Anesthesiology & Pain Medicine, University of Ottawa and The Ottawa Hospital, Ottawa, Canada

Abstract / Résumé

Background: People living with frailty are vulnerable to poor outcomes and incur higher healthcare costs after coronary artery bypass graft (CABG) surgery. Frailty-defining instruments for population-level research in the CABG setting have not been established. The objectives of the study were to: (i) develop a preoperative frailty index for CABG surgery (pFI-C) using Ontario administrative data; (ii) assess pFI-C suitability in predicting clinical and economic outcomes; (iii) compare pFI-C predictive capabilities to other indices.

Methods: A retrospective cohort study was conducted using health administrative data of 50,682 CABG patients. The pFI-C comprised 27 frailty-related health deficits. Associations between index scores and mortality, resource use and healthcare costs (2022 CAD) were assessed using multivariable regression models. Capabilities of the pFI-C in predicting mortality were evaluated using concordance-statistics; goodness of fit of the models was assessed using Akakie Information Criterion.

Results: As assessed by the pFI-C, 22% of the cohort lived with frailty. pFI-C score was strongly associated with mortality per 10% increase (OR 3.04; 95% CI [2.83,3.27]), and was significantly associated with resource utilization and costs. The predictive performances of the pFI-C, Charlson and Elixhauser indices and Johns Hopkins Aggregated Diagnostic Groups were similar, and mortality models containing the pFI-C had a c-statistic of 0.784. Cost models containing the pFI-C showed the best fit.

Conclusions: The pFI-C is predictive of mortality, and associated with resource utilization and costs during the year following CABG. This index could aid in identifying a subgroup of high-risk CABG patients who could benefit from targeted perioperative healthcare interventions.

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Physical activity and its contribution to successful aging

Ryan Bowley, Jessica Strong
1University of Prince Edward Island, Charlottetown, Canada. 2University of Toronto, Toronto, Canada

Abstract / Résumé

Background: The introduction or continuation of regular physical activity can provide individuals, both young and old, with benefits to physical and mental wellbeing (Batra et al., 2019; Panten et al., 2017). Research has shown that older adults who participate in regular physical activity may have slower functional decline and improved quality of life (Barber, 2015; Heo et al., 2018; Kelley & Kelley, 2020; Paggi et al., 2016).

Aim: To explore impacts of physical health and social activity over time to assess older adults’ well-being.

Methods: Participants (N=26, 17F, 9M) met with researchers and provided demographic information regarding age, race, health status, number of physician-diagnosed health conditions, and any new medical diagnoses in the past year. Participants also completed a variety of questionnaires measuring physical activity, social network size, positive and negative mood states, and cognition. Measures were completed at a baseline time point and again three years later.

Results: Physical activity did not significantly predict social engagement or mood. Age, health status, and light, moderate, and strenuous levels of physical activity did not predict total physical activity; however, there was a large effect size that accounted for 60% of the variance in predicting total physical activity.

Conclusions: Further research should include a greater sample size and information regarding resolved health problems over time.
Partnering for Impact: Evaluation and Research Partnerships to Measure Quality Improvement Initiatives in Long-Term Care

Danielle Just, Melissa Koch, Alison Kernohan
Schlegel-UW Research Institute for Aging, Waterloo, Canada

Abstract / Résumé

The Schlegel-UW Research Institute for Aging (RIA) Research Chairs and RIA Evaluation Specialists are partnering to complete evaluations on quality improvement projects in long-term care (LTC) to support evidence-based practice change. This poster will explore how we work together to design, implement and analyze pragmatic and applied evaluation initiatives. Through these evaluations, LTC homes receive objective and detailed information to understand the effectiveness of quality improvement projects and to inform evidence-based decision-making.

We will demonstrate the collaborative efforts of the RIA Research Chairs and Evaluation Specialists through two quality improvement project examples. The first project is measuring the impact of a well-being approach on managing distress for residents living with dementia. The other project is focused on an innovative health human resource project and its impact on the quality of work life for LTC team members. Both of these projects are grounded in research methodology and are being supported by RIA Research Chairs, however, the practical nature of the evaluation projects allows for real-time and continuous measurement of these quality improvement initiatives in LTC.

This poster details the vital role of evaluation in assessing and sustaining quality improvement initiatives in LTC. In the future, this partnership will use evaluation findings to drive progress in LTC, continually developing and implementing initiatives in Canadian LTC settings. Through evidence-based practices, our goal is to consistently enhance the quality of care and life for both team members and residents.
Current state of social work assessment for older adults in acute care

Xueping Ma, Tamara Sussman
McGill University, Montreal, Canada

Abstract / Résumé

Assessing for decisional capacity has gained international attention amidst debates regarding the rights of older adults. In Quebec, social workers play a central role in assessing capacity as they are legally charged with this responsibility. Yet the extent to which social workers are positioned to support social rights of older persons within the current context of practice and the challenges they face doing so have yet to be synthesized. This critical literature review attends to this gap by exploring the current state of social work assessment for capacity with older adults in acute care settings.

Three online databases (PubMed, MEDLINE, Social Work Abstracts) were used to generate the search. Following title and abstract screening 26 studies capturing research in 8 different countries were retained for synthesis and review.

The review found that most articles described social workers’ experiences of discharge planning (n=9, 37%) and inter-professional collaboration (n=7, 29%). While concerns about risk were present in these descriptions, only 4/26 studies focused on older persons’ involvement in care decision-making. Across all the reviewed studies, the embedded, biomedical system of care appeared to exacerbate social workers’ difficulties balancing concerns of risk while attending to rights. It is noteworthy that no studies examined social workers’ process for considering how care decisions could be made to better attend to rights. The findings reveal a striking need for more research in this critical area of practice. Research specifically focused on centring social workers’ strategies assessing for capacity through a lens of human rights appears warranted.
Ubuntu in Practice: Nurturing Dignity and Compassion for Persons with Dementia in Africa

Oluwagbemiga Oyinlola¹, Tamara Sussman¹, Magnus Mfoafo-M’Carthy², Pam Orzech²
¹McGill University, School of Social Work, Montreal, Canada. ²Faculty of Social Work, Wilfrid Laurier University, Kitchener, Canada

Abstract / Résumé

Stigmatized notions of dementia are prevalent globally and constitute significant barriers to health and health care access for persons with dementia and their families. In the region of Africa, dementia stigmatization is exacerbated by the infusion of colonial structures that replicate and exacerbate how biomedical beliefs are taken up within a local African context. Local traditions, beliefs and approaches are sorely needed to address the prevalence of this social stigma within current health and social care structures across the African region. This poster offers a glimpse of the stigmatized views present amongst health professionals (N=4) charged with supporting persons with dementia and their families in a large urban centre in Nigeria. Findings revealed how their views and attitudes (such as avoidance, poor interprofessional collaboration, and limited resources) may be reshaped using the concept of Ubuntu, an African philosophy that centres on notions of care and community. More specifically, this poster outlines the historical origin of Ubuntu, offers reflections on how Ubuntu may be adopted among health professionals caring for persons with dementia in the African region and puts forth possible ways of reshaping dementia care in Africa using Afrocentric messaging.

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Experiences of Social Isolation by Mandarin and Punjabi-Speaking Older Immigrants Living in Calgary

Prince Ekoh¹, Change Zhu¹, Sepali Grudge², Christine Walsh¹
¹University of Calgary, Calgary, Canada. ²Toronto Metropolitan University, Toronto, Canada

Abstract / Résumé

Loneliness and social isolation have continued to be risk factors for the health and overall quality of life of older adults globally. The impact of loneliness on healthy ageing may even be more profound for older immigrants in Western countries like Canada, where there is a different language and culture from that of their home countries. As part of the Inclusive Communities for Older Immigrants (ICOI), which seeks to create knowledge about social isolation and improve social connectedness among older immigrants across Canada, we examined the experiences of social isolation amongst older Mandarin and Punjabi-speaking immigrants aged 60 years and over living in Calgary. Quantitative data was collected from 64 (33 Mandarin-speaking and 31 Punjabi-speaking) older adults in Calgary, Alberta. The data were cleaned and analysed using descriptive analysis with the aid of Statistical Packages for Social Sciences (SPSS), and findings showed that older immigrants conceptualised social isolation as limited participation in various community activities. Our results also showed that older immigrants perceived physical and mental health status, social conditions and environmental conditions as significant factors predisposing older immigrants to social isolation. The study, therefore, recommends designing interventions that will increase older immigrants’ participation in community activities considering their age, language, disabilities, health, and social conditions.
Family ties of older Caribbean migrants: Patterns of agency and obligation

Shanika Donalds, Norah Keating
University of Alberta, Edmonton, Canada

Abstract / Résumé

In Canada family relationships are seen as a key component in ensuring a good old age. Yet in a country of migrants, we know relatively little about the family ties of those who grow old in a new country. We examined the creation and evolution of family relationships of older migrants from the Caribbean who had lived in Canada 20 years or more. Participants were 10 people age 65+ from 3 countries in the Caribbean and who were living in Alberta. Interviews eliciting reflections on families across the life course were conducted and analyzed using Qualitative Descriptive Analysis. Findings illustrate main themes of obligation and agency. Obligations to remain connected to close kin in the home country, especially mothers, were powerful, although distance provided some choice. Agency is evident in migrants’ incorporation of people who became ‘like family’ because of their supportiveness and inclusion, and of their ability to leave difficult relationships. Together, the findings illustrate how migrants maintained or relinquished existing ties; chose/accepted new ties; and were actively engaged in (re)creating their families. Their reflections on families in later life provide evidence of the enduring importance of family connections. Agency and obligation in family connections are discussed in light of the relative privilege of this group of migrants for whom migration was a choice, who were able to visit home, were educated and employed. Further research across the diversity of Canada’s migrants will augment understanding of differences in family pathways into later life.
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Evaluation of dementia-related stigma in the recreation and leisure sector

Rebekah Norman¹, Alisa Grigorovich¹, Pia Kontos²,³, Sherry Dupuis⁴, Smale Bryan⁵,⁴
¹Brock University, St Catharines, Canada. ²KITE Research Institute, Toronto Rehabilitation Institute – University Health, Toronto, Canada. ³University of Toronto, Toronto, Canada. ⁴University of Waterloo, Waterloo, Canada. ⁵Canadian Index of Wellbeing, Waterloo, Canada

Abstract / Résumé

Objectives: Stigma negatively impacts quality of life of people living with dementia and their family members and can detrimentally impact their interactions with health care practitioners. Recreation and leisure (RECL) practitioners play a key role in supporting the quality of life of persons living with dementia by supporting their engagement in meaningful activities. However, to date, no study has quantified dementia-related stigma held by students or practitioners in this sector.

Method: An online survey was used to assess baseline level and type of stigma as part of an evaluation of a digital curriculum - Dementia in New Light. Participants were recruited from RECL post-secondary schools and practise, and completed the Dementia Public Stigma Scale (DePSS), and questions about demographic characteristics and education about dementia.

Results: The final sample included 174 participants (i.e., 54 students, 106 practitioners, 14 who were both). The majority were women (71%), heterosexual (88%), white (67%), aged 20 to 39 years (80%), and living in Ontario (54%). Most had a family member (69%) and/or worked with persons living with dementia (60%). The mean score on the 7-point DePSS was 3.05 (SD=0.96) where higher scores reflect greater stigma, with highest scores related to ‘incapability and loss’ stereotypes (e.g., ‘people with dementia should always be supervised’). On average, students had higher stigma than practitioners, with significantly higher stigmatizing beliefs on items reflecting cognitive, emotional, and behavioral types of stigma.

Conclusion: Our study suggests the presence of stigma in the RECL sector and the need for education to address this.
Empowering Dementia Partnerships: Co-Creating a Mobile App for Age- and Dementia-Inclusive Communities

Kimberly Campbell¹, Annie Robitaille¹, Linda Garcia¹, Michael Mulvey¹, Catharina van Es², Ana Blanco²

¹University of Ottawa, Ottawa, Canada. ²Dementia Society of Ottawa and Renfrew County, Ottawa, Canada

Abstract / Résumé

Background: Engaging older adults in co-designing age- and dementia-friendly spaces is invaluable but underutilized. Citizen science empowers them as active contributors across research stages, from design to dissemination.

Objectives:

To conduct a pilot study assessing age- and dementia-inclusiveness of communities in Ottawa through citizen science with persons with dementia and care partners.

To collaboratively create a tailored and user-friendly age- and dementia-inclusiveness community assessment survey and smartphone app.

Methods:

We engaged individuals with dementia and their care partners using a co-design citizen science approach. Initial meetings covered project details, consent, and training, enabling participants to share insights. The mobile application, which is a program or tool used on smartphones, underwent a 6-week trial, assessing various locations and services e.g. transportation, indoor and outdoor settings. Subsequent meetings refined Version 2, which was tested for two weeks.

Results:

Six participants actively engaged with Versions 1 and 2 of the apps, conducting a total of 25 assessments across Ottawa in diverse settings, such as parks, restaurants, stores, and healthcare facilities. Participants noted positive aspects like clear signage, good accessibility, spacious bathroom stalls, and well-maintained outdoor seating. Challenges included ramp availability, unclear information desks, and the need for varied seating options. Participants felt safe, welcomed, and appreciated friendly staff, even in busy locations provided they were not noisy.

Conclusion:

Our study highlights the vital role of participatory research with individuals living with dementia, fostering a deeper understanding of evolving needs and urging communities to adapt for their full societal participation.

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Initiating a participatory action research project to support neighbourhood-based social engagement

Janey Lao, Carri Hand, Karen Pratt, Debbie Rudman, Colleen McGrath
Western University, London, Canada

Abstract / Résumé

Objectives: To discuss the process and outcomes of a priority-setting phase of an ongoing participatory action research (PAR) project with older adults.

Method: To begin the PAR process, we developed a committee consisting of academic researchers, student trainees, and older adults residing in one neighbourhood of a mid-sized Canadian city. We engaged in monthly meetings to implement the PAR cycle. Throughout the process, we took notes on meeting content and inter-personal interactions and reflected on our application of PAR principles and the outcomes of our collective action.

Results: The group identified a goal to understand and enhance social engagement among older adults within their neighbourhood and decided to host a town hall to gauge interest and ideas from the community. The committee collaboratively planned and carried out the town hall event. A variety of strategies were enacted to promote equitable participation in PAR activities, including discussing PAR approaches in every meeting, voting on decisions, sharing tasks equitably, and taking steps to promote inclusivity among co-researchers. At the event, attendees generated ideas regarding social activities, categorized ideas, and voted to identify priorities. The results of the town hall affirmed a focus on social activities; the top three ideas were day trips, dance groups, and yoga. Barriers to participation were also identified such as transportation and accessibility.

Conclusions: Through PAR, we were able to successfully host a town hall meeting and gather information that will support further action within our PAR collective to increase social participation of older adults in the community.
Open Minds, Open Hearts: Results of a Pan-Canadian Project to Reduce Stigma Associated with Dementia

Linda Sheiban Taucar¹, Meaghan Davey¹, Michelle Heyer¹, Veronique Boscart²
¹Conestoga College, Kitchener, Canada. ²Higher Colleges of Technology, Abu Dhabi, UAE

Abstract / Résumé

Background: Young adults often harbor misunderstandings or fears related to communicating with seniors, and especially with people living with dementia (PLWD). By contrast, studies show that young adults who have continued exposure to PLWD have improved outlook and confidence in interacting with them. We received funding from the Public Health Agency of Canada to develop a program where college students and PLWD could participate in guided group activities to create awareness, reduce stigma and foster dementia-inclusive communities.

Methods: Our team surveyed 120 students following their participation in the program and asked them to describe how they could promote dementia-inclusiveness in their communities; as well as their attitudes, comfort and confidence engaging with people living with a dementia.

Results: Following the program, students described an increase in compassion and inclusivity for PLWD and a desire to advocate for increased active participation among PLWD in their community. Some of their plans included to share new knowledge with their social networks, to volunteer, to participate in other programs, and to show greater compassion and consideration to PLWD. Additionally, 88.9% of students felt comfortable speaking to PLWD and 93.3% felt confident they could promote inclusivity for PLWD in their future workplace.

Conclusion: The Open Minds, Open Hearts program was an effective solution to fostering inclusiveness and meaningful social engagement among young adults and PLWD.
Precious time stolen from us: How families viewed COVID-19 restrictions in LTC

Tracy Christianson¹, Evans Appiah-Kusi¹, Jordan Bremner¹, Andrew Filewich², Amna Qazi¹, Colin Reid³
¹Thompson Rivers University, Kamloops, Canada. ²University of British Columbia- Okanagan campus, Kelowna, Canada. ³University of British Columbia - Okanagan campus, Kelowna, Canada

Abstract / Résumé

In long-term care (LTC) family involvement has been linked to better resident quality of life and family satisfaction. Public health restrictions implemented during the COVID-19 pandemic to protect vulnerable resident populations, the majority with dementia, resulted in a serious infringement on families’ ability to visit with and care for their loved ones. The purpose of this study was to explore the impact COVID-19 restrictions on family involvement, satisfaction, and well-being in LTC facilities across British Columbia. The mixed-methods design employed a survey, interviews, and arts-based focus groups. Participants consisted of families of residents. Using a nested approach, online and paper-based surveys (N=55) were distributed, one-to-one interviews conducted (N=19), ending with two arts-based focus groups (n=4 in each). Quantitative results (survey) showed that among families reporting that they and their loved one were not well-supported by the LTC during this period, the restrictions and levels of satisfaction were experienced more negatively when compared to those who reported being well-supported. These families also reported negative experiences with a series of similar outcome variables (e.g., treatment of family by LTC staff). These are also reported in this presentation. Qualitative interview data revealed six different but interconnected themes during thematic analysis of the data. Emerging themes were: 1) Quality of life, 2) Quality of care, 3) Mental health concerns, 4) Communication, 5) Communication strategies, and 6) The rules. Strategies offered by family participants to improve public health policies for future outbreaks are reviewed.
Using visual methods to explore the neighbourhood walking experience of people living with dementia

Kishore Seetharaman, Habib Chaudhury
Simon Fraser University, Vancouver, Canada

Abstract / Résumé

Walk-along interviews are proven to be useful in exploring place-based perceptions of people living with dementia in the neighbourhood environment. Video-documentation of walk-alongs helps record what participants describe and reflect on as they walk through their neighbourhood, as well as what they see, hear, and feel in the moment, helping embed interview data in the multisensorial aspects of the neighbourhood setting. This study aims to unpack the potential of video-documented walk-along interviews in representing different aspects of the neighbourhood walking experience of people living with dementia. Video-documented walk-along interviews were conducted with 14 people living with mild to moderate dementia and their care partners in their neighbourhoods in the Metro Vancouver region of British Columbia, Canada. The video data helped illustrate how participants: 1) noticed places of interest and significance in the neighbourhood and recalled place-based anecdotes, 2) understood the neighbourhood layout and processed different types of spatial and environmental information in the outdoors, 3) experienced physical and cognitive challenges in the outdoors, 4) negotiated obstacles in the pedestrian environment, and 5) critiqued the neighbourhood environment, highlighted issues, and suggested areas for improvement. Video data further proved useful as memory triggers and elicitation cues to help participants elaborate on the observations and insights they shared during their walk-along in a subsequent follow-up sit-down interview. This multi-faceted and versatile audiovisual record of participants’ walking experience also holds potential to help develop knowledge mobilization resources and tools to guide dementia-friendly and inclusive planning of the neighbourhood environment.
Age-Friendly Communities: Community Engagement for Healthy Aging

Alisson Haché-Chiasson, Mathilde Thériault, Suzanne Dupuis-Blanchard, Danielle Thériault
Université de Moncton, Moncton, Canada

Abstract / Résumé

The province of New Brunswick implemented an age-friendly community recognition program in 2016 and recognized its first age-friendly community (AFC) the year after. The Association francophone des aînés du N.-B. took a leadership role in communicating the benefits of AFCs and supporting French-speaking communities to become age-friendly; in fact, no similar guidance was available for English-speaking communities until 2022. As a result, the majority of AFC first recognized were French language dominant. As one of the components of the AFC program is a needs assessment of the local community, the objectives of this descriptive study were to 1) develop a database with several of the French community assessment results, and 2) to provide a comprehensive picture of the AFCs’ needs of older adults living in French-speaking communities in Official Language Minority Communities (OLMC). From six communities, 1810 community surveys were consolidated into one main survey with two researchers independently agreeing that the combined information matched the original intent of the questions. Descriptive statistical analysis was conducted. Results show that public transportation is lacking or nonexistent in many surveyed communities along with accessible housing. Half of participants indicated they had safe walking outdoor spaces. The preferred method of receiving information was from friends/family (54.8%). Participants also indicated feelings of isolation (28%) and not feeling respected because of their age (16%). The results confirm the value of conducting a needs assessment and the importance of engaging communities in the health and well-being of their older citizens through the age-friendly communities’ movement.
Training Case Finders to Identify and Refer Socially Isolated Adults to Services: Piloting an e-Module for Pharmacists and Other Healthcare Professionals

Nancy Newall\textsuperscript{1}, Verena Menec\textsuperscript{2}, Alex Rose\textsuperscript{2}
\textsuperscript{1}Brandon University, Brandon, Canada. \textsuperscript{2}University of Manitoba, Winnipeg, Canada

Abstract / Résumé

Pharmacists encounter a variety of people in their day-to-day work, including socially isolated older adults. As such, pharmacists are ideal “Case Finders,” people who can be trained to connect socially isolated adults to community resources. However, there is little research on training for Case Finders. The purpose of the present study was to pilot our e-module developed for Manitoba pharmacists and other healthcare professionals. The e-module provides information on how to talk about social isolation and loneliness, how to identify the signs and risk factors, and how to refer someone to resources. The module takes approx. 45 to complete and participants receive a certificate upon completing the e-module and quiz. Manitoba pharmacists (n = 9) completed the e-module in the Spring of 2023 and a follow-up survey was completed 1 month later. Feedback on the training was positive, with the majority of participants indicating that they liked the way the material was presented and that information was easy to learn and remember. Several indicated that the training helped them understand the issue more and made them feel more empowered to help people. At 1-month follow-up, participants highlighted the utility of the conversations starters to help talk about and identify isolated or lonely older adults. Three pharmacists said they had used the information to refer older adults to resources. Several participants indicated that the training had helped them connect more with older patients. Overall, the pilot testing results revealed that this training has value for pharmacists and other healthcare professionals.
Older Adults’ Perspectives about using the MouvMat, a novel co-designed exergaming Technology

Haniya Bharucha¹, Henrique Matulis¹, Renée K. Biss², Charlene H Chu¹,³
¹University of Toronto, Toronto, Canada. ²University of Windsor, Windsor, Canada. ³KITE-Toronto Rehabilitation Institute, University Health Network, Toronto, Canada

Abstract / Résumé

Objective: MouvMat is an exergaming technology with an interactive digital gaming surface that was co-designed for and with older adults (OA) living in long term care homes (LTCH). It was designed to improve OAs mobility, cognition, and psychosocial well-being. This poster will share OAs experiences and perspectives of regularly interacting with the MouvMat.

Method: As part of a pilot multi-site RCT, semi-structured interviews were conducted. Seventeen OAs in LTCHs were interviewed after attending group exergaming sessions for 1 hour, 3 times a week for 6 weeks. The interviews included questions about their experiences, enjoyment and design elements of the technology.

Results: Participants reported that audio prompts, music, and visual graphics were multisensory elements that helped make the technology easier to use. Sessions were considered cognitively stimulating, such that participants reported subjective improvements in their memory, attention and thinking abilities. Participants also noted subjective changes in their mobility (improvement in their legs, reflexes and dexterity). Group sessions were valued; they were seen as an opportunity to interact with other OAs and broaden their social circle. While participants found the sessions to be fun and engaging, they suggested changes to the handheld stick, size of the mat and more choice for games, among other things.

Conclusion: Future studies will focus upon improving MouvMat’s design and interface as per the needs and suggestions expressed by the participants and evaluate whether there is evidence of objective improvements in cognitive and physical outcome measures as well as social interaction.
Technology, social marginality, and community-based practice: lessons learnt from understanding the experiences of marginalised older adults towards a digital intervention in Singapore

Si Yinn Lu
University of Toronto, Toronto, Canada

Abstract / Résumé

Objectives: Older adults experienced heightened risks of poor mental well-being during the COVID-19 pandemic. Digital technology emerged as one way to mitigate social isolation during this period. However, few studies have examined how older adults in marginalised communities perceive digital learning. This study aimed to explore the experiences of low-income seniors towards a community-based digital intervention, specifically how their attitudes towards smartphone learning were shaped by aging and social precarities.

Methods: This study adopted a qualitative methodology. Between December 2020 and March 2021, semi-structured in-depth interviews were conducted with 19 participants aged 60 years and older. All interviews were analyzed using a reflexive thematic approach.

Results: Most participants expressed ambivalence about the utility and relevance of the smartphone to their everyday lives. While they valued the social interaction with volunteers, they articulated barriers related to age-related cognitive and physical limitations, language, and illiteracy that hinder their sustained use of digital devices. The internalization of ageist stereotypes of being “less worthy” learners and the perception that smartphones reside in the realm of the privileged “other” further reduced their motivation to learn.

Conclusion: Older adults’ perceptions of smartphones are shaped by their experiences of intersecting aging, social and material precarities that structure their perceived self-efficacy and interest in digital devices. Community-based interventions must recognise that implementing new tools and interventions occur alongside other facets of participants’ lives, including competing priorities and needs. Considering how these particularities can be woven into the intervention design meaningfully without being an unwelcome disruption warrants further thought.
Understanding the Possibilities of 'Dementia Capable Communities' through Participatory Action Research

Crystal-Jade Cargill¹, Laura Middleton², Samantha Biglieri², Nada Nasir³, Jim Mann⁴, Frank Palmer⁵, Sherry Dupuis¹, Meghan Joy⁶, Christine Daum¹, Kimberly Lopez¹, Carrie McAiney¹, Jennifer Boger¹, Bethany Pearce²

¹University of Waterloo, Waterloo, Canada. ²Toronto Metropolitan University, Toronto, Canada. ³University of Western Ontario, London, Canada. ⁴University of British Columbia, Vancouver, Canada. ⁵Toronto Dementia Research Alliance, Toronto, Canada. ⁶Concordia University, Montreal, Canada. ⁷City of Waterloo, Waterloo, Canada

Abstract / Résumé

The Dementia Capable Communities Project is a Participatory Action Research Project that seeks to identify specific actions that are required at individual, program, built environment, community, and policy levels, to create dementia-capable communities in Kitchener-Waterloo. The project involves three key steps; (1) Identifying barriers and supports to inclusion from the perspective of Persons Living with Dementia (PLwD); (2) Co-create tools, actions, and networks with PLwD, care partners, and community partners to address barriers to inclusion and participation from person to policy levels; (3) Integrate learnings from objectives (1) and (2) to inform a multi-scalar framework for development of dementia-inclusive communities. To engage with step (2), a workshop was held with PLwD, care partners, and community partners, and utilized a world café model to discuss supports and actions required to further improve accessibility of places for social connection, transportation, built and natural outdoor environment, and places of business for PLwD. Using thematic analysis of responses from the world café, 4 key themes were identified: (1) education and advocacy: creating awareness of dementia among customer service professionals and how they can best support PLwD in their communities; (2) opportunities for leisure: inclusion in leisure activities can foster a sense of belonging and community for PLwD; (3) inclusion without asking: PLwD and care partners wanted to feel included without asking for supports; they advocated for spaces where all patrons could thrive; and (4) meeting PLwD where they are: supports provided need to align with the PLwD's abilities and preferences. Results of this workshop will support the development of key frameworks that seek to influence future policies around dementia capable communities.
Symposium

S1

Food insecurity among older adults during COVID: the community responds

Andrea Tremblay, Constance Lafontaine, Kim Sawchuk
Concordia University, Montreal, Canada

Abstract / Résumé

The COVID-19 pandemic exacerbated food insecurity among older adults. Food insecurity is defined as the “inability to acquire or consume an adequate diet quality or sufficient quantity of food in socially acceptable ways, or the uncertainty that one will be able to do so” (Health Canada, 2020). Social distancing measures, difficulty accessing online delivery alternatives and limited social circles meant that many older adults became food insecure. Others found themselves facing increasingly difficult situations as many community organizations that offered services were unable to meet the growing demand for assistance. In response, a number of intersectoral initiatives arose as citizens, organizations and local governments rallied to create food delivery initiatives that were specifically targeted to older adults. From 2023 to 2024, Ageing + Communication + Technologies (ACT) Lab collaborated with a local health authority (CIUSS Centre-Ouest-de-l’Île-de-Montréal) and a community organization (New Hope Seniors’ Centre) on a participatory action research project that involved developing and operating a grocery service for older adults. A complementary qualitative study to understand community-level strategies was developed to address worsening food insecurity among Montreal’s older adults. This included 22 interviews with non-profit workers, the CIUSS, and the organizers of intersectoral pop-up projects. This presentation discusses these initiatives, highlighting how community organizations mobilized resources and adapted their services to meet the needs of the older population during COVID. We highlight the structural barriers that our participants faced, such as the difficulty of conducting outreach among socially isolated older adults, bureaucratic roadblocks from all levels of government, and funding challenges.
Supporting the inclusion and participation of older adults with mental health challenges in Community Recreation Centers: Who should be involved?

Ginette Aubin¹, Marie-Michèle Lord²
¹Université du Québec à Trois-Rivières, Quebec, Trois-Rivières, Quebec, Canada. ²Université du Québec à Trois-Rivières, Trois-Rivières, Canada

Abstract / Résumé

For older adults with mental health issues (MHI), participating in recreational and social activities within the community remains a major challenge. To address this situation, Community Recreation Centers (CRC) in Trois-Rivières, Quebec, decided to implement a social participation group program for older adults using an inclusive approach. An action research study was created to adapt the program to the context of the CRC. Older adults with MHI, older adults users of CRC, CRC group leaders, mental health community organisation practitioners and peer helpers participated in focus groups to identify the needs, obstacles and strategies for the inclusion of older adults with MHI in CRC and in the group program. The objective of our research was to explore how the strategies suggested by the participants could be implemented, and if the proposed strategy would correspond to their needs and identified barriers. Following a thematic analysis, the Ecological model of social inclusion (Simplican et al., 2015) was used to analyse, five levels of inclusion were considered: individual, interpersonal, organisational, community and socio-political. As the research and our consultations suggest, developing strategies collaboratively to answer the needs and potential obstacles identified by participants is crucial. In particular, our research indicates that the inclusion of older adults within MHI in recreation centers is not simply a responsibility that can be assumed at the organisational (CRC) level. All levels, especially organizations working at the level of the local community, need to be closely involved to achieve the goal of inclusion.
S3

Aging in a queer-friendly place? Learning from nonprofit organizations serving 2SLGBTQIA+ older adults during COVID-19 in Montréal

Meghan Joy, Shannon Hebblethwaite, Laurie Fournier
Concordia University, Montreal, Canada

Abstract / Résumé

Nonprofit organizations (NPOs) provide essential social services, creative and recreational activities, and opportunities for identity expression and political engagement, yet as a sector have not been a central focus of policymaking and research (Joy & Shields, 2020). Furthermore, there is a gap in the study of community-based NPOs that work with populations marginalized by dominant social structures in local spaces (Phillips & Wyatt, 2021), like those working with older adults (Joy, 2020) or with 2SLGBTQIA+ communities (Smith, 2005).

It is unclear how many organizations exist, how they are funded, how they use space, how they are supported or not by the state, how they inform public policy, and where there are inequities in access. We are thus lacking knowledge on the nature and health of our community care infrastructure as well as its capacity to respond to the specific needs of 2SLGBTQIA+ older adults. This is particularly problematic in the context of a health crisis like the pandemic. Montréal is an important context to study these gaps as there is a history of NPO sector autonomy and activism, provincial aging-in-place and municipal age-friendly city policy, and provincial policy against homophobia and transphobia.

Through interviews with Montréal-based NPOs, policy actors, and older adults, this paper explores the ways in which this policy landscape affected older adult members of the 2SLGBTQIA+ community and their NPOs during the pandemic. The paper theorizes the nature and role of the NPO sector serving 2SLGBTQIA+ older adults and identifies how public policy can support this sector.
« Communauté engagée avec les citoyens aînés »: co-development of a collaborative web-based platform with community organizations

Valérie Poulin1,2, Véronique Provencher3,4, Mélanie Levasseur3,4, Nathalie Bier5,6, Ginette Aubin1,7, Marie-Michèle Lord1,7, Marie Beaulieu3,4, Julie Fortier1, Hélène Carbonneau1,7, Lyson Marcoux1, Émilie Raymond5,2, André Guérard5, Marie-Josée Raymond6, Camille Gagnon1, Sarah-Jeanne Comtois1, Camille Comtois1

1Université du Québec à Trois-Rivières, Trois-Rivières, Canada. 2Center for Interdisciplinary Research in Rehabilitation and Social Integration, Québec, Canada. 3Université de Sherbrooke, Sherbrooke, Canada. 4Center for Research on Aging, Sherbrooke, Canada. 5Université de Montréal, Montréal, Canada. 6Centre de recherche de l’Institut universitaire de gériatrye de Montréal, Montréal, Canada. 7Center for Research and Expertise in Social Gerontology, Montréal, Canada. 8Université Laval, Québec, Canada. 9Association québécoise des centres communautaires pour aînés, Montréal, Canada

Abstract / Résumé

Community organizations are essential partners in promoting the social participation of older adults. This presentation describes the participatory process leading to the development of a collaborative online platform that maps various social participation initiatives in the province of Quebec. This on-going action-research project is guided by a steering committee including two members of the research team, three community partners and three older adults.

Various data collection methods were used including: 1) a series of individual interviews (n=20 community organizations in 2020; n=18 in 2021), 2) seven focus groups with managers and coordinators from senior centers (2021-2022), 3) three codesign workshops (n=21 participants) to determine the objectives and the functionalities of the collaborative platform; 4) an environmental scan to identify community-based social participation initiatives for older adults in the province of Quebec.

Findings from the interviews and the focus group provided an in-depth understanding of the challenges, the solutions and the needs of community organizations to support older adults’ social participation in collaboration with other partners during and beyond a pandemic. The process of co-development led to a first draft of the platform, which will include 1) an inventory of social participation initiatives; 2) practical tools; 3) a directory of resource persons interested in sharing their expertise; and 4) a collaborative space for online exchanges. In conclusion, we discuss how this platform could help community organizations to collaborate with other partners to find, share, and support the implementation of community-based initiatives that address a continuum of social participation needs.
Obstacles to social participation in old age: same perceptions from Quebecers and Spanish baby boomers?

Dolores Majón-Valpuesta\textsuperscript{1,2}, Pilar Ramos\textsuperscript{2}, Mercé Pérez Salanova\textsuperscript{3}, Louis Braverman\textsuperscript{4}, Chantal Viscogliosi\textsuperscript{5}, Julie Castonguay\textsuperscript{6}, Johanne Filiatrault\textsuperscript{7}, Valeria Poulin\textsuperscript{8}, Ginette Aubin\textsuperscript{9}, Marie Beaulieu\textsuperscript{9}, Émilie Raymond\textsuperscript{9}, Samuèle Rémiillard-Boilard\textsuperscript{5}, Mélanie Levasseur\textsuperscript{5}

\textsuperscript{1}Sherbrooke, Sherbrooke, Canada. \textsuperscript{2}Universidad de Sevilla, Sevilla, Spain. \textsuperscript{3}Institut de Govern I Polítiques Públiques, IGOP, Universitat Autònoma de Barcelona, Barcelona, Spain. \textsuperscript{4}Université de Bretagne Occidentale, Brest, France. \textsuperscript{5}Centre de recherche sur le vieillissement, Université de Sherbrooke, Sherbrooke, Canada. \textsuperscript{6}Centre collégial d'expertise en gérontologie du Cégep de Drummondville, Drummondville, Canada. \textsuperscript{7}Université de Montréal, Montreal, Canada. \textsuperscript{8}Université du Québec à Trois-Rivières, Trois-Rivières, Canada. \textsuperscript{9}Université de Laval, Québec, Canada

Abstract / Résumé

Being numerous and a new generation of older adults, baby boomers are living longer and in better health. This generation advanced social and civil rights and calls for recognition of their contributions to society and new forms of participation. Little is known, however, about the obstacle to their social participation, which challenges the generation of meaningful and accessible spaces and opportunities for this generation. This study thus aimed to explore what are the obstacles to social participation in old age as perceived by baby boomers in Spain and Quebec. Using a qualitative design, 27 Spanish women (48.2\%) and 29 men (51.8\%), aged 50 to 73 and, in Quebec, 30 women (60.0\%) and 20 men (40.0\%) aged 58 to 74 were interviewed. Quebecers and Spanish baby boomers perceived similar obstacles according to the tendency to impose a specific type of participation corresponding to a specific age group, moving from a participation based on personal decisions to a customer or passive profile. Participants from both populations also refer to the immobility or passivity of older adults, due to the lack of awareness about the importance of participation. Some differences were, nevertheless, also identified: in Spain, baby boomers emphasized external barriers, warning about outdated, depersonalized, overcrowded, or politicized spaces for participation, while Quebecers referred more to internal obstacles such as health and socioeconomic status or individual characteristics. In conclusion, despite cultural differences, both contexts point to the importance of addressing aspects that make their participation difficult and possible ways of dealing with them.
Social participation at the intersection of aging with LGBTQ+, immigration, disability and FNMI groups: tensions between agency and structural factors

Émilie Raymond
Université de Laval, Québec, Canada

Abstract / Résumé

This presentation reports the results of nine focus groups conducted as part of the Diversity and Equity in Aging research project. This research uses a partnership and participative approach to develop knowledge on aging and social participation trajectories at the intersection of aging with less visible social positions. In order to gather information on how aging is perceived in each of these areas of intervention and social movements, as well as to prepare individual interviews with 100 older people, focus groups were conducted with representatives of organizations and associations from the following sectors: FNMI (2), sexual and gender diversity (1), immigration (2) and disability (2). These focus groups had an average of eight participants and were facilitated by different members of the research team. The facilitation guide focused on the representations and experiences related to aging in the sector concerned, from the perspective of the community workers and activists involved. The results show that while aging is still an emerging theme, participants consider older adults in their sector as having to deal with several barriers for social inclusion, many of them being symbolic and part of the social discourses and norms, others being socioeconomic factors. At the same time, self-determination strategies and resistance to adverse circumstances were mentioned as characterizing the way older adults from minority groups face issues related to social participation and inclusion.
Is digital technology a vehicle for the social inclusion and social participation of older adults?

Julie Castonguay¹, David Pellerin¹, Mathilde Perron¹, Anne-Laurence Savoie¹, Hatem Laroussi¹, Mélanie Levasseur², Émilie Raymond³, Carmen Lemelin¹, Marie-Ève Bédard¹
¹Centre collégial d'expertise en gérontologie du Cégep de Drummondville, Drummondville, Canada.
²Centre de recherche sur le vieillissement, Université de Sherbrooke, Sherbrooke, Canada. ³Université de Laval, Québec, Canada

Abstract / Résumé

With COVID-19 pandemic, digital technology has become crucial. Many older adults have had the opportunity, or even the obligation, to become familiar with it. Today, 78% of older adults in Quebec use Internet daily, in particular to get information, to be entertained, to make their voices heard, to learn, to participate socially, to break their isolation and to have better access to health care or essential services. However, daily digital use is lower among people aged 65 and over than among other Quebec adults (78% versus 89%). It is even lower among those aged 75 or more than aged 65–74 (58% versus 70%). Is digital technology really a vehicle for social inclusion and participation of older adults? This presentation reports preliminary results from an action research study that aims to support the development of digital competency in older adults through the design, implementation, and evaluation of a serious game. The Digital Competency and the User Experience Design frameworks guided the qualitative mixed content analysis of data collected in 10 semi-structured group interviews, each involving 5–10 older adults. Digital technology use is not just the responsibility of older adults but is also influenced by digital and societal barriers and facilitators. Digital inclusion—as a vehicle for social inclusion and participation—is a collective responsibility while public, private and non-profit organizations turn more to the online world to communicate with and provide services to the population.
Running away from loneliness: Physical activity factors reduce loneliness in German older adults

Volker Cihlar¹, Tiara Ratz², Sonia Lippke³
¹Federal Institute for Population Research, Wiesbaden, Germany. ²University Hospital Zurich (USZ), University of Zurich, Zurich, Switzerland. ³Constructor University, Bremen, Canada

Abstract / Résumé

Objectives: In order to participate in social processes, a certain level of physical health is essential. Being able to participate socially can in turn help reduce social isolation and loneliness in older people. This paper examines whether physical activity can contribute to reducing loneliness in older people by improving health determinants and thus increasing the possibility of social participation. Method: A three-measurement survey was conducted in Germany over 6 years (n=5,002 at T1, n=2,501 at T2, n=1,561 at T3). Participants were aged 54-70 years. Of the sample, 51% were retired and 55% female. Logistic regression analyses show the connection of physical activity at T1 and loneliness at T3. Path models explore the explaining value of health and personality factors. Results: Physical activity and loneliness were negatively correlated. However, this correlation disappeared in the multivariate model, so that by controlling for health- and personality-related factors, this correlation could be fully explained. Physical and mental health as well as the personality factors extraversion, conscientiousness and neuroticism had an effect on loneliness at T3. Conclusion: The positive effect of physical activity on different health outcomes and a certain combination of personality traits, which might be prevalent in older adults engaging in physical activity, contribute to the reduction of loneliness in 54- to 70-year-old German adults. The mechanism here could be related to the fact that improving health as well as the expression of certain personality traits strengthens the social participation of older adults, which in turn has a positive effect on reducing loneliness.
Typology of social participation and network and self-rated health in older adults: Results from the Canadian Longitudinal Study on Aging

Mélanie Levasseur¹, Véronique Deslauriers²
¹Centre de recherche sur le vieillissement, Université de Sherbrooke, Sherbrooke, Canada. ²Université de Montréal, Montréal, Canada

Abstract / Résumé

Global population aging calls for a better understanding of the social determinants of health in older adults. Despite the fact that assessing patterns of social relationships is essential to understand their contributions to health, little is known about the heterogeneity of social networks among older Canadians. This study thus aimed to document the typology of social participation and network among older Canadians and examine their associations with health. Using data from the participants aged 65 and older (n=21,398) of the Canadian Longitudinal Study on Aging 2012-2015 baseline cohort, a latent profile analysis (LPA) was performed. The LPA was conducted to identify patterns of social relationships and logistic regressions which examined associations with general and mental self-rated health, controlling for age, sex, marital status, education and country of birth. Indicators included in the LPA were network size, perceived availability of social support and frequency of: i) interactions with network ii) social participation, iii) online interactions. According to preliminary findings, three types of social groups characterized older Canadians (proportion): diverse (73.6%), connected (16.8%) and restricted (10.1%). Because of their highly skewed distribution, the online interactions were not considered. Compared to the diverse group, belonging to the restricted group was associated with higher odds of reporting fair or poor general (1.96 [1.70;2.25]) and mental health (2.11 [1.70;2.61]). Lower odds were found in the connected group (respectively 1.24 [1.09;1.41] and 1.17 [0.96;1.42]) differing from the diverse group only in general health. More research is needed to understand the role of virtual interactions in the health of older adults.
Who is responsible? Ageism in the Era of Climate Change

Stephanie Hatzifilalithis
McMaster University, Hamilton, Canada. Gilbrea Centre for Studies in Aging, Hamilton, Canada. Women’s Age Lab, Toronto, Canada

Abstract / Résumé

Responsibility for climate change and “natural” disasters is of growing concern and scholars must consider the implications on intergenerational relations, especially older people (Moody, 2017). As Ayalon and colleagues (2021) have argued, ageist discourse prevails in our climate change imaginary and older people are suggested to be responsible, which may lead to guilt, internalized ageism, including eroding social sustainability. Critical gerontologists such as Estes (1986) and Phillipson (2020), have warned against the evolving “aging enterprise”, which has historically placed emphasis on older people as being responsible rather than systemic approaches to social challenges. By redirecting climate discourse to one of ageism and conflict across generations, stakeholders can more readily justify the avoidance of costly sustainable environmental measures designed to prevent environmental destruction. In this talk, I will consider the continuing importance of the “aging enterprise” by reviewing three main themes: first the discourse of responsibility for climate change; second an overview of the political economy of aging and ageism; and third the importance of intergenerational solidarity in times of environmental destruction. Climate change, critical age studies, and intergenerational relations have reached a critical phase. If climate change, as documented by natural scientific research, has been allowed to get to this dire status, we must look to age studies now to understand discourse around responsibility and ageism, and shed light on sustainable pathways moving forward.
“I’m Not a Quiet Woman, But I’m not a Racialized Woman Either”: An Intersecational Analysis of Ageism in the Workplace and Labour Market

Amanda Bull
McMaster University, Hamilton, Canada

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.
Ageism and physical activity in later life: Representations, discourses, and activism on (social) media

Meridith Griffin, Aly Bailey
McMaster University, Hamilton, Canada

Abstract / Résumé

Within digital spheres, youth, able-bodiedness and wealth are presumed as prerequisites in the enjoyment of movement practices and health. Even seemingly “inclusive” or “body positive” spaces have revealed very narrow and problematic representations of bodies, further reinforcing ageist, ableist, racist, and sexist neoliberal imperatives (Bailey et al., 2021; Griffin et al., 2022). Social media sites serve as public pedagogies, where people learn about bodies and health (Camacho-Miñano et al., 2019). They are also sites of building community, where people come together to share meaning and even reframe or refuse harmful stereotypes (e.g., ageism; Reuben & Indran, 2022) or call out and resist algorithmic oppressions (Noble, 2018). To critically examine these competing – and at times reinforcing – capacities of (social) media, we draw from three interrelated studies: the first explored the #bodypositivity movement on Instagram using an intersectional perspective, the second investigated the way that inclusion is discussed and represented on fitness facility websites within our geographical area, and the third sought to locate and analyze subversive and non-normative content on TikTok where folx reclaim their body and relationship to physical activity. Within each of these studies, age was but one of many intersecting social locations and identities in focus. That said, ageist representations and discourses were ubiquitous on both websites and social media throughout our investigations. We critically interrogate the ways in which ageism is perpetuated, negotiated, and resisted via active older bodies on (social) media and discuss this alongside larger questions surrounding access to health and well-being.
Tracing the entanglements of ageism and technological solutionism

Nicole Dalmer¹,², Stephanie Hatzifilalithis¹
¹McMaster University, Hamilton, Canada. ²Gilbrea Centre for Studies in Aging, Hamilton, Canada

Abstract / Résumé

Ageism is a significant issue that shapes a number of older adults’ everyday engagements, including their interactions with technologies. As technologies continue to advance and proliferate at an unprecedented rate, it is essential to examine the ways in which technological devices and the norms and expectations that surround technology use may contribute to (or mitigate) experiences of ageism. Drawing on examples from media, including comic strips, commercials, and TV programs, this session will speak to the ways that an interventionist logic (with technology framed as the solution for the “problems” of aging [Neven & Peine, 2017]), perpetuates not only the ageist assumptions that surround older adults’ engagements with technologies (older adults as incompetent, technophobic, or resistant to change), but also impacts the ways in which technologies for older adults are conceived, designed, and marketed. This session will conclude with a conversation about co-design, highlighting the advantages of including older adults in the collaborative design process for new technologies, including the creation of more accessible, useful, and inclusive technologies that meet the needs and preferences of a more diverse range of older adults.
Cracks in the foundation: Intersectional ageism & discrimination towards older people experiencing homelessness

Rachel Weldrick¹,², SarahL. Canham³
¹Simon Fraser University, Vancouver, Canada. ²Toronto Metropolitan University, Toronto, Canada. ³University of Utah, Salt Lake City, USA

Abstract / Résumé

Despite advances in ageism scholarship, critical gerontologists continue to call for intersectional examinations of ageism amongst older people facing multiple exclusions. In particular, little to no research to date has examined ageism enacted towards older people experiencing homelessness (OPEH). As homelessness and shelter use in Canada continue to increase among people aged 55+, there is an urgent need to identify and remedy ageist policies and practices (e.g., ‘renovictions’, age eligibility restrictions) at all levels. Within the service sector, ageism towards OPEH can contribute to disengagement with services and providers, and ultimately affect the likelihood of exiting homelessness. To address this gap in the ageism literature we present insights from a cross-Canada community-based participatory study of homelessness and housing insecurity in later life. Based on findings from qualitative interviews and collaboration with lived expertise project advisors, we investigate the intersectional ways in which OPEH have experienced ageism at multiple levels including internalized, interpersonal, and structural ageism. OPEH, who are routinely excluded from services in both the aging and homelessness sectors have been profoundly impacted by historical neglect in policy and practice. Deeply entrenched cultural narratives about both homelessness and aging highlight the need for community-based responses to re-frame the issue of homelessness in later life and advocate for age-inclusive housing and service responses. Accordingly, we present several recommendations for policy, practice, and research that can inform efforts to dismantle ageism towards OPEH.
Social participation of seniors with intellectual disabilities: findings and recommendations

Elise Milot, Roman Couvrette
Université Laval, Québec, Canada

Abstract / Résumé

Aging triggers various transitions likely to influence the social participation of seniors with intellectual disability (ID). A better understanding of their perspective on social participation while aging is crucial to our ability to provide appropriate support to this group. To gather this knowledge, a literature review and an exploratory study with fourteen seniors with ID were conducted. Focus groups with support workers who provide services to them were also held by the Diversity and Equity in Aging research team to collect additional information. Different findings emerged from this process. First, many seniors with ID feel that they are not involved in decision-making processes regarding their social participation needs. However, participating in activities offered by a self-advocacy organization has enabled some of them to develop the knowledge and confidence necessary to defend their rights and interests with significant people in their life. Therefore, this involvement has had positive effects on their sense of belonging and on their support network. Finally, the participation of seniors with ID in activities in an inclusive context seems to be very limited due to the presence of prejudice and the lack of appropriate supports, among other things. These observations lead to several recommendations to ensure that practices and communities foster their full social participation and inclusion.
Co-construction of a social participation workshop for gay and lesbian older adults

Julie Beauchamp
Université Laval, Québec, Canada

Abstract / Résumé

This presentation will focus on the co-construction of a social participation intervention tool that was developed and tested as part of a doctoral research project exploring the social participation of gay and lesbian older adults. There is research suggesting that the social and support network of gay and lesbian older adults can be a protective factor for health. The importance of LGBTQ community networks in providing a sense of belonging and comfort with sexual orientation has also been demonstrated. However, social recognition issues remain in mainstream aging community environments. The social participation workshop “Fostering networks and empowerment” was co-developed according to the intervention mapping model and in collaboration with members of an advisory committee (n=5). This committee was also actively involved in the organization and facilitation of the workshop. Seven gay and lesbian older adults aged 61 to 69 participated in the tryout phase of the workshop, which was followed by a focus group. Findings indicated that the workshop was useful for participants and can contribute to social inclusion of LGBT older adults in aging community networks. Based on these results, a number of recommendations are put forward in relationship to the research conducted as part of the Diversity and Equity in Aging project.
What does aging mean from the perspective of LGBTQ+, immigration, disability and FNMI groups? Insights from nine focus groups

Emilie Raymond, Mélanie Synnot
Université Laval, Québec, Canada

Abstract / Résumé

This presentation reports the results of nine focus groups conducted as part of the Diversity and Equity in Aging research project. This research uses a partnership and co-construction of knowledge approach to develop knowledge on aging and social participation of Indigenous, LGBTQ+, immigrant, and disabled older adults. In order to gather information on how aging is perceived in each of these sectors of intervention as well as to prepare for individual interviews with 100 seniors, focus groups were conducted with individuals representing organizations and associations from the following sectors: FNMI (2), sexual and gender diversity (1), immigration (2) and disability (2). These focus groups had an average of eight participants and were facilitated by different members of the research team. The facilitation guide focused on the representations and experiences related to aging in the sector concerned, from the perspective of the support workers and activists involved. The results show that aging is still an emerging theme in the four sectors and that they face similar issues in terms of the social inclusion of seniors who do not correspond to socio-cultural diversity, functional, gender and sexual norms. These data also indicate that there are group-specific concerns that need to be considered, both in understanding the factors that influence aging and social participation and in recruiting seniors who can shed light on the various aspects of aging.
Social participation of Native older people in urban areas: research as a tool to target important issues

Marie-Pier Tremblay
Centre d’amitié autochtone de Québec, Québec, Canada

Abstract / Résumé

Anchored in a social worker’s perspective who works within the Innishun Project for older people at Quebec Native Friendship Center (Centre d’amitié autochtone de Québec), the presentation enlightens the way research can support development of this social initiative. The Innishun Project was created in 2021 and keeps evolving following older members’ feedback and program monitoring. More and more Native older people are moving to urban areas and we know little about their specific needs and interests. Because older people are truly appreciated for their social contributions in native communities, it was a prime objective in the project to acknowledge and value their presence in Quebec City’s urban environment. Being involved in the study « Diversity and Equity in Aging » will enable the team to uncover the most important issues faced by Native older people who live in Quebec and by community workers involved in the organizations they attend. Results will provide useful tools to support Innishun’s future actions. This collaboration is an opportunity to combine experiential to scientific knowledge and to hear from Native older research participants about what is important to them and what could improve their living conditions.
S19

Transforming Care to Enhance Quality of Life: A Collaborative Approach to Evaluating British Columbia’s First Publicly-Funded “Dementia Village”

Amy Salmon¹, Sanja Simic², Habib Chaudhury¹, Ziyeng Zhang³, Ihoghosa Iyamu¹, Rick Sawatsky⁴, Adam Easterbrook¹

¹Centre for Health Evaluation and Outcome Sciences, Vancouver, Canada. ²Conconi Family Foundation, Vancouver, Canada. ³Simon Fraser University, Vancouver, Canada. ⁴Trinity Western University, Langley, Canada

Abstract / Résumé

This symposium highlights approaches, methods, and emerging findings from an interdisciplinary partnership evaluating BC’s first publicly funded implementation of an adaptation of the De Hogeweyk model in the Netherlands, often referred to a “dementia village”. This evaluation incorporates developmental, formative, and summative dimensions, assessing both the implementation of a social-relational model of care and the creation of a new care environment in Comox, BC. We will discuss methods and emerging findings underscoring the importance of interdisciplinary collaboration when assessing quality of life in long-term care. We will first introduce our evaluation team and the Comox care village, providing an overview of our five-year evaluation protocol. Next, Ms. Simic from the Conconi Family Foundation will share the approach this Foundation uses to supporting the evaluation, and perspectives on engaging the philanthropic sector to support seniors care innovations. Drs. Iyamu and Sawatsky will discuss the importance of selecting person-centred measurement tools for quantitatively assessing self-reported quality of life, that are meaningful and appropriate for seniors living with dementia in long term care, and will share findings from three cycles of data collection using these tools. Dr. Chaudhury and Ms. Zhang will then present their approach to environmental assessment, emphasizing how built environments impact quality of life in long term care settings. Drs. Easterbrook and Salmon will conclude with a presentation on the contributions of qualitative and ethnographic data in understanding quality of life for those who live, work, and visit in long term care, and share findings from these studies.
Using qualitative and ethnographic methods to explore the resident, staff, and family experience

Adam Easterbrook
Centre for Health Evaluation and Outcome Sciences, Vancouver, Canada

Abstract / Résumé

Long-term care (LTC) is a complex system: it is challenging, if not impossible, to separate out the different influences of the various actors, structures, and contexts from one another. The interconnected and interdependent parts work together to create the system, thus it integral to ensure that the methodologies we employ are able to have a system-level perspective. Moreover, the residents in LTC tend to be increasingly complex and are often cared for by staff who representing vulnerable and marginalized groups due to their sex, first language, immigration status, and race/ethnicity. To explore changes in the system as the built environment and culture of care change, we have been conducting longitudinal qualitative and ethnographic work assess these changes as they occur. These methodologies also allow us to immerse ourselves in aspects of the system, which fosters relationships and rapport with staff, residents, and families. This perspective, we argue, gives us a larger system-level perspective when examining culture change and transformation. During our panel we will discuss: 1) our approach to conducting qualitative and ethnographic work in LTC settings, 2) lessons learned about how to improve our approach, including barriers we experienced, and 3) emerging findings.
Measuring what matters most to long term care residents: Learnings from implementing patient reported outcome measures among seniors living with dementia

Ihogghosa Iyamu¹, Rick Sawatsky²
¹Centre for Health Evaluation and Outcome Sciences, Vancouver, Canada. ²Trinity Western University, Langley, Canada

Abstract / Résumé

Social-relational models of long-term care (LTC) prioritize seniors’ dignity and personhood, closely considering their values, history, experiences, and preferences in the process of person-centred care planning and delivery. These social-relational models of care have the potential to holistically improve seniors’ physical, mental, and psychosocial well-being in LTC. However, given memory and insight challenges among seniors living with dementia, evaluating their quality-of-life outcomes in this context has historically involved using health worker or proxy-reported outcome measures. Many of the dementia specific outcome measures also limit opportunities to compare seniors’ outcomes to other care contexts. To align our evaluation with the core values of person-centredness within the social-relational model of care, we implemented patient-reported outcome measures (PROMs) to assess changes in residents’ quality of life in response to activities within the ongoing project. We will describe: 1). Our process and considerations in selecting meaningful and appropriate PROMs; 2). Challenges encountered in administering PROMs, especially for seniors with dementia; 3). Emerging findings from 3 cycles of data outcomes measurement and how these results are being used to inform decision making; and 4). Our learnings from implanting PROMs among seniors living with dementia. We will also highlight future work to ensure equitable measurement of self-reported outcome measures and explore its potential application to our evaluation context. These methods can promote person-centredness of care and our assessment of the outcomes of such care.
Physical Environmental Evaluation of a Dementia Village in British Columbia: Pre-Relocation Findings

Habib Chaudhury, Ziyiing Zhang
Simon Fraser University, Vancouver, Canada

Abstract / Résumé

The physical environment in long-term care homes is a key component in providing quality care and support for residents with dementia. The first publicly funded care home in British Columbia based on the “dementia village” model, will offer a neighbourhood environment with familiar places and destinations. As part of a broader evaluation project, we have conducted baseline evaluation of the physical environment in the existing traditional care home and planned post-relocation evaluation in the new village-model based care home. Standardized environmental assessments, observations, and staff focus groups were used in the existing dementia care unit to generate comprehensive and in-depth understanding. The baseline evaluation revealed challenges in the unit’s physical design, space use, and care practices. The long corridor impeded residents’ wayfinding abilities and increased exit-seeking behaviors. Residents experienced difficulties orienting themselves in moving between the common space and bedrooms. The residents also experienced “toileting disempowerment” as they received little support from staff to use the common washroom or go to their private washrooms. The care model, along with understaffing, influenced the use of the common space that served as dining and activity areas. Staff reported they did not have time to move residents to adjacent secondary spaces for activities, even though the large common area created high levels of social and environmental stimulation. Staff subdivided the space into three sub-areas to match residents’ functioning status/abilities. The spaces had several artifacts, yet residents rarely interacted with the props, except the holiday decorations that served as stimuli for conversations and activities.
S23

Informed, engaged philanthropy: key partners in transforming seniors care

Sanja Simic
Conconi Family Foundation, Vancouver, Canada

Abstract / Résumé

Conconi Family Foundation invests in system transformation projects that have the potential to enhance the quality of life for older adults in British Columbia. Transforming complex systems such as long-term care is a challenging task for which there is no clear road map. In our experience, evaluation can play several key roles to support this process of change.

In its most expansive form including developmental, formative, and summative, evaluation plays a role of a cartographer. It helps us sketch the landscape, determine the scale, boundaries, and terrain, and ultimately point us and our partners in a direction of change. As funder, we rely on evaluation, especially with a participatory lens, to help us identify the most important indicators to measure. In addition, evaluation can be a tool for mobilizing results in order to adapt systems according to the evaluation outcomes. We believe it is important for our front-line partners to build evaluation capacity internally so they can continuously evaluate and adjust their systems. The evaluation infrastructure, because of its intangible nature is often invisible and overlooked for the sake of other more tangible investments. However, the questions of how and why we do something remain just as critical to success as the questions of the physical environment or the workforce.

Informed and engaged philanthropy has a role to play in transforming complex systems. Especially, when it comes to convening partners and leveraging unrestricted capital at critical inflection points when perhaps other forms of capital are not available.

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Working with dementia: How people living with dementia are perceived by human resource professionals in Nova Scotia, Canada

Judith Godin¹,², Noorah Atiyah Atiyah¹,², Jocelyn Brown¹,²,³, Jasmine Mah¹,², Nicolas Roulin³, Katie Aubrecht⁴, Melissa K. Andrew¹,²
¹Dalhousie University, Halifax, Canada. ²Nova Scotia Health, Halifax, Canada. ³St-Mary’s University, Halifax, Canada. ⁴St. Francis Xavier University, Antigonish, Canada

Abstract / Résumé

Many people hold stereotypical views of dementia that depict end-stage disease. This contrasts the experiences of people living with early-stage dementia who are capable of, and value, being engaged with work and community. We conducted an online survey of human resource (HR) professionals across a range of industries in Nova Scotia to understand their perceptions of people living with dementia. Of 285 respondents, 41% were between 35 and 44 years of age, 26% were between 25 and 34, and 21% were between 45 and 54. Our sample comprised HR professionals from small (< 100 employees, 27%) to large organizations (>1000 employees, 19%). We also had respondents from government (22%), non-profit (8%), not-for-profit (14%), and for-profit (56%) organizations. We used the incapability sub scale of the Dementia Public Stigma Scale (range 1–5). HR professionals who worked for an organization with more than 1000 employees had lower perceptions of incapability (M=2.30, SD=0.73) compared to those who worked at smaller organizations (500-999 employees (M=2.83, SD=0.76); 250-499 employees, (M=3.09 SD=0.81); 100-249 employees (M=2.82, SD=0.77); <100 employees, (M=2.99 SD=0.54)). HR professionals who worked in for-profit organizations (M=3.02, SD=0.75) had higher perceptions of incapability compared to non-profit (M=2.40 SD=0.77), and government organizations (M=2.59, SD=0.77). Respondents with over 12 years experience had lower perceptions of incapability (M=2.33, SD=0.70) than those with fewer years (6-11 years: M=3.01, SD=0.70 / 3-5 years: M=3.00, SD=0.78 / <2 years: M=2.91, SD=0.65. Our findings highlight where there are opportunities to reduce stigma in the workplace.
Healthcare Providers’ Perspectives on Social Admission Patient Care in a Nova Scotia Tertiary Teaching Centre

Jasmine Mah¹, Christie Stilwell¹, Madeline Kubiseski¹, Gaurav Arora³, Karen Nicholls², Gali Latariya², Susan Freter¹, Katalin Koller¹, Maia von Maltzahn¹, Kenneth Rockwood¹, Emily Marshall¹, Melissa Andrew¹, Samuel Searle¹
¹Dalhousie University, Halifax, Canada. ²Nova Scotia Health, Halifax, Canada

Abstract / Résumé

Objectives: Delivering quality care to patients who arrive at the emergency department with non-acute medical issues presents many challenges. These patients are informally known as social admissions (SA). They are often vulnerable older adults with minimal social supports and chronic health conditions. As part of an ongoing larger project examining SA in Nova Scotia, this study explored healthcare providers’ perspectives on how care is (and is not) delivered to SA in hospital.

Methods: Semi-structured interviews were conducted with 19 healthcare providers (physicians, nurses, social workers, allied healthcare, bed flow managers, administrators) that oversee SA in a tertiary care centre. Transcribed interviews were inductively coded using a grounded theory approach. Constant comparative processes and intermediate coding generated categories and subcategories to reflect participants’ perspectives on SA.

Results: Participants described stigma and ageism associated with SA. They explained markers of vulnerability and common SA traits. Participants reflected on both challenges and benefits of the current SA patient policy and the impacts on providing care. Recommendations on hospital and community care needs, training and education, and policy were also discussed.

Conclusion: SA are highly stigmatized leading to poor health outcomes for the patient and distress for healthcare providers. The number of SA are expected to rise as people reach older ages and face increased risks for vulnerability. Healthcare providers recognize that more robust social, community, and primary health services are needed so vulnerable patients (and their caregivers) are supported to age with dignity at home for longer.
Perceptions of hospital care for persons with dementia during the COVID-19 pandemic: a social media sentiment analysis

Alixé Ménard¹, Tracey O'Sullivan¹, Michael Mulvey¹, Christopher Belanger², Sarah Fraser¹
¹University of Ottawa, Ottawa, Canada. ²Institut du Savoir Monfort, Ottawa, Canada

Abstract / Résumé

Background and Objectives: The COVID-19 pandemic led to many hospital service disruptions and strict visitor restrictions that impacted care of older adult populations. This study investigates perceptions of hospital care for persons with dementia during the COVID-19 pandemic as shared on Reddit's social media platform.

Research Design and Methods: This study combined an opinion mining framework and linguistic processing to conduct a sentiment analysis of word clusters and care-based content in a sample of 1205 posts shared between February 2020 and March 2023 in Reddit’s English-language corpus. Data were classified based on reoccurring contiguous sequences of two words from our text sample.

Results: Hospital dementia care discourse on Reddit advanced four negative sentiment themes: (1) fear of poor medication management, hydration, and hygiene, (2) loss of patient advocacy, (3) precipitation of advance directive discussions, and (4) delayed discharge and loss of nursing home bed. One positive sentiment theme also emerged: gratitude towards hospital staff.

Discussion and Implications: Negative sentiment Reddit posts constituted a larger share of the posts than positive posts regarding hospital care for persons with dementia. People who posted about their experiences shared their concerns about hospital care deficiencies and the importance of including informal caregivers in hospital settings, particularly in the context of a pandemic. Implications exist for dementia training, improved quality of care, advance care planning and transitions in care policies.

Keywords: Opinion mining, social media, dementia, hospitals, COVID-19.
« Nous voulons s’assurer que ça ne nous arrive pas à nous » : Perception des centres d’hébergement et de soins de longue durée et implications futures

Camille Joanisse Joanisse¹, Samantha Oostlander¹, Michael Mulvey¹, Fraser Sarah¹, Annie Robitaille¹, Louise Bélanger-Hardy¹, Margaret Gillis², Linda Garcia¹, Justine Courtemanche¹, Martine Lagacé¹, Tracey O’Sullivan¹

¹University of Ottawa, Ottawa, Canada. ²The International Longevity Centre Canada, Ottawa, Canada. ³LIFE Research Institute, Ottawa, Canada

Abstract / Résumé

Objectifs: L’objectif de cette étude était d’explorer les perceptions qu’avaient les personnes âgées à l’égard des centres d’hébergement et de soins de longue durée lors de la pandémie de COVID-19, afin de mieux comprendre les implications de celles-ci pour le futur des services en institutions.

Méthode: Une approche phénoménologique interprétative a été utilisée pour guider cette étude. Des personnes âgées (60 ans et plus) résidant dans la communauté, partout à travers le Canada, ont été recrutées via les techniques d’échantillonnage raisonné et de boule de neige. Les données ont été recueillies au sein d’entretiens semi-dirigés qui se sont déroulés sur deux temps durant la pandémie (T1 se déroulant de septembre 2020 à mai 2021 et T2 prenant place de janvier 2022 à août).

Résultats: Les échantillons finaux s’élevaient à n=67 pour T1 et n=37 pour T2. Les propos des participants reflètent notamment de la peur, de la tristesse, du dégoût et de la colère à l’égard des établissements de soins de longue durée. Des termes comme horrible, criminel et tragédie sont employés pour décrire un système redouté par les participants. Ces derniers sont d’ailleurs quasi unanimes : jamais ils n’iront en centre d’hébergement. Ces propos soulèvent de nombreux questionnements quant au futur des services et des soins à l’égard de la population vieillissante.

Conclusion : Le rejet du modèle de prise en charge actuel témoigne d’un besoin collectif de repenser les soins et services aux personnes âgées afin de s’assurer que de tels événements ne se reproduisent.
Sharing experiences through photovoice: Older people experiencing homelessness express the importance of built and environmental features to aging in the right place

Atiya Mahmood¹, Rachelle Patille¹, Sarah Canham²
¹Simon Fraser University, Vancouver, Canada. ²University of Utah, Salt Lake City, USA

Abstract / Résumé

The concept of aging in the ‘right’ place (AIRP) takes the well-known concept of aging in place one step further by emphasizing that older adults’ environment must support their diverse needs and vulnerabilities to age optimally. The concept of AIRP facilitates the application of an intersecting lens of diversity in later life, including low-income and housing insecure older adults. This study aims to understand how older people experiencing homelessness (OPEH) residing in independent living with onsite supports experience AIRP in Metro Vancouver, British Columbia. Photovoice data were collected with 20 residents (aged 50+) between January and June 2023. Utilizing photovoice methodology enabled participants to showcase—through picture and dialogue—specific built and social environmental elements that facilitate or create barriers to AIRP. The interviews were transcribed verbatim and analyzed thematically. Themes that impacted OPEH’s ability to AIRP revolve around 1) access to onsite and offsite supportive services, 2) proximity and access to nearby amenities, 3) application of universal design principles, and 4) having independence and control in daily actions and personalization of spaces. In conclusion, the photovoice methodology provided an opportunity for OPEH to actively engage in research, share their stories through visual representations, and reflect on key social and physical environmental features that are important to AIRP. Findings offer lessons learned on how OPEH can take part in participatory action research to amplify their voices and share their experiences through storytelling and photo taking to actively contribute to closing the knowledge and practice gap.
S29

Aging People, Aging Places: Examining the joys and struggles of aging in neighbourhoods across Canada

Samantha Biglieri¹, Maxwell HarYt², Marisa Turesky³, Raisa Chowdhury¹, Rachel Barber²
¹Toronto Metropolitan University, Toronto, Canada. ²Queen's University, Kingston, Canada. ³University of Southern California, Oakland, USA

Abstract / Résumé

We seek to understand the relationship between demographic aging and the built and social environment, by examining the multimedia stories of older adults about aging in their neighbourhoods in Canadian and Indigenous communities. These stories will be used to compare the intersectional older adult experiences living in different housing typologies in small, mid-sized and large cities. Participants over 65 are invited to submit a photo, essay, poem, recipe, video, artwork, or any mode of expression to document the joys and struggles of aging in their neighbourhoods. We recruited participants to submit through our website (www.agingpeopleagingplaces.com), in addition to through a place-based storytelling workshop designed by the research team. This workshop uses sensorial exploration to help participants reflect on their place attachment experiences, and to share their stories collectively, based on their emotional, social and sensorial embodied experiences in place. While we are still generating the data, and we anticipate these stories to include information about social and built support networks, narrative histories of place, influences on loneliness and wellbeing, as well as how our emotions and sensorial experiences influence feelings of attachment, inclusion and belonging. How older adults represent their diverse experiences of aging can tell us about their everyday lives and the impact of built and social neighbourhood environments. This information will help inform municipal/provincial policymakers and decision-makers in developing context-based policy and programmatic interventions in the areas of civic engagement, land use planning, urban design, housing, transportation, as well as formal/informal social, health and care infrastructures.

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Feeling the Lived Experiences of Aging, Homelessness, and Supportive Housing: Community-based Storytelling as Critical Pedagogy

Alison Grittner¹,², Christine Walsh¹
¹University of Calgary, Calgary, Canada. ²Cape Breton University, Sydney, Canada

Abstract / Résumé

We explore community-based storytelling as an affective pedagogical strategy for university learners across disciplines to develop knowledge concerning aging, experiences of homelessness, and supportive housing as social justice issues. As part of their coursework, Master of Architecture (MArch) and Bachelor of Social Work (BSW) students at the University of Calgary, contributed to the Aging in the Right Place (AIRP) Partnership. AIRP is a SSHRC-CMHC (Canada Mortgage and Housing Corporation) funded five-year cross-Canada interdisciplinary inquiry investigating promising practices in supportive housing service and design for older adults with experiences of homelessness. The MArch students created cellphilm (short films shot on smartphones) in-situ, highlighting supportive housing design considerations from both architectural and experiential perspectives. The BSW students organized pop-up art-shows that showcased AIRP participants’ photovoice stories (photography and narratives reflecting participants’ expertise concerning aging, homelessness, and supportive housing) aimed at decreasing homelessness-related stigma. Both learning processes are rooted in critical pedagogy, which centres processes of learning, action, and reflection towards the goal of social transformation.

These assignments highlight community-based storytelling as experiential learning that fosters intra-personal meaning-making, relationship-building, and action-oriented critical reflection among both graduate and undergraduate cohorts. We will share our learning processes, screen cellphilm examples, provide pop-up art show learnings, and offer pedagogical reflections from both instructor and student perspectives. Ultimately, we demonstrate how community-based storytelling develops complex cross-disciplinary understandings of aging, homelessness, supportive housing, and social justice among both learning cohorts and community audiences.
Disrupting discrimination through Community Conversations and “stereotype cards”

Rachel Weldrick
Simon Fraser University, Vancouver, Canada. Toronto Metropolitan University, Toronto, Canada

Abstract / Résumé

Discrimination towards people experiences of homelessness remains a significant barrier to accessing housing, healthcare, and other critical resources. Harmful stereotypes and stigmatization towards older people with experiences of homelessness (OPEH) leads to exclusion and discrimination both within the housing/homelessness sector, and the community more broadly. This discrimination is deeply harmful to individual health, housing, and social outcomes as OPEH are treated poorly across a range of settings, including hospitals, on public transit, and in attempts to access market rental units. As such, there remains a significant need for efforts that disrupt pervasive social stereotypes about how, when, and why older persons experience homelessness. To begin addressing these challenges, we co-created a novel storytelling project called Community Conversations with an interdisciplinary team of lived expertise advisors and academics. The first project component involved a series of free, publicly accessible panel-style events in Vancouver and Calgary, as well as a mobile art exhibit in Montreal. As a team, we also co-developed a series of myth-busting “stereotype cards” featuring stereotypes and myths about homelessness on one side of each card, and the evidence-based counter-narratives that challenge these stereotypes on the opposite side. Survey data from the events reveal that storytelling initiatives and creative materials can be effective means of challenging and disrupting harmful attitudes about homelessness in later life. We provide several recommendations for future research and advocacy efforts and encourage others in the field to integrate co-development and storytelling into existing initiatives.
Multi phase investigation on singing for older adults with dementia and their caregivers

Amy Clements-Cortes
University of Toronto, Toronto, Canada

Abstract / Résumé

Objectives

Communication may become challenged as dementia progresses and may increase the experience of social isolation. Singing has proven its ability to help connect individuals across the lifespan and relates to a variety of health benefits. This presentation overviews a multi-phase investigation on the benefits of choral singing for persons with dementia and their caregivers.

Method

In each phase of the study participants engaged in a weekly one hour choral program for 16 weeks. A variety of outcome measures were used including the PANAS, likert scales for pain, anxiety, mood, energy and happiness; observation, surveys, and interviews.

Results

Study one realized 5 qualitative themes including the ability for choral singing to foster friendships and companionship, happiness, uplifting and positive feelings, reductions in anxiety and was seen as a fun activity. Study two (T-test analyses, two-sided with aggregated sessions data), indicated that changes were statistically significant (p<.01) for four indicators: increases in mood, energy and happiness and a decrease in pain. Study 3 assessed pain, energy, and mood using multiple objective and self-reported tools and results indicate statistically significant reductions in perceptions of pain and increased energy and mood for both persons with dementia and their caregivers alongside qualitative themes such as interaction and bonding.

Conclusion

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Singing is a low cost nonpharmacological intervention that should be considered in creating holistic care for persons with dementia. Further research is needed on how long the duration of the outcome measures post choral intervention and in long term.
How musical abilities may support speech communication for older adults with hearing aids

Chi Yhun Lo¹, Ella Dubinsky¹, Kay Wright-Whyte¹, Gurjit Singh¹,²,³, Frank Russo¹
¹Toronto Metropolitan University, Toronto, Canada. ²Phonak Canada, Mississauga, Canada. ³University of Toronto, Toronto, Canada

Abstract / Résumé

Musicians show an advantage over non-musicians in a range of auditory tasks. One example of this advantage has been documented in populations with hearing loss (Dubinsky et al., 2019), who often have difficulty in noisy environments. Developing a mechanistic understanding of this “musician advantage” is of great interest in guiding the development of music-based interventions.

The present study is part of a larger study investigating the benefits of choir-based training and active music listening for adults with hearing aids. The present dataset explored baseline correlations between working memory, music perception (pitch, rhythm, and timbre). The outcome of interest was speech-in-noise (SIN) perception.

Forty-two older adult hearing aid users with a moderate bilateral hearing loss aged between 57 and 90 years (M = 73.5 years, 28 female and 14 male) participated in this study. All participants completed the Montreal Cognitive Assessment (MoCA) and scored above the threshold for mild cognitive impairment.

Better SIN performance was correlated with better rhythm perception (Kendall $\tau_b = -0.263$, $p = 0.046$), better pitch perception (Kendall $\tau_b = 0.187$, $p = 0.048$), and better working memory (Kendall’s $\tau_b = -0.332$, $p < 0.001$). To the authors’ best knowledge, the association between on-beat rhythm accuracy and SIN perception has not been previously reported for adults with hearing loss who use hearing aids.

In conclusion, rhythm and pitch perception, and working memory was associated with better speech-in-noise outcomes for older adults with a moderate hearing loss who use hearing aids.
The biopsychosocial benefits of virtual group singing using low-latency technology

Alexander Pachete, Arla Good, Frank Russo
Toronto Metropolitan University, Toronto, Canada

Abstract / Résumé

Social isolation and loneliness are frequent detractors from social wellbeing in older adults. Group singing has become a popular means of addressing these issues through its beneficial impacts on psychosocial wellbeing. Due to the COVID-19 pandemic, many social programs for this population, including choir, have had to move to a virtual setting. However, the ability of virtual programming to foster social connection has not been extensively studied and the extant evidence appears to be mixed. One key aspect of social connection in movement-based group programming is the ability of the group members to move in synchrony. However, the network latency of virtual programs may impede this effect. Using low-latency technology, the SingWell Project has begun to examine the benefits of real time virtual group singing in older adults. In this feasibility study, varying levels of latency were tested and it was found that social connection is fostered below 30ms of latency, while singing at 30-50ms, 90-150ms, and muted on Zoom, provided no sense of social connection and created a perceived lack of synchronization during song. Usage of the low latency technology was well received by the older adult participants, with brief moments of confusion in set up, as well as a few moments of individual issues with internet connection and stability. With this information, we can more effectively facilitate this type of programming beyond the impact of the COVID-19 crisis, to older adults who face mobility and accessibility challenges or who are otherwise unable to attend in-person choir.
Group singing improves psychosocial wellbeing in two groups of older adults: Healthy aging and Parkinson’s Disease

Arla Good, Russo Frank
Toronto Metropolitan University, Toronto, Canada

Abstract / Résumé

Many older adults face tremendous challenges to psychosocial wellbeing. Challenges including depression, social isolation, loneliness, and chronic pain are especially prevalent in individuals diagnosed with age-associated diseases, such as Parkinson’s disease. Increasingly, older adults are discovering group singing as a meaningful social activity that may address core challenges to psychosocial wellbeing.

In the current study, we assessed the impact of group singing on the psychosocial wellbeing of two groups of older adults: 1) healthy aging and 2) those living with Parkinson’s disease. Each group participated in a 12-week singing program. Although the two singing programs contained many of the same characteristics, each developed naturally in response to the style of the choir leader and the needs of the specific population. At three time points during the program (weeks 2, 7, 12), we assessed pre-post singing changes in mood, social connectedness, pain threshold, and salivary cortisol.

Data from both groups showed a boost in mood, increased levels of social connection, and higher pain thresholds following group singing. Moreover, a preliminary analysis of the salivary assay reveals a decrease in cortisol levels following group singing. These findings provide new insights regarding the benefits of group singing on psychosocial wellbeing in older adults and demonstrate the generalizability of these benefits to a clinical population that faces unique psychosocial challenges.
Biopsychosocial benefits of group singing in chronic obstructive pulmonary disease

T. Raessi, A. Good, A. Pachete, G. Kreutz, F. A. Russo
Toronto Metropolitan University, Toronto, Canada

Abstract / Résumé

Objective: The aim of this study was to assess whether persons with chronic obstructive pulmonary disease (COPD) experience psychosocial benefits from group singing. More specifically, the objective was to investigate if persons with COPD experience improved self-reported and physiological markers of wellbeing from participating in group singing. A secondary objective was to explore whether the effects of group singing are different between persons with and without COPD. It was hypothesized that group singing would increase community connectedness, improve mood, and reduce self-reported stress. Further, we hypothesized that persons with COPD would experience greater benefits with respect to community connectedness, mood, and stress than persons without COPD.

Methods: 36 Individuals were recruited from an established singing group that was composed of individuals living with COPD (n=14) and their family and friends without COPD (n=22). Participants completed baseline measures, and reported on community connectedness and mood measures before and after group singing. Self-reported stress and saliva samples were obtained at baseline (pre) and after singing (post).

Results: We observed pre-post increases in community connectedness and mood in both groups. We also observed reduced stress and cortisol in both groups. Somewhat surprisingly, individuals with COPD had higher connectedness and mood at baseline compared to individuals without COPD. In addition, individuals with COPD had lower cortisol and stress at baseline.

Conclusion: The findings of this study suggest that group singing may be used to support community connectedness, increase mood, and reduce stress in individuals with and without COPD. Although individuals with COPD had higher wellbeing at baseline, both groups obtained similar benefits from group singing.
Understanding the role of the neighbourhood built environment on outdoor mobility and participation of people living with dementia

Habib Chaudhury¹, Kishore Seetharaman¹, Lillian Hung², Shannon Freeman³, Mark Groulx³, Joey Wong², Cari Randa¹
¹Simon Fraser University, Vancouver, Canada. ²University of British Columbia, Vancouver, Canada. ³University of Northern British Columbia, Prince George, Canada

Abstract / Résumé

Dementia-friendly communities (DFCs) aim to foster a supportive, inclusive and empowering environment that promotes equal rights and resources for people living with dementia and their care partners. Central to DFCs is promoting access and navigation of outdoor spaces and destinations in the neighbourhood. While there is a growing interest and uptake of DFCs in policy and practice, there is scarce empirical evidence on the role of the built environment on mobility and navigation for people living with dementia. The “Dementia-inclusive Spaces for Community Access, Participation, and Engagement (DemSCAPE)” study aims to identify spatial and temporal patterns in activities undertaken outside home by people living with dementia, and ways in which the neighbourhood built environment affects their outdoor mobility and social participation. A series of sit-down and video-and-photo-documented walk-along interviews were conducted with 26 participants who are living with (mild to moderate) dementia or mild cognitive impairment in the Metro Vancouver region of British Columbia, Canada. Findings shed light on how people living with dementia understand and navigate the neighbourhood environment, and features that prompt recall of routes, places, and events, and support orientation and wayfinding. Findings also underscore the importance of participants’ awareness of barriers and obstacles in their neighbourhood, and how they cope with challenges and demands encountered while walking outside. The study offers planners and designers awareness and insights into the lived experience of navigating the neighbourhood environment with the condition of dementia and guidance on adopting a dementia-friendly and inclusive approach in policy and practice.
Dementia-Capable Neighbourhoods in Rural, Suburban, & Urban Settings: A Participatory Action Research Approach

Samantha Biglieri¹, Sarah Main², Anne Belliveau³, Christine Daum³, Sherry Dupuis⁴, Meghan Joy⁴, Kimberly Lopez⁵, Jim Mann⁵, Michelle Martin⁶, Carrie McAiney⁵, Chris Daum₂, Sherry Dupuis², Meghan Joy⁴, Jennifer Boger², Crystal-Jade Cargill², Nada Chams², Laura Middleton²

¹Toronto Metropolitan University, Toronto, Canada. ²University of Waterloo, Waterloo, Canada. ³n/a, Halifax, Canada. ⁴Concordia University, Montreal, Canada. ⁵n/a, Vancouver, Canada. ⁶Alzheimer Society of Waterloo-Wellington, Kitchener, Canada. ⁷n/a, Toronto, Canada. ⁸n/a, Kitchener, Canada

Abstract / Résumé

People living with dementia (PLwD) have the right to be fully included in their community. However, stigmatization remains entrenched and PLwD are excluded from full participation. To create a dementia-inclusive community, action is required at multiple scales; from the individual to the physical environment, to policy. The Dementia-Capable Communities project uses participatory action research to identify actions needed at multiple scales to create dementia-capable neighbourhoods in rural, suburban, and urban settings. Towards this aim, we assembled several interconnected participatory action research teams (the overseeing ‘Research Team’ and local rural, suburban, and urban ‘Steering Teams’), each composed of PLwD, care partners, community representatives having diverse roles (e.g., facility managers, program leaders, planners), and multidisciplinary researchers. Team meetings are used to share and discuss the team’s diverse experiences and perspectives in relation to inclusion for PLwD in the community with the aim to identify facilitators and barriers and plan actions needed in various settings in each neighbourhood to support a dementia-capable community. Findings suggest common actions needed across neighbourhood types (e.g., raising awareness and understanding of dementia by community members) and differences (e.g., ensuring accessible transportation in urban neighbourhoods versus family, friends, or other community members to provide transportation in rural neighbourhood). Results offer insights for community members, program/service providers, planners, and policy makers on actions needed to create truly dementia-capable communities.
Care and Everyday Suburbanisms: Examining the social and built environment networks of immigrants living with dementia, care-partners and formal care-workers in Scarborough

Samantha Biglieri1, Salma Abdalla1, Justine Bochenek1, Maxwell Harty1, Kimberley Lopez3, Roger Keil4
1Toronto Metropolitan University, Toronto, Canada. 2Queen's University, Kingston, Canada. 3University of Waterloo, Waterloo, Canada. 4York University, Toronto, Canada

Abstract / Résumé

For people living with dementia (PLwD), we know that neighbourhoods can be therapeutic and frightening, with specific environment features influencing ability to feel comfortable and social interactions making them feel included. For PLwD, their informal care-partners (e.g. spouse, child) play a significant role in their lives, often along with professional care-workers who visit them in the community. Care-partners’ and care-workers’ wellbeing is also tied to neighbourhood experiences, like social support networks and access to infrastructures like healthcare, social services, public space, food, public transportation and housing. The project fills a gap of limited research on neighbourhoods’ impact on the wellbeing of intersectional experiences of these triads - particularly for immigrants, women, and those living in under-resourced suburban areas. We use a combination of narrative and go-along interviews, and built/social support network mapping techniques to examine the neighbourhood experiences of triads of immigrants living with dementia, care-partners and care-workers in Scarborough. We reveal complex, fluid, and changing patterns of mobility shaped by built and social environments that enable/limit care and supports at all scales, as well as its impacts on perceptions of inclusion and belonging in a car-dependent culturally diverse area. We also reveal diverse places and relationships (at all scales) that shape perceptions of wellbeing for the triad – from culturally appropriate grocery stores/restaurants, to care-workers who truly know you and make cultural foods, to places of self-care like beauty salons, places of worship and places for recreation and social interactions (like the local park or bench outside their apartment).
Building capacity for dementia inclusion: community partner perspectives

Andréa Monteiro¹, Carlina Marchese², Macnaughton Eric¹, Elaine Wiersma², Alison Phinney²
¹University of British Columbia, Vancouver, Canada. ²Lakehead University, Thunder Bay, Canada

Abstract / Résumé

The Building Capacity Project was a four-year collaboration between researchers and volunteer community leaders in Thunder Bay (Lakehead University working with the Northwest Dementia Working Group), and in Vancouver (UBC working with the Westside Seniors Hub). Using the approach of asset-based community development, these teams built on existing strengths and fostered connections across organizations and individuals in their respective communities, all with the aim of promoting meaningful and active inclusion of people with dementia. This presentation will explain the innovations that were implemented in various community sites (e.g. senior centres, adult day programs, community centres, churches, and public libraries) over the four years of the project. We will focus in particular on the perceptions and experiences of the community partners who were involved, including people with dementia. Analysis of observational data and key informant interviews uncovered four themes in relation to implementing partner initiatives: (1) opening doors and finding champions (2) opening up conversations around dementia (3) planting, nurturing and cross pollination of seeds; and 4) foregrounding social connection. Together these findings show the possibilities for building community capacity as well as the ongoing challenges of meaningfully engaging people with lived experience in these initiatives. We will discuss implications for asset-based community development in the broader context of the dementia friendly interventions and communities movement.
Flipping stigma in dementia: reflections of the action group

Jim Mann, Granville Johnson, Donna Wager, Lynn Jackson, Lester Gierach, Craig Burns, Sherri Adams
Centre for Research on Personhood in Dementia, Vancouver, Canada

Abstract / Résumé

We are a group of people with lived experience of dementia from across British Columbia who were part of a CIHR-funded participatory action research study that began in 2019. We worked together as an Action Group with the research team (which included Jim Mann as Co-Principal investigator) to develop and implement a multimedia toolkit (flippingstigma.com) that is intended to raise awareness and reduce the stigma and discrimination surrounding dementia. As the project was drawing to a close, members of the group reflected that it had been a powerful and meaningful experience for them individually and collectively, and everyone agreed that we wanted others to know about “what made the group tick”. In this presentation, we describe the reflexive work done by the Action Group in the final year of the project and how we have used this opportunity to create a “guide” for others who might want to do something similar. Key components include: (1) Building Relationships; (2) Making Change Happen; (3) Building Advocacy Skills; (4) Learning and Growing Together; and (5) Leaving a Legacy. We show how the guide is being shared with the broader community and critically evaluate its potential as an approach for increasing the meaningful and active inclusion of people with dementia in community-based research.
Enhancing Minds in Motion® as a virtual program delivery model for people living with dementia and their Care Partners

Bobby Neudorf¹, Vanessa Barnes², Laura Middleton³, Christina Stergiou-Dayment⁴
¹Department of Kinesiology, University of Waterloo, Waterloo, Canada. ²Alzheimer Society of Sarnia-Lambton, Sarnia, Canada. ³University of Waterloo, Department of Kinesiology and Health Sciences, Waterloo, Canada. ⁴Alzheimer Society of Ontario, Toronto, Canada

Abstract / Résumé

The Alzheimer Society of Ontario’s Minds in Motion® (MiM) program includes exercise and mental stimulation in a social setting. Evidence suggests that in-person MiM® improves physical function and well-being of people living with dementia (PLWD) and their care partners (CP). With the COVID-19 pandemic, there was an urgent need to offer the program virtually in a safe and effective way. This project developed a standardized, virtual MiM® and evaluated its feasibility and impact. The standardized virtual MiM® was informed by survey of ad hoc virtual MiM® practices, a literature review, and input from an Advisory Team, resulting in an 8 week program with weekly 90-minute sessions (45-minutes exercise, 45-minutes mental and social stimulation). Participants completed the virtual MiM® at one of 6 participating Alzheimer Societies in Ontario, with assessments of quality of life, physical and cognitive activity pre- and post-program, as well as a program satisfaction survey and an interview post-program. 111 PLWD and 90 CP participated (74.6±9.4 years, 80.6% were married, 48.6% of people with dementia and 75.6% of care partners were women). No adverse events occurred. MiM® participants rated the program highly (4.5 out of 5). PLWD had improved quality of life (p=0.02) and CP had improved mental health-related quality of life (p=0.02). MiM® participants reported increased physical activity (p=0.0013) and cognitive activity levels (p=<0.01). The evaluation suggests virtual MiM® program is acceptable, safe, and effective at improving well-being and activity levels.

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Developing Our Dementia Journey Journal – participatory research to foster partnerships between caregivers and care providers of persons living with dementia

Valentina Cardozo\textsuperscript{1}, Paul Holyoke\textsuperscript{1}, Justine Giosa\textsuperscript{1,2}, Navjot Gill\textsuperscript{1,2}  
\textsuperscript{1}SE Research Centre, Markham, Canada. \textsuperscript{2}School of Public Health Sciences, University of Waterloo, Waterloo, Canada

Abstract / Résumé

Our Dementia Journey Journal (ODJJ) is an interactive tool co-designed with the goals of 1) enabling sustainable relationship-building between caregivers and care providers of persons living with dementia (PLWD); and 2) helping (re)negotiate roles as the circle and/or setting of care changes along the dementia journey.

The ODJJ was developed using the Participatory Research to Action framework, which seeks to authentically engage persons with lived experience. The ODJJ prototype was the result of six co-design sessions with caregivers and care providers in an Ontario long-term care community. The sessions identified user-centred components for caregivers and care providers to be active, informed, collaborative carers for PLWD.

Considering the diversity of PLWD, caregivers and care providers across Canada, we completed community-based consultations and workshops with three First Nations communities in Northern Ontario (n=34), one community in British Columbia (n=5) and a South Asian community in Ontario (n=5) to explore potential ODJJ adaptations that might make the tool relevant to a wider range of end-users. The resulting community-specific versions of the ODJJ share the same core components while incorporating culturally relevant imagery, language, and design preferences. User input guided the development of analog, electronic and mobile app formats.

Overall, the findings contribute to the development of tools that support relationship-building among the dementia care triad. The study also highlights the importance of engaging diverse communities to maximize the relevance of such tools. Next steps are to implement and test the ODJJ in facility-based care settings across Canada.
Engagement of Police in Dementia-Friendly Communities: Two Initiatives to Support Their Contribution

Véronique Provencher¹,², Julie Lacerte², Émilie Dugré², Chantal Viscogliosi¹,², Hélène Pigot¹,², Solange Nkulikiyinka², Natasa Obradovic¹,², Nathalie Delli-Colli¹,², Marie-Josée Drolet³
¹Université de Sherbrooke, Sherbrooke, Canada. ²Centre de recherche sur le vieillissement, Sherbrooke, Canada. ³Université du Québec à Trois-Rivières, Trois-Rivières, Canada

Abstract / Résumé

Promoting quality of life, autonomy, and dignity for people living with dementia, a dementia-friendly community is one that ensures they feel safe and supported while engaging in activities outside the home. However, engaging in activities outside one’s home can also be associated with risks for people living with dementia such as getting lost, experiencing anxiety, and, in some cases, may involve interactions with police. In these cases, the informed and caring approach of police officers is crucial. In partnership with police services, the Alzheimer Society Estrie, and Steering Committee members, a training session and a vulnerable persons registry for people with dementia were developed and made available in two communities (including one Indigenous community), with the study examining implementation and assessing training impacts through individual interviews, a focus group, field notes, and 8 work sessions with partners. Surveys were also completed by the trained police officers (n=152) before and after the training and six months later. Qualitative data were analyzed to identify implementation barriers and enablers. The study yielded results that identified the most effective elements of the training, and showed how it improved police officers’ perceived knowledge, competence, potential contribution to the well-being of people living with dementia and their perceived availability of external support. The findings will identify ways to better support police forces’ contribution to dementia-friendly communities.
Building Capacity for Dementia Inclusion: Next Steps

Phinney Alison¹, Elaine Wiersma², Eric Macnaughton³, Carlina Marchese⁴, Andréa Monteiro⁵
¹University of British Columbia, School of Nursing, Vancouver, Canada. ²Lakehead University, Centre for Education and Research on Aging & Health, Thunder Bay, Canada. ³University of British Columbia, Vancouver, Canada. ⁴Lakehead University, Thunder Bay, Canada

Abstract / Résumé

In this presentation we will describe what we have learned from the Building Capacity Project, which used asset-based community development to increase opportunities for meaningful participation of people with dementia living in their local community. Researchers and volunteer community leaders in Thunder Bay (Lakehead University and the Northwest Dementia Working Group), and in Vancouver (University of British Columbia and the Westside Seniors Hub) collaborated locally and across the two project sites to raise awareness, foster connections, and build community. This presentation will show how the learnings of the Building Capacity Project have been strategically framed to guide other communities who want to take similar grass-roots action to promote dementia inclusion. The key components include: reducing stigma; including action/ working groups of people with lived experience; community development coaching; and networking. These will be explained in light of what we have learned about the facilitators and barriers to the implementation and longer-term sustainability of this approach in diverse community contexts.
Disenfranchised tragedies: Living in LTC as an older adult who have experienced homelessness

Émilie Cormier¹, Diandra Serrano², Tamara Sussman², Valérie Bourgeois-Guérin¹, Rachel Weldrick³, Sarah L. Canham⁴
¹Université du Québec à Montréal, Montréal, Canada. ²McGill University, Montréal, Canada. ³Simon Fraser University, Vancouver, Canada. ⁴University of Utah, Salt Lake City, USA

Abstract / Résumé

While the pandemic has sparked a heightened awareness of some of the challenges of living and dying in long-term care (LTC), little is known about the impact that less normative life trajectories can have on residents’ experiences. Yet, more marginal life experiences add to the already existing complexity of care provision in LTC.

As part of a larger pan-Canadian project aimed at exploring the aging experiences of older homeless persons in different care/housing environments (Aging in the Right Place), our team conducted a series of photovoice interviews with 9 formerly homeless residents of a LTC home.

Thematic analysis of their stories suggests that the tragedy discourse associated with residing in LTC can erase the particularities of individual life stories and overshadow other events that are considered more tragic for the person. More specifically, it appears that the concurrent experience of homelessness and substance use renders admission to LTC as one of a series of life traumas that must be understood in combination. Our findings suggest that residents’ precarious histories require recognition in order to support their re-affiliation rather than exacerbate their exclusion at this final stage of life.
Tragedy or Ordeal? Intersecting Perspectives on Life and Death of Older Adults in Long-Term Care during the COVID-19 Pandemic

Sabrina Lessard\textsuperscript{1,2}, Tamara Sussman\textsuperscript{3}

\textsuperscript{1}Centre for Research and Expertise in Social Gerontology (CREGÉS), Montréal, Canada. \textsuperscript{2}CIUSSS West-Central Montreal, Montréal, Canada. \textsuperscript{3}McGill University, Montréal, Canada

Abstract / Résumé

The lives and deaths of people living in Canadian long-term care homes were made particularly visible in the midst of the COVID-19 pandemic. While the media reported daily on the number of people who died or were infected, the personal accounts of those living through the crisis in LTC were limited. Attending to this gap we sought to compare results of a critical discourse analysis of newspaper clippings reporting on life and death in LTC (N=74), with the personal accounts of 15 older persons who resided in LTC homes in Montreal and Toronto during the COVID-19 pandemic.

Our analysis shows that the media which repeatedly highlighted shocking numerical accounts of human deaths and devastating conditions of life and death constructed COVID 19 as a tragedy impacting an objective and passive ‘other’. Yet older residents who lived through COVID 19 in LTC viewed it as one of many ordeals of life which they managed with strong social relationships. By objectifying death and generating a tragedy narrative not only was human resilience rendered invisible, but opportunities for action were hampered. We hope that infusing the voices of older persons into the COVID 19 conversation will invite opportunities for transformation and renewal in LTC.
What about medical aid in dying? Clinical and ethical dilemmas for people with severe neurocognitive disorders in long-term care settings

Maryse Soulières
Université de Montréal, Montréal, Canada

Abstract / Résumé

Quebec was the first province to legalize medical assistance in dying (MAiD) in 2015, followed by Canada in 2016. Consideration is now being given to the possibility of expanding the criteria for access to MAiD to people with moderate or advanced neurocognitive disorders (NCDs): a bill to this effect is being debated in Quebec, while the federal government is reluctant to do so.

This presentation proposes a reflection on the potential expansion of MAiD criteria based on the daily realities of nursing home residents with severe NCD. It is informed by two separate studies led by the author: 1) an ethnographic doctoral research with long-term care residents in the final stages of NCDs, who were no longer able to express themselves verbally; and 2) ongoing research with various stakeholders in the Netherlands, where people with NCD who are unable to consent can already access MAiD on the basis of advance medical directives.

The presentation examines the clinical and ethical dilemmas that arise when considering MAiD for people with severe NCDs in long-term care facilities. How can we think this "chosen" death in a context where the trajectories of illness and long-term care combine to create a daily life often perceived as tragic and devoid of value? What relationship to death is built around these people in a context where a majority of family members and employees perceive them to be in a liminal state, between life and death, still present but no longer quite "full-fledged persons"?
A parallel process of trauma and grief: Family and staff dynamics in end of life care for persons with advanced stage dementia

Diandra Serrano1, Tamara Sussman1, Sharon Kaasalainen2, Abigail Wickson-Griffiths3, Genevieve Thompson4, Kevin Brazil5
1McGill University, Montréal, Canada. 2McMaster University, Hamilton, Canada. 3University of Regina, Regina, Canada. 4University of Manitoba, Winnipeg, Canada. 5Queens University Belfast, Belfast, Ireland

Abstract / Résumé

The quality and provision of end of life (EOL) care for persons with advanced stage of dementia in Canadian long-term care (LTC) has become an important area of consideration. Due to the complexities of identifying needs and managing care decisions at this stage in the dementia trajectory models have been developed to facilitate staff-family collaboration. However the affective experiences of staff and families when engaging in these care exchanges and their impact on staff-family interactions are strikingly absent.

The present study employed an interpretative phenomenological approach to explore staffs’ and families’ lived experiences when engaging in decision making for persons with advanced dementia in LTC. The study was undertaken as a component of a larger transnational intervention study on end of life communication called MySupport. A total of 14 family members and 14 staff were interviewed in two Canadian LTC homes. Analysis of the data revealed a complex parallel process of trauma and grief including accumulated distress, isolation, and feelings of devalue that worked together create distance between staff and families at a time when connection was critical.

We hope that our paper illustrates how the unattended affective experiences of staff and family can create impasses for fostering collaborative decision making during a complex and critical time in the provision of care for persons with dementia. We purport that a relational lens which acknowledges and attends to these emotional challenges holds promise for navigating these obstacles and improving care partnerships.
Hybrid cognitive remediation group therapy for people aging with HIV and cognitive concerns: Community-based adaptation study

Andrew Eaton¹, Jenny Hui², Marvelous Muchenje³, Kate Murzin³, Soo Chan Carusone⁴, Francisco Ibáñez-Carrasco², Nuelle Novik¹, John McCullagh⁵, Susanne Nicolay⁶, Sharon Walmsley⁷
¹University of Regina, Regina, Canada. ²University of Toronto, Toronto, Canada. ³Realize, Toronto, Canada. ⁴McMaster University, Hamilton, Canada. ⁵HQ Toronto, Toronto, Canada. ⁶Saskatchewan Health Authority, Regina, Canada. ⁷University Health Network, Toronto, Canada

Abstract / Résumé

Cognitive impairment is a significant comorbidity for people aging with HIV. With pharmacological treatment lacking, psychosocial group therapies may best help people aging with HIV and cognitive challenges cope with symptoms. The COVID-19 pandemic demonstrated how in-person group therapies need adaptation for hybrid or online delivery. Peer-led focus groups discussed adapting cognitive remediation group therapy (CRGT) as a hybrid or online intervention. CRGT combined mindfulness-based stress reduction and brain training activities. Purposive sampling recruited people aging with HIV (40+) who self-identified cognitive concerns and resided in two Canadian provinces. Content analysis was employed on transcripts by 7 independent coders. Ten, two-hour focus groups were conducted between August and November 2022. Participants' (n=45) demographics included age (M=53.22, SD=7.62) gender (45% women, 42% men, 13% trans/non-binary), sexuality (42% gay, 40% heterosexual, 18% other), ethnicity (45% white, 33% black, 13% Indigenous, 9% mixed-race), and employment (33% employed, 67% retired/disability), and all were retained in care. Overall, participants responded favourably to CRGT's modalities and preferred a hybrid model blending in-person and online interactions. Preferred intervention facilitators were peers and mental health professionals. Knowledge of HIV's impacts on cognitive health, including HIV-associated neurocognitive disorder, was very low despite high reports of cognitive concerns (e.g., trouble remembering, impaired attention, difficulty problem-solving). Given the aging of the HIV population in Canada, increasing support will be required to improve quality of life. This presentation will discuss hybrid and online CRGT adaptations, alongside considerations for how COVID-19 has impacted gerontological intervention research.
Measuring healthy aging in Canadian older adults living with HIV

Alice Zhabokritsky\textsuperscript{1,2}, Rosemarie Clarke\textsuperscript{1}, Sharon Walmsley\textsuperscript{1,2}
\textsuperscript{1}Toronto General Research Institute, University Health Network, Toronto, Canada. \textsuperscript{2}University of Toronto, Toronto, Canada

Abstract / Résumé

When the HIV epidemic was first recognized, median life expectancy of people diagnosed with HIV was less than 1 year. Those who managed to survive and access effective combination antiretroviral therapy are now entering into their senior years with a life expectancy that is approaching the general population. It remains unknown what it will be like to age with HIV and what strategies will support healthy aging in this population. As a result of the complexities and multitude of factors that impact health over the lifespan, there is no single global definition of healthy aging and no measurement tools specific to the HIV population exist. The CHANGE HIV (Correlates of Healthy Aging in Geriatric HIV) study is the first Canadian cohort of people living with HIV age 65 and older. In this cohort, healthy aging is assessed using the Rotterdam Healthy Aging Score (HAS), which evaluates 7 domains of health, including chronic disease, mental health, pain, social support, quality of life, cognitive and physical function. Among the first 354 participants, median [IQR] age was 70 [67,73] with 91% men. A total of 27% of participants had poor aging scores, 39% intermediate and only 34% had healthy aging scores on the HAS, with lower overall scores reported by women. This presentation will discuss purpose-specific measurement properties of the HAS (including sensibility and construct validity) evaluated with community members living with HIV, as it appears to be a promising tool for measuring healthy aging in this target population.
Meeting the Aging Care and Service Needs of Older People Living with HIV in Ontario: Findings and Recommendations from the PANACHE Study

Kate Murzin¹, Elizabeth Racz¹, D.M. Behrens¹, Tracey Conway¹, George Da Silva¹, Eimear Fitzpatrick², Joanne D. Lindsay¹,³, Sharon Walmsley²,⁴

¹Realize, Toronto, Canada. ²Toronto General Hospital Research Institute, Toronto, Canada. ³MAP Centre for Urban Health Solutions, Toronto, Canada. ⁴University of Toronto, Toronto, Canada

Abstract / Résumé

Today, people living with HIV (PLWH) live long lives due to effective treatment, but their quality of life is often compromised by a higher-than-average burden of chronic disease, poor social determinants of health, and/or the harms associated with HIV-related stigma and discrimination. The proportion of PLWH in Ontario aged 55+ is nearly 40% and growing but the aging-related care and support needs and preferences of this population have received little attention.

PANACHE, a community-based participatory research project, engaged older PLWH (age 60+) using nine focus groups co-facilitated by pairs of trained peers. Participants explored their well-being across seven life domains, including their needs for and/or access to health and community care and social support. Descriptive analysis was used to summarize demographic data; participatory data analysis was conducted by a team, with transcripts double-coded and analysed for themes.

Participants (n=73) were mostly male (66%) with a mean age of 64 years (range 55–77) and median time living with HIV of 23 years (range 2–37). Access to informal and formal supports to meet current comprehensive needs for well-being (e.g., food, peer support, health services, etc.) varied among older PLWH. Anxiety about future resource inadequacy was high. A triad of experiences common to many older PLWH – trauma, stigma and uncertainty – affected participants’ current and anticipated future financial and social capital raising concerns about access to fulsome support for aging well. This presentation will offer recommendations for making health and community care and supports more relevant to and inclusive of older PLWH.
Using the candidacy framework to understand service access and usage for people aging with HIV and neurocognitive concerns: findings from a community-based research study

Rachel Landy¹, Soo Chan Carusone², Francisco Ibáñez-Carrasco³, Peer Researcher Team¹, Catherine Worthington³
¹University of Victoria, Victoria, Canada. ²McMaster University, Hamilton, Canada. ³University of Toronto, Toronto, Canada

Abstract / Résumé

Objectives: In Canada, 50% of people living with HIV and 20% of new infections are in people over 50 years of age. As people age with this chronic disease, 25-50% will develop neurocognitive impairments. HEADSUP!2, a community-based research study, applies the candidacy framework, which describes how people determine their eligibility for health care services, to better understand the experiences of people living with HIV when navigating care services for neurocognitive challenges.

Methods: Using a community-based research approach and engaging a peer researcher team throughout the research process, people aging with HIV and experiencing neurocognitive concerns in Montreal and Toronto were recruited through community networks to participate in a qualitative interview. Participants were offered an opportunity to be interviewed by an interviewer with lived experience of HIV. Interview transcripts were analyzed using a participatory team approach for themes related to their candidacy including access, and usage of services and supports from identification of a need to receipt of treatment.

Results: 15 people living with HIV participated in qualitative interviews in French or English. Findings suggest participants experienced barriers to care at each level of candidacy. Common experiences included fear of cognitive diagnosis, dismissal of symptoms as “aging”, prioritizing co-existing health issues, and lack of knowledge of treatment options.

Conclusion: This study highlights that there are barriers at every step of candidacy that limit care for people aging with HIV who experience cognitive concerns. These findings can inform resources and health care services for people aging with HIV and neurocognitive concerns.
Souffrances et masculinité chez les hommes âgés atteints d’un cancer incurable : la perception des intervenants

Valerie Bourgeois-Guerin¹, Isabelle Van Pevenage², Patrick Durivage³, Emilie Cormier⁴
¹UQAM, Montréal, Canada. ²Université de Montréal, Montréal, Canada. ³CREGES, Montréal, Canada.
⁴UQAM, Montréal, Canada

Abstract / Résumé

Les intervenants en soins palliatifs travaillent auprès d’une population variée, mais largement formée de personnes atteintes de cancer incurable. Puisque les risques de cancer avancent en âge, une part considérable de ces personnes sont âgées. Or, être atteint d’une maladie incurable peut engendrer maintes souffrances psychiques. Pourtant, même si les femmes et hommes âgés sont nombreux à être atteints de cancers incurables, des recherches démontrent que les hommes âgés sont moins portés à aller chercher de l’aide pour soulager leurs souffrances psychiques. Ce constat laisse perplexes plusieurs intervenants. Est-ce que leurs souffrances sont différentes ? Devraient-elles être accompagnées autrement ?

Notre objectif sera de mieux comprendre comment les intervenants en soins palliatifs perçoivent ces hommes, leurs souffrances, leur soutien et plus les questions de masculinités chez ces derniers.

Nous avons effectué une recherche qualitative dans laquelle 5 groupes de discussion furent réalisés avec 27 intervenants travaillant auprès d’hommes âgés atteints d’un cancer incurable. Une analyse thématique des résultats fut réalisée.

Les résultats dévoilent que les intervenants perçoivent des similarités et des différences dans les souffrances exprimées par ces hommes comparativement aux femmes. Les souffrances liées à la perte du rôle de pourvoyeur, de rôles familiaux et au sentiment d’être un fardeau prendraient un visage distinct chez les hommes. Des enjeux de communication peuvent aussi être vécus différemment chez ceux-ci.

Une réflexion sur les perceptions de la souffrance des hommes âgés et les questions de genre chez les intervenants sera élaborée en conclusion.

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Besoins et perceptions des professionnel.le.s quant à l’expression de la sexualité des personnes aînées : leçons tirées d’une démarche de co-construction d’outils pédagogiques

Maude Lecompte¹, Mélissa Curzi¹, Julie Beauchamp²
¹Centre de recherche et d'expertise en gérontologie sociale, Montréal, Canada. ²Université Laval, Québec, Canada

Abstract / Résumé

La sexualité des personnes aînées, qui plus est les enjeux liés aux diversité sexuelles et de genre, demeure un sujet tabou et peu abordé par les professionnel.le.s en santé et services sociaux. Une démarche scientifique et pédagogique en plusieurs volets réalisée par le Centre de recherche et d’expertise en gérontologie sociale (CREGÉS) en vue du développement de matériel pédagogique sur les besoins et les réalités des personnes aînées a permis de documenter les besoins, les attentes et les perceptions des professionnel.le.s quant à l’expression de la sexualité des personnes aînées et celles issues de la diversité sexuelle et en genre en contexte de soins ou de services sociaux. Ces éléments seront discutés à travers chaque étape de réalisation de la démarche; démarche effectuée en co-construction avec les personnes aînées, les professionnel.le.s, les décideur.euse.s et les milieux communautaires et académiques. Les besoins et les attentes identifiées, et ce, de l’analyse des besoins au déploiement des outils créés, ont mis en lumière des pratiques favorables à la bientraitance sexuelle des personnes aînées, mais ont également permis de tirer des leçons pour des initiatives futures.
Représentations sociales de la sexualité au cours du vieillissement : perspectives des professionnel.le.s en services sociaux au soutien à domicile

Julie Beauchamp, Camille St-Louis
Université Laval, Québec, Canada

Abstract / Résumé

L’objectif de la communication permettra d’explorer les représentations sociales et les perceptions des professionnel.le.s en services sociaux travaillant au soutien à domicile relativement à la sexualité des personnes âgées ainsi qu’à la diversité sexuelle et de genre. Des recherches documentent que les normes sociales et les formes d’oppressions/discriminations peuvent influencer la reconnaissance de la sexualité des personnes âgées et également contribuer à l’invisibilité des personnes âgées LGBTQ dans les services de santé et dans les services sociaux. Basée sur une méthodologie qualitative, cette étude québécoise auprès de travailleuses sociales et travailleurs sociaux ainsi que de techniciens et techniciennes en travail social s’appuie sur des entrevues individuelles (n=15). L’analyse abordera les éléments ayant des impacts sur les représentations sociales de la sexualité des personnes âgées, dont les préjugés reliés à la sexualité des adultes vieillissants dans la société et les différentes formes de discrimination associées, ainsi que l’articulation entre les représentations sociales et les perceptions des participant.e.s sur la sexualité des personnes âgées et la diversité sexuelle et de genre dans les pratiques d’interventions sociales.
La reconnaissance de la sexualité des personnes âgées en fin de vie : une étude comparative des perceptions et des pratiques des professionnel·le·s des services de soins palliatifs du réseau de la santé et des maisons de soins palliatifs.

Isabelle Wallach, Maude Brisson-Guérin
Université du Québec à Montréal, Montréal, Canada

Abstract / Résumé

Les rares études sur la sexualité en soins palliatifs mettent en évidence que ce sujet tend à être peu abordé et source de malaise chez les professionnel·le·s. Or, cette réalité pourrait être exacerbée par l’âge avancé de la population recevant ce type de soins. Notre étude se propose de documenter les perceptions et les pratiques des professionnels relatives à la sexualité des personnes âgées travaillant en soins palliatifs et l’influence du contexte institutionnel sur ces pratiques. À cet effet, les résultats de deux études qualitatives conduites au Québec seront comparés, la première se basant sur des entrevues individuelles et un focus group avec 16 professionnel·le·s des services de soins palliatifs du réseau de la santé (SSPRS) et la seconde sur des entrevues individuelles avec 10 professionnel·le·s de maisons de soins palliatifs (MP). L’analyse des données met en lumière une forte proximité dans les perceptions des professionnel·le·s des deux contextes. Celles-ci apparaissent marquées par des préjugés âgistes, ainsi qu’une vision stéréotypée de l’expression sexuelle des personnes âgées recevant des soins palliatifs. Des différences notables ressortent néanmoins concernant les pratiques professionnelles, mettant en lumière l’influence du contexte institutionnel. Alors que les SSPRS laissent peu de place au vécu sexuel des personnes âgées, les MP apparaissent plus propices à son expression. Ces différences pourraient être ancrées dans plusieurs facteurs, notamment les priorités des professionnel·le·s, leur vision des soins palliatifs, l’aménagement des chambres et l’organisation institutionnelle. Pour conclure, cette étude souligne l’influence du contexte institutionnel sur la reconnaissance des droits sexuels des personnes âgées.
Late-life Homelessness: Experiences of Disadvantage and Unequal Aging

Amanda Grenier  
University of Toronto, Toronto, Canada. Baycrest Hospital, Toronto, Canada

Abstract / Résumé

Homelessness among older people is a rising concern amidst population aging, declining social commitments, and inequality over the life course. And yet, despite homelessness operating in plain sight in shelters and the urban landscape, homelessness among older people tends to go mainly unrecognized in policy frameworks, housing strategies, and efforts on eliminating poverty. This paper documents late life homelessness based on ethnographic research with stakeholders and lived experiences of unhoused people aged 50+ in the urban setting of Montreal, Canada. It draws together results from document review, analysis of administrative data, observations, and interviews with stakeholders and older people in community-based shelter and care settings, sketching the parameters of late life homelessness and documenting the complex realities of aging while unhoused. Material is presented is based on the argument developed in the the book Late-life Homelessness: Experiences of Disadvantage and Unequal Aging (MQUP), namely, that policy or practice responses (or the lack thereof) produce and shape homelessness across the life course and into late life. The key components of this analysis focus on challenges produced by age-based eligibility against cumulative disadvantage, experiences of aging in ‘undesirable’ places, and the range of unmet needs experienced by older people. Based on these, it develops the argument that late life homelessness is not only about being or becoming homelessness in later life, but a phenomenon generated by disadvantage over time, processes of social exclusion, policy inaction, and abandonment. It concludes by pairing practical solutions to address homelessness with a moral imperative organized around just responses to older people’s basic needs for housing, income/food security, safety and support.
COVID-19, Inequality and Older People: Everyday Life During the Pandemic

Chris Phillipson, Camilla Lewis, Sophie Yarker, Luciana Lang
University of Manchester, Manchester, United Kingdom

Abstract / Résumé

Over the period from March 2020, SARS-CoV-2 (COVID-19) developed into one of the deadliest infectious diseases of the last 100 years, claiming at least 7 million deaths by April 2023. Few areas of daily life were untouched in the wake of the spread of COVID-19. For an extended period, daily life was disrupted in numerous ways. New behaviours were adopted or imposed, including wearing face masks, maintaining physical distance, staying at home as much as possible, and avoiding gathering in groups. Despite a substantial medical and epidemiological literature on COVID-19, there are few detailed accounts of everyday life during the pandemic. COVID-19, Inequality and Older People (Policy Press, 2023) aims to provide a contribution to an understanding of the social dimensions of the pandemic, drawing upon qualitative longitudinal research recording the daily lives of a diverse group of people aged 50 and over (n=102). The women and men, living in Greater Manchester, UK, were interviewed over three ‘lockdowns’ covering a 12-month period of the pandemic. The book explores the strategies people adopted to minimise the effects of COVID-19 on their lives, and the extent to which social distancing created new vulnerabilities for some of those interviewed. The paper will highlight some of the key findings from the study, in particular the pressures on minority ethnic groups, those living alone, and the impact of living in areas of multiple deprivation. The discussion will conclude with a summary of recommendations related to developing public health strategies for managing future pandemics.
Coordination or Advocacy? The Growth of Seniors’ Advocacy Offices in Canadian Provinces

Patrik Marier
Concordia University, Montreal, Canada. CREGÉS, Montreal, Canada

Abstract / Résumé

This paper analyses and compares the growth of Senior's Advocate Offices in Canada. In the past decade, provincial government have privileged the growth and expansion of seniors' offices such as the Seniors' Secretariat in Québec. In the wake of increasing scrutiny and complaints originating from programs and services targeting seniors, provinces have been exploring alternative administrative arrangements to serve better older adults. Launched originally in British Columbia following a length and thorough inquiry from the office of the Ombudsperson on a wide range of long term care issues, the creation of the Seniors' Advocate Office in 2013 paved the way to the development of similar offices in Alberta (2016), and Newfoundland and Labrador (2018). In addition, New Brunswick has had a similar office covering both children and seniors since 2016.

More specifically, this paper studies the challenges of having diverse mandates such as monitoring seniors’ programs and services, acting upon citizens’ complaints surrounding public benefits and advocating for seniors’ rights by proposing modifications and solutions to ongoing policy problems. Interestingly, the institutional constellation are quite different with the offices in British Columbia and Alberta, for instance, reporting to the Minister of Health while Newfoundland and Labrador’s office reports to the House of Assembly.

The paper also features a comparative analysis of the policy impacts of the Seniors’ Advocate, most notably in the agenda-setting stage, and the growing tension between advocacy and services/programs monitoring. It also compares with recent developments in Québec where monitoring remains firmly in the Office of the Ombudsperson.

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Indigenous people and dementia in the context of reconciliation and decolonization

Wendy Hulko¹, Danielle Wilson²
¹Thompson Rivers University, Kamloops, Canada. ²Noojmowin Teg Health Centre, Little Current, Canada

Abstract / Résumé

Research on Indigenous peoples and dementia has grown considerably over the past 30 years, with attention initially paid to risk, prevalence, and caregiving and only later addressing Indigenous meanings of memory loss and dementia and ways to provide culturally safe care and support. Given the push for early diagnosis and treatment in dementia care, we need to ask whether this is – or should be – “best practice” with Indigenous people, given differing worldviews and a focus on holism and interconnectedness. The landscape of Indigenous dementia research has shifted towards more community-based and collaborative approaches, while Canada and other nation states have committed to and/or embarked on efforts to reconcile and decolonize, in response to heightened awareness and acknowledgement of the horrific acts/effects of colonialism. It is in this context that researchers across Turtle Island (North America), Australia, and New Zealand have been working in collaboration with Indigenous communities to investigate dementia in later life, and apply their findings to policy and practice. By exploring the causal links between histories of oppression and health outcomes such as dementia, as well as public discourses and Indigenous understandings of care and prevention, the researchers, Elders, and practitioners featured in this book contribute new understandings of memory loss and memory care, that may align with critical perspectives on aging and late life. This volume promotes culturally safe research and care as Indigenous communities continue to press for self-determination and health equity, and the Canadian state finally starts to grapple with our colonial past and present.
Centering the aging/disability nexus

Katie Aubrecht¹, Christine Kelly², Carla Rice³
¹St. Francis Xavier University, Antigonish, Canada. ²University of Manitoba, Winnipeg, Canada. ³University of Guelph, Guelph, Canada

Abstract / Résumé

This presentation describes The Aging-Disability Nexus, a book collaboration involving aging and disability scholars, students, artists, and activists that was published in 2020. This collaboration started with an observation. Why weren’t the fields of critical gerontology and disability studies in closer conversation? To break the silence a special issue of Review of Disability Studies: An International Journal was published in 2016, followed by an international symposium in Toronto in 2017. Gatherings laid the foundations for an edited collection of works that examine the intersections of aging and disability and orient to the nexus as a point of entry for new theorizations of the human. Conceptualizing the aging/disability nexus challenged us to think in intersectional ways about the politics and cultures of aging and disability studies, as well as the aesthetics and politics of care. Conscious that intersectionality theory has been mobilized in a plurality of ways, The Aging/Disability Nexus posed critical questions of disability and aging at the intersections, asking: What happens when we operationalize intersectionality in aging and disability scholarship, and position this nexus at the center of inquiry? Chapters map the multiple, variable, and embodied experiences of aging and disability, emphasizing their overlapping oppressions, agencies, and activisms; manifesting a crip futurity in aging. This presentation reflects on this collaboration and edited book, and the relevance of the nexus to how we understand the pandemic.
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Engaging community through participatory action research: Key learnings from the SPA-LTC project

Lorraine Venturato¹, Sharon Kaasalainen², Tamara Sussman³, Abigail Wickson-Griffiths⁴, Paulette Hunter⁵, Genevieve Thompson⁶, Lynn McCleary⁷

¹University of Calgary, Calgary, Canada. ²McMaster University, Hamilton, Canada. ³McGill University, Montreal, Canada. ⁴University of Regina, Regina, Canada. ⁵University of Saskatchewan, Saskatoon, Canada. ⁶University of Manitoba, Winnipeg, Canada. ⁷Brock University, St. Catherines, Canada

Abstract / Résumé

Undertaking research in LTC settings has many challenges. These may relate to features of the site, or factors associated with the population who live and work in these settings, or to the research methods and approaches themselves. Many of these challenges may be exacerbated by Participatory Action Research (PAR) approaches that rely on participation and active engagement of site administration, staff, family caregivers, and residents, and that require flexibility and responsiveness from researchers. Despite these challenges, PAR offers many rewards to researchers and LTC communities alike.

This paper details some of the processes and key learnings from the multi-year, pan-Canadian SPA-LTC study, including core principles of PAR and the importance of relationships, particularly during project start-up and key milestone events. PAR processes and study elements will be detailed and challenges and supports encountered throughout the project will be discussed. Recommendations for PAR in LTC will also be presented.
Evaluating the Strengthening a Palliative Approach in Long Term Care (SPA-LTC) Program in Four Provinces

Sharon Kaasalainen\textsuperscript{1}, Abigail Wickson-Griffiths\textsuperscript{2}, Lorraine Venturato\textsuperscript{3}, Genevieve Thompson\textsuperscript{4}, Lynn McCleary\textsuperscript{5}, Paulette Hunter\textsuperscript{6}, Tamara Sussman\textsuperscript{7}, Thomas Hadjistavropoulos\textsuperscript{2}, Shane Sinclair\textsuperscript{3}, Valérie Bourgeois-Guérin\textsuperscript{8}, Deborah Parker\textsuperscript{9}, Noori Akhtar-Danesh\textsuperscript{1}

\textsuperscript{1}McMaster University, Hamilton, Canada. \textsuperscript{2}University of Regina, Regina, Canada. \textsuperscript{3}University of Calgary, Calgary, Canada. \textsuperscript{4}University of Manitoba, Winnipeg, Canada. \textsuperscript{5}Brock University, St. Catherines, Canada. \textsuperscript{6}University of Saskatchewan, Saskatoon, Canada. \textsuperscript{7}McGill University, Montreal, Canada. \textsuperscript{8}Université du Québec à Montréal, Montréal, Canada. \textsuperscript{9}University of Technology Sydney, Sydney, Australia

Abstract / Résumé

Objectives: Despite the high mortality rates in LTC, most LTC homes do not have a formalized palliative program. The objective of this proposed research was to implement and evaluate the Strengthening a Palliative Approach in Long Term Care (SPA-LTC; www.spaltc.ca) Program. Specifically, we explored its feasibility, acceptability, and preliminary effects (i.e., resident comfort, use of emergency department at end-of-life, and location of resident death).

Methods: This study used an explanatory mixed method design in four provinces in Canada (Ontario, Manitoba, Saskatchewan, Alberta), including a qualitative description component to assess the acceptability of the program from the perspective of residents, family members and staff. Also, a prospective one group, pre-post test design was used to examine the feasibility and preliminary effects of the SPA-LTC program.

Results: Of the 102 participating residents, 74.5\% (76/102) had a palliative care conference during the 18-month data collection period, with 68.2\% (30/44) having a one before they died. Rates of hospital use were reduced for participating residents in terms of emergency department use at end of life (RRR: 46\%) and hospital deaths (RRR: 88\%) compared to baseline. Family members stated the palliative care conferences were informative and felt that good communication was critical in providing quality care. They highlighted that close relationships and mutual respect among staff, residents, and families led to more meaningful care while the resident was alive as well as into bereavement.

Conclusions: The SPA-LTC program appears to feasible and supports a family-centered approach to care, which relies on strong communication. Future work needs to include a more rigorous evaluation that includes a control group.
Evaluation of e-Learning Modules to Improve LTC Staff Knowledge and Comfort with End-of-Life Care

Donny Li¹, Sally Shaw¹, Marie-Lee Yous¹, Abigail Wickson-Griffiths², Rose McCloskey³, Sharon Kaasalainen¹
¹McMaster University, Hamilton, Canada. ²University of Regina, Regina, Canada. ³University of New Brunswick, St. John, Canada

Abstract / Résumé

Background: Successful approaches to palliative care involve staff education for end-of-life decision-making. However, most long-term care (LTC) homes lack formalized staff palliative care programs. This study aimed to evaluate a multidisciplinary e-Learning modules program to improve staff knowledge and comfort with end-of-life care in LTC.

Methods: We used a mixed methods design among three LTC homes in Canada. We developed and piloted eight e-Learning modules with 115 LTC staff from October 2021 to April 2023. t-tests of pre/post-knowledge tests were used to evaluate the effectiveness of the modules. We further collected qualitative data to explore the acceptability of the modules.

Results: The average age was 40.6 years (SD=12.1). 91.3% of participants were female and the most common occupations were PSW (23.5%), RN (21.7%), and RPN (18.3%). The average years of experience in LTC was 9.9 years (SD=8.6). Of 115 participants, 48 fully completed the modules, though only 36 completed the post-module knowledge test. Using a paired t-test, we found insignificant changes in staff knowledge and comfort to engage in discussions with residents about death/dying after completing the modules. However, staff reported them to be acceptable and appreciated their holistic nature. Suggestions were made on the user interface and workflow components to improve the usability of the modules.

Conclusions: E-Learning modules were acceptable to LTC staff, but further research is needed to evaluate their ability to improve staff comfort to engage in discussions about death/dying to better support residents and their family/friends.
Integrating palliative care conferences into long-term care homes

Amaya Widyaratne¹, Elizabeth Pywell¹, Jyllenna Landry¹, Kirstian Gibson², Joseph Landry¹, Katherine M. Ottley¹, Abigail Wickson-Griffiths², Paulette V. Hunter³, Genevieve Thompson⁴, Sharon Kaasalainen⁵
¹University of Saskatchewan, Saskatoon, Canada. ²University of Regina, Regina, Canada. ³St.Thomas More College, University of Saskatchewan, Saskatoon, Canada. ⁴University of Manitoba, Winnipeg, Canada. ⁵McMaster University, Hamilton, Canada

Abstract / Résumé

(Background) Strengthening family-centred care and communication is essential to a palliative approach to care. To achieve this, the Strengthening a Palliative Approach in Long-Term Care (www.spaltc.ca) practice model advises adaptations to family care conferences (FCCs) in long-term care (LTC). The resulting palliative care conferences (PCCs) focus on addressing the holistic needs of residents and their families through open discussion about disease progression, health and care concerns, and wishes and goals regarding disease management and end-of-life care.

(Objective) Here, we report on early findings from an ongoing randomized control trial of the SPA-LTC practice model during which LTC homes introduced PCCs.

(Methods) We analyzed field notes, summary forms, and direct observations from a series of PCCs within one LTC home using a qualitative descriptive approach.

(Results) We found that integrating PCCs into the LTC home’s scheduled annual FCCs was a feasible strategy. Field notes documented strong complementarity in the content of FCCs and PCCs, making an integrated focus effective and minimally disruptive. A focus on holistic care concerns was observed, as is expected in both FCCs and PCCs as a standard of practice, but the addition of a direct focus on disease progression and end-of-life care within the PCC adaptation.
It’s your funeral: How the COVID-19 pandemic helped us see funeral service workers’ role in bereavement care

Joshua Maza¹, Katherine M. Ottley¹, Thomas Qiao², Heathler Alford¹, Phillip A. Carverhill³, Roslyn M. Compton¹, Paulette V. Hunter⁴
¹University of Saskatchewan, Saskatoon, Canada. ²University of Calgary, Calgary, Canada. ³Carverhill Counselling and Consulting, Saskatoon, Canada. ⁴St. Thomas More College, University of Saskatchewan, Saskatoon, Canada

Abstract / Résumé

Background: Funeral service workers’ work, while largely hidden from view, is highly significant to those who are grieving. They are closely involved in responding to death, with roles including preparing the body, planning and coordinating funeral rites, and providing ongoing bereavement support. Each of these roles was altered considerably during the COVID-19 pandemic, as new public health policies were introduced and new social conditions evolved.

Objectives: This study investigated how funeral service workers perceive their work by exploring how they adapted to their work to the context of the COVID-19 pandemic.

Methods: Interview data from four funeral service workers were analyzed using reflexive thematic content analysis.

Results: A unifying theme, “funeral workers as bereavement care first responders”, encapsulated four additional themes: negotiating emotional labour, promoting accessible grief support, safeguarding funeral rites as the first response to grief, and providing new forms of grief support as a stop-gap measure.
Feasibility, Acceptability and Effects of Namaste Care for Persons with Advanced Dementia in Canadian Long-Term Care Homes: A Mixed Methods Study

Marie-Lee Yous¹, Paulette V. Hunter², Esther Coker¹, Kathryn A. Fisher¹, Maria Nicula¹, Nadia Kazmie¹, Vanina Dal Bello-Haas¹, Thomas Hadjistavropoulos³, Carrie McAiney⁴, Genevieve Thompson⁵, Sharon Kaasalainen¹
¹McMaster University, Hamilton, Canada. ²St. Thomas More College, University of Saskatchewan, Saskatoon, Canada. ³University of Regina, Regina, Canada. ⁴University of Waterloo, Waterloo, Canada. ⁵University of Manitoba, Winnipeg, Canada

Abstract / Résumé

Objective: To evaluate the feasibility, acceptability, and effects of the Namaste Care intervention for persons with advanced dementia (i.e., moderate and late-stage) in long-term care (LTC) and their family carers.

Methods: A mixed methods study design was used. Staff Carers delivered Namaste Care with the support of volunteers in a small group. Activities included aromatherapy, music, and snacks/beverages. Residents with advanced dementia, family carers, and LTC staff, administrators, and volunteers from two Canadian LTC homes were included. Feasibility was evaluated using a research log. Acceptability was assessed through interviews with staff, administrators, family carers, and volunteers. Outcome data for residents (i.e., quality of life; neuropsychiatric symptoms; pain) and family carers (i.e., role stress; quality of family visits) were collected at baseline and 3 and 6 months of the intervention. Descriptive analyses and generalized estimating equations were used for quantitative data. Thematic analysis was used for interview transcripts.

Results: A total of 53 residents with advanced dementia, 42 family carers, and 21 LTC staff, administrators, and volunteers participated in the study. Namaste Care was found to be acceptable, however there were mixed findings for feasibility. There was a significant improvement in resident neuropsychiatric symptoms at the 3-month timepoint only (95% Confidence Interval (CI): -9.39, -0.39; p=0.033) and family carer role stress at both timepoints (3-month 95% CI: -37.40, -1.80; p=0.031; 6-month 95% CI: -48.90, -2.09; p=0.033).

Conclusions: Namaste Care is an acceptable intervention with preliminary evidence of impact. It is important to assess outcomes for both residents and family carers.
Organizational Readiness for a Virtual Reality Training Program called Be EPIC-VR in Home Care and Long-term Care Settings

Marie Savundranayagam¹, Annette Schumann¹, Grace Norris¹, Allison Chen¹, Jennifer Campos², JB Orange¹
¹Western University, London, Canada. ²University of Toronto, London, Canada

Abstract / Résumé

An essential first step to implementing virtual reality programming in home care and long-term care settings is to assess organizational readiness by determining factors that enhance the likelihood of its successful implementation. Be EPIC-VR is one such virtual reality program that supports dementia-specific, person-centered communication training for frontline healthcare workers. Guided by the Consolidated Framework for Implementation Research (CFIR), the current study aimed to identify factors influencing Be EPIC-VR’s implementation in home care and long-term care settings. Semi-structured interviews were conducted with nine managers from home care and long-term care settings in Canada. Transcripts from these interviews were analyzed using the Framework Analysis’ five-step ongoing, iterative process: familiarization, identifying a thematic framework, indexing, charting, and mapping/interpretation. Textual data were open-coded and organized deductively (using CFIR’s pre-set codes) and inductively (for emergent codes) into themes and subthemes. Four themes emerged as factors contributing to organizational readiness including 1) openness to virtual reality as a training tool, 2) staffing and training logistics, 3) organizational culture supporting staff development, and 4) external pressures for organizational sustainability. These findings will guide how the Be EPIC-VR implementation team collaborates with organizational decision makers to ensure that Be EPIC-VR is a good fit for those organizations, to prepare for its implementation, and to optimize the likelihood of success. The study findings offer valuable insights for researchers and practitioners working to implement new virtual reality interventions in home care and long-term care settings.
Be EPIC-VR: Translating an In-Person Person-Centered Communication Training Program into Virtual Reality

Marie Savundranayagam, Allison Chen, Grace Norris, Annette Schumann, Jennifer Campos, Joseph Orange
Western University, London, Canada

Abstract / Résumé

Be EPIC is a dementia-specific, person-centered communication training program for frontline healthcare workers that uses simulations with trained actors, reflection, and feedback. Scaling Be EPIC is limited by resource and methodology demands of recruiting and training actors and consistency of delivery across sites. Virtual reality (VR) is a promising solution to the problem of scaling Be EPIC because it provides interactive, realistic, and consistent simulations. However, there is limited research on implementing VR to train frontline healthcare workers. Guided by the Consolidated Framework for Implementation Research, the current study used an effectiveness-implementation hybrid design to compare simulation experiences of Be EPIC-VR with Be EPIC-in person and real-world clinical encounters. The study also explored factors that can influence the future implementation of Be EPIC-VR in long-term care home settings during the pre-implementation period. Seven frontline healthcare workers who completed the Be EPIC in-person version with trained actors also completed the same assessment simulation in VR, followed by an interview. Thematic analyses revealed two themes that contributed to the simulation’s realism: the immersive nature of the virtual environment and the accuracy of the avatar’s visual, verbal, and behavioral characteristics. Moreover, the factors influencing the successful implementation of VR simulations in long-term care home settings include sufficient technological infrastructure and workplace personnel who can assist with Be EPIC-VR implementation. The findings highlight the potential to scale Be EPIC using VR and provides insights into the iterative process involved in translating an in-person training into a VR training program.
Using Virtual Reality in long-term care to reduce social isolation

Lilliian Hung\(^1\), Jim Mann\(^1\), Joey Wong\(^2\), Mona Upreti\(^1\), Winnie Kan\(^1\), Alisha Tumar\(^3\), Christine Wallsworth\(^1\), Lily Wong\(^2\), Mario Gregorio\(^2\), Sonia Hardern\(^4\)
\(^1\)UBC IDEA Lab, Vancouver, Canada. \(^2\)UBC IDEA Lab, Vancouver, Canada. \(^3\)UBC IDEA Lab, Vancouver, Canada. \(^4\)VCH, Vancouver, Canada

Abstract / Résumé

Virtual Reality (VR) has become increasingly accessible for older adults, providing opportunities for interventions that address loneliness and social isolation in long-term care. However, the effectiveness of VR programs can be influenced by various factors, such as the backgrounds, preferences, and capacities of the target population. This qualitative study investigates the acceptability and feasibility of a recreational VR program for social engagement in two Canadian long-term care homes since January 2023. The study involved 20 residents (with various levels of cognitive and physical impairments) who participated in weekly VR group sessions facilitated by staff. During the VR sessions, ethnographic observation and video-recorded conversational interviews were conducted with residents. We also conducted ten focus groups with 20 staff members. Four patient partners were involved as co-researchers in the team. We performed the thematic analysis with patient partners. We identified three themes: (1) storytelling builds residents’ sense of self, (2) positive emotions persist even when the video is forgotten, and (3) VR empowers resident-resident and staff-resident connections. The findings demonstrate that using VR in long-term care settings is feasible and acceptable for older adults with different cognitive and physical impairments. VR programs have the potential to enhance social engagement and support residents’ personhood as a meaningful activity by improving inclusion, social engagement, comfort, and recognition of their identity. Future research could explore the long-term impact of VR experiences in addressing social isolation and loneliness among older adults in long-term care.
Facilitators and barriers to implementing a virtual reality program in long-term care

Lillian Hung1, Joey Wong1, Mona Upreti1, Winnie Kan1, Alisha Tumar1, Christine Wallsworth2, Jim Mann1, Lily Wong1, Mario Gregorio1, Sonia Hardern3
1UBC IDEA lab, Vancouver, Canada. 2UBC Idea Lab, Vancouver, Canada. 3VCH, Vancouver, Canada

Abstract / Résumé

To successfully implement virtual reality (VR) programs for long-term care (LTC) residents, it is essential to consider contextual factors. However, current research does not explore the LTC staff’s perspectives on implementing VR in their workplaces. This qualitative study aimed to fill this gap by exploring the facilitators and barriers to adopting VR in LTC, guided by the Consolidated Framework for Implementation Research (CFIR). We applied a Collaborative Action Research (CAR) approach, which involved three phases: (1) Reflect and Plan, (2) Act and Adapt, and (3) Evaluate. Ten focus groups were conducted with 20 staff in two Canadian long-term care homes. Thematic analysis was performed collectively with the team, including researchers, trainees, and patient and family partners. Our findings suggest that implementing a VR program in LTC requires readiness and capacity for implementation within the care home. Key factors that enabled implementation were staff champions, perceived benefits, and ease of use of the equipment. However, there were also barriers, such as limited resources, including Internet infrastructure, limited adaptability to meet local needs, and relative priority and staff workload. To overcome these barriers, our results indicate a need for organizational support for infrastructure and human resources. In addition, future research can evaluate the potential impact of facilitating residents’ VR sessions on staff’s job satisfaction and the involvement of residents' families/caregivers and volunteers during the sessions to reduce staff hesitancy and workload.
Making the case for Life Care: Understanding the health and social care needs of community-dwelling older adults in Ontario

Margaret Saari¹,², Justine Giosa¹,³, Paul Holyoke⁴, George Heckman³, John Hirdes³
¹SE Research Centre, Markham, Canada. ²Lawrence S. Bloomberg Faculty of Nursing, University of Toronto, Toronto, Canada. ³University of Waterloo, Waterloo, Canada. ⁴SE Health, Markham, Canada

Abstract / Résumé

Objective: Calls for health services researchers to leverage routinely collected health data to inform system improvements have been made. Misalignment between available home care services and client needs results in over-reliance on caregivers and premature long-term care admissions. To inform development of an integrated model of “life care”, comprehensive clinical profiles of community-dwelling older adults were created using home care assessment data.

Method: Retrospective analyses of home care assessment data (n=162,523) were completed to identify six sub-groups of older adults with similar service needs. Dominant medical, functional and psychosocial needs were described, and groups were labelled by matching identified needs with evidence-based risk factors for facility-based long-term care. Needs were compared with historical service levels to identify opportunities for enhanced care.

Results: Six unique groups were identified: Social Frailty, Caregiver Distress, Chronic Disease Management, Cognitive Impairment and Behaviours, Medical Complexity and Geriatric Syndromes. While functional needs were present across client groups, over 70% of clients had care needs in three or more domains. Psychosocial needs were prevalent, with 67% of clients having at least one identified need. Examination of service data confirmed a mismatch between care needs and current home care service offerings. Based on observed care needs, opportunities exist for enhanced nursing, therapy and social work roles.

Conclusions: Aging Canadians’ care needs are complex, spanning medical, functional and psychosocial domains. Comprehensive clinical profiles developed from population-level, routinely collected assessment data supports a future-focused, evidence-informed and community-engaged approach to research and practice around integrated home-based health and social care.
Direct engagement of care providers in the design of community-based care packages for comprehensive health and social care: A modified eDelphi Study

Justine Giosa¹,², Margaret Saari¹,³, Paul Holyoke⁴, George Heckman², John Hirdes²
¹SE Research Centre, Markham, Canada. ²University of Waterloo, Waterloo, Canada. ³Lawrence S. Boomberg Faculty of Nursing, University of Toronto, Toronto, Canada. ⁴SE Health, Markham, Canada

Abstract / Résumé

Objective: Current home care service offerings are insufficient to meet holistic care needs. This study aimed to create a series of flexible care packages to match medical, functional and/or social care needs of home care clients with the types and frequencies of care and support services required to remain in the community long-term.

Method: To develop baseline care packages, a two-stage modified eDelphi process was undertaken with a purposively sampled expert panel of interprofessional home care providers (n=41) representing point-of-care, management and clinical leadership perspectives. Each stage included 3 rounds of voting and feedback. Reflecting on data-informed vignettes, in Stage 1 participants identified the focus of care or dominant health concern(s) and the type(s) of community-based care / services required. In Stage 2, participants quantified the amount of care needed.

Results: Panelists confirmed the importance of utilizing a broadened definition of health which incorporates functional, medical, cognitive and psychosocial care needs. Across vignettes, 30 to 52 different types of care and services were identified as important to meet identified care needs. Including both direct care and co-ordination, care packages ranged from an average of 3.1 to 8.1 hours of care per day.

Conclusions: Meeting the needs of older Canadians in their homes and communities requires a broad range of services, some considered to be outside traditional home care. To support Canadian’s care preferences, baseline care packages which leverage the expertise of the home care team were created that can be further customized to reflect local community offerings and individual need.
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**Positioning Long-Term Life Care at Home in Ontario: Insights from Health and Social Care Leaders**

Valentina Cardozo¹, Ryan McLeod¹, Justine Giosa¹,², Margaret Saari¹,³, Paul Holyoke⁴, George Heckman², John Hirdes²

¹SE Research Centre, Markham, Canada. ²University of Waterloo, Waterloo, Canada. ³Lawrence S. Bloomberg Faculty of Nursing, University of Toronto, Toronto, Canada. ⁴SE Health, Markham, Canada

**Abstract / Résumé**

**Objective:** Long-Term Life Care at Home (LTLifeC) is an emerging, evidence-informed care model which provides a viable alternative to facility-based long-term care by integrating medical, functional, and psychosocial care for Canadians who desire to age at home. As part of feasibility testing, we explored Ontario health and social care leaders’ perspectives on positioning LTLifeC within the provincial healthcare context.

**Methods:** Semi-structured interviews (n=10) were conducted with health and social care leaders working across the Ontario healthcare spectrum. Interviewees reviewed six client profiles, which served as the basis for development of the LTLifeC model, to compare care needs identified with that of their client population. Interviews also explored fundamental features of integrated health and social care programs, including referral, onboarding and ongoing engagement of clients and their circle of care. Feedback was elicited on model components and sample care packages. Qualitative content analysis guided identification of themes.

**Results:** Leaders acknowledged the potential for LTLifeC to supplement existing services and emphasized the significance of a client-centred and integrated approach to care. To facilitate model implementation, interviewees suggested designating a ‘patient lead’ role, to improve coordination and continuity of care; leveraging existing and new technologies to adapt to the restructuring health services landscape; and implementing a user-friendly and pragmatic referral process.

**Conclusions:** Engagement of local health and social care leaders is important to position new models of care within the corresponding healthcare context. The findings have implications for shaping the implementation, and in particular the referral process, for LTLifeC in Ontario.
Supporting practice development through case-based learning: Using data-informed vignettes and care packages to create authentic client case studies and training packages

Margaret Saari¹,², Justine Giosa¹,³, Valentina Cardozo¹, Paul Holyoke⁴
¹SE Research Centre, Markham, Canada. ²Lawrence S. Bloomberg Faculty of Nursing, University of Toronto, Toronto, Canada. ³University of Waterloo, Waterloo, Canada. ⁴SE Health, Markham, Canada

Abstract / Résumé

Objective: Case-based learning is a teaching tool used in health professional education to support engagement with the study topic. Use of authentic clinical cases supports linkages between theory and practice and provides learners with opportunities to apply newly acquired knowledge to likely point-of-care scenarios. This project aimed to create a set of authentic client case studies reflecting the diversity Ontario’s home care population for education and training purposes.

Methods: A multi-step approach was employed to develop scenarios. Starting with six unique client profiles based on segmentation of over 200,000 Ontario home care client assessments, dominant characteristics were translated into one-page narrative personas. Expert feedback on clinical accuracy and authenticity was sought. Clinical care packages, derived from home care clinician input, were visualized as a care calendar. Narrative scenarios were created to prompt discussion about care needs and approaches. Materials were trialed in six interactive workshops with 67 experts-by-experience.

Results: Resulting teaching and education packages include a one-page written narrative describing the client, their care needs and their care environment, a name and photo to illustrate population diversity, a three-month care calendar outlining types and frequencies of care to be provided, and narrative scenarios describing key care interaction points in video and text format.

Conclusions: Client case studies which reflect the diversity of the home care population can be used to support broader community-engaged teaching and practice development in existing home and community care. These case studies and training packages will be employed to build capacity in person-centred home care.
Focus groups to customize a remote multidomain program designed to increased dementia literacy: A co-creation approach

Walter Wittich¹², Edeltraut Kröger³⁴, Gabrielle Aubin¹, Asma Fadhlaoui⁵, Nicole D. Anderson⁶⁷, Nouha Ben Gaied⁸, Inbal Itzhak⁹, Sylvie Belleville¹⁵, for the CCNA CAN-THUMBS UP Study Group¹⁰

¹Université de Montréal, Montreal, Canada. ²Centre for Interdisciplinary Research in Rehabilitation of Greater Montreal, Montreal, Canada. ³Université Laval, Quebec, Canada. ⁴Centre intégré universitaire de santé et de services sociaux de la Capitale Nationale, Quebec, Canada. ⁵Institut Universitaire de gériatrie de Montréal, Montreal, Canada. ⁶Baycrest Academy for Research and Education, Toronto, Canada. ⁷University of Toronto, Toronto, Canada. ⁸Fédération québécoise des Sociétés Alzheimer, Montreal, Canada. ⁹Centre intégré universitaire de santé et de services sociaux du Centre-Ouest-de-l’Île-de-Montréal, Montreal, Canada. ¹⁰Canadian Consortium on Neurodegeneration in Aging, Canada

Abstract / Résumé

We implemented a co-creation approach to adapt the content and functionalities of Brain Health PRO, a web-based multidomain program designed to increase dementia literacy, to the context and needs of users, providers, and community organizations across Québec, Canada. During five consecutive virtual co-creation focus group sessions, lasting each 30-90 min, we explored potential barriers and facilitators to usability, accessibility, comprehensibility, participant recruitment and retention. The French-speaking 15-member team, based in Québec and Ontario, consisted of 9 researchers (including a graduate student and the project coordinator), representing occupational therapy, sensory rehabilitation, neuropsychology, psychology, health science, and research methods, 3 informal caregivers of older adults living with cognitive decline, and 3 members of the Federation of Quebec Alzheimer Societies. Session recordings were summarized through both qualitative description and thematic analysis. The synthesized recommendations included adjustments around diversity, the complexity and presentation styles of the materials, suggestions on refining the web interface and the measurement approaches; it influenced and improved aspects of participant recruitment, retention efforts, and engagement with the content of Brain Health PRO. Co-creation in dementia prevention research is important because it involves collaboration between researchers, community support and service providers, and persons with lived experience, in the design and implementation of clinical studies. This approach helps to ensure that the content and presentation of educational material is relevant and meaningful to the target population and those involved in its delivery, and it leads to a greater understanding of their needs and perspectives.
The online Brain Health PRO program: Feasibility, acceptability, and the importance of involving end users in its development

Nicole Anderson¹, for the CCNA CAN-THUMBS UP Study Group²
¹Baycrest Academy for Research and Education, Toronto, Canada. ²Canadian Consortium on Neurodegeneration in Aging, Canada

Abstract / Résumé

The prevalence of dementia in Canada is expected to nearly double by 2030. Yet, a number of lifestyle factors influencing the risk of dementia have been identified. To help older adults be more aware of, and act on these lifestyle factors, Brain Health PRO was developed by members of the Canadian Consortium on Neurodegeneration in Aging’s Canadian Therapeutic Platform Trial for Multidomain Interventions to Prevent Dementia (CAN-THUMBS UP). It is a 45-week web-based educational intervention, available in English and in French, that is focused on improving dementia literacy, self-efficacy, and helping older adults be more proactive about seven modifiable dementia risk factors: Physical activity, Cognitive Engagement, Diet, Sleep, Social and Psychological Health, Vascular Health, and Vision and Hearing. The program was co-developed with nine-member Citizen Advisors Group (CAG) – older adults from a variety of backgrounds and geographical locations in Canada. The program includes interactive quizzes, and encourages goal setting and reflection. This symposium will present quantitative and qualitative results about the feasibility and acceptability of the program, the effectiveness of involvement of the CAG, both from the CAN-THUMBS UP team and CAG members themselves.
The online educational Brain Health PRO program to preserve cognition in older adults: An intervention mapping protocol to develop features, usability, and acceptability

Sylvie Belleville1, Howard Chertkow2, Howard Feldman3, Manuel Monterro-Odesso4, Haakon Nygaard5, Nicole Anderson2, Louis Bherer6, Richard Camicioli7, Senny Chan2, Marc Cuesta4, Emily Dwosh5, Guylaine Ferland6, Alexandra J. Fiocco8, Brigitte Gilbert5, Inbal Itzhak9, Pamela Jarrey10, Danielle Laurin11, Teresa Liu-Ambrose5, Jody-Lynn Lupol, Chris McGibbon12, Laura Middleton13, Kelly Murphy14, Natalie Phillips15, Kathy Pichora-Fuller16, Carolyn Revta3, Marie Savundranayagam17, Andrew Sexton12, Eric Smith18, Mark Speechley17, Amal Trigui1, Walter Whitlitch5, for the CCNA CAN-THUMBS UP Study Group19

1Centre de recherche de l’Institut Universitaire de gériatrie du CIUSSS du Centre-Sud-de-l’Île-de-Montréal, Montreal, Canada. 2Baycrest Academy for Research and Education, Toronto, Canada. 3University of California San Diego, La Jolla, USA. 4Lawson Health Research Institute, Parkwood Institute, London, Canada. 5University of British Columbia, Vancouver, Canada. 6University of Montreal, Montreal, Canada. 7University of Alberta, Edmonton, Canada. 8Toronto Metropolitan University, Toronto, Canada. 9Canadian Consortium on Neurodegeneration in Aging, Montreal, Canada. 10Horizon Health Network, Saint John, Canada. 11Laval University, Quebec City, Canada. 12University of New Brunswick, Fredericton, Canada. 13University of Waterloo, Waterloo, Canada. 14Baycrest, Toronto, Canada. 15Concordia University, Montreal, Canada. 16University of Toronto Mississauga, Mississauga, Canada. 17Western University, London, Canada. 18University of Calgary, Calgary, Canada. 19Canadian Consortium on Neurodegeneration in Aging, Canada

Abstract / Résumé

Given the evidence that modifiable risk factors contribute to dementia, it is essential to provide information and guidelines for older adults who wish to maintain their brain health. Despite the proliferation of online programs, few are based on sound scientific evidence, were co-created by researchers and users, and incorporate user experience. Brain Health PRO, an online educational program, was developed and tested using the intervention mapping approach: it is theory- and evidence-based and co-created by users and experts. As an educational program, its primary goal is to improve literacy but ultimately, it is expected to have a positive impact on the risk profile for dementia. Prior to a full efficacy trial, a pilot study evaluated the usability and acceptability of a three-month version of the online program among older adults at risk for dementia. The study included 20 older adults (13 women; mean education = 16.75 years). Participants completed online questionnaires to assess usability (e.g., ease of use, ease of navigation) and acceptability (e.g., whether the program is interesting, whether they would use it again, or whether they would recommend it). The results indicate excellent usability, with all dimensions rated positively. The program also demonstrated very high acceptability on all dimensions. Thus, pilot data indicate that Brain Health PRO meets the needs and abilities of older adults. The platform is easy for older adults to learn and use and is considered relevant.
Exploring the usability and perceived benefits of Brain Health PRO: An online educational program for healthy brain aging

George Philip¹, Marie Savundranayagam¹, Sylvie Belleville², Alexandra J. Fiocco³, for the CCNA CAN-THUMBS UP Study Group⁴
¹Western University, London, Canada. ²Centre de recherche de l’Institut Universitaire de gériatrie du CIUSSS du Centre-Sud-de-l’Île-de-Montréal, Montreal, Canada. ³Toronto Metropolitan University, Toronto, Canada. ⁴Canadian Consortium on Neurodegeneration in Aging, Canada

Abstract / Résumé

Background: Brain Health PRO is an online educational program that aims to promote healthy lifestyle behaviours to reduce risk of dementia. The program addressed risk factors and evidence-based lifestyle behaviours such as physical activity, diet, social engagement, and sleep. Sequence of content exposure is determined by the client’s risk profile at intake.

Objective: To explore the usability, likeability, and perceived benefit of the Brain Health PRO over a 12-week period.

Methods: Two focus groups were conducted with 10 older adult participants after 6 and 12 weeks of engaging with the program. Following transcription, interviews were analyzed using inductive thematic analysis in which codes were extracted and categorized into themes and subthemes.

Results: Three overarching themes were generated: 1) Content, with subthemes of likability, accessibility, and informative nature of the program; 2) Mechanics, with subthemes of technology comfort and importance of tech support, utility of program features, enjoyment of narration and graphics; and 3) Engagement and Learning, with subthemes of motivation, new knowledge, behavioral changes, perceived benefits and need for continuous feedback. Overall, participants shared positive experiences with the online program content and interface. Participants reflected on new knowledge gained and, in some cases, changes in behaviour. Greater personalization was shared as an important next step in program development.

Conclusion: The Brain Health PRO pilot was well received by older adults, who took interest in their own health and implementing behavioural changes. These findings offer insights on using online platforms to support brain health.
Engaging older adults in the process of aging research: An evaluation of the experience and efficacy of the Brain Health PRO Citizens Advisory Group

Danielle D'Amico1, Nicole Anderson2, for the CCNA CAN-THUMBS UP Study Group3
1Toronto Metropolitan University, Toronto, Canada. 2Baycrest Academy for Research and Education, Toronto, Canada. 3Canadian Consortium on Neurodegeneration in Aging, Canada

Abstract / Résumé

Collaborative research with end users is an effective way to generate meaningful applications and support greater impact on practice, policy, and knowledge exchange. To address these needs, a Citizen Advisory Group (CAG) of 9 older adults was formed to advise scientists on the development of the CCNA Brain Health PRO Program, a web-based platform designed to increase dementia prevention literacy and awareness. The current study evaluated if the CAG met its objectives and determined how inclusion of the CAG aligned with collaborative research approaches. An anonymous online survey was created with one CAG member and was administered to the other 8 CAG members (ages 64-80, 67% women) and CCNA scientist/trainee authors of the Brain Health PRO chapters (n=30 respondents). Most CAG members (91-100%) and chapter authors (70-97%) agreed that the CAG met its primary objectives and added unique value to the Brain Health PRO. Both groups viewed the CAG’s involvement as well-aligned (75%+ consensus) with engaged scholarship, co-production, integrated knowledge translation, and participatory research practices. CAG members reported high satisfaction with personal goal attainment (mean rating = 86.3±10.5 out of 100), which included learning, collaborating with others, and making a meaningful impact. Clearer expectations regarding knowledge translation and exchange among chapter authors were identified as areas for improvement by the CAG members. Findings suggest that collaborating with older adults in aging research confers personal and scientific benefits for both older adults and researchers.
Brain Health PRO: Lessons from co-production with older adults

Marie Savundranayagam¹, Rose Biles¹, Danielle D'Amico², Nicole Anderson³, for the CCNA CAN-THUMBS
UP Study Group⁴
¹Western University, London, Canada. ²Toronto Metropolitan University, Toronto, Canada. ³Baycrest
Academy for Research and Education, Toronto, Canada. ⁴Canadian Consortium on Neurodegeneration in
Aging, Canada

Abstract / Résumé

The Brain Health PRO Program is a 45-week online educational intervention designed to increase
knowledge about dementia and promote lifestyle changes to reduce the risk of developing dementia
among older adults. It covers several topics related to brain health and is designed to encourage active
engagement in maintaining one’s own brain health. The project involves co-production of content by
scientists belonging to the Canadian Consortium on Neurodegeneration in Aging and a Citizen Advisory
Group composed of older adults. The purpose of this study was to explore the experiences of a citizen
advisory group in co-production of the program’s content. A focus group was conducted with eight
members of the citizen advisory group after the completion of the content in the Brain Health PRO
Program. Content analyses revealed the three themes: benefits of group connections, value of a masked
peer-review process, and enhanced contribution of the citizen advisory group. The citizen advisory
group offered opportunities for learning, teamwork, and social connections. Members appreciated that
the peer-review process was independent of direct collaboration with scientists, which allowed for open
feedback. Finally, members recognized that having an end-user group review the content ensured its
accessibility to the public. Involvement of a Citizen Advisory Group provided unique insights that
improved the program’s accessibility and user experience. This study highlights the benefits of co-
production between scientists and end-users in developing educational interventions.
Implementing a Partners Working Group to engage care partners in research in long-term care

Pam Holliday¹,², Margaret Keatings², Marlene Moorman³,², Marie-Lee Yous², Sandra Chow², Birgit Ritzhaupt², Bianca Tétrault², Sally Shaw², Sharon Kaasalainen²
¹University Health Network, Toronto, Canada. ²McMaster University, Hamilton, Canada. ³University of Saskatchewan, Saskatoon, Canada

Abstract / Résumé

Introduction: A Partner Working Group (PWG) adds value to research and the development of clinical tools for professionals and care partners by incorporating their lived experiences into the creation of resources, professional trainings and debriefings, and the dissemination of knowledge. We developed a PWG composed of care partners to align the materials created through the Strengthening a Palliative Approach in Long-Term Care (SPA-LTC) program for professionals working in long-term care (LTC) homes and for family members and others seeking information about caring for persons living in LTC homes.

Objective: To describe activities and processes used to meaningfully engage Partner Working Group Members and their experiences in being involved in research.

Method: A qualitative descriptive design was used. Care partners from Ontario, Quebec, and Saskatchewan participated virtually in intake interviews, group meetings, and post-involvement interviews over a one-year period. Interviews were recorded and notes were taken at the group meetings. These were analyzed using thematic analysis.

Findings: Five care partners shared positive experiences in being part of the PWG. Partners perceived that they made important contributions to research by critiquing and assisting in developing materials such as the SPA-LTC website and educational resources. Partners experienced multiple benefits such as increased knowledge about current research initiatives and confidence in sharing their stories and recommendations in supporting care partners in LTC.

Conclusions: When implementing a PWG there is a need to ensure that the voices of care partners are being incorporated, meaningfully, throughout the research process and that partners also benefit from activities.
The motivations and experiences of family advisors on an international Strategic Guiding Council to improve end-of-life care for people with advanced dementia in long-term care

Pam Holliday¹,², Marie-Lee Yous², Stephanie Lucchese², Sandra Chow², Bianca Tétrault², Sally Shaw², Sharon Kaasalainen²
¹University Health Network, Toronto, Canada. ²McMaster University, Hamilton, Canada

Abstract / Résumé

Introduction: The Strategic Guiding Council (SGC) was created to engage family carers of persons with advanced dementia as advisors to inform the design and implementation of the Family Carer Decision Support (FCDS) study. The FCDS study was conducted to build the capacity of long-term care (LTC) staff in supporting caregivers to make decisions about end-of-life care for residents with advanced dementia. It was conducted in Canada, the Republic of Ireland, the United Kingdom, the Netherlands and the Czech Republic, during the COVID-19 pandemic.

Objective: To explore the experiences, facilitators, and challenges of family advisors in being part of the SGC.

Method: An interpretive descriptive design was used. Family advisors from Canada, United Kingdom, Czech Republic, the Republic of Ireland and the Netherlands participated in semi-structured interviews by phone or videoconferencing. Interviews were recorded, transcribed, and analyzed using thematic analysis.

Findings: Family advisors were motivated to be part of the SGC to share insights and advocate for recommendations to support other family carers facing similar challenges with end-of-life care (e.g., pain management and navigating the healthcare system). Being part of the SGC allowed for reciprocal learning as family advisors perceived they were contributing meaningful information and learning from others such as health professionals, researchers, and other advisors.

Conclusions: To our knowledge, this is the first study to explore the perspectives of an international group of family advisors as part of the SGC. Findings revealed the need to ensure that family advisors receive much needed information and support while contributing to research.
Partnering with family members of long-term care residents who have dementia to implement and evaluate the Family Carer Decision Support intervention in six countries

Sharon Kaasalainen¹, Pam Holliday²¹, Tamara Sussman³
¹McMaster University, Hamilton, Canada. ²University Health Network, Toronto, Canada. ³McGill University, Montreal, Canada

Abstract / Résumé

Objective: This presentation will highlight the perceptions and experiences of family members with implementing and evaluating the Family Carer Decision Support intervention, which included advance care planning, family education, family meetings; across five countries, including Canada.

Methods: This project used a mixed methods design, including a survey and individual interviews with family members who participated in a family advisory panel, later termed the Strategic Guiding Council by them. We recruited 17 family members from five countries with each country participating in the Strategic Guiding Council and tracked their involvement in study activities using online surveys. We conducted post interviews with 14 of them. Interview data was analysed using thematic analysis.

Findings: Key activities of the family advisors included reviewing promotional material for the study, reviewing the patient engagement toolkit and its evaluation plan, providing feedback on intervention measures and study communications, reviewing recruitment materials and strategy, and developing blogs with the project’s Early Career Researchers Committee. Family members stated they appreciated being well-informed of study activities and the structured meetings that stayed on-time. However, family stated that more attention was needed to assist with language barriers, and to provide diverse opportunities for members to connect and contribute in addition to verbal feedback during meetings.

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.
Meaningful engagement of family research partners in workshop sessions to build a Virtual Community of Practice for caregivers of persons living with dementia

Marie-Lee Yous1, Ruthie Zhuang2, Nicole Beaudry1, Shelley Griffith1, Frances Shirley Laming-Vancer1, Susanne Jeanette Langdon1, Paul Lee1, Sylvie Sylvestre1, Aki Tomizawa1, Sharon Kaasalainen1, Carrie McAiney3

1McMaster University, Hamilton, Canada. 2Western University, London, Canada. 3University of Waterloo, Waterloo, Canada

Abstract / Résumé

Introduction: Families are not always involved in designing interventions. In this study we collaborated with family research partners experience as caregivers for people with dementia at home or in long-term care to design a Virtual Community of Practice for other caregivers. A community of practice consists of a group of people with shared challenges who want to enhance their knowledge through mutual interactions.

Objective: To describe the experiences and impacts of family research partners in participating in workshop sessions to design a Virtual Community of Practice.

Method: A sequential mixed methods design was used. Workshop sessions (qualitative component) were followed by the completion of the Patient and Public Engagement Evaluation Tool (quantitative component). All research partners were from Ontario. Each family research partner attended two workshop sessions by Zoom, with two to three research partners per session. Workshop sessions were recorded. Reflective notes were taken immediately following the workshop sessions. Workshop sessions and notes were analyzed using thematic analysis. Demographics and survey data were summarized descriptively.

Findings: Seven research partners shared their experiences of participating in the workshop sessions. Benefits included opportunities to learn about caregiving from other research partners, being able to freely express one’s perspectives, contributing to research, and learning about strategies to connect with people living with dementia at different stages. Research partners appreciated flexible scheduling of workshop sessions and the convenience of meeting virtually.

Conclusion: Meaningful engagement of family research partners is key to ensuring that they experience positive impacts.
Sharing stories to support family caregivers: Behind the scenes of the Cup of Care podcast

Katherine M. Ottley¹, Marlene Moorman¹, Sibtain Ali¹, Natasha Hubbard-Murdoch², Paulette V. Hunter³
¹University of Saskatchewan, Saskatoon, Canada. ²Saskatchewan Polytechnic, Saskatoon, Canada. ³Saint Thomas More College - University of Saskatchewan, Saskatoon, Canada

Abstract / Résumé

Podcasts have become increasingly popular with a wide range of listeners, making them useful as a knowledge dissemination tool. In this format, the flexible integration of fact, story, and dialogue holds great potential for making messages more memorable. During the Cup of Care podcast project, featured at www.spaltc.ca, our team set out to share experiences of family caregiving in Canada. We did this by interviewing six family caregivers whose varied relationships with those they support give them wide-ranging perspectives – yet plenty of common ground. In this “behind-the-scenes tour” of Cup of Care, co-host Katherine (Katie) Ottley and interviewee Marlene Moorman reflect on the rewards and challenges of contributing knowledge in a podcast format from their respective points of view. As they share their experiences, you will learn more about key considerations for developing a podcast project and for preparing for interviews with podcasters. Ultimately, the presentation will illustrate and affirm the value of sharing family caregivers’ experience-based knowledge, while offering prospective podcast participants and hosts useful information to begin their podcasting journey.
Volunteering among CLSA participants: Effects of the COVID-19 pandemic

Eireann O’Dea¹, Andrew Wister¹, Lun Li², Sarah Canham³, Barbara Mitchell¹
¹Simon Fraser University, Vancouver, Canada. ²MacEwan University, Edmonton, Canada. ³University of Utah, Salt Lake City, USA

Abstract / Résumé

The ongoing COVID-19 pandemic has presented numerous challenges to older adults in Canada, including the ability to engage in volunteer work. This has created a new volunteer landscape in which common predictors of volunteerism among older adults may have shifted due to these pandemic effects. The purpose of this study is to determine the changes in the relationship between various human, social, and cultural capital variables, and volunteering among older adults during the early days of the COVID-19 pandemic (April-August 2020), using data from the Canadian Longitudinal Study on Aging (CLSA). This study utilized data from 24,306 participants (aged 55+) who participated in the CLSA Baseline, Follow-up 1 and the COVID-19 Study Baseline surveys. SPSS 26 was used for all data analyses. Generalized Mixed Models was used to model changes in volunteering from Follow-up 1 to the COVID-19 Baseline survey. Results confirm a decrease in volunteer activity among CLSA participants during the early stages of the pandemic. When compared to pre-pandemic associations (FUP1), participants who continued to volunteer during the early stages of the pandemic were more likely to be young-old (aged 55-64), male, employed, and not involved in religious activities. These findings provide evidence of pandemic effects on volunteering among older adults in Canada. Considering the current volunteer shortage in Canada, future research should explore the long-term impacts of the pandemic on volunteering among older adults, and ways to support volunteering among older adults when facing various forms of adversity.
Depression during the COVID-19 Pandemic Among Older Adults with Stroke History: Findings from the Canadian Longitudinal Study on Aging

Andie MacNeil¹, Grace Li², Ishnaa Gulati³, Aneisha Taunque³, Ying Jiang⁴, Margaret deGroh⁴, Esme Fuller-Thomson¹
¹University of Toronto, Institute for Life Course & Aging, Toronto, Canada. ²University of Victoria, Victoria, Canada. ³University of Toronto, Toronto, Canada. ⁴Public Health Agency of Canada, Ottawa, Canada

Abstract / Résumé

The COVID-19 pandemic and accompanying public health measures exacerbated numerous risk factors for depression, while also increasing health-related stressors for people with stroke history. Using a large longitudinal sample of older adults, the current study examined the prevalence of incident and recurrent depression among participants with stroke history, and also identified factors that were associated with depression during the pandemic among this population. Data came from four waves of the Canadian Longitudinal Study on Aging’s comprehensive cohort (n=577 with stroke history). The outcome of interest was a positive screen for depression, based on the CES-D-10, collected during the 2020 CLSA COVID autumn questionnaire. Bivariate and multivariate logistic regression analyses were conducted to identify factors that were associated with depression. We found that approximately 1 in 2 (49.5%) participants with stroke history and a history of depression experienced a recurrence of depression early in the pandemic. Among those without a history of depression, approximately 1 in 7 (15.0%) developed depression for the first time during this period. The risk of depression was higher among immigrants, those who were lonely, those with functional limitations, and those who experienced COVID-19 related stressors, such as increased family conflict, difficulty accessing healthcare, and becoming ill or having a loved one become ill or die during the pandemic. These findings underline the importance of targeted intervention for those with stroke history, both with and without a history of depression, to buffer against the stressors of the COVID-19 pandemic and support the mental health of this population.
Exploring the Relationship between Social Isolation and Cognitive Change in the CLSA: The Mediating Role of Physical Activity

Shawna Hopper, Andrew V Wister, Theodore D. Cosco, John R. Best
Simon Fraser University, Vancouver, Canada

Abstract / Résumé

In the face of the rapidly aging population, the negative health effects associated with social isolation, including cognitive decline, are being increasingly recognized. While interventions targeting social isolation to improve cognitive function have only demonstrated small effect sizes, interventions targeting physical activity may be more effective in protecting against cognitive decline. Using baseline and follow-up one data from the Canadian Longitudinal Study on Aging (CLSA), latent change score models, incorporating mediation, were constructed to estimate the indirect effect of social isolation on cognitive change through physical activity. Multi-group models were constructed based on age-group (45-65 versus 65+) and sex. On average, executive function scores decreased from baseline to follow-up, especially among adults 65+, whereas memory tended to be unchanged over time. Indirect effects of social isolation on cognition through physical activity were evident in males and females 65+ for memory change ($= -0.005$ [99.9% CI: $-0.007$ to $-0.002$] in both groups) and in males adults 65+ for EF change ($= -0.01$ [99.9% CI: $-0.02$ to $-0.006$]). Indirect effects were not observed for adults 45-65 years. Social isolation is associated with diminished physical activity, and in turn, diminished physical activity is associated with decline in memory in adults 65+, and larger declines in executive function in older males. Physical inactivity may serve as a mechanism through which social isolation negatively affects cognitive health in older adults. To maintain cognitive health among older adults experiencing social isolation, interventions aimed at increasing physical activity may be beneficial.
Exploring pathways between early-life adversity and later asthma among older adults using data from the Canadian Longitudinal Study on Aging

Keri J. West¹, Lin Fang¹, Eleanor Pullenayegum²,¹, Esme Fuller-Thomson³
¹University of Toronto, Toronto, Canada. ²Hospital for Sick Children, Toronto, Canada. ³University of Toronto, Institute for Life Course & Aging, Toronto, Canada

Abstract / Résumé

This study examined pathways between adverse childhood experiences (ACEs) and asthma among older adults, including the potential mediating effects of depression, anxiety, smoking, obesity, and social support, and moderating effects of sex. Data were obtained from the Canadian Longitudinal Study on Aging (CLSA; n=43,203). Exploratory and confirmatory factor analyses were conducted to ascertain the dimensionality and factor structure of the CLSA ACEs items. To test the effects of ACEs on asthma, a structural equation model was specified that included all of the focal constructs, controlling for income, education, race, marital status, and sex. Subsequent multigroup structural equation modeling explored the potential moderating effects of sex. ACEs, modeled as a second-order factor with three first-order factors (i.e., physical abuse, sexual abuse, and household dysfunction), were negatively associated with social support, and positively associated with depression, anxiety, obesity, and smoking. Anxiety and obesity were, likewise, positively associated with asthma. Anxiety and obesity partially mediated the effect of ACEs on asthma. Sex appeared to moderate the relationship between ACEs and depression, ACEs and smoking, depression and asthma, and obesity and asthma. Sex moderated the indirect effect of ACEs on asthma through obesity, with a stronger effect shown for women than men. Results indicate that anxiety and obesity are potential therapeutic targets to mitigate the impact of ACEs on the development of adulthood asthma.
The association between trajectories of marital status and successful aging varies by sex: Findings from the Canadian Longitudinal Study on Aging (CLSA)

Mabel Ho¹, Eleanor Pullenayegum², David Burnes³, Esme Fuller-Thomson³
¹University of Toronto, Toronto, Canada. ²Hospital for Sick Children, Toronto, Canada. ³University of Toronto, Institute for Life Course & Aging, Toronto, Canada

Abstract / Résumé

In addition to the burgeoning aging population, there have been substantial societal changes in both family structure and marital status in recent decades. However, few studies in Canada have examined the relationship between trajectories of marital status and successful aging in older adults, especially among those who have experienced widowhood, divorce, or separation in later life. Using an expanded definition of successful aging, this paper investigated the sex-specific effects of trajectories of marital status on successful aging among 7,641 older Canadians classified as “aging successfully” in the baseline wave of the Canadian Longitudinal Study on Aging (CLSA). Binary logistic regression analyses were used to investigate the association between trajectories of marital status and successful aging at time 2 for the full sample and both sexes separately. Covariates including demographic, socioeconomic, lifestyle and health-related factors were examined. After adjusting for 21 baseline factors, respondents who were continuously married or who became married after the baseline interview had higher adjusted odds of achieving successful aging at time 2 in comparison to their never married counterparts. The association between trajectories of marital status and successful aging differed significantly by sex. Considerable variations in the baseline factors associated with successful aging among sexes were observed. Policies and interventions can be developed to support more vulnerable older adults, especially those who are never married or experienced widowhood, divorce, or separation in later life.
The Dementia Resources for Eating, Activity, and Meaningful Inclusion (DREAM): Participatory Co-design Process & Outcome

Laura Middleton1,2, Shannon Freeman3, Chelsea Pelletier1, Kayla Regan1, Rachael Donnelly1, Kelly Skinner1, Cindy Wei1, Emma Rossnagel3, Huda Jamal Nasir1, M Claire Buchan1, Alexandra Butler1, Amanda Doggett1, Isabella Romano1, Heather Keller1,2
1University of Waterloo, Waterloo, Canada. 2Schlegel-UW Research Institute for Aging, Waterloo, Canada. 3University of Northern British Columbia, Prince George, Canada

Abstract / Résumé

Promoting wellbeing of persons with dementia and their families is a priority. Engaging diverse partners to co-develop interventions promotes impactful solutions. We describe the process, output, and lessons learned from the Dementia Resources for Eating, Activity, and Meaningful inclusion (DREAM) project, which co-developed tools/resources with persons with dementia, care partners, community service providers, health care professionals, and researchers with the aim of increasing supports for physical activity, healthy eating, and wellbeing of persons with dementia. Our process included: 1) Engaging/maintaining the DREAM Steering Team; 2) Setting/navigating ways of engagement; 3) Selecting priority audience/content; 4) Drafting the toolkit; 5) Iterative co-development of tools/resources; 6) Usability testing; 7) Implementation and evaluation. In virtual meetings, the DREAM Steering Team confirmed toolkit audiences (primary: community service providers; secondary: persons with dementia, care partners) and identified and evolved content areas. An environmental scan identified few existing, high-quality resources aligned with content areas. The Steering Team, additional multi-perspective partners, and external contractors iteratively co-developed new tools/resources to meet gaps. The final DREAM toolkit includes a website with seven learning modules (on dementia, inclusion, physical activity, and healthy eating), a learning manual, six videos, nine handouts, and four wallet cards (www.dementiawellness.ca). Our co-development participants rated the process highly in relation to the principles and enablers of Authentic Partnership. Through use of the co-developed DREAM toolkit, we anticipate community service providers will gain the knowledge and confidence needed to provide dementia-inclusive wellness programs and services that benefit persons with dementia and their families.
The DREAM Project: Co-creating physical activity tools and resources to support access, inclusion, and action for persons with dementia

Laura E Middleton1,2, Chelsea Pelletier3, Kayla Regan1, Heather Keller1,2, Rachael Donnelly1
1University of Waterloo, Waterloo, Canada. 2Schlegel-UW Research Institute for Aging, Waterloo, Canada. 3University of Northern British Columbia, Prince George, Canada

Abstract / Résumé

Physical activity supports physical, social, and cognitive abilities of persons with dementia, but few meet physical activity recommendations. The DREAM included persons with dementia, care partners, community service providers, health care professionals and researchers with diverse ethno-cultural identity and geography to co-develop tools/resources support the health and wellbeing of persons with dementia. Here, we focus on decision-making and outputs related to physical activity. The benefits of physical activity for persons with dementia, physical activity recommendations, and dementia-inclusive physical activity strategies were considered key content areas. Safety screening was deemed relevant but not a focus. Key decisions for messaging included: 1) physical activity is done in many ways; 2) diverse ethno-cultural identities are represented; 3) case studies demonstrating practical strategies are included; 4) messages are communicated in several ways (e.g., videos, learning modules, handouts); 5) handouts are translated in several languages. The resultant DREAM toolkit includes: 1) two destigmatizing videos about physical activity and dementia; (2) two learning modules capturing the benefits and recommendations of physical activity and dementia-inclusive strategies, both include case studies; (3) wallet cards for persons with dementia to share their abilities, preferences, and goals; (4) four handouts available in 6 languages. Co-created DREAM physical activity resources share knowledge, strategies, and messages of hope in relation to dementia and physical activity for broad audiences and may increase the number of community service providers who can support persons with dementia in physical activity.
Healthy eating, mealtimes, and dementia: Co-creating tools and resources to support access, inclusion, and action.

Heather Keller\textsuperscript{1,2}, Rachael Donnelly\textsuperscript{3}, Cindy Wei\textsuperscript{1}, Hana Dakkak\textsuperscript{1}, Kelly Skinner\textsuperscript{1}, Chelsea Pelletier\textsuperscript{4}, Shannon Freeman\textsuperscript{4}, Kayla Regan\textsuperscript{1}, Laura Middleton\textsuperscript{1}
\textsuperscript{1}University of Waterloo, Waterloo, Canada. \textsuperscript{2}Schlegel-UW Research Institute for Aging, Waterloo, Canada. \textsuperscript{3}Northern Ontario School of Medicine, Sudbury, Canada. \textsuperscript{4}University of Northern British Columbia, Prince George, Canada

Abstract / Résumé

Healthy eating and dementia-inclusive mealtimes can help persons with dementia decrease malnutrition risk, participate in meaningful activities, and maintain social relationships. The Dementia Resources for Eating, Activity and Meaningful Inclusion (DREAM) project created food-related resources to include and support persons with dementia within their communities. A diverse Steering Team including persons with dementia, care partners, services providers, health care professionals and researchers identified priority topics, and reviewed existing and co-developed new resources/tools where required. The identified priority topics were healthy eating and dementia-inclusive mealtimes practices, with a secondary area of content focused on nutrition risk. Although over ninety nutrition resources were discovered using an environmental scan, very few (n=13) were considered appropriate, as evidence-based Canadian resources were preferred. Resources/tools that had the following key messages were included or were created: importance of healthy eating; general guidance on healthy eating and representing diverse healthy eating patterns; significance of mealtimes for social interactions and meaningful activities; and overcoming mealtimes challenges, including accessible food options. This presentation will discuss the collaborative process of identifying existing high-quality resources and creating new resources/tools for use on the DREAM website. The iterative, co-design process resulted in the creation of 2 learning modules, 2 videos, 5 handouts, and 2 wallet cards on healthy eating and dementia-inclusive mealtimes. These resources are available in six languages on the DREAM website.

Shannon Freeman¹, Emma Rossnagel¹, Stefani Kolochuk¹, Kayla Regan², Laura Middleton²
¹University of Northern British Columbia, Prince George, Canada. ²University of Waterloo, Waterloo, Canada

Abstract / Résumé

Community programming for promoting healthy behaviours is often not designed to accommodate persons living with dementia (PLWD). This extends to community service providers who seldom receive appropriate dementia-focused training. Our co-developed DREAM toolkit contains valuable resources to educate community service providers regarding dementia and dementia-inclusive services with an end goal of improving the health and wellbeing of PLWD and their care partners by creating inclusive programs and services in their communities. To ensure we met these goals, our evaluation centred on assessing community service provider change in knowledge, confidence, and attitudes around dementia, physical activity, eating habits, and wellbeing after reviewing the DREAM toolkit. Our mixed-methods evaluation included qualitative interviews and an online repeated measures survey to describe participants experience with the DREAM toolkit over time. Over a 3-month period, 33 service providers took part in the baseline, post-, and exit-survey questionnaires. Results revealed that the DREAM toolkit increase the confidence of service providers to support PLWD using non-pharmaceutical approaches. They identified specific changes in practice to better support, improve, and maintain of wellness of PLWD and care partners. Reflections of service providers indicated a shift away from stigma and a move towards advocacy and inclusion of PLWD through individual, social, and environmental changes within community programming.
Cultivating community in non-profit long-term care homes through relationship-centred leadership

Jyllenna Landry¹, Kayley Lawrenz¹, Abigail Wickson-Griffiths², Paulette Hunter³
¹University of Saskatchewan, Saskatoon, Canada. ²University of Regina, Regina, Canada. ³St. Thomas More College, University of Saskatchewan, Saskatoon, Canada

Abstract / Résumé

Objective: While much commentary on long-term care home quality has focused on the availability of monetary and human resources, community relationships are also a key contributor to perceptions of quality. Since leaders directly influence the quality of community relationships in long-term care, our research aimed to understand the principles that guide leaders. We focused specifically on leadership in the non-profit sector.

Method: We interviewed 23 leaders of non-profit long-term care and integrated healthcare facilities in one western Canadian province. Leaders were asked about their experiences, their approach, and what motivates their work. We used a qualitative description approach to summarize the findings.

Findings: Five key principles for effective leadership in the non-profit sector were distilled from the interview content: working from a collective mission, knowing that everyone’s personhood matters, balancing relational and administrative work, working to earn trust, and leading by example. These principles were consistent with a relationship-centred philosophy of care, and were aimed at cultivating a community where residents know they matter.

Conclusion: Relationship-centred care is a paradigm shift from person-centred care, yet it ultimately fosters person-centred care. Relationship-centred leaders value the personhood of everyone in the long-term care community, helping to strengthen meaningful and mutually beneficial relationships, and contributing to long-term care home quality.
A mixed methods review of the integral role of family caregivers in resident and LTC community well-being

Heather Alford¹, Kirstian Gibson¹, Paulette Hunter², Heather Ward¹
¹University of Saskatchewan, Saskatoon, Canada. ²St. Thomas More College, University of Saskatchewan, Saskatoon, Canada

Abstract / Résumé

Objective: Evidence has long emphasized family caregivers as essential members of long-term care (LTC). The prolonged restriction of contact between LTC residents and their family caregivers during the COVID-19 pandemic provided an unintended opportunity to understand the impact of family caregiver absence on residents and the LTC community. The aim of this project was to assess the impact of family caregiver absence from LTC during the pandemic.

Methods: We conducted a scoping review of LTC resident outcomes. We also completed interviews with family caregivers, focusing on their observations and experiences about the period during which they were unable to assist and spend time with their relatives.

Results: The scoping review identified that during the pandemic, people living in LTC experienced profound disruption of social networks, including a prolonged absence of contact with family and friends living outside of LTC. These conditions were associated with reduced cognitive and physical function; increased loneliness, anxiety, depression; and increased agitation. Family caregivers’ self-reported observations corroborated this evidence. In addition, family caregivers reported experiencing persistent worry, anguish, and frustration; loss of their caregiver role; and disruption of their family units.

Conclusion: These two complementary studies underscore the importance of the family relationships to people living in long-term care. The absence of family from LTC during the pandemic compromised LTC residents' health and quality of life. For LTC to function safely and effectively, it must be recognized as an interdependent community of residents, family, and staff where co-participation is supported by policy and practice change.
Priorities for a relationship-centered model of long-term care in Saskatchewan

Ivy Myge¹, Cathy Cole², Michael McFadden², Heather Ward¹, Paulette Hunter³
¹University of Saskatchewan, Saskatoon, Canada. ²Saskatchewan Health Authority, Saskatoon, Canada. ³St. Thomas More College, University of Saskatchewan, Saskatoon, Canada

Abstract / Résumé

Objective: A relationship-centered approach in long-term care (LTC) centers the humanity and interdependence of residents, family caregivers, and staff by emphasizing strong, respectful, and trusting partnerships where all perspectives are valued. During the pandemic, policies restricting family presence impacted the relationships between residents, families, and staff in LTC. As recovery continues, there is a focus on strengthening relationships. The objective of this project was to co-design, with LTC residents, family caregivers, employees, and leaders, a relationship-centered practice model that includes concrete, feasible, high-impact practices to support relationships in LTC.

Methods: An adapted experience-based co-design approach was implemented in four phases: (1) literature review; (2) site visits to interview LTC stakeholders (residents, family caregivers, employees, and leaders) and identify local “hotspots” and best practices; (3) a co-designed event focused on the top priorities for a relationship-centered care model in LTC; (4) a final report summarizing relevant background information, the co-designed practice model, and available supporting resources.

Findings: This presentation addresses findings from phase two, which intersect the following four main areas: resident admissions, community involvement, LTC policy, and communication practices.

Conclusion: Co-design projects support health system recovery and resilience by engaging collaborative planning among those who rely on and those who provide healthcare services. This project identified strategic areas of focus to strengthen community relationships in LTC.
A mixed-methods scoping review of long-term care facility design and associated outcomes

Elizabeth Pywell¹, Katherine Ottley¹, Azin Dolatabadi², Joshua Maza³, Kayley Lawrenz¹, Jim Hutchinson¹, Heather Ward¹, Abigail Wickson-Griffiths², Paulette Hunter³
¹University of Saskatchewan, Saskatoon, Canada. ²University of Regina, Regina, Canada. ³St. Thomas More College, University of Saskatchewan, Saskatoon, Canada

Abstract / Résumé

Objective: As people live to late older adulthood, their reliance on disability supports and services increases. While these supports and services can often be provided at home, many people spend a period of their lives in residential long-term care, and the quality of long-term care environments is of great significance to those who make this transition and to those who support it. The objective of this study was to survey the range of design innovations in residential long-term care and to consider outcomes for residents, family caregivers, employees, and healthcare organizations.

Methods: To achieve this, we conducted a systematic scoping review and analyzed results using a convergent segregated mixed methods approach. We summarized 65 articles on the topic of long-term care home building design by classifying structural design features and associated outcomes.

Results: We identified one non-innovative design type (the traditional Institutional Model), and three innovative design types (Small-scale Homelike Models, Large-scale Homelike Models, Special Small-scale Approaches). Among innovative design types, a wide range of positive outcomes were identified for residents, families, and staff. These outcomes were achieved without necessarily increasing costs and included outcomes of central significance for long-term care, including improved quality of life, improved family satisfaction, and improved staff engagement in work.

Conclusion: Based on these results, environmental design is a critical contributor to long-term care quality.
Stakeholder engagement as the guiding compass for long-term care research

Katherine Ottley¹, Mariana Ribeiro¹, Rebeca Pereira¹, Ivy Myge¹, Thomas Qiao¹, Heather Alford², Joshua Maza¹, Jyllenna Landry¹, Marlene Moorman¹, Marilyn Barlow¹, Roslyn Compton², Allison Craswell², Paulette Hunter¹

¹University of Saskatchewan, Saskatoon, Canada. ²University of the Sunshine Coast, Sippy Downs, Australia

Objective / Résumé

Objective: Strong stakeholder engagement can serve as a compass by orienting researchers to the preferred directions of those who rely on research, leading the way to new insights, and increasing the speed that knowledge travels to practice settings. Yet, in long-term care, residents, family caregivers, volunteers, staff, and leaders feel there are often missed opportunities to productively engage them in guiding practice. The objective of this presentation is to review strategies for long-term care stakeholder engagement in research.

Methods: During the presentation, a collaborative network of research teams will discuss how we have approached stakeholder engagement and accommodated barriers to participation throughout the research process. These teams will also reflect on how they would like to continue to grow.

Results: Barriers to stakeholder engagement in health research often arise from failure to invite engagement. However, hesitancy to accept invitations also arises from uncertainty about the research process, lack of confidence in the ability to meaningfully contribute, the sense that research is unlikely to result in change, and already overwhelming responsibilities. Cultivating strong mutually reciprocal relationships improves capacity to meaningfully circumnavigate these barriers.

Conclusion: As high-relevance, stakeholder-informed research begins to guide practice change in long-term care, increased engagement from long-term care stakeholders can be anticipated.
Older adult loneliness as a new ‘geriatric giant?’: Problems of datafication within an ageist emotional economy.

Stephen Katz
Trent University, Peterborough, Canada

Abstract / Résumé

Conceptualized as a major health crisis for older adults, loneliness has been termed a new ‘geriatric giant’ (Freedman & Nicolle, 2020). During the COVID epidemic, the intersecting consequences of loneliness and isolation (often blurred in the literature) have intensified, as varying public health measures have restricted visiting, gathering, routines and activities. While technical interventions, such as digital communication technologies (DCTs), tele-health meetings, online games, mechanical pets and simulated presence therapy (SPT) have been offered as beneficial aids, even where these are available they tend to individualize and universalize loneliness and isolation, while de-contextualizing the structural relations and social environments that configure lonely-making experiences. This critique, drawing on current literature and policy, explores how dominant health and gero-technological research quantify and represent loneliness in ways that reduce its complexity and heterogeneity. Such datafication also fails to address the wider problems of living in an isolating and lonely-making ageist emotional economy, whose disregard of affordable housing, caregiver burden, labour inequalities and age-supportive community planning deprive older adults of their rights to age in socially connective ways. Conclusions consider how a critical focus on loneliness and isolation as relational to conditions of social care invites more inclusive and radical interventions.
S103

Turning the “insults of illness into privileges of being”: Re-evaluating vulnerability and frailty in nursing home narratives

Ulla Kriebernegg
University of Graz, Graz, Austria

Abstract / Résumé

This paper analyzes how concepts of vulnerability, frailty, and care are linked from the perspective of literary gerontology. Discussing the newly emerging genre of the nursing home novel, the research will show how a close reading can challenge traditional assumptions about bodies on the margins of life and death as merely existing in the “black hole” of the fourth age (Gilleard and Higgs 2010). Examples are drawn from stories that are set in long-term care facilities that resemble “total institutions” (Goffman 1961), such as May Sarton’s As We Are Now (1973) or Oscar Casares’s Amigoland (2009), where aging into old age is often narrated as a creative process that allows for agency and involves the renegotiation of one’s identity despite extreme vulnerability. The literary lens here examines such novels as “Reifungsromane” (novels of ripening, Waxman 1990) or “Vollendungsromane” (novels of completion, Rooke 1992), where vulnerability is represented as a meaningful condition that facilitates resistance in the face of loss and precarity. As such, these are striking individual narratives of self-determination that are less about “successful aging,” than about “successful frailty,” which Wendy Lustbader describes as “turning the ‘nothing’ of empty time into the ‘something’ of good days” (1991: 14). Conclusions reiterate how vulnerability is a shared, ontological condition, and why fictional representations of it, such as the nursing home in Margaret Atwood’s “Torching the Dusties” (2014), are important to highlighting vulnerability as a current socio-political issue in connection with care ethics and social justice.
Ageing in Times of Crisis – Insecurity, Precarity and the Vulnerable Older Subject

Vera Gallistl
Karl Landsteiner University of Health Sciences, Krems, Austria

Abstract / Résumé

Background. In the last 20 years, western societies have experienced a complex series of crises (Blokker & Vieten, 2022), ranging from the financial-economic crisis in 2007, the migration crises, the global pandemic and the ongoing climate crises. These crises have collectively exposed the unequal distribution of risk and vulnerability; and in particular, how ageing and later life are constructed as inherently vulnerable.

Aims and Methods. This presentation makes a novel contribution to the gerontological literature on vulnerability by drawing on a lens of precarity (Grenier, 2020) to examine how ageing and later life are culturally framed in times of crises. Using the Covid-19 pandemic as one example, the paper uses data from a survey (n=600) and interviews (n=15) with older adults (60+ years) living in Austria during the Covid-19 pandemic to shed light on the ways older adults have experienced risk and vulnerability, and the cultural frames they use to make sense of them.

Results and Discussion. Discussion highlights that, despite many of the participants rejecting the notion of individual vulnerability, they shared a collective vision of a vulnerable ageing subject characterized by its constructed position within the heightened insecurities consequent of living in societies in crises. The overall argument of this paper is that we need to find alternative forms of explanations of vulnerability-in-crises beyond the current discourses that ontologize it (McKeown et al. 2020), and strip it of its political dimensions rooted in age-associated social struggles about power and inequality.
Vulnerability in the context of narrative gerontology

Kate de Medeiros
Concordia University, Montreal, Canada

Abstract / Résumé

Narrative gerontology considers how people age biographically as well as socially and biologically. However, often undertheorized in narrative approaches to later life is the importance of vulnerability and risk in the act of narrating experience. When older people are positioned as vulnerable narrators in need of either reconciling past conflicts or focusing on positive milestones that support cultural narratives of a “the life well lived,” sad, emotionally laden, or uncertain/unfinished stories are discouraged. Yet, risk and vulnerability can result in great personal meaning. Subsequently, the “risky” experience of telling one’s story can be more important than the stories themselves. In this paper, I use several illustrative examples to argue that narrative approaches to understanding later life should pay more attention to the importance and power of vulnerability in giving voice to experience. Overall, I explore the tensions between cultural and personal narratives that position older people as vulnerable subjects and argue that vulnerability can be a great source of strength and meaning.
“Love is not love until love is vulnerable”

W. Andrew Achenbaum
University of Houston, Houston, USA

Abstract / Résumé

For decades I have offered this line from Theodore Roethke's poem, “The Dream,” as a wedding toast—much to the delight of newly weds and their guests. It has ancillary powers, as illustrated in this paper. On the one hand, poets can stir the imaginations of cross-disciplinary researchers and teachers as well as inter-professional providers in age studies so that they can evaluate best practices in caring for vulnerable individuals. On the other hand, sharing lines of poems invite dialogical conversations at the bedside and at home.

In this presentation, I offer a two-step analysis that puts “Love is not love until love is vulnerable” into the context of this symposium. First, I illuminate the connections among dreams, love, and vulnerability in Roethke’s literary imagination. Second, I propose that “vulnerability” is a fluid emotion, which bridges loving and suffering in diversely soulful ways, particularly among women and men in later years. Thus this paper focuses on ways that caregivers can share their own vulnerabilities along with family, clients, and newlyweds who are present and listen to expressions of fears, hopes, and spiritual pain.
Workshop / Atelier

W1

The Reflection Room®: A case for developmental evaluation for community-engaged research in aging

Celina Carter¹, Paul Holyoke¹, Justine Giosa¹,²
¹SE Research Centre, Markham, Canada. ²University of Waterloo, Waterloo, Canada

Abstract / Résumé

Purpose and Objectives: An initial “spark” arising unexpectedly out of a knowledge mobilization activity developed into a seven-year multi-phase project called the Reflection Room®. Over its development, the Reflection Room project has had several objectives related to supporting communities of aging Canadians around end-of-life topics: 1) dissemination of spiritual care best practices; 2) increasing comfort thinking and talking about dying and death; and 3) attending to pandemic-related grief in long-term care homes. Methodologically, these ever-evolving innovative projects can be difficult to evaluate.

The purpose of this workshop is to discuss how Developmental Evaluation (DE) is well suited to community engaged research in aging, as it allows for cyclical learning, adapting and developing of innovations in a way that is responsive to the ideas, needs and input of end-users.

Workshop participants will, 1) Learn about applying DE in aging research through the Reflection Room project, 2) Understand the pros and cons of DE compared to other forms of evaluation, and 3) Practice applying DE methods with an example aging-focused research project that will be workshopped and proposed by the group.

Workshop format: The workshop will begin with a multi-media presentation (e.g., photos, videos, lecture content) on the Reflection Room DE, with time for discussion and questions. There will then be an engaging group activity that encourages brainstorming, collaboration and problem solving among aging researchers as they work to apply DE methods to a proposed new project. The workshop will end with a round table summary of key learnings and takeaways.
Rethinking Aging: Thriving Across the Life Course

Kiran Rabheru\textsuperscript{1,2}, Margaret Gillis\textsuperscript{1}
\textsuperscript{1}International Longevity Centre Canada, Ottawa, Canada. \textsuperscript{2}University of Ottawa, Ottawa, Canada

Abstract / Résumé

Ageism is defined as the way people think, feel, and act against older persons because of their age. For decades, starting at an early age, implicit stereotypes and biases against older people have stealthily and unconsciously been indoctrinated, permitted, and promoted. This pandemic of ageism has permeated the minds of persons within society, leading to negative attitudes, feelings, and action negatively impacting older people. Ageism is also harmful to the population health and the country’s economy. An urgent paradigm shift is therefore needed to change the way people think, feel, and act towards older persons.

During this presentation, ILC Canada will introduce a “Rethinking Aging” free toolkit of videos, games, audit tools, quiz cards, attitude quizzes, and audit tools to facilitate the reframing of the narrative around healthy aging and combat ageism. Possible target audience include elementary, high school and university students, workplace colleagues, board members, and the general public. “Rethinking Aging” will help us get closer to our vision of a Canada free of ageism.
Addressing Dementia Stigma and Fostering Inclusiveness in Small Rural Communities

Barbara Everdene
City of Vernon, Vernon, Canada

Abstract / Résumé

The City of Vernon, in collaboration with academic and community partners, is applying existing best practice research to the challenge of addressing dementia stigma and fostering inclusiveness in small rural communities.

Engaging participants in an interactive research simulation, this immersive session will demonstrate best practice age and dementia friendly planning methodology, while sharing the process and interim findings of the City of Vernon’s educational campaign to reduce stigma around dementia, raise awareness on how to foster an inclusive and dementia friendly City, and create a robust age and dementia friendly community plan.

Participants will learn about Vernon’s experience with project governance led by individuals living with dementia; an engagement strategy driven by a coalition of community partners called the Vernon Seniors Action Network, which includes representatives from the Alzheimer’s Society of BC and Dementia Alliance International; research-led design and community engaged impact assessment of multi-media educational resources and a training program with assistance from the University of British Columbia’s Institute for Community Engaged Research and Simon Fraser University’s Department of Gerontology; and, a community assessment and plan that highlights the specific needs and priorities of the City of Vernon and makes recommendations for integrating age and dementia friendly considerations into future City plans, policies and programs.

The City of Vernon would like this made possible with additional funding from BC Healthy Communities and the Public Health Agency of Canada (PHAC)’s Dementia Strategic Fund.

Workshop Format: Presentation, Interactive Research Simulation, Dialogue
Creative Knowledge Mobilization Strategies from University of Toronto’s Institute of Life Course & Aging: Creating Press Releases, MOOCs and YouTube Videos

Esme Fuller-Thomson\textsuperscript{1}, A Ka Tat Tsang\textsuperscript{2}, Mark Chignell\textsuperscript{3}, Olivier St-Cyr\textsuperscript{3}, Andrea Wilkinson\textsuperscript{2}, Alyssa McAlpine\textsuperscript{1}, Alyssa Iglar\textsuperscript{3}, Brenda Rusnak\textsuperscript{3}, Yiqi (Veronica) Jiang\textsuperscript{3}, Macaulee Cassaday\textsuperscript{3}, Danica Maillet\textsuperscript{4}, Caroline Lovens\textsuperscript{4}, Jalila Jbilou\textsuperscript{4}

\textsuperscript{1}University of Toronto, ILCA, Toronto, Canada. \textsuperscript{2}University of Toronto, Toronto, Canada. \textsuperscript{3}Cyber-Seniors, Toronto, Canada. \textsuperscript{4}University of Moncton, Moncton, Canada

Abstract / Résumé

To generate constructive change in society, it is essential that academic findings are disseminated beyond the ivory tower. Members of University of Toronto’s Institute for Life Course & Aging (ILCA) have had substantial success using creative knowledge mobilization strategies. This interactive workshop will provide attendees with simple, actionable steps to disseminate research to the general public. Dr. Esme Fuller-Thomson, director of the ILCA will present an easy step-by-step guide for creating press releases. She will also discuss how to engage with reporters. Her work has been widely cited in the media including the New York Times, Forbes, Time Magazine, Toronto Star, and the CBC.

ILCA member, Dr. A. Ka Tat Tsang, has created two successful Coursera Massive Open Online Courses on a shoe-string budget. More than 190,000 Coursera students have enrolled in his courses. Dr Tsang will provide detailed information on creating the pitch for a Coursera course, developing a production team, identifying appropriate interviewees, video editing, and creating accessible content. He will also discuss strategies for developing other online resources, such as the dementia care information hub he is currently creating. ILCA Member, Dr. Mark Chignell, has worked with Cyber-Seniors, a community-based non-profit, and an interdisciplinary team of academics to create 16 engaging Toonly YouTube videos and an app on modifiable risk factors for dementia. He will discuss funding and the creation process, the integration of Toonly characters and b-roll content, and strategies for increasing viewership including advertising, and online and in-person workshops and games-based assessment tools.
Techniques for creative video co-production with older adults

Tot Foster, Helen Manchester
University of Bristol, Bristol, United Kingdom

Abstract / Résumé

This workshop is based on an aspect of the Connecting Through Culture as We Age project. Older co-researchers expressed an interest in making videos as a form of self-expression. This was enabled by a member of the research team who had experience in video co-production. The resultant videos can be seen here: https://connectingthroughcultureasweage.info/co-researcher-films/. The videos, a selection of which are shown at the workshop, embody co-researchers own cultural and creative identities, interests and agendas. Several forthrightly address ageing and ageism. The videos were screened as ‘Rebellious Voices’ at a local arts cinema in the UK.

The purpose of the workshop is to cover some methods used to co-produce short films with older people using phone cameras and free editing software. The workshop primarily focusses on strategies to plan and deliver a video that maximises both an individual’s participation and the visual storytelling of the end product. The objectives are to stimulate conversation around video co-production with older adults, who may or may not be digitally adept, and suggest some basic processes to start a live video project. These processes will include: working collaboratively to determine the scope and scale of a video project, developing a plan on paper, creative filming techniques such as paper cut-out animation and self-filming, and tools for editing. The workshop will be interactive, with participants considering their own potential projects from the start and using their phones to practice filming.
W6

Three years into COVID-19...will we see changes in the design of Long-Term Care homes?

Chantal Trudel¹, Maryam Attef², Sara Abdou¹, Julia Dickson¹, Alex Kulic¹, Corey Mason-Grant¹, Natalie Rowe², Gabriella Schnarr¹, Denée Seaton¹
¹Carleton University, Ottawa, Canada. ²Fanshawe College, London, Canada

Abstract / Résumé

The ongoing presence of the coronavirus disease (COVID-19) highlights the importance of understanding how the design of Long-Term Care (LTC) homes is influencing the quality of life (QoL) of residents, their care partners and LTC staff.

Through a participatory design approach, we documented the design of 8 LTC homes in Ontario during the pandemic to study IPAC, quality of life (QoL), and care for residents related to design through staff photo diaries and interviews/focus groups (N=38 participants: 8 residents, 16 family members, 14 staff). This investigation revealed many weaknesses in design related to entrances/exits, resident rooms, shared resident areas, work areas, outdoor spaces, storage, soiled/clean zones, storing personal protective equipment, and supply logistics, among others. We were able to identify how the design of the environment may be influencing risks associated with physical distancing. This includes crowding related to poor layouts and workflows, inadequate clearances, lack of storage, congestion due to equipment, and more.

In response, we developed design recommendations as well as interior and product design concepts to inform how we might better respond to infectious outbreaks while considering the QoL of people living and working in these homes.

Workshop participants will have the opportunity to review the design concepts that we have developed and provide feedback on potential effectiveness in improving IPAC and QoL for LTC residents.