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Oral Presentations/Présentations orales

O1

The Kinect Project: Using motion-based technology as a group activity for people living with dementia

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Objectives: To explore the use of motion-based technology (Xbox Kinect) as a group activity in community-based adult day programs for people with dementia.

Methods: The study was conducted in a community-based adult day program for people with dementia. Participants (n=12) were invited to play a virtual bowling game presented on Xbox Kinect twice a week (1 hour per session) for 12 weeks. The researcher led the group Xbox sessions using evidence-based teaching techniques (e.g. implicit learning) identified from literature relating to motion-based technology use for people with dementia. Data were collected in the form of video recordings to capture a comprehensive view of the participants, the teaching techniques, and the activity.

Results: The findings highlight the potential of Xbox Kinect to provide stimulating and engaging group activities for people with dementia. Through implicit means, participants learnt to play games presented on motion-based technology. We identified three key elements of successful play: teaching approaches, mastery, and socialization.

Conclusions: This study highlights the potential and feasibility of implementing motion-based technologies such as the Xbox Kinect into community-based adult day programs for people with dementia. People with dementia can learn to play motion-based games and using Xbox Kinect in a group setting created a positive social environment. However, it is crucial that day program staff receive trained in introducing,

teaching and supporting people with dementia to use this type of technology.

O2

Journeys to Engagement: An Evaluation of Ambient Activity Technologies for People with Dementia

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Many people living with dementia are understimulated, socially isolated, and sedentary. This inactive lifestyle contributes to the prevalence of responsive behaviours (e.g., hitting), which may lead to overmedication and poor quality of life. Ambient Activity Technology (AAT) is a wall-mounted interactive tool designed for people with dementia. The AAT unit is available in the environment for easy access, and has been designed to augment existing programming by providing self-accessed, personalized interactions at any time. In research funded by the AGE-WELL NCE, our multi-disciplinary team is working with an industrial partner to evaluate the effectiveness of AATs in improving outcomes in people with dementia, their family members, and long-term care staff.

The main objective of our presentation is to describe the pretest-posttest summative evaluation of the AAT, which is currently underway at several long-term care facilities in Ontario, Canada. Participants include 30 residents, 18 family members, and 64 staff. The research seeks to examine the change in behaviour - e.g., resident agitation (as measured by the Cohen-Mansfield Agitation Inventory) before the AAT unit is installed (baseline M = 59.21, SD = 17.52; collapsed across four test sites), as compared to afterwards. Posttest data is currently being collected. In this presentation, we will describe the most up-to-date study findings (including pretest and three rounds of posttest).

Through appropriately designed AATs, we hope to improve the well-being of individuals living with dementia in long-term care by providing engaging activities on a 24x7 basis. AATs may also benefit family relations and ameliorate caregiver burden.

O3

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Actodementia: Accessible apps for people living with dementia

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Background: Touchscreen tablets are accessible for people with dementia but guidance is needed for people to identify suitable apps and learn how to make the most of them. Evidence of the features that make apps accessible for people living with dementia is also lacking.

Objectives: To create an app evaluation framework and test the efficacy of this with existing apps.

Methods: Two apps were selected, one familiar card game - Solitaire - and one unfamiliar game - Bubble Explode - a tile- matching game. Testing took place in two phases. Phase 1 involved 30 older adults living with dementia divided into two groups. Group 1 tested Solitaire over 3 sessions and 15 tested Bubble Explode. All sessions were video recorded. Based on feedback and observation of play, modifications were suggested to the games makers. Thirty new people were recruited to test the modified versions of Solitaire and Bubble Explode.

Results: Phase 1 confirmed that people living with dementia can successfully interact with tablets and learn to play both familiar and unfamiliar games. Phase 2 highlighted the accessibility features that make apps suitable for people living with dementia.

Conclusion: Tablets have great potential for providing meaningful and engaging activity for people living with dementia to enjoy independently. Both familiar and unfamiliar games have appeal and can be learnt if they have features that maximise accessibility. The ActODementia website contains reviews of apps for people living with dementia and guidance on how to use them.

O4

InTouch: Introducing touch screen applications to people with advanced dementia through staff-client co-play

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Introduction: In dementia care, there is growing attention to clients' quality of life and the need for meaningful activities. Research has shown tablets are accessible for people with dementia to engage in independent activity. For those with more advanced dementia, co-play with caregivers may offer an opportunity to access these benefits. The objective of this study was to explore staff-client co-play as an avenue for engaging activity for people with advanced dementia using pre-existing iPad games.

Methods: Eight participants with a dementia diagnosis from the Geriatric Dementia Unit and 4 nursing staff were invited to take part in the study. Staff selected 2 clients to play with and co-played on 3 occasions. Staff selected among different types of games for introduction through co-play: a 'strategic' game (Bubble Explode), a 'puzzle' game (Jigty), a 'creative' game (Paint by Numbers) and a 'sensory' game (Pocket Pond). Each session was video-recorded and concluded with a simple post-play interview.

Results: We examined engagement by analyzing face-view and screen-view videos using ObserverTM. Pre and post videos of clients were examined to explore the impact of engagement on clients. We also qualitatively analyzed the themes that emerged during the post-play interviews to evaluate facilitators and barriers identified by staff.

Discussion: Touch screen games can provide an opportunity for engaging people with dementia by providing opportunities for success. Preliminary results suggest co-play is well suited for people with advanced dementia and the experience is positive for clients and nursing staff.

O5

Barriers to Staff Involvement in Decision Making for Long-term Care Residents with Advanced Dementia

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Decision making can have a significant impact on the quality of life of residents with advanced dementia in long-term care (LTC). Although spending the most time in direct care with residents with dementia, LTC staff of registered nurses' (RNs), registered practical nurses' (RPNs) and personal support workers' (PSWs) involvement in decision making is rarely acknowledged or fostered. The purpose of this study was to examine LTC staff perceptions of their role in end of life decision making for people with advanced dementia. We report on the barriers to staff involvement in decision making. Employing an interpretive descriptive design, we held one focus group and 21 face-to-face, open-ended interviews with staff of PSWs (n=9), RPNs (n=8) and RNs (n=4) from two LTC facilities. Four major barriers to staff involvement in decision making were identified: a) *A Varied Understanding of a Palliative Approach*; b) *Challenging Relationships with Families*; c) *A Discomfort with Discussing Death*; and, d) *The Privileging of a Biomedical Model of Care*. Findings suggest that the privileging of biomedical knowledge emphasizes bodily care and renders silent other types of knowledge such as personal knowledge of the person with dementia. LTC policies and practices need to be more aligned with a palliative approach to dementia care.

O6

Caregivers' Perceptions of their Ability to Access and Use Best Available Dementia Care Evidence

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Objective: To understand formal and family caregivers' perceptions of their ability to access and use best available dementia care evidence following the termination of a knowledge broker (KB) in two northern, rural home care settings.

Method: The case study approach included a convenience sample (n=27) of formal caregivers (e.g., home care nurses, health care aides), and family caregivers of persons living with dementia (PLWD). A KB was employed for six months to facilitate access to best available dementia care evidence. Six months following her termination, caregivers were interviewed to assess their ability to continue to use dementia evidence. Transcripts were analyzed using thematic analysis. Main ideas and topics were identified and coded using key phrases that emerged from the data. By comparing and contrasting the coded data, sub-themes and themes, interrelationships, and patterns were revealed.

Results: Formal caregivers reported remaining confident and attentive to specific needs of PLWD as they felt empowered with knowledge and new ways to interact. However, replacing the KB with a "key contact person" with expertise in dementia care was recommended to ensure continued access to best evidence. Family caregivers reported that they had a greater understanding of the diagnosis of dementia and learned how to provide more appropriate care for their PLWD.

Conclusion: Following the termination of the KB, both formal and family caregivers reported that they continued to use best available dementia care evidence. However, it was recognized that searching and retrieving this evidence required a designated person with expertise in this area.

O7

The Communication Interactions of Health Care Aides with Individuals with Dementia

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By 2038 nearly 200,000 Canadians diagnosed with dementia will live in long-term care facilities. Non-professional health care workers such as health care aides provide most of the direct care to these residents. The purpose of this study was to develop a mid-range theory to describe and explain how health care aides perceive residents with dementia and how these perceptions impact the way they interact with these residents. The sample for this study was 24 health care aides who worked with residents with dementia in personal care homes in Winnipeg. Data from audiotaped individual and group

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interviews were analyzed using grounded theory methodology. The central category was "The Resident being perceived as a Respected Person". When health care aides perceived the resident as a respected person with whom they were in a relationship and as a care recipient with challenging behaviors, the health care aides used communication enhancement strategies and modified their caregiving activities to meet the resident's unique physical and emotional needs and challenging behaviors. The interactions of the health care aides in this study were consistent with the principles of person-centered care and the literature about communication and dementia. The facilitators of this perception of the resident were primarily the personal characteristics of the health care aide and the inhibitors were the time constraints, workload, and lack of support of peers and supervisors. This theory has implications for the education and supervision of health care aides and the organizational structures in which they work.

O8

Examining the perspectives of stakeholders involved in serving the needs of people living with dementia: Dementia care survey

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Background and Objectives: To date, there are few studies that inform how different stakeholders perceive the needs of informal caregivers of people with dementia (PWD), and how differences in awareness and perspectives affect innovation adoption. Insufficient communication and understanding between stakeholders may limit the effectiveness of technological innovations. To address this issue, we created a comprehensive on-line survey that examine perspectives from caregivers of PWD, and healthcare professionals who treat PWD.

Method: A literature review was completed to explore the current disconnect between the needs

of informal caregivers and innovation adoption. Adapting questions in existing literature, we developed a novel survey to identify the gaps between informal caregivers and healthcare professionals. As a self-report tool, the Dementia Care Survey explores questions in four key domains: informal caregivers' needs, communication barriers among stakeholders, innovation adoption, and communication networks. It also identifies different stakeholders' attitudes towards currently available technological innovations. The survey consists of two corresponding questionnaires, respectively examining informal caregivers and healthcare professionals' perceptions, which enables the comparison between two groups. Survey findings from informal caregivers and healthcare professionals (N~200) across Ontario will be presented.

Conclusion: The Dementia Care Survey results reported here aim to inform communication and understanding between caregivers and healthcare professionals with the purpose of promoting access, among PWD and their caregivers, to technological innovations that enable PWD to age in place with good quality of life.

O9

Dementia and staff grief

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Healthcare providers working with people with dementia often experience a profound sense of grief when the person they support dies. In long-term care homes, it is estimated that 39% of residents are anticipated to die each year by the year 2020 (Fisher, Ross, McLean, 2000). The staff in these settings experience the death of a client on a regular basis, yet few initiatives exist to address their grief and loss. Similarly in community based settings, loss not only can result from client death, but also transition to other levels of care.

The Alzheimer Society of Canada (ASC) conducted thorough research reviews and Pan-Canadian interviews with healthcare providers working with people with dementia where death is omnipresent in order to understand this issue and to inform the development of resources for healthcare professionals.

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ASC developed a practical evidence-based guide to help staff recognize, name and address grief; change the culture of silence around death and dying; equip staff with practical self-care strategies to help them better support people with dementia throughout the progression of the disease until end of life; and to promote grief support among healthcare organizations.

Employers need to provide staff with education and support in managing their grief. This will lead to improved quality and consistency of care, increased staff retention, higher staff morale and team cohesiveness.

This guide shares recommendations from literature and practice settings for organizations to support staff, offers strategies for staff self-care and includes practical case studies to address this complex issue.

O10

Unearthing a Path: The Journey of Ethical Engagement in File Hills Qu'Appelle Tribal Council

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Objectives: This research examines pathways to care of Indigenous people 45+, specific to creating culturally safe and relevant dementia care in the File Hills Qu'Appelle Tribal Council (FHQTC). Aim to understand the experiences of those living with dementia and their caregivers; and how Indigenous culture, language, and spirituality is related to improving quality of life.

Method: Participants were first invited to take part in education sessions, on Alzheimer's disease and dementia. Participants provided feedback in a Research Sharing Circle Focus Groups (RSCFG), on a dementia factsheet, created in Ontario.

Results: Attended community Health Fairs and Treaty Days, in the 11 First Nations communities of FHQTC; attended by Community and Academic RA's. Two fact sheet evaluations were conducted via RSCFG to help foster community engagement. Led to the formation of a Language Advisory Committee, a decision by Community research Advisory Committee (CRAC) to create their own

factsheets in their own languages and engage in a new CIHR grant. We will share the results and discuss how important these processes have been to recruitment of participants in our presentation.

Conclusions: Targeted outcomes: [1] modified factsheets appropriate for FHQTC (based on ones produced by Ontario team for PHAC) - completed by end of 2017 - [2] increased capacity within FHQTC as well as Indigenous health and dementia fields of study; two secured CIHR grants, laying the foundations of this project while building capacity in FHQTC. We submitted a paper for publication titled, *Unearthing a Path: The Journey of Ethical Engagement in FHQTC*.

O11

Aging and Writing One's Resilience Narrative

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In our study on resilience in aging, we collected data in multiple ways to elicit a comprehensive understanding of how resilience is storied with seniors. We collected data, and examined resilience, from surveys and interviews for seniors from 65 to 95. We considered how these seniors viewed their own life as a story, how they actually storied their lives and how they appeared to be resilient or non-resilient in their story. Following this, the participants' scores were compared across results in four different surveys within the study and focused on the following factors: resilience, well-being, mastery, and foreclosure. In this presentation, we will discuss the key themes that emerged from the analysis of two cases - one who identified as a 'writer' and one who did not to illustrate that the ways in which individuals story their lives throughout the aging process can inform the degree of resilience they develop to sustain them through difficult times. It is apparent from the two cases that although the participants identify differently, each found, in their own way, narrative means of understanding their lives, and developed a sense of generativity. Differences in scores on their surveys, were not necessarily reflected in their life-stories, and each of the data collection items revealed insights that provided more depth and breadth of participants' overall life-stories, and

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in particular the ways their narratives revealed dimensions of meaning in their lives.

O12

The Nak'azdli Lha'hutit'en Project: Promoting intergenerational relationships and supporting meaningful engagement of elders through digital storytelling in a First Nations community in Northern British Columbia

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The Nak'azdli Whu'ten in northern British Columbia have prioritized support for the mental health and wellbeing of their elders and is keen to strengthen intergenerational linkages between elders and youth to preserve cultural wisdom held by the elders for future generations. Nak'azdli elders identified that sharing cultural knowledge and oral traditions was a priority.

We developed a digital storytelling workshop using technology to facilitate knowledge-sharing between elders and youths. This pilot 10 session workshop involved all grade 6 and 7 Nak'albun Elementary School students and 20 elders from Nak'azdli and surrounding First Nations communities. Elders shared their wisdom and knowledge through storytelling. In turn, the students recorded these stories and added imagery and sounds to capture their understandings and create a digital story. The project's intended outcome is to integrate digital story telling into the school curriculum and support welcoming Elders into the classroom to bridge the intergenerational divide and create a cultural legacy.

Our project demonstrates one way to document oral histories while simultaneously building intergenerational relationships. Our presentation will discuss how this intergenerational digital storytelling project was able to: 1. Foster of relationships between elder and youth to help preserve cultural identity; and 2. Help to reduce social isolation and improve mental health and wellbeing of elders in the community by facilitating

an opportunity for meaningful contribution and to connect to younger generations in the community.

O13

Living with chronic physical conditions: A comparative study of older women's experiences in Canada and Japan

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Objectives: The purpose of this comparative study is to explore older women's experiences living with chronic physical conditions in Canada and Japan, and gain insights into the social and cultural factors that influence their experiences. Current political ideologies in many developed nations emphasize individual responsibility and self-reliance, and the elderly are expected to manage their independence on their own with dignity. A number of studies show, however, that disability in old age is determined not only by an individual's biological factors but also by the relationships with her/his environment.

Method: Employing narrative inquiry, two researchers in Canada and Japan conducted a semi-structured interview with older women (aged 65 years and older) who live independently at home, using publicly subsidized home care services in each country (N=30). We asked: 1) How do older women experience living with chronic physical conditions? 2) What do they see as disabling and enabling factors in daily living? 3) How are their personal experiences linked with the larger socio-political and cultural contexts of the two aging societies? We analyzed each country's data separately first, and then compared.

Results: Factors influencing older women's sense of agency over their lives include: social participation, social networks, prospects for the recovery of physical functions, and a sense of control over homecare services.

Conclusions: We hope that the findings of this study provide contextual evidence to incite further actions to improve public policies regarding social support for elderly women with chronic physical conditions, to help them age well in their communities.

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O14

Further Education and Training of Care Workers and Its impact on their Professional Development, Work Situation and Quality of Patient Care: A Quantitative and Comparative Analysis of Germany and Canada

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Background: There are mandatory and volunteer further training programs in health care and long-term care sectors in Canada and Germany, the effects of further training of care workers on their professional development, work situation and quality of patient care in hospitals, home care settings and residential care facilities are unclear.

Objectives: The objectives of this study were set to investigate the association between further training of care workers (nurses, elder carers and care assistants) and their professional development, work situation and quality of patient care in the two countries and to examine how this association is influenced by the different training systems in both countries.

Methods: Backed with lifelong learning theories, a quantitative approach – multiple regression analysis - was applied based on national survey data. German Socio-economic Panel (GSOEP) data 2010, Canadian Survey of Labour and Income Dynamics (SLID) data 2010 and Canadian National Survey of the Work and Health of Nurses 2005) built the basis for the analysis.

Results: Further training of care workers has a statistical significant and a positive association with their professional development, career advancement, work situation and quality of patient care in health care and long-term care settings, however, there are country differences in findings between Canada and Germany.

Conclusion: This study found that further training of care workers has positive impact on their professional development, work situation and quality of patient care. Country differences are linked to the training system of health care and long-term care workers in the two countries.

O15

Evidence for Action: Integrating distance social work education teaching and field practicum learning

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Objectives: The staggering shift in the aging demographics across Canada suggests an urgent need for innovative distance delivery programs that reach rural and urban and remote areas to prepare social work students to meet the diverse and complex needs of this growing population. Students registered in an four year Bachelor of Social Work program integrate a 6 credit hour online education course in aging with 420 hours field practicum learning to develop professional core competencies in working with older adults.

Method: Teaching and learning are integrated through student field placement with a dedicated field instructor and faculty liaison. Core competencies are evaluated with a formal midterm and final evaluation related to 5 core competencies: professional and ethical standards, assessment and intervention skills in practice, reflective capacity and critical analysis, fostering and promotion of human rights and social justice, and integration of policy and practice.

Teaching and learning are integrated in the aging course content with students across Canada through online discussions, audioconferences, course assignments and workshop that focus on policy, practice and research related to our aging world generally, and gerontological social work specifically.

Results: Upon completion of the practicum course and related university course in aging, students provide evidence for the basic knowledge and skills to prepare them for beginning professional social work practice in gerontology.

Conclusion: This innovative evidenced based social work distance delivery program at the University of Manitoba is designed for action in an aging world.

O16

Measuring Gerontology Competencies for Accreditation and Certification

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Purpose: Over the last decade, momentum has built for accrediting academic gerontology programs internationally, resulting this past year in the formation of a new organization, the Accreditation for Gerontology Education Council (AGEC). AGEC accreditation will depend upon students mastering three categories of gerontology competencies developed by the Association for Gerontology in Higher Education (AGHE). The challenge for educators is to develop strategies for appropriately measuring the acquisition of gerontology competencies, both for accreditation reviews and for individual credentialing as professionals.

Methods: This presentation builds on efforts by the National Association for Professional Gerontologists (NAPG) to reliably test "higher order" (Bloom taxonomy) learning. Forty-nine students in San Francisco State University's Master of Arts in Gerontology program wrote 400 essays designed to answer questions that operationalized 18 competencies. Essay scores assigned by three raters were tested for inter-rater agreement using one-way analysis of variance.

Results: The fact that there was no significant difference among raters ($f = .28$, $p = .76$) in scoring responses indicates reliability. Rater agreement was improved by modifying scoring rubrics and rater training.

Conclusions: While the essay measurement method may be preferable for skills in AGHE competency categories II and III, it may not be the most appropriate method of measuring more fundamental learning represented in category I. Presenters discuss efforts to develop multiple-choice items for use in assessing foundational competencies. An introductory, seven-module gerontology course based on AGHE's foundational competencies developed by faculty affiliated with the Council of Ontario Universities is the source of multiple-choice items.

O17

Enablers and barriers towards developing graduating professionals with needed gerontology competencies

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Objectives: To present a review of published and grey literature on the trends, barriers and enablers of a movement toward graduating professionals with gerontological competencies.

Methods: A comprehensive search of Canadian published and grey literature was employed using predetermined inclusion and exclusion criteria. Computerized databases, networks, blogs and websites of selected materials were searched. Literature was critically appraised for relevance and data were extracted and synthesized to formulate findings.

Results: Overall, 16 published Canadian articles that addressed health and social service worker education related to older adults were identified. Discipline-specific competency frameworks were identified that could inform curriculum enhancement and education accreditation; however, most educators were unaware of these. Overall, the articles presented a general lack of understanding of gerontological competencies among students and faculty. Furthermore, a lack of gerontology competency statements within regulatory documents were found, limiting workforce development. Enablers towards the development of well-prepared health and social care professionals were indicated, such requirements to include gerontology content in licensing exams, the importance of faculty members with expertise in seniors' care, the importance of students' exposure to older adults throughout their program, improved clinical and practicum experiences in entry-to-practice education, and acquiring appropriate financial, teaching and space resources.

Conclusions: Gerontological education in the health and social service field remains insufficient; however, several efforts are emerging to change curriculum in most health and social service programs across Canada. There is a need to establish educational accreditation programs in gerontology, develop core competencies and integrate these into regulatory frameworks.

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O18

Exploring experiential and inquiry based learning in gerontological social work education: Insights from an Age-friendly Communities Course

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Objectives: In response to the aging population, age-friendly guides and strategies have been developed and efforts to create and sustain age-friendly communities are being implemented globally, nationally and locally. Little is known, however, about how post-secondary students in gerontology related disciplines are being informed about and prepared for practice within an age-friendly context. The purpose of this study was to explore experiential and inquiry based learning outcomes from a five day, winter block week age-friendly course for undergraduate and graduate students offered by a Faculty of Social Work at a Canadian university.

Method: Data includes: 1) a questionnaire completed by students on the first and last day of class about age-friendly communities, 2) two policy and practice related assignments, and 3) students' and the instructor's perspectives about experiential and inquiry based teaching strategies, and recommendations for future course offerings. Consent was obtained from eight of the 28 students to use their surveys and assignments as data. In addition, five of these students shared their perspectives about the course design, implementation, and outcomes.

Results: Findings will be presented about age-friendly knowledge development, current and future applications of course learnings in practice, age-friendly features identified by students as key focus areas, course design effectiveness and recommendations, and community knowledge dissemination outcomes.

Conclusion: The findings of this study have implications for post-secondary institutions interested in offering age-friendly communities courses, and collaborating with policy makers and practitioners to better prepare graduates for the intersection of stakeholders and age-friendly features when practicing with older adults.

O19

Understanding Place Histories of Older Canadian Migrants to Inform Positive Aging-in-Place

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Urban centres in Canada host a growing number of older migrants that bring unique experiences of place, which stem from complex migration pathways. To help older migrants age well in urban environments, there is a need to forefront their voices to ensure housing interventions meet their needs, in respect of, social, cultural and psychological supports. Understanding place histories can inform the development of age-friendly guidelines to facilitate this process. This research aims to explore how older, low-income women and men of diverse backgrounds construct 'sense-of-place,' through inquiries into their 'place histories' as they transition into an affordable housing development in Richmond, British Columbia. A theoretical framework informed by Collins' (2000) notion of intersectionality combined with Scannell and Giffords' (2010) place attachment theory, was designed to guide the research. In-depth interviews (N=10), storytelling sessions (N=10), and photo-tours (N=8) were conducted to generate deeper understandings of older people's sense-of-place and identify the barriers and challenges experienced throughout the relocation process. Findings are presented in the form of migration stories illustrating how older Canadian migrants modify their place of residence due to a series of constraints or decisions, which carry distinct meaning and significance. The analysis depicts the everyday lives of older migrants revealing oppressive (distress, fear, exclusion, feeling unsettled, burdened, and being 'othered') and empowered (gaining community, social belonging, and sense of family or maintaining pride and personal integrity) experiences of place. Such unique insights can be used to challenge dominant, problematizing notions that surround current aging in place policy discourses.

O20

Bridging the gap between unmet needs and accessibility to health care services for older immigrants

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Hai Luo

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Almost one out three (30%) older adults aged 65 and above in Canada is a first-generation immigrant (Statistics Canada, 2011). Visible minority seniors, many of them being immigrants, are repeatedly reported to have worse mental health and self-rated health than those of the general older population. However, older immigrants are generally found to be less likely than their Canadian-born counterparts to seek hospital services (Hyman, 2007; Kliever & Kazanjian, 2000; Setia, et al., 2011).

This qualitative study attempts to identify the barriers to access to health care services for older immigrants, as well as practical strategies to help overcome barriers for this group of service users. The theoretical framework is Anderson's behavioral model of service access (Andersen, 1995; Andersen & Newman, 1973). Twenty-two older immigrants and their family members/caregivers from 7 immigrant communities and 14 healthcare social workers were interviewed. The data was analyzed with the six-step thematic analysis method presented by Braun & Clarke (2006). A model composed of predisposing factors (settlement/immigrant status, health belief, SES), enabling and hindering factors (structural/community and personal/family), and needs (physical and mental health conditions) was used to illuminate some of the key elements affecting older immigrant's access to healthcare. Recommendations for bridging the gaps between unmet needs and present services are generated based on the model, including cultural competence training for both professionals and service users, promoting awareness of services in multiple languages through outreach activities, and professionals being passionate and adopting a holistic perspective in working with older immigrants and their families.

O21

Challenges and resilience related to aging in the United States among older Chinese immigrants

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This study sought to identify challenges and protective factors for resilience related to the process of aging among older Chinese immigrants in the United States. This study used qualitative methods and involved 24 in-depth interviews with Chinese immigrants aged 65 or older in Los Angeles. Content analysis was employed to analyze qualitative data. Three major themes emerged regarding challenges older Chinese immigrants encountered in aging in the United States: language barriers, loneliness, and underuse of social services. Four themes were identified regarding resilience protective factors: acceptance and optimism; independence; informal social support; and use of the formal social welfare system. Culture was found to play an important role in shaping older Chinese immigrants' experiences of aging in the United States. This study provides several implications for future human services to build structural resilience and enhance Chinese older immigrants' personal resilience. Cultural strengths should be taken into consideration by practitioners and policy makers.

O22

Problématique de production des données probantes pour un vieillissement réussi en Côte d'Ivoire

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Les personnes âgées constituent un groupe social de plus en plus important en Côte d'Ivoire, Cependant, cette dynamique n'a pas conduit à la mise en place de politique de recherche visant à produire des résultats probants. Que ce soit au niveau sanitaire, économique, juridique, ludique, les personnes âgées restent la grande absente des programmes de développement humain Durable. Quels sont les obstacles à la production des données probantes pour un vieillissement en Côte d'Ivoire.

Méthodologie : L'étude de type qualitatif a combiné des entretiens libres et la recherche documentaire des échanges avec 45 volontaires pensionnaires des structures de retraite ont eu lieu. 27 de la Caisse Nationale de Prévoyance sociale (CNPS) et 18 de la Caisse Générale des Retraite des Agents de l'Etat (CGRAE). Cette

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approche a été couplée par une analyse documentaire.

Résultats : Les analyses ont permis de comprendre les obstacles à la production des données probantes

- Une représentation de la vieillesse comme un temps social d'inutilité sociale et finitude corporelle.
- Au plan institutionnelle, il y'a une réappropriation des stéréotypes qui réduit la vieillesse à la dépendance et non à la participation sociale.
- La mise à la retraite comme une mise en retrait rend favorable le déclassement social des personnes âgées. Le vieillissement réussi n'est pas encore un modèle institutionnalisé.

Conclusion: La disparition des moules traditionnels de valorisation n'a pas favorisé une alternative au plan moderne. Il faut penser la vieillesse comme un temps social à repenser et à accompagner. car "penser le vieillissement c'est penser pour soi."

O23

Aging Well: Perspectives from Indigenous Seniors in Ottawa, Canada

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Active aging and successful aging have become the common frameworks for aging well in order to address seniors' health and social needs. They identify what it means to "age well" and guide the development of communities that support seniors to do this; however, these frameworks have been critiqued for not addressing the inequalities that are faced by marginalized groups of seniors, such as Indigenous seniors. Given that these are the frameworks upon which communities plan to support the growing population of seniors, they need to be informed by the perspectives of marginalized seniors. Limited research has been conducted to understand what aging well means for Indigenous seniors and how urban communities can better support them as they age, especially from a cultural safety perspective. A cultural safety lens allows for the recognition of the social, political, and historical structures resulting from colonialism that shape Indigenous seniors'

experiences with old age and their quality of life and privileges their knowledge as expert knowledge. Using semi-structured interviews, focus groups, and Photovoice, this research explores aging from the perspectives of Indigenous seniors in the urban community of Ottawa, Canada. The findings show how Indigenous seniors and health and social services staff who work with them define aging well and explore some of the enablers and barriers to aging well, which can be used to further develop key frameworks related to aging and guide urban communities in supporting the aging Indigenous population.

O24

Peeling Back the Layers: A Successful Story of Laundered Soaker Pad Removal in a Long-Term Care Setting

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Older adults living in long-term care facilities are at high risk for developing skin breakdown due to pressure, friction and shear injuries. The objective of this presentation is to outline the implementation of best-practice interventions related to the reduction of layers under residents of a long-term care facility.

The methodology included education on bed mobility, slider use, mechanical lift sling removal as well as continence management for all frontline staff. Following this education the facility implemented a complete removal of all laundered soaker pads. Laundered soaker pads do not wick moisture or provide effective bed/chair mobility for residents.

The practice change of reducing layers under residents resulted in a decrease in the incidence of pressure injuries, evaluated through annual pressure injury prevalence and incidence (P&I) surveillance. It also resulted in a marked decrease in the severity of pressure injuries that developed at the facility. This was evaluated by reviewing all stage 3, 4 and unstageable pressure injuries that are mandatorily reported through the Critical Incidence reporting system. Evaluation via clinical observation during the P&I study indicated that continence management and bed mobility was

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also improved as a result of removal of the additional layers.

In conclusion the simple strategy of reducing additional layers such as laundered soaker pads should be part of any pressure injury prevention strategy to improve skin health and quality of life of residents as well as reducing costs.

O25

Lowering Antipsychotics Use in Residential Care: A Case Study in Organizational Readiness for Change

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Persons with dementia can experience difficult-to-manage behavioural and psychological symptoms (BPSD) such as resistance to care, emotional outbursts, and self-protective behaviours. In residential care, BPSD can pose a threat to resident safety, add to staff burden, and increase injury risk. Although antipsychotic drugs (APD) have been used to manage BPSD, studies have raised concerns over their overuse, pointing to poor efficacy, adverse events, and increased mortality. Despite these concerns, reducing APD use in residential care has been challenging for reasons which remain poorly understood. In addressing this knowledge gap, this study examines how culture of care mediates APD use in a 75-bed residential care facility. The data come from interviews with 20 healthcare providers (nurses, licensed practical nurses, care aides, and allied health workers) and a focus group with three physicians providing clinical care at the facility. The presentation identifies key processes in organizational readiness for change implicated in reducing APD use and implementing alternate strategies to manage BPSD. Specifically, we discuss: (1) Changes in knowledge about APD as a type of intervention; (2) Shared understandings of healthcare providers regarding implementing novel care strategies to manage BPSD and the support they receive for innovative thinking and action; (3) Formal and informal patterns of communication about APD and non-pharmacological strategies to manage BPSD; (4) Avenues for integration of family members' input into care planning. The conclusion underlines the importance of researching the intersection of culture of care and the everyday practices of residential health care providers.

O26

The Need for Development and Utilization of Criteria for Polypharmacy Management in Long Term Care

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Polypharmacy is becoming an increasing concern at all healthcare levels, in particular for the elder population. Polypharmacy brings significant health risks such as adverse drug reactions/ interactions, cognitive and functional impairments, increased falls risk, and also increased healthcare cost for the individual. Although residents are prescribed medications, it is not always clear why the resident may remain on a medication or whether all of the medications are necessary to meet the residents' current needs. With the growing issue of polypharmacy in long-term care (LTC), there are no specific procedural processes in place to help in optimizing medication assessment and review.

We have identified the need for a comprehensive review and process of polypharmacy within our residents and the need for reassessment of long-standing medications within LTC. The purpose of this review process will be to optimize the appropriate utilization of prescribed medications for residents in LTC. This work will be to determine appropriate criteria for medication management with the ultimate future goal of development of a Polypharmacy app.

The polypharmacy review will be in four phases which include: reviewing and selecting the appropriate criteria and care outcomes to monitor; implementing the criteria into York Care and developing the scale process; developing software to support the criteria and the scale process; and scaling the process to other LTC homes across the province.

This project has been funded through the Canadian Centre for Aging and Brain Health Innovation (CC-ABHI) SPARK program and the New Brunswick Health Research Foundation (NBHRF) Value Demonstration Initiative Grant.

O27

Emergency Department Use by Long-Term Care Residents 65 Years of Age and Older

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This study examined predictors of emergency department use by long-term care residents.

Emergency department use by older adults living in long-term care represents a significant challenge to nursing staff in the health care system. Relatively little is known about ED use by long-term care residents, although in general, older adults have been shown to be higher consumers of ED than other age groups. Data on health status for 90,947 LTC residents were examined. Approximately 21% of residents were admitted to the ED once, 14% were admitted two or more times. Factors associated with ED admission include resident functional status, diagnoses, health conditions, and medical history. Factors that reduce the likelihood of emergency department admission include higher levels of cognitive impairment and younger age. Studies such as this represent an important first step in developing policies and making evidence based decisions to improve the care of long-term care residents.

O28

Factors associated with adherence to hip protectors in fourteen LTC homes from British Columbia, Canada: A 12-month retrospective cohort study

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Objective. To identify factors associated with adherence to hip protectors amongst residents of long-term care (LTC).

Method. A 12-month retrospective cohort study in fourteen publically owned and operated LTC homes in British Columbia (BC), Canada. In each home, we collected the following data at baseline: (i) regional socioeconomic deprivation derived from Canadian Census data; (ii) demographics and health status of residents from the Minimum Data Set. We extracted data from fall incident reports

during the 12-months prior to baseline to measure adherence in two ways: (i) percentage of residents who wore hip protectors during a fall; (ii) percentage of protected falls. We performed univariate Spearman's rank correlations to test for associations.

Results. The percentage of residents who wore hip protectors during a fall ranged from 28.6% to 76.7% (median=63%) across homes, and was correlated with regional socioeconomic deprivation ($\rho=-0.630$, $p=0.016$), percentage of residents having depression ($\rho=-0.538$, $p=0.047$), percentage who had a hip fracture in the past 180 days ($\rho=0.677$, $p=0.008$), and percentage who were paying for care privately ($\rho=0.539$, $p=0.047$). The percentage of protected falls ranged from 22.4% to 79.5% (median=66.9%) across homes, and was correlated with the percentage of residents aged ≤ 65 years ($\rho=-0.550$, $p=0.042$), and the percentage who had a hip fracture in the past 180 days ($\rho=0.745$, $p=0.002$).

Conclusions. We offer insight into the factors governing adherence to hip protectors in LTC. We observed inequalities in the utilization of hip protectors between homes from the least and most deprived regions of a geographic district in BC, Canada.

O29

What do senior managers think about compliant flooring for long-term care?

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Objective: This study aimed to explore the feasibility of compliant ("safety") flooring as a fall injury prevention strategy within long-term care from the perspective of key organizational-level stakeholders.

Methodology: We conducted in-depth, semi-structured interviews with senior managers of long-term care sites in British Columbia, Canada. Interviews focused on fall and injury prevention strategies, with an emphasis on compliant flooring. Interviews were recorded, transcribed verbatim, and analyzed using the Framework Method. Rigor was enhanced through memo writing, audit trails,

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and peer debriefing. NVivo was used to code and manage all data.

Results: 18 senior managers (37-66 years old) from 16 long-term care sites were interviewed. Three key themes emerged about compliant flooring: 1) organizational facilitators to adoption (e.g., potential for injury prevention, long-term care staff's openness to change), 2) organizational barriers to adoption (e.g., negative effects to long-term care staff, financial considerations - cost and lack of funding), and 3) general organizational considerations (e.g., uncertainties about clinical effectiveness, effects on long-term care staff, and flooring performance).

Conclusions: This is the first study to examine perceptions of compliant flooring among key organizational-level stakeholders. Our findings provide new evidence about important facilitators and barriers that stakeholders consider in deciding to install compliant flooring in long-term care, such as staff's openness to change and flooring performance. The findings also suggest an opportunity for knowledge translation and dissemination efforts to inform long-term care senior managers about the currently available evidence on compliant flooring.

O30

The Ethics of Dementia Knowledge Translation and Patient-Oriented Research: Rethinking "Accelerated" Findings

Elizabeth Doyle

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The Knowledge Translation and Exchange cross-cutting program (KTE) of the Canadian Consortium on Neurodegeneration in Aging works with 400+ dementia researchers across Canada. Part of my work - as the dedicated Knowledge Broker - includes needs assessments with principal investigators to identify barriers to their research projects and develop strategies to help overcome them.

KTE recently conducted participatory action research with the James Lind Alliance Dementia Priority Setting Partnership, and the Alzheimer Society of Canada's (ASC) Research Engagement Leadership Program. Through these collaborations, it was evident that dementia researchers who want to effectively and confidently

engage people with dementia in research require evidence-informed findings to counteract perceived barriers and additional conceptual frameworks. To identify existing thought resources and gaps, KTE carried out an evidence synthesis (2017) with the Maritime SPOR Support Unit.

In this presentation, I will urge researchers to reconsider the attribution of group-specific "vulnerability," as well as pragmatic assumptions that often dictate the research agenda and timelines (i.e. accessibility to and working with 'model' participants). Ultimately, I will argue that an inclusive stance - engaging people with mild, moderate, and advanced-stage dementia in the research process - is a matter of ethical responsibility. It is also necessary to expand the field and ensure findings are meaningful in the areas of prevention, treatment, and quality of life.

O31

Evaluation of a face-to-face dementia-specific training program in long-term care and retirement settings

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Background: As rates of dementia continue to increase, it is necessary to educate all care partners to practice a social model of living focusing on the whole person that promotes well-being. This study's purpose was to evaluate a training program entitled LIVING the Dementia Journey (LDJ). The program's intent is to shift attitudes and knowledge to provide dementia care that is holistic and person-directed.

Method: A process and outcome evaluation was conducted to understand the strengths and limitations of program delivery and operation, and to assess if program outcomes are being met. Multiple methods were used. Interviews and surveys were conducted with participants and program facilitators (11 homes), and feedback forms from the end of each training session in 2016 were reviewed (13 homes).

Results: The majority of participants rated the training program and workshop characteristics as excellent, for an average overall score 4.67/5.0 from 1785 completed feedback forms. Both participants and facilitators felt LDJ is valuable and foundational in shifting perceptions about dementia

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positively, but that additional tools, strategies, and practices need to address dementia care in day-to-day practice. The main challenges faced included scheduling and back-filling participants to attend, and technological barriers in delivering content. Participants liked the content and language, interactive activities and discussion, and training videos.

Conclusions: The findings from this evaluation support the use of LDJ as an innovative training program to shift perceptions and knowledge regarding dementia. Future expansion of LDJ may consider practical strategies when providing direct care to persons living with dementia.

O32

Evaluating a hybrid eLearning format of the Gentle Persuasive Approaches dementia education curriculum with two Ontario school board PSW programs

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Purpose: Personal support worker (PSW) students encounter people with dementia during clinical placements and require curricular opportunities to learn how to work with those who experience responsive behaviours. This study evaluated the effectiveness of a novel hybrid version of a dementia-specific educational intervention, Gentle Persuasive Approaches (GPA), with students enrolled in PSW programs at two Ontario school boards. This curriculum involved a 2.5-3 hour online course followed by a 2-hour classroom session, led by a GPA-certified coach, wherein principles of person-centred care were applied using case study activities and role-plays.

Method: A sample of 42 students volunteered to complete the evaluation. A mixed methods approach included quantitative measures: 1) self-efficacy, 2) competence, and 3) caring scales, as well as 4) an 8-item multiple choice knowledge test, each administered both pre- and post-intervention. Qualitative measures consisted of themes extracted from open-ended questions and

group interviews conducted immediately pre- and post-intervention. Bandura's social learning theory (1985) underpinned the study, whereby self-efficacy enhances role performance.

Findings: Participants demonstrated significant improvements in self-efficacy ($p < .001$), competence ($p < .001$), caring ($p < .001$), and knowledge ($p = .008$) in dementia care after completing the intervention. Qualitative findings revealed participants acquired the person-centered communication and emotional validation strategies essential to mitigate responsive behaviour. Post-intervention, participants were able to describe and explain the application and outcomes of these strategies when interacting with older people during clinical placements.

Conclusions: Results provide evidence that a novel hybrid eLearning version of the GPA curriculum is an appropriate and effective dementia educational intervention for PSW student programs.

O33

Evaluating the eLearning format of the Gentle Persuasive Approaches dementia education curriculum with interprofessional post-secondary healthcare students

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Purpose: Post-secondary healthcare students with limited knowledge of caring for people with dementia experiencing responsive behaviours may avoid such individuals across healthcare sectors. This study evaluated the implementation of the eLearning version of a dementia-specific educational intervention, Gentle Persuasive Approaches (GPA), with interprofessional healthcare students at McMaster and Ryerson Universities. Participants completed an online GPA course and attended a Geriatrics Skills Day workshop, both providing content about the application of responsive behaviour strategies.

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Method: Fifty-two student volunteers completed quantitative measures including: 1) self-efficacy, 2) competence and 3) caring scales, as well as 4) a multiple choice knowledge test, each administered pre- and post-intervention. Qualitative measures consisted of themes extracted from open-ended questions administered immediately pre- and post-intervention, as well as from a focus group conducted after the Skills Day workshop.

Findings: Participants demonstrated significant improvements in self-efficacy ($p < .001$), competence ($p < .001$), caring ($p < .001$), and knowledge ($p < .001$) in dementia care post-intervention. Significant differences in self-efficacy across academic programs were observed prior to completion of GPA eLearning, but post-intervention self-efficacy scores were equivalent across programs. Qualitative findings revealed that, regardless of program, prior to GPA students identified themselves to be unprepared to provide emotional support, interact using dementia-specific communication strategies or effectively mitigate the risk associated with responsive behaviours. Post-intervention, participants were able to describe, explain and demonstrate the application of dementia-specific communication, and interpersonal care and safety strategies.

Conclusions: Results provide evidence that the eLearning version of the GPA curriculum warrants broader dissemination through future studies within interprofessional post-secondary healthcare student programs.

O34

"At least it's not Alzheimer's!" Making sense of a diagnosis of Mild Cognitive Impairment

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Background: Mild Cognitive Impairment (MCI) is a diagnosis recognising cognitive loss greater than would be expected given a person's age. For some it is a precursor of dementia, others experience no further decline and up to a third may improve.

Objectives: To understand the perceived benefits and drawbacks to individuals of a mild cognitive impairment (MCI) diagnosis.

Methods: Dyads of participants who had recently (within 6 months) received an MCI diagnosis plus one family member. Each was interviewed separately with a semi-structured topic guide covering ts: 1. experience of cognitive impairments and changes in the individual; 2. impact of cognitive impairment(s) on daily activities and social relationships; and 3. experience of the diagnosis process and living with the label. Transcribed interviews were stored in Nvivo®.

Results: Eighteen dyads were interviewed. Two overarching themes surrounding diagnosis benefits and drawbacks were identified: 1. Emotional impact of the diagnosis, most commonly relief, continued uncertainty and worries about the future. 2. Practical benefits, including clinical support, and drawbacks of the diagnosis, particularly lack of clarity and lack of available treatments for MCI. This suggests that living with MCI is an ambivalent experience.

Conclusion: As a clinical label, MCI appears to have limited explanatory power for people living with cognitive difficulties. Further work is needed to clarify how clinicians and individuals communicate about MCI, and how people can be helped to live well with the label. Despite an emerging body of prognostic studies, people with MCI are likely to continue living with significant uncertainty

O35

"Troublemakers" in Assisted Living: a case study of tenant interactions in two residences

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Assisted living residences are increasingly important congregate living spaces for older adults seeking to maintain independence. However, there is very little research about older adults' social experiences in these residences. The goal of this study was to learn about experiences of everyday interactions between tenants in assisted living, with a focus on micro-aggressions and incivility. Fourteen tenants from two residences in Winnipeg, Manitoba were interviewed in person, eliciting in-depth accounts of interpersonal interactions and social experiences. Transcribed qualitative data were analyzed thematically, drawing on constant

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comparative techniques as well as case study comparison between sites. Findings indicated that relational and indirect forms of aggression varied in intensity and form between the two sites.

Participants from Site 1 shared complex social networks with evidence of strong bonds but also high levels of gossip. Psychosocial harms resulting from relational aggression included depression, a sense of injustice, anger, and stigma. Participants from Site 2 tended to have weak social ties, yet were keenly aware of the importance of maintaining civility in interactions. Tenants who violated norms of social etiquette were avoided, excluded and even shunned. However, experienced harms were mitigated by the precarity of the existing social ties in that site. Findings highlight the importance of residence size, social and physical setting, management style and organizational structure for understanding social exclusion in congregate living for older adults. Suggestions for future research and implications for organizational policy related to social networks among older adults will be discussed.

O36

Building Evidence for Change: Can Geriatric Assessment Be Delivered Through the Telephone?

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With increasing wait times, a frozen budget, expanded access to electronic information, and clients expressing a feeling of being overburdened by assessments, the Geriatric Outreach Team embarked on an initiative to deliver Geriatric Assessment over the telephone as a stream of care to compliment the face/face in-home assessment model. Is there a patient group that can be equally served through telephone contact? Is it possible to leverage existing electronic information already being collected by our partners in care? Would patients, caregivers and stakeholders be satisfied with the service and consultation report delivered in this model? The results of the 6 week study showed a 62% decrease in length of stay within the service, 33% increase in visiting capacity, and 32% decrease in travel costs. The service decline rate was reduced to 5% from 23%, indicating that patients and caregivers under certain conditions may actually prefer this mode of intervention. While in-home face/face visits will continue to be required best

practice for some frail seniors and caregivers, this evidence shows that some benefit from and embrace disruption in the traditional service delivery model. As technology is integrated into healthcare and clients embrace consumer driven care, there is opportunity to build on this evidence for change.

O37

Looking at the Expanded Chronic Care Model through an HIV and aging lens: Development of a draft framework of support for older adults living with HIV in Canada

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Realize, Toronto, Canada

People living with HIV (PLWHIV) who have access to antiretroviral medication can now expect to live into older adulthood. Chronic disease management across the life course is warranted since HIV and its treatments are linked to the development of several age-related health conditions, polypharmacy, isolation and social inequities. The Expanded Chronic Care Model (ECCM) has been used to inform health and community service planning in the context of other chronic health conditions. This project aimed to apply the model in HIV and aging thus describing the integrated community services, supports and clinical care strategies people with HIV require to age well. The seven domains of the ECCM served as an analysis framework for over 250 references on HIV and aging. Findings suggest that action is already being taken across several domains to address the needs of older adults living with HIV (OALWHIV). Self-management is supported through tailored resources for this aging demographic. Activated communities of OALWHIV and allied organizations are influencing policy-making. Supportive environments for OALWHIV across the continuum of care are being fostered through continuing education for service providers. However, gaps remain in other domains. Information needed to inform health services planning and the development of clinical guidelines for OALWHIV is lacking; and communication between the HIV sector and the aging sector is limited. The draft Expanded Chronic Care Framework for Older Adults Living with HIV summarizes current activity and indicates further action required across all domains of chronic care to address the needs of aging and aged PLWHIV.

O38

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Aging, Disadvantage and Inclusion: Connecting Community Capital and Formal Support Systems

Gina Sylvestre

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The paradox of Winnipeg's North End is the juxtaposition of the past vibrancy of a rich multicultural and inclusive community that is transposed by the realities of current inner city decay. There has been limited academic inquiry concerning the experiences of aging in places of disadvantage and the opportunities for, and barriers to, community inclusion. The primary goal of the study discussed in this presentation was to explore the intersections and discontinuities of both grassroots initiatives rooted in the North End's history and formal support systems to respond to the declining material, social and physical resources of older adults. Bourdieu's habitus is used as the conceptual basis to frame a narrative of power differences between community capital used to maintain wellbeing and the dominant paradigm that is entrenched and reinforced by formal organizations and systems. A participatory action qualitative approach was utilized with 19 key informants representing the community, service and government sectors to contextualize the distinctiveness of informal and formal responses that facilitate aging and inclusion in Winnipeg's North End. Participatory analysis of the results revealed three key findings. First, most seniors belong to long-standing social networks that are part of an "underground" North End system. Second, though applying an inclusive model, formal resources for seniors have limited impact when the perceived imbalance of power creates distrust. Finally, it is imperative to overcome this distrust by formulating partnerships that support the North End approach to community capacity-building to ultimately create healthy and inclusive places for aging.

O39

Placer l'utilisateur au centre de la conception d'un environnement TIC personnalisé pour le changement de multiples comportements favorisant la santé cognitive chez les adultes de plus de 50 ans - une méthodologie holistique, structurée et itérative

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Objectif: La préoccupation de la personne âgée, avec son parcours de vie, ses besoins physiologiques et cognitifs, ses capacités et ses limites, est placée au cœur de notre projet de développement et de mise à l'essai d'un environnement TIC pour le changement de multiples comportements favorisant la santé cognitive.

Méthodologie: Le design centré sur l'utilisateur de cet environnement TIC se déroule à plusieurs niveaux de personnalisation : la personnalisation du contexte, la personnalisation de l'apprentissage, la personnalisation des objectifs et de l'évaluation. Le processus de la modélisation d'un profil de l'utilisateur s'appuie sur Scaffolding Theory of Aging and Cognition (STAC-R) (Reuter-Lorenz & Park, 2014) pour la personnalisation du contexte et du contenu. La personnalisation de l'apprentissage, des objectifs et de l'évaluation est encadrée par la Théorie de l'autorégulation (Karoly, 1993) et la théorie de l'autodétermination (Deci & Ryan, 2000). Le résultat visé par ce design serait un système adaptatif et dynamique en matière des contenus et des services offerts en vue d'augmenter la qualité des interactions avec l'utilisateur. En comblant les besoins, les préférences et les buts de l'individu, nous visons renforcer sa motivation et faciliter les changements des comportements en santé cognitive.

Conclusion: Cette présentation met l'accent sur la méthode de développement d'un environnement TIC personnalisé et les défis présents à ce jour. La méthode suggérée peut s'avérer inspirante pour d'autres chercheurs qui souhaitent concevoir des interventions ou développer des interventions similaires auprès des personnes âgées en fonction d'autres contextes et paramètres.

O40

Unmet Needs of Rural/Remote Older Adults: Opportunities for Technology Development

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Understanding user needs is fundamental to the development of useful technology. The user needs of two unique populations are explored in AGE-WELL's RRITE: Rural/Remote Indigenous Technology needs Exploration. These older adults are vulnerable due to restricted access to local supports and services and are, therefore, the quintessential end-users for assistive technology developed in AGE-WELL. For the current study, general unmet needs reported by rural/remote dwelling older adults were explored by brief interview with 621 adults, aged 60 years and older. The sample was recruited from randomly selected telephone numbers (land lines and cell phones) listed for persons residing outside metropolitan areas of a mid-west region (Canadian province of Saskatchewan), and was predominantly rural/remote (although 10 in the sample were from a small city of 10,500; most were from smaller centers, largest 5,500). Of the sample, 502 rural/remote seniors (M age = 71.5; SD = 8.4; range 60-102 years) responded to an open-ended question regarding a time when they needed assistance, and data were thematically analyzed (with NVIVO for support). Most (307) described needing physical assistance due to strength limitations or various medical conditions; 66 described needing help using technology (such as turning on a computer, or burning a CD); and fewer mentioned other difficulties, for example, 12 mentioned limitations due to inability to drive, and 7 mentioned limitations related to mental health conditions. These data suggest technology developed to augment physical tasks will be critical for rural/remote seniors, but also highlights the need for intuitive and useable technologies.

O41

Rural Citizen-Led Coalitions: Enabling Voice through Entrepreneurial Activity to Improve Health Care

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Objectives: Older adults want to age-in-place in their rural communities but often lose this option when meeting their complex health needs seem unattainable. Evidence has advanced the role of citizen-led coalitions (CLC) in increasing influence and attention and proposing solutions to the health

and social needs of rural older adults. The overall study purpose was to understand how CLCs enable age-friendly voice and influence by examining the language of CLCs in their construction and response to constraints.

Method: A multiple case study method was used to generate a broad understanding of the similarities and differences in the production of constraint and challenge-action in citizen-led coalition. CLCs ($n=5$) and non-citizen led ($n=2$) groups were pre-selected to represent diversity in group maturity, composition, activities, and degree of rurality. Data from focus group, individual, and coalition-level surveys were analyzed to construct themes.

Results: Seven community groups ($n=39$) participated in the study. Multiple themes were constructed from the data, but pervasive across groups were expressions of constrained voices. Voice constraint were produced in multiple ways, through relations to the health system, rural community, and coalition structures. Several factors contributed to the construction of constraint in CLC voice including system restructuring, power imbalances, local governance and gender. In response to these constraint productions, various actions were enacted to address them.

Conclusions: This study highlights the important role of CLCs in producing constraint and corresponding challenge-action, thereby creating the possibilities for individual and collective voice and influence to address the health care of rural older adults.

O42

Carrying the Burden? Rural Older Adults and the Risks of Atrial Fibrillation

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Objectives: Older adults with atrial fibrillation (AF) are recognized as a high-risk population; aging and AF confer an 8-fold increase in stroke risk. Considerable attention has been given to development of risk prediction models and risk stratification tools in this population. However, little is known about older adults' perceptions of AF-related risks, and how they interpret, respond and

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manage them. The purpose of this secondary analysis, part of a larger mixed methods study that explored healthcare delivery for rural older adults with atrial fibrillation (AF), was to understand the risk perspectives of older adults with AF.

Methods: A qualitative embedded quantitative study design guided the overall study. Twenty-three older adults with AF participated in either one time focus groups (13) or 6-month patient journeys (10) involving a combination of face-to-face and telephone interviews.

Results: Findings revealed variable views of risk from affirmation to denial. Although older adults described risk in generic terms more often they referenced specific risks they encountered in daily living with AF, such as stroke, personal safety, and genetic transmission of AF. Several factors (e.g., symptoms, aging attitudes) influenced risk perceptions, their accuracy, and older adults' responses to their risks.

Conclusions: Older adults with AF have variable concerns about the risks they face in living with their condition. Their perceptions of risk extended beyond stroke, the most common risk associated with AF, to include specific risks that threatened their safety and well-being. Older adults need support in addressing a multitude of perceived risks.

O43

Exploring family members' interpretations and responses to "challenging behaviours" in dementia

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In Canada, approximately two-thirds of people with dementia live in the community where they are enabled by support from a family member, also referred to as a partner in care. Little is known about how these partners experience, interpret, and respond to "challenging behaviours" on a day-to-day basis. This is in spite of the fact that a growing number of studies and news reports have drawn attention to issues of violence and aggression in long term care. The goal of this study was to look at what behaviours and situations partners defined as challenging, violent and aggressive and how and when they interpreted the person with dementia as a victim or perpetrator. Data for the study were collected through an

interview diary method and coded thematically using a constant comparison approach. Partners' diaries described challenging behaviours of the person with dementia (e.g., restlessness, yelling, paranoia) as well as the challenges partners face in managing their own behaviours and responses to these changes. Partners struggled to regulate negative feelings of anger, frustration, annoyance, loss, and resentment. They expressed feelings of sympathy and rationalized behavioural changes of the person with dementia as a part (or not part) of the person, a response to situational challenges, or a function of the disease. We discuss the importance of partners' insights on the relational dynamics involved in caring for someone whose behaviours are experienced as challenging as well as the utility of diary methods for examining and working through changing behaviours within a care relationship.

O44

Mindfulness training for informal caregivers of persons with dementia and related neurodegenerative disorders

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Informal caregivers of persons with dementia are at increased risk of poor health. Compared with non-caregivers, caregivers report more frequent doctor visits, increased reports of physical and psychological ailments, and declines in cognitive function.^{8,9} Interventions designed to foster adaptive coping skills may decrease perceived stress and associated health risk over time. The objective of this study was to examine the effect of an 8-week mindfulness-based stress reduction (MBSR) program on psychological wellbeing and cognitive function of older informal caregivers. A total of 57 caregivers (men age 66.26 years) were randomized to MBSR (n=33) or a Psychoeducation (n=24) control condition. Pre and post-assessment included completion of a battery of psychosocial questionnaires that tap into perceived stress, depression, self-esteem, and relational quality. Participants also completed cognitive tests of episodic memory, verbal fluency, and executive functions. Although the MBSR group displayed a significant within-group improvement on working memory and verbal fluency, mixed analysis of covariance showed no between-group difference for any of the cognitive measures. Similarly, while the MBSR group displayed significant improvement on all psychosocial measures, analyses showed a

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significant between-group difference for depression and perceive stress only. The MBSR group reported a greater decreased in perceived stress compared with the control group ($M = -6.86$, $SE = 1.02$ vs. $M = -3.25$, $SE = 1.03$, $p = .02$) and a greater decline in depressive symptoms ($M = -6.18$, $SE = 1.98$ vs. $M = -1.55$, $SE = 2.08$, $p = .04$). Overall, MBSR seems to be a viable program for informal caregivers. Barriers to this program must be considered for the development of a caregiver-specific MBSR program.

O45

Facilitating the transition from driving to non-driving in persons with dementia

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Objectives: The objective of this study is to better understand the process of transitioning to non-driving and to make recommendations for improving this process.

Methods: We conducted three focus groups and three semi-structured interviews with caregivers and healthcare providers of persons with dementia across three sites (Toronto, Waterloo, Victoria). Questions focused on challenges caregivers' experience regarding their partner's driving or driving cessation, strategies they employ to make decisions about driving cessation and how they cope with the transition to non-driving. We employed standard thematic analysis to examine the themes related to transitioning to non-driving.

Results: Thirteen caregivers participated; eleven spouses and two adult children (both daughters) of six current and seven former drivers with dementia. The sample ranged in age from 54 to 86 (mean age 69.2), were primarily women (12 women) who lived in urban residences (92%). The sample also included ten healthcare providers who work closely with persons with dementia and their families, and deal with driving issues regularly in their practice in rural and urban settings. The findings include three broad themes: 1) issues pertaining to early communication and planning related to driving cessation; 2) challenges and opportunities with respect to monitoring driving over time; 3) and the

importance of access to alternative forms of transportation to promote continued community mobility.

Conclusion: Planning for driving cessation should occur as soon as possible after a dementia diagnosis. However, before a program can be developed, further consultations with male caregivers and those living in rural areas are needed.

O46

The experiences and perceptions of unpaid caregivers providing care for community-dwelling adults with a dementia: A qualitative systematic review

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By 2015, over 46 million people will be living with dementia worldwide and these numbers are estimated to increase to 131.5 million by 2050. In Canada, up to 1.4 million people will be living with dementia by 2031, doubling the rates for 2011. Dementia's greatest impact is upon quality of life, both for individuals living with dementia, and for their family/caregivers.

Objective: To synthesize the evidence regarding the experiences of unpaid caregivers of community-dwelling adults with a dementia.

Method: A Joanna Briggs Institute Systematic review of qualitative evidence will be conducted. The review protocol including the search strategy has been published. The studies included will be reviewed independently for quality, data will be extracted, synthesized, and lines of action generated to identify best practices to support family caregivers.

Results: The review is in progress and we anticipate that the findings will be available for presentation at the conference.

Conclusion: Caring for a loved one with dementia can be overwhelming for unpaid caregivers, and adequate support is required for them from the

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health, social, financial, and legal systems. We anticipate the findings from this review will contribute to the evidence necessary to guide the provision of the supports required by family caregivers of individuals with dementia.

O47

**“It settles you, it pokes you and it makes you do a lot of wondering, a lot of watching and then you become thirsty for information”:
Family caregivers’ conceptualizations of their information work**

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Objectives: Seeking, interpreting, managing and sharing information (examples of activities considered as information work) are key components of care provision. Information work saturates every facet of caregiving, providing tools for coping, problem solving and dealing with uncertainty through knowledge and support. Family caregivers’ information work is increasing in quantity and intensity given trends towards the informatization of care, that is, the provision of information used as a means to gradually marginalize care.

To understand how caregivers conceptualize the information work done to provide care to community-dwelling older adults living with dementia, interviews and mapping exercises made visible the ways in which aging in place policies and administration invisibly coordinate caregivers’ access to and use of information needed to provide care.

Method: Guided by Dorothy Smith’s institutional ethnography method of inquiry, eleven family caregivers of community-dwelling older adults living with dementia were interviewed. Building on Sonnenwald’s concept of information horizons (1999), caregivers drew maps of their information work while speaking to their everyday information work, including those they interact with and are influenced by to get their information work done.

Results & Conclusions: Interviews and maps of caregivers’ information work revealed the complex ways the institutional complex surrounding aging in place policies and administration enter into the organization of caregivers’ information work. This study signifies an innovative shift in the ways the

complexities of searching for and using information on behalf of an aging family member are understood as a means to more responsively support the information needs of family caregivers.

O48

Provincial Strategy on Aging: Development and Implementation

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The province of New Brunswick currently has the highest proportion of adults over the age of 65 years in Canada. In addition to its aging population, the province also has the realities of providing care and services in two official languages as well as being 49% rural. In February 2016, the government of New Brunswick appointed 17 individuals to form a Council on Aging with a mandate to address both short-term (one to three years) sustainability and long-term (10 years or more) transformational change. The goals of this presentation are: 1) to inform participants on the process of strategy development; and, 2) to explain the goals and initiatives developed by the Council on Aging to address aging in NB. Work spanned from March 2016 to November 2016 with the strategy being presented to the public in late January 2017. The development of the strategy was conducted collaboratively between the members of the council and government. The vision for aging in NB is that healthy aging is a positive lifelong experience that occurs in a supportive age-friendly community. To support this vision, the strategy has three major goals composed of 12 initiatives that represent 77 actions. The actions embrace the continuum of care and services from health promotion and disease prevention to end of life care. The strategy has been well received by stakeholders and implementation is currently under way.

O49

Facilitators and Barriers to Transdisciplinary Working in Aging and Technology Research: An Exploration of Experiences in a Pan-Canadian Research Network

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Objective: This paper explores how members of a Pan-Canadian Network of Centres of Excellence (NCE) perceived and experienced transdisciplinary working in research on aging and technology, with a particular focus on examining factors that enable and constrain such an approach.

Method: For the first phase of this longitudinal qualitative study, thirty individuals were recruited from the NCE to participate in semi-structured interviews focusing about research team development and collaboration in teams. A purposive recruitment strategy was implemented to maximize variation in members' disciplinary backgrounds, research roles, and career stages. Interview data were transcribed verbatim and thematically analyzed.

Results: Our analysis revealed facilitators and barriers regarding transdisciplinary working. The facilitators existed at two levels. At the individual level, members emphasized the importance of understanding and respecting diverse research perspectives and disciplinary approaches. At the group level, a number of factors were identified as critical to effective transdisciplinarity: members' ongoing engagement; collaboration; mixed methods; equitable contributions; shared meanings of and success in projects; and open and direct communication. Key barriers to successful transdisciplinary working in research included: limited or no guidance for the commercialization of research products; inadequate funding; conflicts and power differentials within teams; time constraints; absence of shared research goals; poor communication within teams and lack of inclusivity of older adults, multidisciplinary researchers, and industry partners in the research process.

Conclusion: Drawing on transdisciplinary literature, we discuss the findings in relation to aging and technology research, and identify ways to resolve challenges to effective transdisciplinary working in a large network.

O50

Product-readiness levels for 'real world' impact: an AGE-WELL performance management framework for aging and technology research

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In recent years, Canadian federal and provincial governments have focused funding on innovative science and research. In addition to successful knowledge mobilization and commercialization, innovative research also emphasizes *research excellence* through direct social, cultural, and economic impact prioritizing the development of early career researchers and innovators and enhancing national and international transdisciplinary collaborations. However, envisioning social impact through innovation with commercial intent can be challenging for many academics. Implementing a performance management framework early on in the research cycle can forge a pathway towards achieving sustainable, socially relevant research impact. As a newly established Network of Centres of Excellence (NCE), AGE-WELL (Aging Gracefully across Environments using Technology to Support Wellness, Engagement and Long Life) recognizes the need for metrics that serve as a mechanism for evaluating research to improve the lives of older adults, and as a resource to ensure: (i) collaboration across disciplinary boundaries, (ii) mentorship and training of early stage professionals (iii) user-centredness, and (iv) effective knowledge mobilization and commercialization activities for uptake and application by the public at large. This presentation introduces a performance management framework featuring product-readiness levels (PRLs). The PRLs consist of five stages and nine levels with integrated activity and output measures to help researchers assess their progress from early research development phases through to product completion and application in real-world settings. Intended for researchers and innovators irrespective of discipline, we demonstrate how the PRLs can enable a successful pathway from idea generation to socially-relevant products and services for broader public consumption.

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The Current Location of Death in Canada - Evidence for Action

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Objectives: Concern has existed for many years over the extensive use of hospitals by terminally-ill and dying persons. It is commonly believed that most Canadians die in hospital, and after an escalation in hospitalizations as death nears. High hospital occupancy rates and long waits and waitlists for hospital care are long-standing issues in Canada, in addition to concerns about the quality and accessibility of end-of-life care. This study was designed to determine current location of death in Canada.

Methods: Complete 2014-15 individual-anonymous inpatient hospital data from the CIHI Discharge Abstracts Database were obtained to answer questions: (1) what proportion of deaths now in Canada occur in hospital? and (2) who dies in hospital?

Results: 1,864,730 admissions to Canadian hospitals (excluding Quebec) occurred in 2014-15; 3.5% ended in death. The 88,100 primarily older hospital decedents represent 43.8% of all deaths outside of Quebec that year. Some major cross-Canada differences in patient characteristics and hospital utilization were found.

Conclusions: Over half of all deaths in Canada take place outside of hospitals now, a major change from nearly 80% in 1994. It is important to sustain this trend, with family caregiver burden from minimally supported home-based end-of-life care of chief concern. The expected increase in annual deaths in the near future could exacerbate this burden and lead to a reversal of the trend back towards hospital-based death. Cross-Canada differences in hospital utilization highlight opportunities for end-of-life care service planning and policy advancements.

O52

Understanding the Impact of Bereavement Grief on Work, Careers, and the Workplace – Findings of a Mixed-Methods Study

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Objectives: A recent Canadian investigation found 96% of adults have felt bereavement grief, with 46% reporting a death in the last two years that caused grief. Many working-age people experience the death of one or more loved ones over their work-life years. However, little attention has focused on the impact of bereavement grief on work, careers, and the workplace. This study sought evidence for action.

Methods: Following research ethics approval, a mixed-methods study was conducted. Interviews of bereaved volunteers were done for insight into the lived experience of grief on ability to work, and a quantitative survey of representative organizations was undertaken for information, specifically how often was bereavement leave taken in the last year and for how long, and if performance issues were noticed upon return.

Results: 131 organizations employing 28,970 people provided information. In the last year, 61.1% had employees taking bereavement leaves; 3.2% of all employees. The average bereavement leave was 2.5 days and 22.5% of organizations had employees taking an additional accommodation leave of 1.3 days. Small organizations were the most likely to notice concerns upon return, notably crying, upset, distracted, irritable, and/or unable to focus. The qualitative interviews revealed a significant impact from the death of a loved one on the ability to work, with most needing months to recover. Job change and job loss were common.

Conclusions: Bereavement grief should be an expected workplace consideration, instead of it being largely overlooked now for its impact on workers and organizations.

O53

“We’re helping them to help themselves”: Formal service providers’ interpretations of helping carers navigate systems

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Our objective in this study was to examine how service providers interpret the meaning of system navigation, and to obtain their perspectives regarding navigational barriers faced by family carers. We drew on data from in-person interviews with formal service providers who help families navigate through complex health care systems to

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access services on behalf of older adults. 21 participants included home care case coordinators, social workers, health care navigators, representatives of non-profit service organizations, and private consultants working in Winnipeg. Despite acknowledging increases in navigation supports available to carers in recent years, participants identified several barriers commonly encountered by their carer clients. These included system complexity, fragmentation, and rigidity, challenges related to cultural and socio-economic position, and service constraints. Although many of these barriers can be viewed as structural in origin (i.e., residing within systems themselves), participants emphasized individual empowerment as the dominant strategy for change. They tended to interpret their own role as providing information and education about systems (i.e., in contrast to advocating). To a lesser extent, they called for health care system change, and indicated limits on their own ability to help. In our discussion, we problematize the positioning of the navigation and access to care as problems residing with individual families. A critical analysis considers the ways in which differing characterizations of system navigation, and roles/responsibilities in this regard, might be connected to the broader social context of individualizing neoliberalism and the responsabilization of families to equip themselves with the skills necessary to navigate complex systems.

O54

Conceptualizing carer trajectories across the life course

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Family carers are an integral and indispensable part of the provision and sustainability of health and social care systems. While there is considerable documentation of the effects of caring, there is little research about the long-term and cumulative outcomes of caring over carers' lives. In part, this is because of a lack of clear conceptual guidance. In this paper, we draw on and adapt a life course perspective to conceptualize carer trajectories across time. In a departure from dominant discussions of transitions and trajectories within existing care research, we

propose that carer trajectories are differential patterns of care episodes across a carer's entire life course. This includes the possibility of caring for different persons. Entry into a carer trajectory is marked by an initial transition into the first caring episode (a particular period of caring for one person) that may be either abrupt or gradual. Overall caring trajectories are characterized by the timing and duration of care episodes as well as their sequence in relation to one another over time. Moreover, carers' trajectories are shaped by intersections with trajectories in other life domains such as paid employment and family life. This conceptualization of carer trajectories holds promise for helping us better understand the diverse, long-term, and cumulative effects of caring over time. Our conceptual model highlights future directions for both quantitative and qualitative research that will also be discussed.

O55

Family caregivers as partners in the primary care services available for the elderly living with a chronic disease or dementia: doctors and nurse's point of view

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Family caregivers of elderly with chronic illness or dementia represent a very valuable resource for home care. However, writings on the matter do not highlight the recognition and integration of caregivers as partners in health care system. The purpose of this study was to explore how doctors and nurses think of the role of family caregivers as partners in a context of primary care services particularly in family medicine groups (FMGs). A sample (n = 16) of nurses and doctors working with patients suffering from dementia or chronic disease has been established to collect their representation of the family caregivers' role and their point of view on the factors facilitating or limiting the construction of a partnership and on the identification of their expectations for support measures as they hope to better integrate them into their practice. Thematic analyses made possible to map the role of family caregivers as a continuum that unfolds in time depending on the level and nature of the patient's

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loss of autonomy, and depending on the presence of professionals. One of the findings from the analyses is, to the effect that, from the point of view of professionals, building a partnership with family caregivers could be better contextualized in order to be taught and applied in the professional practice environment.

O56

Facts, Feelings and Fears: Supporting Families through Dementia's End-of-Life

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As of 2016, 564,000 Canadians are living with Alzheimer's disease and other dementias (Alzheimer Society of Canada, 2016). Many diseases can cause dementia, the most common being Alzheimer's disease. Alzheimer's disease is a fatal disease that eventually affects all aspects of a person's life: how they think, feel, and act. People with dementia can therefore benefit from a palliative approach, long before death is near. However, palliative care has typically not been available to people whose prognosis is uncertain and where the dying process is protracted (Small, 2007).

While it is human nature to avoid talking about sad and difficult topics such as end-of-life, people impacted by dementia are hungry for practical, reliable information about what to expect at this stage. Health care providers have an important role to play in preparing people with dementia and families for end-of-life. Resources are available to assist health care providers in supporting a person centred approach to palliative end-of-life dementia care as well as strategies that can lead to a more comfortable end-of-life experience for the person with dementia and their families.

The Alzheimer Society of Canada has developed an online resource to help families prepare for end-of-life, make some of the difficult decisions they may face, and cope with the grief they may experience. The rationale for this resource, strategies for use and how to access it will be presented, along with resources available to support health care providers in their work in end-of-life dementia care.

O57

Cognitively resilient individuals with mild cognitive impairments have a higher chance of reversion to normal cognition than progression to dementia

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Background: Individuals with mild cognitive impairments (MCIs) are at increased risk of dementia. Reverse transitions (i.e., from mild cognitive impairments to normal cognition) are also observed, although less well characterized. Our aim was to assess the effects of indicators of cognitive resilience (age, apolipoprotein E (*APOE*), education, academic performance and written language ability) on the risk of reversion from MCIs to normal cognition compared to the risk of progression to dementia.

Methods: The Nun Study is a longitudinal study with up to 12 annual cognitive assessments of 678 religious sisters 75+ years. We estimated the relative risk of reversion to normal cognition and that of progression to dementia using multi-state Markov modeling with death considered as a competing event. We then calculated the ratio of these risks for each level of covariate.

Results: Reverse transition to normal cognition after a diagnosis of MCIs was more common than progression to dementia: 146 (29%) of the 501 individuals who developed MCIs experienced reverse transitions to normal cognition, and only 20 of them (13.7%) later developed dementia. Individuals with indicators of cognitive resilience (younger age, absence of the *APOE*- ϵ 4 genetic risk factor, higher educational attainment and stronger linguistic ability (academic performance in high school English and idea density and grammatical complexity based on autobiographies in early life)) had a greater chance of reversion to normal cognition than progression to dementia.

Conclusions: Progression from MCIs to dementia is not inevitable. Predictors of reverse transitions could inform strategies to prevent or postpone transitions to dementia.

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Assessing face validity of a novel semantic screening tool for Mild Cognitive Impairment

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Semantic knowledge refers to general knowledge of the meaning of words and objects. Evidence suggests declines in semantic function may serve as an early marker of cognitive decline and be detectable years prior to diagnosis. Various tools exist to assess semantic abilities; however, these can be lengthy for clinicians to administer and tend to be limited in their assessment of a single domain. Recognizing these limitations, we have developed a novel semantic battery that will briefly (< 10 minutes) assess abilities using multiple input (pictographic, auditory, and written) and output (oral, written, or pointing) modalities. The present study examines the face validity of this battery through six structured interviews. Interviewees had expertise in language function and cognition and included researchers (n=2), neuropsychologists (n=2), a geriatric physician, and a speech language pathologist. Results suggest the battery is a comprehensive, logical, and easy to use screening tool that is relevant for detecting semantic impairments in a wide range of clinical populations, such as Aphasia, Alzheimer's disease, Mild Cognitive Impairment, and Traumatic Brain Injury. Interviews revealed a need to shorten the battery (ideally < 5 minutes), modify instructions to improve clarity, and increase font size of written stimuli. These findings will inform further development of this battery including shortening and modifying the battery to become more efficient for clinical use. Next steps include assessing construct validity by comparing performance to traditional measures of semantic function.

O59

Does the prevalence of MCI decline? Results of a prospective, population-based longitudinal study with a follow-up of 25 years

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Background: Recent studies indicate that the prevalence of dementia is declining. If reliable, this effect should be detectable in the prevalence of Mild Cognitive Impairment (MCI) widely accepted as a preclinical stage of dementia. We tested this hypothesis in two birth cohorts (born 1930-1932 (C30) or 1950-1952 (C50)) on reaching age about 65 years some 20 years apart which were followed up from 1993 up to 2016 in our Interdisciplinary Longitudinal Study of Adult Development and Ageing (ILSE).

Methods: ILSE cohorts underwent medical and neuropsychological assessments on four occasions between 1993 and 2016. We contrasted prevalence of MCI between C30 at the second examination (1997, n= 222; mean age: 66 years) and C50 at the fourth examination (2016, n=166; mean age: 65 years). The effect of diagnoses of MCI/MCD on neuropsychological test performance was investigated using ANOVAs with respect to neuropsychological functioning.

Results: 25.3% of C30 met criteria for MCI in 1998, while 9.6% of C50 were diagnosed in 2016 ($\chi^2= 19.46$, $df = 2$, $p<.0001$). Effects of diagnoses on neuropsychological test performance were identified for tests assessing abstract thinking, memory, attention, verbal fluency, visuo-spatial thinking, and mental flexibility.

Conclusion: Our findings clearly confirm a decreasing prevalence of MCI in two cohorts born 20 years apart. This effect conforms to an increased cognitive reserve as school education was significantly longer in the young than the old cohort. Medical (i.e. better control of hypertension or hypercholesterimia) also have to be considered as effects were confirmed after adjustment for school education.

O60

Changing views of elder abuse and neglect among Chinese older immigrants in Canada

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This study investigates how older persons themselves make sense of abuse and neglect in the context of migration and transnationalism. It aims to understand how personal life course trajectories, and migration related changes in the individual context, relational context, community context, and society context, socially construct the

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views of older migrants on elder abuse and neglect. The research is based on a participatory action research method, coupled with personal interviews and focus groups in data collection. By participating in a self-initiated and officially sponsored elder abuse and neglect project, older Chinese immigrants explored the meaning of elder abuse and neglect through various activities including peer discussions and consultation with social work practitioners and scholars. The qualitative analysis is based on the scripts of such discussions and personal interviews of older people. The study reveals that a) views of older people on elder abuse and neglect are clear in certain dimensions, and ambiguous in others; b) views of elder abuse and neglect differ among older adults; and c) understanding of elder abuse and neglect does change over time within the changing contexts. The study shows that pre-migration life experiences and post-migration interaction with adult children and grandchildren, peers, and larger community and the society shape and reshape the meaning of elder abuse and neglect among older immigrants.

O61

Logiques sociales et consommation des médicaments chinois par les personnes âgées dans la commune de Yopougon à Abidjan (Côte d'Ivoire)

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Introduction : Le système de santé ivoirien, déjà animé par la médecine traditionnelle et occidentale, enregistre depuis 1990, une intrusion remarquable de la médecine chinoise. Depuis cette période, l'on constate une prolifération de boutiques de médicaments chinois sans autorisation gouvernementale dans toutes les localités du pays. Yopougon, l'une des communes du District d'Abidjan concentre en son sein plus de 5000 espaces de vente desdits produits avec une clientèle constituée majoritairement de personnes âgées qui ignorent les conséquences sur leur santé. L'objectif de cette étude est d'analyser les logiques sociales de la consommation des médicaments chinois par les aînés.

Méthodologie : Pour 1.071.543 habitants, Yopougon compte environ 40.473 personnes âgées de 60 ans et plus (RGPH, 2014). Au total, 150 aînés ont été interrogés dans 12 quartiers de la commune. L'échantillon est constitué volontairement de consommateurs réguliers de médicaments chinois depuis au moins deux ans. Le questionnaire et le guide d'entretien ont servi à collecter les données.

Résultats :

- Déficit de niveau d'instruction : Analphabètes : 55%; Primaire : 35%; Secondaire : 7%; Supérieur : 3%.
- Indigence économique : 90% des revenus inférieurs à 100 000f CFA.
- Représentations sociales des médicaments chinois : médicaments plus accessibles: 96,7%; médicaments plus efficaces: 92%; médicaments source de longévité: 100%.
- Itération thérapeutique et complications : 80% d'hospitalisation; 20% de décès.

Conclusion L'absence de prise en charge institutionnelle des aînés est déterminant pour le recours aux médicaments chinois. L'étude suggère au gouvernement ivoirien d'inclure les aînés dans sa politique socio-sanitaire.

O62

Gender Differences in Civic Participation between Immigrant and Non-Immigrant Seniors in Canada

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Civic participation involves activities intended to benefit the public at the community or political levels. Research has shown that civic participation will promote self-esteem, wellbeing, life meaning and satisfaction of older and is a key aspect of social integration. While gender induces differences in the level and type of civic participation due to the different involvement of women and men in family, employment and religion, how gender role affected civic engagement of immigrant and non-immigrant seniors in Canada is not clear. Using the Public Use Microdata of the 2013 General Social Survey on Social Identity, this study examined the gender differences in civic participation between immigrant and non-immigrant seniors. Civic participation was represented by five types of civic activities: donation, volunteering, voting, organizational

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memberships, and participation in other types of political activities. The results revealed significant gender differences in civic participation between immigrant and non-immigrant seniors. Immigrant older men are somewhat more concerned with other types of political activities, and immigrant older women tend to involve more on donation and volunteering, whereas there are no significant gender differences in voting and organizational membership. For non-immigrant seniors, older men participate more in voting and other political activities, and older women are more likely to donate, when compared to their counterparts. This study differentiated gender's influence in different types of civic activities between immigrant and non-immigrant seniors. Useful strategies for promoting civic participation in later life should consider the variations in gender differences in immigrant and non-immigrant seniors.

O63

Canadian Immigrant Seniors' Experiences: Grannies' Fashion Show Community Participation

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A federally funded community project called *Grannies' Fashion Show: "We are here."* was operated, with other in-kind funding, by two immigrant seniors' groups in Manitoba between 2016 and 2017. Seniors benefited from three main activities: making their own traditional clothing; participating in a public fashion show; and writing a journal entry. These reflections were published in a booklet that gives a complete account of the project. Their answers to an anonymous survey show they were very satisfied with the project. There were 34 seniors involved in the project. One question remains: why were the seniors happy? In the existing research, projects that promote immigrant seniors' volunteerism and community involvement have been studied relatively infrequently. To find an answer to the previous question would be helpful for both policy and program makers to get ideas about which seniors' programs should be developed and/or expanded. Therefore, the purpose of this study is to investigate seniors' experiences and determine how volunteering relates to their happiness. To gather detailed feedback, this study will conduct an

in-depth interview with 10 immigrant seniors. A narrative approach with a thematic analysis will be applied. This approach would help further understand the significance of interactions between seniors that my observations did not catch during the one-year project. This qualitative study will describe how immigrant seniors reached their goals, and what factors motivated them to empower themselves to achieve their goals. The thematic analysis may also reveal how eager they were and what assistance initiated them to volunteer.

O64

Mistreatment and bullying of older adults: a qualitative study

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Issue: Only a few studies on mistreatment or bullying give the voice to older adults (OA). These 2 social problems are connected in Québec by 2 government plans of action. This presentation aims to identify how OA talk about mistreatment and/or bullying. It also aims at understanding the facilitators or hinderers in seeking help.

Methodology: This presentation is based on an ongoing action-research project conducted (2015-2018) in partnership with a non-profit organization (NPO) specialised in actions to counter mistreatment of older adults. 17 focus groups were conducted between November 2016 and May 2017, regrouping 125 participants aged 55+ years old. Some groups were mixed, others conducted with men or women only. 3 groups were conducted in English and all the others in French. Interviews were transcribed and coded using N'Vivo based on an inductive analysis of content.

Outcomes: The distinction between mistreatment and bullying is not always clear for respondents. This fact could be attributed to lack of knowledge. The most important facilitators for seeking help in cases of mistreatment are: support, accompaniment, bond of trust. The most important ones for seeking help in cases of bullying are hopelessness, bond of trust, access to information. The majors hinderers for seeking help in situations of mistreatment are: fears, ignorance, intrinsic

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factors. The major hinderers for seeking help in situations of bullying are: fears, link with the bully, past experiences.

Discussion/conclusion: A better understanding of the facilitators and hinderers for seeking help will help NPO to adjust their sensitisation and accompaniment strategies.

O65

Elder Abuse Support Services in Canada

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Objectives: Elder abuse is a serious concern for our aging Canadian population. The purpose of this research was to establish gaps, areas for improvement, and good practices in supporting Canadian adults experiencing abuse and/or intimate partner violence.

Methods: The project included a literature review and a key informant survey. The literature review provides an overview of literature on elder abuse interventions sourced from ten databases. A key informant survey, involving sixty organizations, explored the available services, the breadth of the team, awareness of resources, and access to supports as well as areas of improvement.

Results: The literature review identified key differences in service provision and settings, and the importance of having diverse elder abuse victim support systems in place. Of the key informants, 68% belong to organizations specific to elder mistreatment while 35% had no age restriction. More services are offered in an urban setting versus rural, but regardless of location all stated their organization collaborates with other community services. However, the vast majority note more education and training is needed.

Conclusions: The literature identified important differences in service provision among settings and approaches toward service provision to elder abuse victims. Key informants noted that increased training, funding, and outreach were key areas of improvement for their organization/program, including intervention strategies also need to

include culturally competent service providers. Their creation and maintenance in more settings is seen as pivotal to provide assistance to older adults who are being abused.

O66

Ethical issues with regards to qualitative research on elder abuse

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Issue: Some research projects on elder abuse (EA) are conducted by giving a voice to older adults (OA) who have experienced abuse. Most research, however, is conducted with OA who are invited to participate in a hypothetical abuse scenario. This paper discusses the ethical challenges of researching abused OA, an invisible issue in academia.

Methodology: In this project funded by SSRHC (2015-2018), five case studies were conducted of non-profit organizations (NPO) specialized in countering EA. For each NPO, the administrative documents were analyzed and a group interview was done with the board members. Individual interviews were also conducted with paid practitioners, volunteers and OA who had received services (n=64 participants). The presentation focuses on the 11 interviews done with the OA.

Outcome: During the entire project, ethical questions were raised: recruitment strategies, balance between support from NPOs with recruitment and preoccupations regarding confidentiality, where to conduct the interview, etc. Due to a collaborative research approach, we have committed to share the results with all interviewees. What are the risks of returning with results a year after the data was collected? What is the best medium to conduct the interviews: a phone call, a letter, a home visit, a report sent by mail or email or other? What is the risk of re-opening an emotional wound? Etc.

Conclusion: OA who experienced abuse are a key component to evaluating the results of intervention programs. There are necessary precautions to take

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in order to "protect" them throughout the phases of the research process.

O67

Understanding the similarities and distinctions between mistreatment and bullying of older adults in order to better identify appropriate practices

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For many, mistreatment and bullying of older adults are similar social problems. However, in Quebec, they are the subject of two different government action plans: mistreatment in 2010, and bullying in 2015. This study provides a conceptual clarification between mistreatment and bullying of older adults to identify their similarities and distinctions and to guide the direction of the consequent actions. The state of knowledge with regards to each problem, constituted by a review of the French and English-speaking international literature within the last ten years, was collected based on Set Theory. It appears that mistreatment and bullying of older adults are similar in seven ways: forms, frequency, interactional dynamics, the environments in which they occur, the context in which they occur, risk and vulnerability factors, and consequences. The two problems are also distinguished in some respects. While mistreatment necessarily occurs in a trusting relationship, bullying can occur within any relationship (whether with or without trust) and it always includes a balance of force, power or control. In conclusion, the similarities between the two suggest that existing anti-mistreatment mechanisms and resources would provide support to bullied older adults. Nevertheless, their distinctions confirm the importance of investing more in the fight against bullying to improve the resources available and to coordinate with the fight against mistreatment of older adults.

O68

Bill 115: An Act to combat maltreatment of seniors and other persons of full age in vulnerable situations: a critical analysis

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Issue: In November 2016, the Quebec Minister responsible for Seniors, in collaboration with the Minister of Health and Social Services and the Justice Minister, released Bill 115 on the maltreatment of seniors and other vulnerable adults. Special consultations and public hearings were conducted in January, 2017, and each article was read in parliament in April, 2017. If the law is adopted by June, 2017, it will be the first law on elder abuse in Québec. This paper aims to provide a critical content analysis of the law and modifications made throughout the process (from Bill 115 to finalising the law).

Methodology: Bill 115 introduces four major changes: a reinforced reporting system (non-mandatory); the introduction of a collaborative approach between police, social services and the courts; directives on the use of cameras; and the definition of "imminent danger". Our presentation will track the changes to the law by comparing its content in November, 2016, to the 42 briefs tabled during the January consultation, to the April parliamentary discussion and to the adopted law.

Outcome: Major discussions are regarding mandatory reporting. If so, where would it take place: at home or in institutions? Who should be reporting? Regarding cameras, the debates are on the rights of older adults to privacy and self-determination, as well as, unions saying it is unfair to film workers.

Conclusion: A law is a powerful tool. Besides the content, the implementation conditions should be considered (general training, powers of the persons who receive the reporting, etc.).

O69

Innovation in an aging world: A multiple case study approach to the development of a regional health innovation ecosystem framework

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Background: The needs of an aging population require innovative technologies (products, services, & processes). The development of

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regional innovation ecosystems (RIEs) that support the development of these innovations is well documented in the literature (Cooke, 2001). Biomedical and pharma sectors have long embraced the value of these networked clusters, the health and aging sectors have lagged (McMurray et al., in progress). We present results of a multiple case study examining regional health innovation ecosystems (RHIEs) that support innovative health and aging technology development.

Method: Within a case study design (Yin, 2009), semi-structured interviews were conducted in four RHIEs: Copenhagen, Denmark; Cambridge, U.K.; Surrey, Canada; and Boston, U.S.A. Archival documentation and interview data were thematically analyzed using NVivo-11©.

Results: The emergent RHIE model supports the Quadruple Innovation Helix (Arkin, 2010; Carayannis & Rakhmatullin, 2014) that posits a dynamic model of a regional knowledge economy including government, universities, industry & civic society. We add a fifth helix, the Health System, to account for the unique and complex influence this sector has over health and aging technology development & adoption. Our framework highlights the centrality of empathic design, people and their relevant capabilities necessary for innovation in this sector.

Conclusions: We found some factors in common with other sectors, and others unique to health and aging. This work contributes to our development of foundational antecedents that help build regional capacity to support action for innovation in health & aging and ultimately support the well-being of older adults and their caregivers.

O70

The Development of an Information Decision-Aid for Late-Life Depression

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Background: Late-life depression can be prevalent, complex, and severe, with adults over the age of 65 having the highest rates of completed suicide worldwide. Most older adults with mood disorders do not use professional mental health services, and older adults' understanding of the recognition, management,

and prevention of mental health problems is poor, as compared to younger age groups. This reduced mental health literacy contributes to low rates of service use and difficulty managing symptoms of late-life depression. One tool that has been shown to improve health literacy is the information decision-aid (IDA).

Objective: The objective of this research was to develop an IDA concerning late-life depression.

Method: IDA development occurred in four stages: 1) Compilation of a list of content areas pertaining to late-life depression. 2) Examination of the Informed Choices IDA, a decision-aid developed by our research team focused on depression among young adults, to determine content areas that need to be added or revised in order to address issues of late-life depression. 3) Completion of knowledge synthesis. 4) Compilation of information into clear, concise language.

Results: The focus of this oral presentation will be to discuss IDA development methodology, and to present the IDA and review main topic areas that are particularly relevant to late-life depression, including the expression of depression in later life, side effects and interaction effects of pharmacological treatment, and treatment effectiveness.

Conclusion: Future research will seek to evaluate the IDA among older adults and health professionals working within the field of gerontology.

O71

Exploring quality indicators for older persons' transitions in care: A systematic review and Delphi process

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Objectives: There is a need for quality indicators (QIs) to help monitor and evaluate care transitions across all sectors of the healthcare system. The objectives of this study are to a) examine the

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evidence for QIs focused on care transitions of older persons, and b) summarize the perspectives of experts on the feasibility of implementing QIs across care transitions.

Methods: Using a systematic review, we catalogued established QIs to evaluate the quality of care provided to older persons during transitions to and from emergency departments (ED). Our search included articles examining development and testing of quality of care measures for older persons' transitions across the following settings: residential seniors' facilities, homes, emergency transport services, EDs, and hospitals. Extracted indicators were coded by care setting, Donabedian framework domain, and Institute of Medicine (IOM) Domains of Quality. These indicators then underwent two electronic Delphi survey rounds where expert panellists evaluated indicators for relevance, feasibility, and scientific soundness.

Results: Overall, 326 QIs were identified from the literature. In round one, experts categorized indicators into retain (n= 80), borderline (n =154) or discard (n = 92) groups. In round two, experts evaluated borderline indicators to determine whether to retain or discard them. Retained indicators underwent a feasibility review by the steering committee.

Conclusions: QIs provide benchmarks for monitoring and potentially improving healthcare systems. By identifying indicators and knowledge gaps that exist in quality measurement, policy makers, knowledge-users and researchers can collaborate to improve care for vulnerable older persons across care settings.

O72

Loneliness and health service use: a critical review of the evidence

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Loneliness in later life in the UK is portrayed as a major social problem generating a moral panic in terms of the damaging consequences of loneliness for both older people and the wider society. Illustrative of this is the statement in February 2016 by Professor Keith Willett, Director for Acute Care for NHS England that: "The consequences (of loneliness and isolation among older people) are increasing, unremitting demand on healthcare which will ultimately cripple the NHS.") Loneliness

for older people has been linked with increased use of primary care services, attendance at accident and emergency units, admission to acute hospitals and admissions to care homes. These service use outcomes, as articulated by Keith Willett, are going to bring about the downfall of the NHS and dire consequences for the provision of health care. In this paper we critically evaluate the empirical evidence underpinning these claims. A systematic review of the literature identified 9 papers that reported service use for lonely versus non lonely people aged 50+ in Canada, the USA, Sweden, Singapore and Britain. Studies looked at the use of primary care, emergency department, hospital in-patient admissions and nursing home admissions. These studies are predominantly small in size, use self-reported service use outcomes, are cross-sectional in design and rarely take into account confounding variables. We conclude that there are profound limitations in our current evidence base which do not support the claims made for the consequences of loneliness, especially in terms of service use, and subsequent costs.

O73

Characteristics of Successfully Integrated Health and Social Services

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Objectives: Integrating health and social services is the next frontier in health services planning and delivery. It supports an approach to addressing the complexity of health issues for older adult patients that acknowledges the social determinants of health model: underlying social needs and healthcare concerns are addressed concurrently. This is an emerging area in Canada and the body of knowledge of standardized approaches and factors are not fully known, in the context of Canada's healthcare care governance system. A study was undertaken to determine the common features of successfully integrated health and social services initiatives that serves older patient population groups within a Canadian context.

Method: Successfully integrated initiatives from across Canada were identified based on criteria developed from a literature review on integrated health and social initiatives. These initiatives were surveyed to determine a set of common features that defined their successful initiative. Using a Delphi model approach, respondents were

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surveyed to identify a set of common features that defined their integrated success.

Results: The common features identified based on the literature and the survey include the following categories: patient health and social outcomes; program sustainability; data management and organizational partnership.

Conclusions: These common features are important in supporting research in the future that explores how health and social services delivery may integrate successfully in order to serve older adult patients in a seamless fashion within a Canadian context. These identifying features act as a reference point in learning how this integration can be achieved

O74

Family supports in the transition to long-term care

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Transitioning to a long-term care (LTC) facility is known to be fraught with emotions and challenges for older adults, as well as family members. While it is recognized that support may help older adults and their family members adjust during this transition, there is limited research examining what supports family members need.

Objective: The objective of this presentation is to explore the supports wanted/needed by family members of older adults transitioning into LTC.

Method: Our research method was a qualitative/descriptive study. Semi-structured interviews were conducted with 6 family members of aging adults admitted to LTC within 6 months from when the interviews were conducted.

Results: The themes found in the interviews include: the importance of talking about the newly admitted family member; recognition of the psycho/social/spiritual aspects of personhood; honoring the unique physical care needs of each individual; and, attention to the environment in order to support the personhood of individuals.

Conclusion: We suggest that beyond the need for information, family members equated feeling supported with evidence that the personhood and uniqueness of their older adult was being recognized and demonstrated by staff. Implications for older adults and their family members, staff in LTC facilities, as well as environmental issues are addressed within our presentation.

O75

Transitions into Personal Care Homes: Policy, Practice and Lived Experience

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Long-term care facilities, or Personal Care Homes (PCHs) as they are known in Manitoba, are a crucial component of the long-term care continuum for older adults. It is anticipated that there will be a dramatic increase in the need of long-term care beds in the coming years. However, there is very little research about the experiences of transitioning an older adult into a PCH and the policies that guide these transitions. The goal of this study was to learn about experiences of transitioning an older adult into a PCH, and provide a critical examination of the policies that are in place to guide these transitions. In addition to this, interviews with home care case coordinators, who act as gate-keepers to personal care homes, shed light on what service providers observe about the transition process. Fifteen caregivers and seven home care case coordinators were interviewed in person in Winnipeg, Manitoba, eliciting experiences of transitioning into PCHs, and the policies that help/hinder transitions. Transcribed qualitative data were analyzed thematically, with a particular focus on exploring the concept of 'choice' – for instance, how much 'choice' is involved when transitioning an older adult into a PCH? Findings problematize the concept of choice from caregivers' perspectives; this is juxtaposed against the ideal of 'choice' which infuses the rhetoric, policy, and discourse among transitions in health care. This critical examination of the intersection of policy, practice and lived experience contributes to a prioritized list of recommendations to help better tailor a person-centred transition process.

O76

SENSE: a knowledge translation intervention with families in long-term care

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By 2038, families of individuals living in long-term care (LTC) facilities will be contributing over 107 million hours of care. Traditionally, the role of families was largely constructed as 'visitor', contributing to their relative's care by providing socio-emotional supports, being a care manager, or providing hands-on care. In the current context of LTC, this role is evolving and families are in an increasingly ambiguous position. Building on findings from an ongoing critical ethnography, we co-developed a knowledge translation intervention with family members. The *Support, Education, Networking & Sustained Engagement (SENSE) Workshop Series* was piloted in the Spring of 2017 at a LTC facility in Vancouver, British Columbia. Thirty-eight (46% response rate) pre-surveys, which assessed interest in attending the workshops and current family involvement, were returned. Eleven of these family members committed to participating in the workshops and completed process and summative evaluations involving participant observations, interviews and post-intervention surveys. Emerging findings highlight a high degree of engagement among some family members to take part in an intervention aimed at improving their sense of inclusion in LTC. Further, family members identified practical tools to equip them to effectively advocate for their relative and other residents, as well as enhance their knowledge of advanced dementia in order to make time spent with their relative more meaningful. Given the paucity of intervention research with families in this setting, this study further contributes to understanding this research approach. The findings also have implications for the development of programming to support family inclusion in LTC.

O77

Tastes like Participatory Action Research: Conducting a Knowledge Translation Intervention with Families in Long-term Care

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Although families are a cornerstone of care in long-term care (LTC) settings, there is a paucity of intervention research with this group. Of those published, it is evident that interventions can enhance family-staff relationships, improve health outcomes for family members, and result in better quality care for residents. Following an extensive search of the literature, we were unable to identify any knowledge translation interventions with this group. To begin to address this gap, we examine our experience, as researchers and family members, in co-creating a knowledge translation intervention. While not explicitly participatory action research, the process undertaken to develop the intervention reflected elements of this approach. The intervention itself entailed a workshop series aimed at increasing family members' sense of involvement in their relative's facility by providing education, peer support and networking opportunities. A core group of researchers and family members ('the development team') came together to create these workshops. Participant observation was conducted during workshop development meetings and the developers were interviewed about this process of co-creation. Findings illuminate the tensions of this approach to research, such as the privileging of certain types of knowledge (e.g. clinical, empirical, experiential) and power relations among participants. We will discuss how these tensions were navigated (or not) and provide recommendations for further methodological explorations in knowledge translation interventions informed by participatory action research. As we enter a new era emphasizing patient and family engagement in research, this study provides useful insights into how to navigate this terrain in long-term care.

O78

Every Voice Counts: B.C. Office of the Seniors Advocate Discusses Findings of Landmark Residential Care Survey

Isobel Mackenzie

B.C. Office of the Seniors Advocate, Victoria, BC, Canada

The Office of the Seniors Advocate is an independent office of the B.C. Ministry of Health. The Office monitors and analyzes seniors' services and issues in B.C., and makes recommendations to government and service providers to address

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systemic issues. Isobel Mackenzie, appointed in 2014, is Canada's first Seniors Advocate. In 2016, the Office partnered with Providence Health Care to conduct a first-of-its-kind survey of residential care clients.

This in-person survey, through the efforts of over 800 volunteers over a nine month period, reached out to 20,000 residential care clients across 287 publicly-funded facilities. Survey collection wraps up in April 2017, with high-level provincial and health authority-level results being released by the Office in June 2017. Detailed facility-level results will follow in late August. Although a majority of clients have cognitive impairments, survey personnel made multiple attempts to complete the survey with each client, resulting in a 40% response rate. A parallel survey mailed to a client's most frequent visitor has yielded nearly 6,000 responses.

Survey implementation and question design were informed by a consultation group comprising experts in gerontology and survey design, along with Ministry and health authority staff. Results will be analyzed in conjunction with clinical data from InterRAI assessments from B.C.'s publicly-funded residential care facilities. Survey results will dovetail with the Office's annual Residential Care Quick Facts Directory to provide the public and policy makers with never-before-seen data and findings. The Advocate will use the survey results as a roadmap to make recommendations for improvements in care quality.

O79

Refinement of a dance intervention for people with cognitive impairment

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Objectives: To describe the acceptability, challenges, and refinement of a dance-based exercise intervention aimed to maintain physical, cognitive and social function of long-term care residents with cognitive impairment.

Method: The sample consisted of residents from several units of a long-term care facility in Toronto, ON who were > 65 years old, had mild-to-moderate cognitive impairment, could walk with or without a mobility aide and understood English. Resident self-report acceptability data (analyzed descriptively) were collected each session. The interventionists documented field notes (content analyzed) related to implementation challenges.

Results: Ten, 30-minute simplified Waltz dance sessions were given to 13 eligible residents. Each session comprised of a warm-up and cool down, dance step instruction, and practice with music. Residents rated acceptability positively (mean= 1.83 to 2.33 of 3.00), attended an average of seven sessions, and were engaged (mean= 1.75 to 1.97 of 2.00). Field notes highlighted the importance of: (i) recognizable music; (ii) group homogeneity; (iii) class size; (iv) individualized cueing protocols for different types of residents; and (v) strategies to monitor for fatigue during the class. Findings informed refinement of the dance intervention.

Conclusions: The final intervention included two additional protocols to tailor the sessions to residents' cognitive and physical abilities in a standardized way, including a way to complete steps while seated for those who became fatigued and more difficult steps for use once residents master some steps. Residents held positive perceptions of the dance sessions, warranting further research to test its effectiveness.

O80

Dementia and Cultural Dimensions of Global Population Aging

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Objectives: To describe and explain the cultural dimensions of global population aging, by analyzing how processes of racialization, defamilisation, and cultural assimilation appear and intersect in global dementia policy documents.

Methods: A policy discourse analysis of global dementia-focused reports by Alzheimer's International, World Health Organization and Organization for Economic Cooperation and Development published between 1980 (date of the founding of Alzheimer's Association) and 2017. I analyzed and interpreted the results using a

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blended conceptual framework informed by disability studies, critical gerontology and postcolonial theoretical perspectives. This approach made it possible to read global dementia policy reports as Orientalist texts (Said, 1979) and to conduct a comparative analysis of descriptions of dementia in Western European countries against countries outside of Western Europe.

Results: Dementia was framed from a global governance perspective as a problem of cultural difference, and Western European intervention and medical knowledge as the solution.

Conclusions: Global discourses of a dementia problem organize awareness of dementia as an opportunity for economic development. A formalized system for dementia care within the Global South, developed using Western knowledge, systems and programs, and drawing from a westernized labour force, opens a vast new market for the medical industrial complex. The adoption of critical gerontological, postcolonial, and disability studies perspectives, compels questions concerning who in the global community will benefit most by addressing this problem, and what the effects of global solutions will be for local and indigenous cultures and knowledges.

O81

Embodiment, relationality, and citizenship: A new perspective on musicality and dementia

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Background: With the medicalization of dementia care, music programs, as with other arts- and leisure-based programs, have primarily been implemented for therapeutic purposes as a non-pharmacological means to generate social and behavioral changes. We argue that understanding and fully supporting the musicality of persons living with dementia requires a turn to citizenship and human rights.

Methods: Examples of cultural and improvised song are drawn from studies in long-term residential care: an ethnographic study of selfhood in dementia; and an evaluation study of elder-clowning with persons living with dementia.

Results: Analysis of the examples of song was informed by a relational model of citizenship that recognizes that corporeality is a fundamental source of self-expression, interdependence, and reciprocal engagement. We argue that musicality entails an intrinsic intercorporeality of being-in-the-world, a positioning and directionality that is inherently primordial, socio-cultural, and thus relational.

Conclusion: Relational citizenship brings a new and critical dimension to understanding self-expression through music by persons with dementia, while also addressing broader issues of inclusivity and the ethical imperative to fully support musicality through institutional policies, structures and practices.

O82

Using theatre to challenge dementia stigma and foster relationality

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Objectives: Education and public awareness are priorities to reduce dementia stigma and to shift the focus of care from dysfunction and control, to relational models of care. Despite its educational and emancipatory potential, research-based drama has been explored with surprising infrequency as a strategy to challenge dementia stigma, with little attention paid to community-based settings. Our objective was to evaluate the impact of a research-based drama called 'Cracked: New Light on Dementia' and how it might enhance understandings of the principles of relational care and the adoption of these principles in practice.

Method: This research was part of a longitudinal evaluation, involving pre- and post-performance data collection. The preliminary analysis presented here explores the immediate impact of watching Cracked and is based on data from 602 post-performance questionnaires completed following 16 live performances.

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Results: Analysis of responses demonstrates that Cracked was effective in fostering participants' critical awareness of dementia stigma, in bringing relationships to the forefront in conceptions of dementia and care, and in fostering an affirming attitude towards individuals living with dementia. Cracked also fostered critical reflection regarding how the regulatory structure of long-term care is incongruent with relational approaches to care. Participants' responses also evidenced an expressed commitment to reduce stigma and effect relationality. Aesthetic aspects of the production were identified as being key to engagement with the production.

Conclusions: Our evaluation of Cracked demonstrates that it is well-positioned to respond to urgent calls for culture change and social justice for individuals living with dementia and their families.

O83

Digital Storytelling and Dementia: Benefits and Opportunities

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Currently, 564,000 Canadians live with dementia with a predicted increase to 937,000 by 2031. Digital storytelling is a form of narrative that creates short films using media including photos, sound, music, and videos. Past research has found benefits of storytelling for persons with dementia, including enhanced relationships and communication. **Our project's purpose was to explore and understand the experiences of digital storytelling as perceived and expressed by the storytellers - persons with dementia.** This project was carried out at three sites: Edmonton, Vancouver and Toronto. This presentation reports data from the Vancouver and Edmonton sites. Researchers at each site met with participants over 6 to 8 workshop sessions, where persons with dementia created digital stories and talked about their experience. Data included observational field notes, audio recordings from the workshop sessions, and interviews that were transcribed and analyzed. Participants enjoyed the process of creating digital stories, despite some challenges with communication, memory and using technology. The act of sharing stories from the past was positive, stimulated memory and recall, and an effective way to preserve memories for

their family and children. The workshop sessions evoked a range of emotions from joy and laughter to sadness and tears. The process provided insight into best practices for digital storytelling workshops for persons with dementia. For persons with dementia, digital storytelling appears to be a meaningful, rewarding, and viable way to share and preserve stories.

O84

Review of Nutrition Screening and Assessment Practices for Long Term Care Residents

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The older adult population in Canada is growing, creating a greater demand for long term care (LTC) facilities. Seniors living in LTC are more vulnerable to malnutrition, making it important to implement nutrition screening tools (NSTs) on a routine basis. The purpose of the current study was to explore registered dietitians (RDs) practices related to nutritional screening, nutritional assessment, and follow-ups conducted within LTC facilities. This study also explored possible barriers hindering the application of these practices. Nine RDs from two health regions in Southern Saskatchewan completed a phone interview that addressed nutrition care practices/policies and barriers in LTC facilities.

Results showed a considerable amount of variability in nutrition care practices for screening and assessment with the greatest barrier identified was lack of time. These findings highlight the importance of having consistent policies and a sufficient amount of RDs available in LTC facilities to provide the expected level of nutrition care for residents.

O85

Making the Most of Mealtimes (M3): Physical dining environment and food intake in Canadian long-term care (LTC) homes

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Objectives: The physical dining environment contributes to mealtime experience and potentially food intake among long-term care (LTC) residents. The current study examined associations between the physical dining environment and residents' food intake.

Methods: The Making the Most of Mealtimes study captured three non-consecutive days of weighed food intake of residents from 32 LTC homes across four Canadian provinces. Physical features of the dining room were measured using the Dining Environment Assessment Protocol (DEAP), a reliable tool. Hierarchical regression analysis was performed to determine which features were associated with energy and protein intake, adjusted for resident-level characteristics and stratified by unit type.

Results: In all, 623 residents (31% male; 87±8 years old) were included: 180 from 24 dementia units, and 443 from 58 general units. Daily intake was 1577±404 kcal energy and 59±18 g protein. Presence of a television was negatively associated with energy and protein intake across both unit types ($p \leq 0.02$). Among dementia care units, DEAP items positively associated with food intake were: posted menu (energy as outcome, $p=0.03$), more exits (energy, $p=0.03$), and a garden view (protein, $p < 0.01$). Features negatively associated with food intake on dementia units included accessible kitchen (energy, $p=0.02$; protein, $p < 0.01$) and more obstacles (protein, $p < 0.01$). Among general care units, only negative associations were found, for availability of a private dining area (energy, $p < 0.01$; protein, $p=0.01$), and more obstacles (energy, $p=0.01$).

Conclusions: These findings could inform interventions by emphasizing the potential of the physical dining environment to influence LTC residents' food intake. (Funded by CIHR).

O86

Making the Most of Mealtimes (M3): Distress, depression and food intake among residents in Canadian long-term care (LTC) homes

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Introduction: Distress may affect appetite and food intake, an important aspect of long-term care (LTC) where risk of frailty and malnutrition is high. This study aims to describe the association of behavioural indicators of depression, mood and distress with resident food intake in Canadian LTC homes.

Methods: The Making the Most of Mealtimes (M3) study recruited residents from 32 LTC homes in four provinces (AB, MB, NB, ON). Three non-consecutive days of food intake were weighed and adjusted for intra-individual variation. Trained researchers and personnel from each home completed the Minimum Data Set (MDS; interRAI LTCF), including 16 items on mood and behaviour (previous 3 days). The Depression Rating (DRS) and Aggressive Behaviour (ABS) Scales were calculated. Analysis of covariance, controlling for gender, tested the associations of these scales with energy intake.

Results: The sample included 619 participants (mean=86.7±7.8 years, 31.5% male). Mean energy intake was 1554.4±291.3 kcal/day. One third of participants ($n=210$) had potential/actual depression (DRS score ≥ 3) and 42.3% exhibited aggression (16.0% severe). Most behaviours (e.g., persistent anger) were reported in 10-20% of participants; sad/worried facial expressions (23.8%) and resisting care (22.3%) were most common. Only resisting care was associated with lower intake ($\beta=-71.59$ kcal, CI=[-122.6,-20.6]). DRS was not associated with intake, while mild/moderate ABS was associated with higher food intake (vs. no aggression; $\beta=50.2$ kcal, CI=[0.1,100.3]).

Conclusion: Less than one quarter of participants exhibited behaviours indicating depression and distress. Most of these behaviours were not associated with food intake in residents of Canadian LTC. (Funded by CIHR).

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O87

Multi-Method Evaluation of C.H.O.I.C.E. Pilot: A Relationship-Centred Mealtime Education Intervention for Long-Term Care

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Objectives: C.H.O.I.C.E. is a multi-component (i.e., education, training, leadership, communication) intervention to improve relationship-centred care (RCC) and overall mealtime experience for residents and care staff in long-term care (LTC). The aim of this study was to conduct process and outcome evaluation of C.H.O.I.C.E. implementation.

Method: A multi-method evaluation was conducted. The program was implemented over 8 months within two units of a LTC home in Ontario. The Mealtime Scan (MTS), a comprehensive and reliable tool, evaluated the potential of C.H.O.I.C.E. to improve physical, social, and RCC mealtime practices over time. Two trained assessors (1 per unit) collected data at baseline, 8, 16, and 24 weeks (5 mealtime observations /assessor/time point; n=40). Regression determined the association of time, unit, and time*unit interaction with MTS summary scales (physical or social environment, RCC, overall atmosphere; 8-pt scale). Key informant semi-structured interviews (n=9) focused on program components, implementation, outcomes, and sustainability.

Results: Each global assessment measure, with the exception of RCC, showed potential for improvement over time: physical environment [F(3,36)=3.7, p<0.05], social environment [F(3,36)=3.6, p<0.05], and atmosphere [F(3,36)=4.8, p<0.01]. Interviews identified implementation success factors: 1) Understanding the culture; 2) Strengthening relationships; 3) Sharing accountability and responsibilities; 4) Keeping communication lines open; 5) Nurturing creativity and innovation.

Conclusions: C.H.O.I.C.E. improved several aspects of mealtime experience. Participants identified several benefits of the program, including an appreciation for relationships with residents and the importance of mealtimes. Tailoring program components to each unit is critical to acceptability

and feasibility. Findings will inform the next phase of program development.

O88

Applying Mental Health First Aid Seniors- an innovative approach to supporting seniors' mental health

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Objective: In this session, participants will hear about the Mental Health Commission of Canada's initiative to adapt its Mental Health First Aid Basic training to specifically address the population of seniors and to contribute to supporting the mental health of seniors. It is the first of its kind in the world.

Canada has an aging population. As of July 1, 2015, there were more people aged 65 years and older in Canada than children under the age of 15 years. This adaptation addresses this demographic trend.

MHFA Seniors is intended to increase the capacity of seniors, families (informal caregivers), friends, staff in care settings and communities to promote mental health in seniors, prevent mental illness and suicide wherever possible in seniors and intervene early when problems first emerge. The MHFA Seniors adaptation prioritizes the mental health concerns of seniors.

The course content and resource materials are based on best available evidence and practice guidelines and were developed in consultation with Canadian experts in the field of geriatric psychiatry. The curriculum was developed for the Mental Health Commission of Canada at Trillium Health Partners, a healthcare organizations which priorities seniors' health and wellness.

MHFA Seniors includes two additional sections not found in other MHFA adaptations – Dementia and Delirium. It was pilot tested in 2016 and results of the outcome evaluation will be shared.

O89

Systematic Review of Suicide prevention programs for Older Adults

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Purpose: Issue of suicide in older adults always remained behind the curtains. Aging can lead to many physiological and psychological changes which makes them more vulnerable towards destructive behaviours such as suicide. The combination of aging and the increasing rate of suicide is an alarming sign of the need for government agencies and health care workers to develop and plan prevention programs in communities to decrease the rate of suicide in the elderly. Prevention at the primary care level is necessary to reduce the risk of suicide in older adults. Prevention programs will identify vulnerable older adults and work with them to resolve their issues through counselling, social support, or other prevention strategies. Programs such as Impact, goal intervention programs, outreach programs, and other programs at the community level can identify older adults at risk to address the issue at the primary care level.

Method: A systematic literature search was conducted on suicide prevention programs currently running in the communities.

Result: A total 7 articles were selected and 5 programs were analyzed in-depth. These programs were based on two approaches: Universal based and risk based approach.

Conclusions: These programs were beneficial on reducing the suicide rates in elderly however, they used extensively biomedical model which neglect other aspects of aging such as gender, culture, mobilizations of resources and socialization.

O90

Encouraging social participation of seniors with mental illness: introducing Count Me In! a community-based workshop

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The purpose of this presentation is to introduce *Count me In!* a community-based program that promotes seniors mental health and social participation. The program, offered in the form of a

workshop, is the product of an extensive collaborative effort between researchers, health and social service practitioners, as well as community association partners. The objective of the program is to help seniors with mental illness and aging-related challenges overcome personal and social barriers to socialization by encouraging active participation in resources that offer stimulating activities and opportunities for social interaction. Workshop participants come together to share experiences and resources, build community connectivity and to sensitize and educate the population about their social obstacles. This presentation outlines the factors that influenced program development, a summary of the literature review, the theoretical framework and the process for the creation of the program tools.

O91

Réalisation de courts métrages documentaires sur l'âgisme et la maltraitance envers les personnes âgées : des supports pour la prévention et la sensibilisation

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Suite à de nombreuses études sur la maltraitance envers les personnes âgées, une équipe de la Haute Ecole de la Santé La Source (ELS) a conduit un projet interdisciplinaire novateur en collaboration avec l'Ecole cantonale d'art de Lausanne (ECAL). Les thématiques de l'âgisme et de la maltraitance ont été proposées à des étudiants Bachelor en cinéma. Durant six mois, encadrés par deux réalisateurs professionnels, ils ont exploré ces problématiques, rencontré des personnes âgées et réalisé onze courts métrages documentaires. L'équipe de l'ELS a accompagné ce processus en apportant un bagage de connaissances et en interpellant les étudiants sur ces sujets, en facilitant la prise de contact avec des participants potentiels, et en soulignant les précautions éthiques à respecter.

Ces courts métrages seront utilisés comme moyens de communication afin de lutter contre l'âgisme et la maltraitance envers les personnes âgées en Suisse. Ils offrent des éclairages originaux et variés sur ces thématiques sensibles, en soulignant leur complexité et l'imbrication des points de vue des différents acteurs concernés.

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Ces films serviront de supports de discussion et de réflexion dans divers contextes : projections-débats publics, actions de sensibilisation et de prévention auprès de différents publics-cibles, activités pédagogiques dans le cadre de formations initiales et continues en santé... Ils contribueront à interroger certaines représentations et stéréotypes liés à l'âge, et les discriminations qui en découlent. Ils permettront également à des jeunes et à des aînés, peu habitués à se côtoyer, de se rencontrer et d'échanger ensemble, favorisant ainsi les relations intergénérationnelles.

O92

Cognitive reserve and coping in aging: outcomes for well-being

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Cognitive reserve (CR) - a relatively new concept, that focuses on the activities one is committed to throughout one's life - is usually interpreted in terms of its effects on cognitive functioning of a person, particularly, aging one. While person is performing some activities, he/she stimulates certain brain functions and structures that leads to better cognitive functioning in aging. Still, just few studies concentrated on possible effects of CR on behavioral patterns that could support more effective strategies that provide better psycho-social functioning in aging.

In the present study we hypothesized that activities, included in the CR can effect strategies that include cognitive appraisal of the situation, for example, coping strategies. Second hypothesis was that while there may be no significant direct effect of CR on quality of life and well-being, coping strategies could be one of the mediators of an indirect effect for these characteristics.

Sample for the present study was 112 older adults aged 62-87, from Saint-Petersburg, Russia, with no severe cognitive or health problems. Methods: CR1q test (Nucci, et.al), Ways of coping (R. Lazarus, Russian adaptation), SF-36, Geriatric depression scale (GDS).

Results to some extent confirmed our hypothesis: we found that CR (particularly scales on education and professional activities) was associated with coping strategies (self-control, seek for social

support and escape) while no direct effect of CR on quality of life (SF-36 scales) and depression were revealed. Multiple regressions showed that there was indirect effect that was mediated by coping strategies. Project supported by RFBR grant 16-06-00086

O93

A Smartphone app to assess memory slips

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Our research is a Smartphone project of technology development, application, and evaluation, exploring a correlation between aging-related cognitive decline, memory slips, and failure to detect, develop and/or remember strategies in simple and familiar games. We have developed a preliminary platform that can assess a player's ability to recognize and apply a statistically winning strategy for a simple mobile game played on Smartphones, and to perform preliminary analytics to assess a connection between failure to develop or recall a strategy and memory slips. Work to date includes a prototype platform for rapid development of mobile online gaming applications ('Smartphone apps' or 'mobile games') to streamline development of competitive concurrent games. A simple card game that resembles a shortened version of "War" was developed, in which players played against 'bots', who played one of several simple strategies consistently. During a preliminary user trial in 2016, younger players recognized bot strategy almost immediately and countered it. Older players often could not maintain a strategy through multiple rounds of play. These serendipitous observations supported further development, specific to collecting data on strategy discovery and memory and its correlation to aging. This paper reviews the prototype mobile game and discusses its design features, specifically directed to assessing the relationship between strategy learning, memory slip, and cognitive design. With further development, the mobile game offers a novel research and clinical tool to complement existing dementia screening instruments.

O94

Engagement During Computer Serious Games: A rapid literature review

Abstracts / Résumés

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Objective: To conduct a rapid literature review to: 1) identify methods used to measure engagement while individuals are performing computer serious game tasks, and 2) determine to what extent these methods are used with older adults who have dementia.

Methods: A rapid literature review was conducted. Three search strings including search terms of engagement, immersion, involvement, absorption, computer serious games, gamification, scale, and questionnaire were used in a wide bibliographic database (Scopus). Studies were included if they reported a way for measuring engagement during computer serious game tasks and were published on or after the year 2000.

Results: twenty-nine studies were included from the 181 retrieved in the database. Study participants included healthy adults (55%), students (21%), children (14%) and healthy older adults (10%). Engagement was measured mainly through self-reported questionnaires involving sense of control, immersion, absorption, challenge, positive and negative affect in 98% of the studies, whereas only 7% of the studies reported observation. Most of the measures of engagement in computer serious games were supported by the Flow Theory (31%). Six papers used self-reported questionnaires along with interviews (21%), and 24% of the papers reported other questionnaires that measured player's motivation, concentration, anxiety, preferences and experience with the game. Questionnaires used either 5 or 7-point Likert scales.

Conclusion: Few studies have measured engagement during computer serious game with healthy older adults, and no studies have measured engagement in older adults with dementia. Research is needed to develop or adapt scales to be used with older adults with dementia.

O95

Measuring emotions using Emotiv EPOC+ while playing serious games

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Objectives. The purpose of this project was to design and pilot test a platform that captures a user's brain activities related to emotional states while playing a serious game.

Methods. We developed the Whack-a-Mole serious game to be used with older adults who have dementia. In this game, moles and bunnies show up randomly on the screen. A player would "succeed" when he or she hits more than 80% of moles while ignoring 80% of bunnies. Brain activities related to emotional states of arousal (high/low excitement) and valence (happy or sad) were captured from electroencephalography signals using the Emotiv EPOC+ device. We developed the application using Python programming language. The application has a pre-processing filter, a frequency band filtering to calculate Alpha and Beta bands, and power spectrum bands. Arousal and valence were calculated using the equation $(\text{BetaF3} + \text{BetaF4} + \text{BetaAF3} + \text{BetaAF4}) / (\text{AlphaF3} + \text{AlphaF4} + \text{AlphaAF3} + \text{AlphaAF4})$ and $(\text{AlphaF4} / \text{BetaF4}) - (\text{AlphaF3} / \text{BetaF3})$ respectively. The application was tested with one healthy participant who played the game.

Results. In general, greater mean values of arousal were shown when the user missed a bunny. Mean values of valence were similar and close to zero, regardless of whether the user hit a mole or missed a bunny.

Conclusion. The application successfully allowed us to capture and determine the user's brain activity related to emotional states during play. We are ready to use the application to collect data with dementia clients, along with self-reported measures to examine its validity.

O96

Can persons with moderate dementia improve gameplay?

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Background: Standard practice requires clinicians to use pen-and-paper tools, like the MMSE, to monitor cognitive decline. However, these tools often cause patient stress and are less reliable in more advanced forms of dementia.

Objective: A “whack-a-mole” computer game was designed to monitor cognitive change over a 1-year period.

Methods: We aimed to recruit 10 older adults with moderate dementia from an Ottawa Day Program. MMSE, Trails A and Ramparts testing was completed to help determine dementia severity. The game required participants to “whack a mole” but “ignore a bunny” as a proxy for processing speed and inhibition. Fifteen rounds were played per session. As performance improved, game difficulty increased. Accuracy, reaction time and level attained were monitored weekly.

Results: Eleven participants (7 men) have been continuing with the trial. Average age is 77.2 years (69-85) and average MMSE score is 19.2 (12-24). Preliminary results indicate that, on average, participants improved their game performance over the first 10 weeks of the study with participants typically hitting more moles, demonstrating faster reaction times, and reaching higher levels.

Discussion: The pilot study shows that gameplay may be an alternative to formal cognitive testing in older adults with advancing dementia. Surprisingly, all participants showed gameplay improvement over the first 10 weeks, suggesting some form of learning. Data collection will continue for 1 year. Will gameplay reach a plateau? Will such a plateau be proportional to cognitive ability? Will participants that show cognitive decline on formal testing over the year also show decline in gameplay?

O97

Let's Connect - Independent play and the personalization of touchscreen games for people living with dementia

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Objectives: This paper describes the Let's Connect project, a community-based program that aims to connect people with dementia, caregivers, and student volunteers through games presented on touchscreen tablets. Additionally, this project aims to provide new skills to people with dementia to support independence and engagement.

Methods: The Let's Connect project was conducted in a specialized adult day program over a period of six months. In a 1:1: setting, twenty-one participants (19 with dementia) were supported and coached to play a selection of pre-existing games (n=5) on Android and Apple tablets by student volunteers (n=13). Data collection included observations and pre-post surveys for clients, caregivers and student volunteers.

Results: Participants completed a total of 272 sessions with student volunteers. Of the twenty-one participants who learned to operate tablet computers, nine (43%) could do so independently with minimal assistance and stay engaged for prolonged periods of time. Eighteen (86%) purchased tablets of their own, highlighting the transfer of skills from the day program to the home. Participants learned to play a wide range of games, expressing their preferences for different apps and games. Knowledge gained through these interactions were used to personalize apps to the clients' individual interests. As a result, the number of apps included in the project increased from five to thirteen.

Conclusions: People with dementia can be supported to learn and play digital games on tablet computers, thus providing opportunities for independence and meaningful engagement. Everyone has their own preferences, highlighting the need for personalization of devices.

O98

Interpretations of aggression and emotional responses in long-term residential health care work: “trying not to take it personally”

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Increasingly complex patient needs in residential care settings alongside workload and time constraints have fuelled attention to workplace violence in these settings. Many of these situations involve older adult patients. The objective of this study was to explore how workers ascribe meaning

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to aggressive and confrontational patient and family behaviour. An interpretive analysis was conducted of interview transcripts from interviews with 26 employees (nurses and care aides) of a large, multi-unit health care facility. Various patient and family behaviours were interpreted as aggressive - for instance, participants described putting up a 'wall' to protect against rudeness, and described complaints about care as 'lashing out' towards staff. Participants had few options but to accept and 'rationalize away' behaviours they interpreted as aggressive. They strove not to take the behaviours personally, through invoking mitigating circumstances such as dementia, terminal illness and bereavement, physical dependency, institutionalization, and personality disorders. In this way, they simultaneously positioned both themselves and others as victims, detaching interpretively and emotionally from the situation - for instance, viewing themselves as scapegoats of misdirected patient or family emotions. The roots of the behaviours tended to be positioned within patient or family circumstances and characteristics, rather than in social structural or relational contexts. However, accepting mitigating circumstances, as well as normalizing aggression as an expected part of the job, were constant struggles for some workers. In long-term health care settings, the nature of care relationships, competing discourses and organizational and professional imperatives can complicate both workers' interpretations and responses to aggression.

O99

Addressing the 'problem' of sexual harassment in residential long-term care: A critical public policy analysis

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Background: Care providers working in residential long-term care (RLTC) report frequently experiencing unwanted sexual attention from residents. These experiences may be difficult for providers to manage, and may negatively impact their mental health and occupational outcomes. This issue has received limited public policy analysis.

Methods: The purpose of this analysis was to identify and deconstruct how unwanted sexual attention in RLTC is constituted within contemporary policy documents in Ontario.

Documents were retrieved from publicly available online sources and included the following: legislation, professional practice standards and guidelines, descriptions of educational curriculums, organizational documents. Documents were analyzed discursively drawing on feminist political economy.

Results: Current legislation affords an unequal form of protection from sexual harassment to care providers as compared to residents in this sector. Professional education and training emphasizes providers' responsibility for maintaining appropriate sexual boundaries, and for managing both their own sexual behavior as well as that of the care receiver. Providers, however, receive little instruction in sexuality or how to negotiate sexual dynamics in the context of providing care. Providers who encounter sexual attention from residents may thus blame themselves for residents' sexual attention. Given that existing sexual harassment legislation specifies that targets of workplace harassment must establish that the harasser's behavior was 'reasonably known' to be unwelcome, providers' education and training may effectively constrain their ability to respond to unwanted sexual attention using existing remedies.

Conclusions: Current public policy on sexual harassment may be insufficient for addressing providers' vulnerability to unwanted sexual attention from residents in RLTC.

O100

A brief report on the rates of mortality Ontario long-term care homes

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Introduction: There is a belief that a high percentage of long-term care residents die each year. A review of the literature shows that no information exists to describe rates of mortality in long-term care.

Purpose: The purpose of this paper is to examine rates of mortality and place of mortality in long-term care using administrative health care data collected from all long-term care facilities in Ontario.

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Method: Data was collected by the Canadian Institute for Health Information. Analyses were based on the most recent assessment from each Ontario long-term care resident in 2010/11.

Results: Results for 90,724 residents were examined. Data shows that 18.3% of long-term care residents die each year. Of those who die, 74% died in long-term care, 22.5% died in hospital care, 2.6% died in emergency care and 0.6% (n=98) died in complex continuing care.

Conclusion: To date little is known about rates of mortality in long-term care. This paper shows that less than one fifth of long-term care residents die each year. In addition, 3 in 4 deaths occur in long-term care. Evidence also shows that many residents in care for 5 or more years.

O101

"It's the Nature of the Person": Critically Exploring Family Members' Perceptions of Residential Care Aides in Long-Term Care

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Long-term residential care (LTRC) is an increasingly complex care environment in which individuals from disparate backgrounds are brought together to both live and work. Much of the hands-on care in LTRC is provided by Residential Care Aides (RCAs; unregulated workers also known as nursing assistants, personal support workers, health care aides), many of whom are women, with dissimilar ethnocultural backgrounds to residents, and relatively low occupational status. However, families also play an important role in LTRC, contributing over 44 million hours of care work each year. To date, the relationships between families and RCAs in LTRC remain under-researched. While a handful of studies have explored staff perceptions of family involvement in LTRC, little is known about family members' perceptions of RCAs and their work. This presentation draws on data from a larger critical ethnography examining the negotiation of care work in three LTRC facilities in British Columbia. To date, 61 in-depth interviews (23 staff, 7 residents, 31 family members) and 120 hours of participant observations have been conducted. Grounded in critical theory, three key inter-related

themes emerged: role expectations (regarding the varying nature of RCAs' care and the expression of such care); being the 'right' kind of person for the job (who is there for the 'right' reasons vs. a paycheque); and, the situated context of RCAs (how ethnicity, rurality, and class reinforce embedded notions of care). Findings offer insight into how to better develop meaningful partnerships between RCAs and families that recognize and support staff and family personhood.

O102

Blue Umbrella - Dementia-Friendly Communities Evaluation

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The purpose of this research was to evaluate a new dementia-friendly community initiative-the Blue Umbrella (BU) Program-being piloted by the Alzheimer Society of Ontario in five Ontario communities. Specifically, the objective was to determine the extent to which, and in what ways, the program created a dementia-friendly business/service sector that is inclusive of people living with dementia and care partners. This presentation will focus on one of the five pilot sites: Waterloo-Wellington.

Using a Participatory Action Research (PAR) approach and a mixed method design, the evaluation involved surveys, focus groups, and observations. Additionally, "stories of change" were drawn from participants' lived experience and collected on an on-going basis.

The BU Program provided a new opportunity for people living with dementia to be included in their community by participating in the development of the program and its delivery. Additionally, participants within the business/service sector valued the ability to learn about dementia first-hand from a co-facilitator with lived experience. Staff enhanced their communication skills, gained confidence interacting with people living with dementia, and learned to connect with individuals by supporting their reality. Staff reported that the education was valuable and applicable not only in the workplace, but also in their personal lives.

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The program helped to create a dementia-friendly business/service sector in the Waterloo-Wellington community. While businesses and organizations benefitted from the dementia-friendly activities, further research is required to determine the extent to which, and in what ways, the program empowers people with dementia to remain active and engaged in their community.

O103

Engaging People Living with Dementia in Product Design, Testing, and Commercialization - A Case Study Toward Developing Practice Standards

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This project explored how entrepreneurs can engage people with dementia meaningfully and respectfully in the design, testing, and commercialization of information communication technologies (ICTs) intended for their use. Increasingly, people with dementia want to be involved in these activities. However, few resources currently exist to support entrepreneurs looking to engage people with dementia on technology projects.

Using Participatory Action Research, we monitored and documented the engagement of people with dementia in the design, testing and commercialization of MemorySparx, a digital memory aid under development by Emmetros. Data were collected using multiple qualitative research methods including open-ended and semi-structured interviews, participant observation, and journaling.

Themes emerging from five interviews conducted with people with dementia align with the three guiding principles (i.e., genuine regard, synergistic relationships and a focus on process) and five enabling factors (i.e., connecting, creating safe spaces, valuing diverse perspectives, communicating, and reflecting) of the "Authentic Partnership" approach (Dupuis, et al., 2011) that focuses on incorporating and valuing the contributions of people living with dementia in partnerships. Further, the results extend the

existing model by including meaningful opportunity as an additional enabler.

By identifying and incorporating factors that enable people living with dementia to engage in the process of product development, testing, and commercialization, meaningful partnerships and opportunities emerge, and ICTs intended for their use are more relevant for their needs. These best practices will be documented in a By Us For Us© guide to support future entrepreneurs and people with dementia looking to collaborate on technology projects.

O104

Technology to support group activities for people living with dementia

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Background: CIRCA (Computer Interactive Reminiscence and Conversation Aid) is an interactive, multimedia system to support conversation between people living with dementia and care partners. The potential of CIRCA to support group-based activities in day and residential care settings has not been explored.

Objectives: To examine the impact of an 8-session group programme using CIRCA, on cognitive function and quality of life of people living with dementia. To validate a new web-based version of CIRCA against the existing standalone device.

Methods: One hundred people living with dementia are being recruited from 11 sites across the UK. Half are using the existing standalone CIRCA device and half a new web-based version. Pre- and three-month post-intervention primary outcome measures: Addenbrookes Cognitive Examination-III and QOL-AD. All sessions are videorecorded.

Results: The first 54 participants have completed the 8 session programme using CIRCA as a standalone device. They are aged between 70 and 100 years, with ACE-II scores between 6-84 (mean 45.37) and QOL-AD scores between 21-41 (mean 30.73). Post-intervention assessment to date (n=37) shows maintenance of cognitive function (ACE-II mean 45.162) and slightly higher QOL-AD

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(mean 32). Sample recordings illustrate the efficacy of CIRCA in facilitating group sessions.

Conclusion: CIRCA can be used to facilitate group social activities for people living with dementia, including those with significant cognitive impairment (lower ACE-III scores). The web-based version is available for people to populate with materials from any culture, language or country, along with guidance on how to run group sessions for people living with dementia.

O105

Migrants with dementia in outpatient and inpatient care services in Baden-Württemberg/Germany

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Objective: Given the expected underrepresentation of elderly migrant populations in health care utilization we examined their relative proportion in nursing homes and care services for the elderly. Along with this hypothesis, we expected that cultural aspects were rarely addressed in the services' concepts.

Methods: A questionnaire was administered to all care providers; 66.3 % of 2724 in- and outpatient services in Baden-Württemberg, Germany participated.

Results: 78% of the services provided healthcare to migrants, who accounted for 14.1% of the clientele. This proportion was higher in urban (e.g. Heilbronn: 16.1%) than in rural areas (e.g. Lake Constance: 7.7%) and was in proportion to the number of migrants in the general population. 39.1% of the migrants came from Russia, Poland and Turkey; an additional 24.3% from Romania, Kazakhstan and Italy. Migrants from Turkey preferred outpatients' rather than inpatients' services. While 87.4% of services employed migrants, only 20% of services provided trainings or other measures to increase intercultural competency to their employees.

Conclusions: Migrants are regularly being cared for in inpatient and outpatient services as their proportions in the services and general population were closely associated. Although their number will likely increase in the near future, the vast majority of nursing facilities did not provide specialized

measures to better meet the demands of residents with a migration background.

O106

Effective models of care to help older adults with dementia successfully age in place: An umbrella review

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Objective: Aging at home is the preference of many people with dementia (PWD) and many models of care have been proposed to optimize safety and quality of life for PWD. We conducted an umbrella review (a systematic review of systematic reviews) to evaluate the evidence for different models of care to support PWD who live at home and their caregivers. We were particularly interested in identifying effective models of care with the potential to become more accessible to underserved communities through the use of technology.

Method: Twelve databases of various disciplines, including MEDLINE, CINAHL, PsycINFO, Compendex, Social Sciences Abstracts, and Web of Science, were comprehensively searched. Search terms were broad (e.g., "dementia" or "alzheimer*") to encompass the range of possible interventions, with results filtered to include systematic reviews and meta-analyses. The AMSTAR tool was used to assess methodological quality of eligible publications.

Results: The search yielded over 11,000 citations. Initial review of eligible articles indicated varying levels of validation. Some more traditional models of care had demonstrated effectiveness (e.g., case management, caregiver peer support, and exercise programs), while others (e.g., population-based dementia screening) had no established benefit for PWD. There was comparatively less evidence for technology-based interventions, although some had evidence of effectiveness (e.g., internet-based caregiver peer support).

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Conclusion: A promising route to developing technology-based innovations for PWD and their caregivers is by adapting existing interventions that have established effectiveness; thereby leveraging technology to make these models of care more accessible to underserved groups of PWD and their caregivers.

O107

Emotional Labour in the Frontlines of Care

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Frontline care workers provide direct support and services to clients in health institutions or in the community, and may be employed by private individuals, by for-profit organizations, or by state-funded health systems. Emotional labour, which is always involved in care work, refers to the effort involved in expressing emotions such as kindness, respect, and concern while at the same time suppressing emotions such as irritation, frustration, or anger. High levels of emotional labour can result in emotional alienation or burnout, which may contribute to high rates of turnover in the caring labour sector. The goal of this study was to explore emotional labour in frontline care and identify structural factors influencing workers' common experiences. Semi-structured interviews ranging in length from one to three hours were conducted with nine participants, eliciting in-depth accounts of their emotional experiences. Transcribed qualitative data were analyzed using interpretive techniques to extract emotional meaning from the narratives, and reiterative comparison was used to arrive at thematic findings. The results indicate that structural approaches and organizational conceptions of care are highly relevant to the emotional labour of care workers. The influence of organizational support (and its lack) is particularly relevant for workers with fewer years of care experience, for workers who are visible minorities and/or speak English as a second language, and for all those working in private homes.

O108

"Getting them out and keeping them out" of hospital: A qualitative and quantitative study of hospital and home visiting nurse attitudes toward family care and care transitions

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Objective: "How well do we support family carers as they transition with older patients across our health care system?" Our objective was to explore, describe, and compare hospital and home visiting nurse attitudes, behaviors and vision for family care and care transitions.

Method: A mixed methods study that included a descriptive, cross-sectional survey and focus groups conducted in one regional health authority in Manitoba. A volunteer group of 105 hospital and 34 home visiting nurses in direct care completed study questions; 7 hospital and 5 home visiting nurses participated in respective focus groups.

Participants completed demographic and 'nurse attitudes toward family care' (FINC-NA) tools; focus groups were conducted using an open-ended, semi-structured interview schedule developed from an Appreciative Inquiry approach. Content analysis was used to capture data-derived themes.

Results: Nurses who reported having a general workplace approach toward family care held more positive attitudes toward families than those who did not. Five main themes were: *view of families, influential factors, what we're doing now, vision for family care, and key signs of best patient and family care.*

Conclusions: This is the first known study that captured the attitudes of both hospital and home visiting nurses toward care of families in care transition. There is no guarantee nurses' positive attitudes toward families serve as a precursor to their interaction with families. Our recommendations for continuity, expectations, and resources have potential to guide future studies on setting-level conditions that are essential for the transmission of positive attitudes to behaviours in family care.

O109

Ageing Doctors, Ageing patients: For Whom the Bell Tolls

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Understanding family physician (FP) practice profiles is critical to planning for future needs as a growing number approach retirement. It is of particular concern when FPs retire without having been able to make arrangements for current patients, especially since most primary care providers are not accepting new patients in Nova Scotia (NS).

The objective of this study is to examine practice profiles and services provided by FP by age category and proximity to retirement.

Method: Surveys of all FPs and their practices in NS were conducted in 2014-15 (response rates 85% practice survey; 60% provider survey). Survey data were linked to provincial administrative billing data for the corresponding year and analyzed.

Result: The average age of NS FPs was 52.14 (range 29-86; SD 10.54); 15% were planning to retire within 2 years. Patients of older FP are also older and have more chronic conditions than patients of younger FPs (both $p < 0.0001$). Practice population size increased with FP age ($p = 0.006$), and older physicians report spending more hours-per-week in direct patient care ($p = 0.03$). Doctors < 40 spent 6.0 fewer hours-per-week in direct patient care compared with those > 60 (CI = -2.0, -10.1, $p = 0.004$). Over 45,497 patients, who are disproportionately older with multiple co-morbidity, were reported to be losing their FPs to retirement within the next 2 years (from 2014-15).

Conclusion: The changing profile of FPs in NS has the potential to disproportionately affect vulnerable older patients. Ongoing efforts to address primary care needs, e.g. new collaborative care model investment, may help address some of these concerns.

O110

Social work practice: A look at competency assessments with older adults in healthcare settings

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This research contributes to the social work understanding of mental competency assessments with older adults in healthcare settings. Utilizing a

narrative research methodology, this qualitative research study analysed nine face-to-face interviews with social workers with experience assessing competency of older adults in the following Winnipeg, Manitoba healthcare settings: hospitals, personal care homes, and a number of community settings (home care, geriatric specialty programs, and private practice). Drawing from systems and ecological theories, as well as the social determinants of health, the results of this study revealed several key concerns such as the motivation behind what triggers an assessment, the specific tests and methods used to determine competency, inequitable treatment of the patient throughout the assessment depending on their cultural or socioeconomic background, and depending on the setting whether the social worker felt their role on the assessment team was valued or dismissed. Recommendations outlined implications for: enhancing the quality of the competency assessment process; expanding the role of social work in interdisciplinary settings; examining the use of methods and tests for assessment; and exploring opportunities for change in legislation, education and early detection. Potential areas of further study are discussed.

O111

Seniors in Transition: Exploring Pathways Across the Care Continuum

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Objectives: The objective of this study was to identify continuing care pathways among seniors (age 65+). For pathways including residential care, the study explored factors influencing entry, including a closer look at seniors with lower needs in long-term care.

Method: CIHI's Seniors in Transition project examined seniors newly entering publicly funded continuing care systems. Three years of data (2012-2013 to 2014-2015) from CIHI's HCRS, CCRS, DAD and OHMRS databases were linked for 35 health regions across Ontario, Manitoba, Saskatchewan, Alberta, British Columbia and Yukon. Resident Assessment Instruments were used to identify initial care setting, health status, caregiver variables, and other indicators to assess placement into residential care. Acute care data

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identified continuing care clients in hospital at initial assessment and the role of hospitalization on residential care placement.

Results: The vast majority (97%) of seniors followed three key continuing care trajectories. Placement in residential care was influenced by cognitive and functional impairment, wandering and living alone. Receiving an initial assessment in hospital was a key factor for seniors newly entering residential care with the effect remaining after controlling for assessed need. Seniors with lower needs entering residential care represented a significant proportion of new entries, which may highlight opportunities to avoid or delay residential care placement.

Conclusion: Understanding the contributing factors associated with residential care placement, as well as increased integration between hospital and continuing care policies and practices could contribute to ensuring that continuing care services are aligned with the needs of seniors now and into the future.

O112

Characterizing out-of-home activity in older adult centre participants

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OACs are thought to be community focal points for providing leisure activities (e.g., exercise, gardening, crafts), educational and cultural programs for older adult; however, there has been little research examining how seniors use OACs to meet their social, recreational and leisure needs relative to programs offered by other community-based facilities. The purpose of this project is to characterize out-of-home activity in OAC participants and identify what other community-based organizations they attend. Ninety participants from five OACs completed a two-week travel diary where they documented each trip made from home, including trip purpose, mode of travel, approximate distance to destination, and length of time the trip took. Participants made 18.3 +/- 7.4 trips and spent 57.9 +/- 21.2 hours out-of-home. Two-thirds went at least one day with no trips. Trip purposes included running errands (36.7% +/- 17.1%), attending the OAC (31.7% +/- 18.5%), attending informal social events (14.9% +/- 13.6%), eating at restaurants (10.9% +/- 13.4%),

and attending other recreational facilities (10.2% +/- 15.6%). Church, medical appointments, volunteering, and trips out-of-town were less common. Other community-based facilities frequented by participants included libraries, fitness facilities, and the legion, where participants engaged in activities not offered by their centre or attended during times when the centre was closed. Participants who did not attend any other community-facility (n=45) spent fewer hours out-of-home (53.9 vs. 61.9) had more days with no trips (2.7 vs 1.5). Findings suggest that for seniors who attend, OACs appear to be a primary location for recreation, leisure and social participation.

O113

Who attends older adult centres (OAC)? A comparison of OAC participants and non-participants in Ontario

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It is estimated that around 10% to 20% of seniors participate in their local older adult centre (OAC). However, little research has been conducted examining the characteristics associated with OAC participation in the Canadian context in the last 20 years. Therefore, the purpose of this project is to compare the sociodemographic and health characteristics of OAC users and non-users in Ontario. Data was collected in 2009 through a province-wide survey administered by the Older Adult Centres' Association of Ontario. Participants consisted of a convenience sample of OAC users (n=2,419 from 24 OACs) and non-users (n=631) recruited through word-of-mouth and local advertisements. Surveys were administered via personal interview with trained volunteers. Findings showed that OAC users were more likely to be older, female, widowed, living alone, have a high school education, earn less than \$25,000 per year, and speak English as a first language. Although OAC users tended to report more chronic conditions, they were more likely to rate their health as good or excellent. Logistic regression revealed that living arrangements, annual income, first language status, and self-rated health were significant predictors, accounting for 23% of the variance in OAC participation. These findings provide insight into the ways OACs can better promote their services to increase the reach of their programming. Future research should consider how other factors such as social support,

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mobility and transportation, and caregiver responsibilities impact the likelihood of attending an OAC.

O114

Contextual factors for aging well: Creating socially engaging spaces through the use of deliberative dialogues

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Home and community engagement are key contextual factors for aging well, particularly for older adults in vulnerable social positions. A longitudinal community-based participatory action research project followed the building of high-density affordable apartments in Western Canada designed to encourage wellness and connection among ambulatory culturally diverse low-income tenants aged 60+. Pre-move deliberative dialogue workshops (n=4) were conducted with stakeholders (e.g., service providers, developers, and municipal government employees). Workshop participants (n=24) generated ideas and plans on how to create supportive home and socially engaging environments at Rosewood Gardens through the effective use of shared amenity spaces, bringing in senior-specific programming, and informing tenants of local resources. Shared dialogue led to community investment and asset sharing by integrating the knowledge and experiences of multiple stakeholder groups into the planning process. This paper highlights how collaborative planning for the effective use of the social environment (e.g., social programming), within the physical environment (e.g., amenity and neighborhood spaces), can enhance the health and wellbeing of seniors. Contextual challenges to service provision are discussed, including cultural diversity, sustainable service coordination and communication, and long-term funding. Grounding this work in experiences identified through a participatory process had immediate application in the context of Rosewood Gardens. The innovative

use of deliberative dialogues with stakeholders facilitated the development of action steps to address potential facilitators and barriers to the provision of culturally tailored services to enhance positive health and social outcomes for tenants.

O115

Steps to Connect: A program to promote health and wellness among older adults through leisure and recreation in rural Nova Scotia

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Chronic disease and social isolation are essential issues to address within an aging population. Connecting with others and being engaged in one's community are effective strategies to combat these issues. To support these goals, an interdisciplinary and multisectoral team developed an innovative program called "Steps to Connect" (STC). STC is designed to promote self-determination (i.e., autonomy, competence, and relatedness), sense of belonging, and the sense of a reciprocal relationship with the larger community (e.g., benefiting/receiving from and contributing/giving to community) among program participants. Through group-based discussion and experiential activities, trained peer leaders: facilitate self-reflection on interests, values, and abilities; foster mutual support and skill-building; and facilitate engagement in a community-based leisure/recreation activity collaboratively planned by the group. STC was previously facilitated in the rural South Shore of Nova Scotia among adults with ongoing physical and/or mental health issues; however, it did not focus on older adults specifically. The aim of this project was to evaluate the transferability of STC to an older adult population using an integrated knowledge translation approach. Focus group/community meetings were conducted in different communities across the South Shore of Nova Scotia, with adults aged 60+ years, to explore the reception and suitability of STC for older adults. Findings resulted in careful revisions to the STC program materials and resources to appropriately focus on health and wellness in an aging context. Results also highlighted the importance of finding ways to connect and engage with socially isolated and/or at-risk older adults in rural Nova Scotian communities and beyond.

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O116

Recreation Therapy Programs to Enhance Mobility of Older Adults in Long-term Care: Evidence from Literature Review and Nationwide Survey

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Objective: To survey the existing evidence on the effectiveness of recreation therapy (RT) programs in enhancing mobility outcomes (e.g. balance, performance of daily activities, falls) of residents in long-term care (LTC).

Methods: We conducted a comprehensive literature review, in which we identified 64 journal articles assessing the effectiveness of RT programs in LTC. We collaborated with BC Care Providers Association in designing and conducting an electronic-survey (e-survey) to probe recreation therapists' experience and belief on the effectiveness of existing RT programs in LTC. We received 437 responses from British Columbia, Alberta and Ontario.

Results: Our literature review provides moderate evidence (by randomized controlled studies) that Tai-Chi, walking, dancing, and ball games improve flexibility, functional mobility and balance. Although Yoga and Exergaming were beneficial for functional mobility, the evidence was weak due to insufficient sample or inappropriate study design. Moreover, few studies examined the effects of RT programs in men or residents with severe dementia. Our e-survey showed that the highest ranked program for enhancing mobility is structured group exercise (53.9%), followed by cooperated ball-games (11.5%), dancing (9.6%), Tai-Chi (8.1%), and Yoga (7.8%). Most programs were ranked equally suitable for both men and women, and less suitable for residents with severe dementia or impaired physical function. Findings were consistent across provinces.

Conclusion: Our review and e-survey elucidate the range of RT programs currently offered in LTC and their effectiveness on mobility. Results will guide health professionals in selecting effective and feasible programs for residents with different characteristics in the LTC setting.

O117

Experts' Perspectives on Building Sustainability into Age-Friendly Programming

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This year, 2017, marks a decade since governments formally began to prioritize supporting communities in becoming more age-friendly: more accessible to, and inclusive of, their aging population. Local municipalities are often compelled to provide environments conducive to aging, but given strained financial resources, they may face challenges. Volunteers are a crucial strength in building program capacity, but a total reliance on volunteers is not enough to build sustainable programs; they often lose momentum, becoming defunct within a few years. This study aimed to (1) investigate factors that limited and strengthened age-friendly program sustainability, and (2) understand and make recommendations for best practices in age-friendly program implementation. This research elicited the perspectives of age-friendly community leaders in Atlantic Canada, Quebec, and Ontario, employing key informant interviews and a content analytic approach to data integration and analysis. Qualitative findings indicated that sustainability is inhibited by limited community and financial capacity, specifically an overreliance on volunteers, paired with a lack of long-term funding. Rural communities experienced these barriers more keenly, struggling with transportation challenges, limited services and personnel, adverse weather and road conditions, a spread-out population, overburdened volunteers, and more restricted budgets. It is recommended that initiatives (1) develop partnerships with businesses, organizations, professionals, and citizens to minimize volunteer burden and entrench age-friendly into community fabric, and (2) formally partner with municipalities, thereby reducing seed funding dependence and instead becoming embedded in municipal planning. Findings provide evidence to support our Canadian communities, as their populations age, in sustainably becoming more age-friendly.

O118

Conceptualizing inclusivity: Age-friendly perspectives from Saskatoon's Chinese-Canadian community

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Across Canada, a call for the development and maintenance of age-friendly communities is growing. In the pursuit of this goal, an effective intersectional approach is required taking into account the inclusion of marginalized older adult groups, including Canada's visible ethnic-minority communities. In Saskatoon, an examination of the city's Chinese-Canadian community enables a more thorough understanding of this group's ability to achieve equal access to age-friendly services, social opportunities and community resources. Through twenty in-depth interviews with older adult members of Saskatoon's Chinese-Canadian community, our research reveals a series of important social, spatial and economic considerations unique to this group, identifies barriers to the effectiveness of existing age-friendly community models, and theorizes changes that enable more inclusive and equitable approaches. The research further reveals the unique nature of a mid-sized prairie city and the significance of a social ethnic enclave in the well-being of its older adult members. Additional considerations within this community include the prominence of language barriers, the desire for Chinese-oriented congregate housing, a limited knowledge of existing age-friendly programming, and an underlying desire to further integrate into the remainder of Canadian society. In effect, the research not only informs the manner through which age-friendly communities are conceptualized, but helps to bring the needs of Saskatoon's Chinese-Canadian older people to the forefront of community development practice and application.

O119

Understanding Age Friendliness from the Chinese Cultural Perspective

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Building an age friendly community is a key strategy for addressing the needs of the aging population. However, understandings of 'age friendliness' may differ across community and cultural contexts. This collaborative study examined the level of age friendliness (based upon WHO Global Age-Friendly Cities guidelines) in Guangzhou, China. Qualitative data were obtained through community-based focus groups involving over 80 participants in eight street level communities as well as semi-structured interviews capturing perspectives about age friendliness of the various aspects of community they reside. In addition, three focus groups were conducted with 35 service providers and local level government officials. While participants acknowledged improvements in various community facilities in supporting older people, context-specific socio-cultural challenges and barriers were also reported. Perspectives between service providers and aging residents differed in terms of expectations of the level of age friendliness that a community would be able to achieve. The results point to the ways in which socio-cultural contexts affect views and perspectives regarding age friendliness. The results suggest that communication among various community stakeholders is important in identifying common goals for age friendliness. Recommendations based on the findings are presented, including education and community promotion to enhance service providers' understanding of aging people's needs and perspectives.

O120

Perceptions of An Age-Friendly University Depends on Status as an Undergraduate or Graduate Student or Faculty/Staff

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This project explores the feasibility of an age-friendly university. Age friendly defined by the World Health Organization (WHO) as a community where policies, services, settings, and structures support and enable people to age actively. Using a university-based on-line platform for recruiting, views on the age-friendly nature and need for an age-friendly university were gathered from 321 participants. The majority of the sample self-identified as students (276; 236 undergraduates, M_{age} 25; 38 graduate students, M_{age} 30), but a sizeable number (69) of faculty/staff also

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responded (M_{age} 38, but range 19-76). Respondents were asked whether they believe that the university supports its workforce and students as they advance in age; importantly 23% felt that university does NOT support its workforce or students as they advance in age (undergraduates agreement = 23%; graduates = 18%; faculty/staff = 26%). After being provided with a definition of age friendly, participants were asked whether they believe that the university is age-friendly, and 27% reported that the university is NOT age-friendly, but agreement rates differed based on campus status (undergraduates agreement = 23%; graduates = 29%; faculty/staff = 45%). Finally, 67% agreed that it is important for the university to be age-friendly, and these rates of agreement were more uniform across campus status (undergraduates agreement = 67%; graduates = 63%; faculty/staff = 70%). These data suggest that although perceptions of the university as age-friendly differ with faculty/staff more likely to state that the university is not age friendly, most believe this is an important endeavor.

O121

The Evidence on the Association between Natural Environments and Health Outcomes

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Access to the Natural Environment (NE), characterized by systems of living plants and exposure to sunlight, have shown to improve the health of older adults and staff who care for them. This systematic scoping review aims to understand how NE interventions impact health outcomes. The databases searched were MEDLINE, EMBASE, CINAHL, PsycINFO, and Cochrane. Included articles were peer-reviewed, empirical or theoretical, and in English. Findings regarding facility types and access to, evaluation of, and therapeutic effects of the NE were abstracted. Ninety articles were included and majority of the work was done in hospitals and long-term care homes. Studies explored and evaluated exposure to sunlight, availability and content of window views, gardening or horticultural interventions, provision of plants and nature, and preferred design features. The association between the NE interventions and the outcomes of patients or residents were studied primarily in physiological health, such as well-being, vitamin D and melatonin levels, sleep, restoration, safety, seizure,

falls, pain, violence, ventilator dependence, and medication and dietary intake. In psychological health, studies examined perceptions, disease conditions, behaviours, and mood. In social health, studies examined seclusion, loneliness, and independence. There is much less literature exploring staff and organizational outcomes, but currently studies assessed reduction of staff stress, burnout, medication error and cost, absenteeism, hospitalization time, and vacancy rate. Majority of the findings suggested that NE interventions improve health and organizational outcomes. The work on this topic is limited but the evidence is imperative for informing the construction of long-term care homes.

O122

Comparison of Self-Report vs. Administrative Data in Defining Multimorbidity

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Objective: To examine multimorbidity measure agreement between administrative and self-reported Canadian Community Health Survey (CCHS) data from Ontario, factors associated with disagreement, and the impact of disagreement on prevalence and service use estimates.

Methods: Data from participants aged 45+ from four CCHS waves linked with administrative databases from the Institute for Clinical Evaluative Sciences were used to describe multimorbidity. Socio-demographic data from the CCHS were used to identify factors associated with disagreement on multimorbidity status. Estimates of prevalence and service use in relation to multimorbidity were compared across the two data sources.

Results: Preliminary analyses were conducted on 7,723 Ontario participants 65+ in the 2008 CCHS. Multimorbidity estimates were based on 15 chronic conditions (CCs): anxiety/depression, arthritis, cancer, COPD, dementia, diabetes, hypertension, Inflammatory Bowel Disease, Ischemic Heart Disease, liver disease, osteoporosis, renal disease, stroke, cerebrovascular disease, and upper gastrointestinal bleed. Based on linked

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administrative data, the most common CCs were hypertension (71%) and arthritis (61%). Over 72% had 2+ and 44% had 3+, with an average of 2.4 CCs, which are similar to population-based estimates generated from CCHS data. The next steps are to expand the dataset to include other CCHS waves and participants aged 45-65 (2008 CCHS) and examine disagreement.

Conclusion: Disagreement between self-report and administrative data is large for many individual CCs, particularly low prevalence conditions; however the impact on multimorbidity estimates is uncertain. This study will identify factors associated with disagreement on multimorbidity across data sources and the impact of disagreement on prevalence and service use estimates.

O123

Multimorbidity predicts functional decline in community living older adults - a prospective cohort study

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Objectives: 1. To determine if multimorbidity is associated with functional status; and 2. To determine if multimorbidity predicts declining functional status over a five year time frame, after accounting for baseline functional status and other potential confounding factors.

Design: Prospective population-based cohort study. **Setting:** Manitoba. **Population:** Community-living older adults. **Measures:** Age, gender, education, the Minimal state examination (MMSE), the Center for Epidemiological Studies – Depression (CES-D). Multimorbidity was measured using a simple tally of self-reported diseases. **Outcome Measures:** The Older American Resource Survey (OARS) was measured in 1991/2 and repeated again five years later. Good/excellent function was compared to mild/moderate/severe/total impairment. Cross-sectional and prospective analyses were considered.

Results: Multimorbidity predicted poor functional status in cross-sectional analyses. The unadjusted Odds Ratio (95% Confidence Interval) [OR (95%CI)] was 1.45 (1.39, 1.52) per chronic illness.

After adjusting for age, gender, education, the MMSE and the CES-D the adjusted OR (95%CI) was 1.35 (1.29, 1.42) per each chronic illness. Multimorbidity also predicted poor functional status five years later: The unadjusted OR for poor functional status five years later was (95%CI) was 1.31 (1.24, 1.38). After adjusting for age, gender, education, the MMSE, the CES-D and baseline functional status, the adjusted OR (95%CI) was 1.15 (1.09, 1.24).

Conclusions: Multimorbidity predicts functional decline in cross-sectional and prospective analyses.

O124

In Search of the Elusive Construct of Frailty: Systematically Examining Competing Frailty Operationalizations in the CLSA

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Background: Despite increasing demand to support 'aging in community' for frail seniors, there is presently no gold standard for frailty assessments by health professionals. Current frailty assessments are insufficiently sensitive to support effective screening, or to guide health professional decision-making when caring for community-dwelling seniors. This study investigated the latent factor structure of frailty to compare and inform refinement of existing frailty measures.

Methods: To explore the research objectives, we used a cross-sectional subsample (n=30,111) of Canadians ≥ 65 years of age who were participants in the Canadian Longitudinal Study on Aging (CLSA). Participants were drawn from 11 data collection sites (2012-2015). Using structural equation modeling (SEM), we modeled and contrasted the latent structure of three frailty scales (Rockwood's Frailty Index, Fried's Frailty Criteria and the Edmonton Frailty Scale (EFS)), exploring the associations among frailty factors and indicators spanning physical, psychological, social and clinical domains.

Results: Confirmatory factor models for the Rockwood, Fried, and EFS operationalizations formally assessed how effectively the construct of frailty was indexed for each competing definition. Patterns will be discussed in terms of how the

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measurement model fits compare across the three frailty definitions, as well as the magnitudes of association between individual indicators and corresponding latent constructs.

Conclusions: Findings identify several key areas that characterize the defining features of frailty for a Canadian population. Future research directions are considered, including the employment of latent factor frailty scores as predictors of outcomes including fall risk and transition to subsequent levels of care.

O125

Innovation in Collaborative Acute Care Community Relationships to Enhance the Well-being of Hospitalized Frail Older Adults upon Discharge

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In November 2016, Mount Sinai Hospital (Acute care facility) and Circle of Care (Home and community care organization) partnered to create a collaborative pilot-project focused on ensuring seamless care experiences for discharged older-adult patients who often find the transition from hospital to home challenging. Due to the anxiety related to returning home, lack of knowledge of community resources, limited social supports, and overwhelmed caregivers, the frail elderly population stay in the hospital longer for non-medical reasons and are at high risk for re-admission. Mount Sinai and Circle of Care worked together to create the Care Navigator role that would efficiently target and address the needs of this population.

A Circle of Care community social worker was assigned to Mount Sinai Hospital as a dedicated Social-Work Care Navigator. She is involved in discharge planning at the hospital and after discharge takes on an intensive case management role in the home and community. The Care Navigator and the hospital social worker operate collaboratively in defining goals for service and in transitioning the client from the hospital back into the community. She liaises with community agencies, provides advocacy with community partners, and provides caregiver support.

The referral criteria have remained flexible, the lines of communication are very well-defined, and the role allows for creative problem solving and acts an enhancement to the role of CCAC. The poster will provide focus group data about the value of this unique role and case examples that exemplify collaborative, creative approaches to supporting seniors in the community.

O126

Mieux comprendre la collaboration au sein de l'équipe de soins en centre d'hébergement et de soins de longue durée pour la gestion de la douleur chronique

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La douleur chronique touche la majorité des personnes âgées demeurant en centre d'hébergement et de soins de longue durée (CHSLD). Les études soulignent qu'elle est généralement sous-évaluée et sous-traitée. Cette situation s'explique en partie par les troubles cognitifs affligeant la plupart des personnes résidant en CHSLD. Pour elles, la reconnaissance des comportements indiquant leur douleur est essentielle. Une connaissance approfondie de ces personnes est requise pour y percevoir des changements. Pour cela, les membres de l'équipe de soins occupent une position privilégiée qui, selon les écrits, est renforcée lorsque l'équipe collabore ensemble à la gestion de la douleur. Toutefois, peu d'études se sont intéressées à cette collaboration. Cette étude de cas multiples qualitative visait à mieux comprendre la collaboration au sein des équipes de soins quant à la gestion de la douleur chronique chez la personne âgée atteinte de troubles cognitifs en CHSLD. Trois cas, composé chacun une infirmière, une infirmière auxiliaire et une préposée, ont été recrutés (n=9). Une analyse thématique a été réalisée à partir des données obtenues d'entrevues individuelles et de documents institutionnels. Parmi les résultats, notons les défis relationnels dans la collaboration influencés par les perceptions que les membres de l'équipe de soins ont d'eux-mêmes et des autres. De plus, les forces et les faiblesses des stratégies de communication utilisées ainsi que des outils formels disponibles pouvant contribuer à cette collaboration ont aussi été relevées. Ces connaissances ont permis d'identifier des avenues pour améliorer la collaboration et la gestion de la douleur.

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O127

Delivery of an LPN mentorship program encouraging leadership and practice change within a continuing care setting

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Objectives: This presentation reports on a pilot project aimed at developing, delivering, and evaluating a participatory, action-learning mentor program with a group of licensed practical nurses (LPNs) working in continuing care (Supportive Living). The mentor program was broadly focused on LPN leadership within the facility, using an action-learning approach to practice development within the site. This program is part of the workforce development and in-house learning component of an academic-service partnership between the University of Calgary Faculty of Nursing and a non-profit continuing care organization in Alberta, Canada.

Methods: The study is using a participatory action research approach. The 8 week LPN mentoring program was developed and delivered in the summer of 2017. Data was collected with participants before and after program delivery to assess the feasibility, value and impact of the learning initiative.

Results: This paper will detail the development and structure of the LPN mentor program, as well as process and outcome evaluation data. Issues related to clinical culture change and sustainability will also be discussed.

Conclusions: This project is broadly focused on developing a supportive learning environment within a continuing care setting to enrich quality of care and quality of life of residents and workforce development of staff. Development and delivery of an LPN mentorship program enabling staff to lead and make constructive changes to their practice is an important initiative in moving towards this goal.

O128

Associations between staffing hours and quality of care indicators in long-term care: Results from a cross-sectional cohort survey

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Background: The impact of staffing hours on resident quality of care in long-term care (LTC) homes is poorly understood. A study with sufficient power to examine the effects of staffing characteristics on overall quality of care is needed.

Objective: To examine the association between the number of direct care hours per resident-day and resident quality of care.

Methods: This cross-sectional study collected data from administrative records and resident assessments from July 2014 to June 2015 at 11 LTC facilities comprising of 55 units in Ontario, Canada. A total of 69 registered nurses, 183 registered nurses, 858 nursing assistants (NA), and 2173 residents were included. Practice sensitive, risk-adjusted quality indicators were described individually, then combined to create a composite score per unit. Multilevel regression models were used to estimate the impact of staffing hours and characteristics on composite quality scores.

Results: NAs provided the majority of direct care hours in LTC (76.5%). NAs' years of experience and total care hours per resident day were significantly associated with higher quality of care ($p=0.0026$ and $p=0.025$ respectively).

Conclusions: The total care hours per resident day, especially that of NAs, was an important contributor to quality of care. These findings serve as a call to optimize the NA role in LTC.

O129

What's in a Name? (De)constructing Resident Care Conferences in Long-term Residential Care

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As a way to foster person-centred care and family inclusion, resident care conferences offer opportunities for long-term residential care (LTRC) providers, residents, and family to discuss the resident's care needs and coordinate and evaluate goals of care. Research on conferences in LTRC has primarily focused on evaluating its effectiveness along specific care outcomes (e.g., improved end-of-life care), with much less of a focus on the process and factors involved in how care is negotiated and understood. Therefore, the purpose of this presentation fills a critical gap by examining the process, structure, and content of resident care conferences in LTRC.

This presentation is derived from a larger critical ethnography examining the negotiation of resident care in three LTRC settings. To date, field work includes 61 interviews (23 staff, 7 residents, 31 family members) and 120 hours of participant observations, including observations of 25 resident care conferences. Grounded in critical theory, thematic analysis identified three intersecting themes: 1) the *Missing or Silenced Voice* of family, residents, and care aides reflected the 2) *Scripted Exchanges* that privileged specific disciplinary perspectives. 3) This impacted how residents and their care needs was talked about in *Medicalese, Body-Talk and Person-centred ways*.

Given the potential for care conferences to significantly shape resident care, it is crucial to develop ways to support the effective conduct of these meetings. Key stakeholders must be engaged in developing an approach that facilitates active participation from all members of the care team and avenues for meaningful communication must be developed.

O130

Relational Care and Promising Practices in Long-Term Care Settings: A Scoping Review

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Objectives: Long-term care (LTC) environments that support care relationships are increasingly recognized as essential for high-quality, late-life care. However, there remains a lack of synthesized evidence illustrating how to support relational care practices in LTC settings. To address this gap, an adapted scoping review was conducted as part of the *Seniors Adding Life To Years* project to identify promising practices related to five key aspects of

relational care: meaningful engagement, personal decision-making, personal mobility, end-of-life care, and pain management.

Method: Our adapted scoping review method follows a seven-phase process, based on the Arksey & O'Malley (2005) framework. Keyword searches were conducted in nine academic databases to identify peer-reviewed literature (1990 – 2017). Papers reviewing or proposing specific promising practices, or those presenting practical applications of relational care philosophies were deemed relevant for review.

Results: 134 potential sources were identified through the search process, of which, 82 met our final inclusion criteria. Reviewed articles across the five relational care aspects described promising practices at both the care interaction and the LTC working environment levels. Notably, no reviewed articles focused specifically on issues of gender in LTC and few discussed culturally and linguistically appropriate LTC.

Conclusion: Reviewed articles reveal a diverse range of strategies that support late-life relational care practices. Importantly, common barriers to implementing relational care in LTC environments were also identified. There is an evident dearth of literature considering how issues of gender and culturally appropriate care intersect with relational care practice in the LTC context.

O131

Openness To Age-Different Friendship: Differences Between Younger And Older Adults

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Social interaction is a critical component of well-being as we age. Unfortunately, longer life expectancies and lifelong friendships may be incompatible if friends are all the same age. An age-diverse friendship network helps, but how open are we to making friends with people of different ages? This study examined differences between younger and older adults in openness to friendship.

A convenience sample of 287 adults (n=151 < age 30; n=136 ≥ age 50) completed a written survey with questions related to openness to friendship and age of friends. Data were analyzed for

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correlations among variables, differences between age cohorts, and predictors of age cohort.

Older adults were more open to age-different friendships than younger adults on several dimensions. A significant positive correlation was found between participant age and enjoying getting to know people of different ages. Significant differences were found between cohorts in already having all the friends needed, closest friends being around the participant's age, and enjoying getting to know people of different ages. Participants who reported enjoying getting to know people of different ages were more than twice as likely to be in the older cohort, but those who felt that they already have all the friends they need were only about half as likely to be in the older cohort.

One likely explanation for these differences is level of exposure to and familiarity with people of different ages. Further study would be useful to determine at what age people become more open to friendships across age groups.

O132

Are the Parents All Right? Parental Stress, Ethnic Culture and Intergenerational Relations in Canadian Aging Families

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Family transitions, intergenerational relationships and caregiving responsibilities across the life course are increasingly characterized as variable and uncertain. Adult children are transitioning into "full" adulthood later in life and parents are navigating more complicated retirement trajectories, both of which potentially contribute to family stress. High rates of immigration from Asian and Middle-Eastern countries also contribute to a rich ethnic mosaic of Canadian family life. Drawing upon a life course theoretical perspective synthesized with a socio-cultural stress and coping model, this study examines the nexus of ethnocultural background, retirement status, and family context on parental stress. Data are drawn from a mixed-methods SSHRC-funded study conducted in Metro Vancouver. Telephone and/or in-person Interviews were conducted with 588 older adults aged 50+ in 2015/16, and face-to-face

in-depth follow-up interviews with 55 of these participants. Respondents had to self-identify with one of four ethnocultural groups: British-, Chinese-, Persian/Iranian- or South Asian-Canadian, and have at least one adult child aged 19-35. Hierarchical OLS regression was used to examine associations between family context and the parental stress scale (PSS; Berry & Jones, 1995). The final model ($r^2=.30$) showed higher parental stress among Persians/Iranians, and Chinese parents compared to British; those reporting greater parental-child conflict; parents of adult children who are students compared to working; female parents; and among those with lower income satisfaction. Several interaction effects combining ethnicity, conflict and parental gender were also supported. Overall, the findings support the salience of cultural dimensions and relationship quality between parents and adult children on parental stress in later life.

O133

Exploring cougar territory: A qualitative exploration of mature women's aging experiences while in long-term relationships with younger men

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Aging is, in part, a psychosocial construct. New concepts of aging are being raised in the academic literature and publicly, including the cougar phenomenon. A "cougar" is a colloquial term used to describe relatively older women who have long-term romantic relationships with younger male partners. Research on cougars in an aging context is warranted to explore women's well-being as they age. The purpose of this study was two-fold: a) to explore perceptions of the term "cougar" and b) to describe experiences of aging among older women who have relationships with younger male partners. Qualitative data were collected through one-on-one, semi-structured interviews with three female participants who were in, or had recently been in, a long-term romantic relationship with a younger man. Interview audio-recordings were transcribed and thematic analysis was performed using constant comparison method. Results conveyed both positive and negative perceptions of the term "cougar" as well as positive and negative experiences of aging. These experiences were often reinforced by/through their relationships with younger men. Participants spoke about

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individual, interpersonal, and societal aspects of aging as well. Participants proactively went against social norms as a means to embrace themselves, and they approached the psychosocial changes of aging in an open and affirming way. Participants also explained that their aging experiences were impacted by social norms that gender the aging process in a way that is negative towards women. There is a need for more research on this topic to better understand aging, gender, and the cougar phenomenon.

O134

Older Widows' Relationships with their Adult Children

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This paper discusses how widows talk about their relationships with their adult children and how they say those relationships have changed since the death of their husbands. It is based on a qualitative study, using a symbolic-interactionist theoretical perspective, that involved 20 in-depth interviews with women who are at least 60 years old and whose husbands died between 1 and 16 years prior to the interview. Participants live in urban and rural areas of a Maritime Province. The study found that most widows report a close relationship with their children that has become even closer. Adult children tend to become protective, are very supportive, especially in the early days, and some want their mothers to move to be closer. Widows respond by being careful not to burden their children with their problems and, for the most part, prefer to remain in the location where they are living. The paper uses quotations from the interviews to illustrate the widows' perceptions.

O135

Sexual aggression of older women: an invisible issue

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Issue: In 2015, the Quebec Government conducted a public consultation on sexual assault in order to review its Government plan of action on sexual aggression. The research Chair on mistreatment of older adults was invited to participate to a discussion with the aim to address

sexual aggression of older women. It was our surprise to realise that we were the only organisation to pay attention to older women! Even groups of women were not addressing sexual aggression of older women.

Methodology: A scoping review of scientific literature on sexual aggression of older women. Inclusion criteria: published in the past 10 year, scientific journal, quantitative or qualitative data, publish in French or English. We were aiming for 30 texts but we found only 20 that met our inclusion criteria.

Outcome: The majority of texts come from the United States and The United Kingdom. Only one text comes from Canada. Only 3 of the 20 texts were specific to older women. The others texts, mainly in the field of abuse, so addressing sexual abuse, did not address gender issues! Sexual aggression of women may take different forms. Some actors affirm that sexual aggression is not a problem for older women. The response from health and social services professionals reflects ignorance and non-recognition.

Conclusion: We did not expect that sexual aggression of older women was such an invisible problem. The limited attention paid to this issue provides an incentive for developing knowledge and practices on the subject.

O136

Understanding the social and emotional engagement of persons with advanced dementia living in long-term care homes

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Nursing home residents with advanced dementia have few opportunities for meaningful engagement and spend long periods alone in passive activity. Despite the recognition that quality of life is linked with engaging in meaningful activities and relationships, there is limited understanding of what constitutes meaningful engagement, and how it can be best supported for persons with advanced dementia. Further, few studies have included the perspectives of the residents themselves. My dissertation research intends to address these gaps, gaining a better understanding of the experience of emotional and social engagement for persons with advanced dementia living in long-term care.

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A qualitative applied research design was used, drawing philosophical grounding from phenomenology, utilizing relational and embodied lenses to conceptualize persons with dementia. The research methods rely heavily on visual data to understand the visible experience of advanced dementia. Thus, focused ethnography which supports a shortened field time and eliciting video and audio data through participant observation, provided guidance for both the approach and methods employed in the fieldwork. Preliminary findings support the importance of meaningful social relationships and activities in promoting well-being for persons with advanced dementia. Study participants with significant cognitive and communication deficits continued to initiate and engage in interactions. In particular, participating in an inter-generational dance programme positively engaged residents. Despite advanced disease, residents danced with their partners through eye tracking, expressions, and movements.

Recognizing this enduring potential is critical for long-term care environments and care staff to support meaningful engagement and quality of life for persons with advanced dementia.

O137

Responsive behaviour in dementia: Perceptions across care sectors

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Purpose: Responsive behaviours (RBs) occur in as many as 80% of people with dementia, causing healthcare workers distress in all care sectors. Research investigating effects of dementia educational interventions has not typically described participants' baseline perceptions prior to training. Here we present a comparative analysis of pre-learning qualitative findings from seven studies in 2014-2017. Findings inform the direction of entry-to-practice and continuing professional education programs needed for evidence-informed best RB practices.

Method: Written qualitative data was collected and emergent themes were identified from responses to the following: 1) "If I were to describe myself when I respond to older people with

dementia who are agitated and upset, I would say..."; 2) "If I were to change anything about my ability to respond to older people with dementia who are agitated and upset, I would..."; and 3) "The best practice approaches to use when responding to older people with dementia who are agitated and upset are..."

Findings: Across seven studies, 599 individuals completed the questions. Three emergent themes common across all cohorts were 1) Emotional and Physical Safety, including feeling 'intimidated, frightened, hesitant, vulnerable and at risk', 2) General Strategies used, such as 'smiling, staying calm, being respectful, staying at arm's length, and empathy', and 3) Learning Needs, which were specific to enhancing personal safety, application of new and innovative non-pharmacological interventions, and gaining confidence and knowledge regarding RBs.

Conclusions: Results show that both staff and students require formal education to provide specific knowledge about RBs, regardless of their healthcare sector.

O138

The association of aggression with sadness for people with dementia in long-term care

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Objectives: Aggression exhibited by older adults with dementia negatively impacts caregivers, but little is known about its impact on the person with dementia. The purpose of this cross-sectional study was to test the association between aggression and sadness exhibited by people with dementia.

Method: This was a cross-sectional study of 5001 people with moderate and severe dementia. Clinical administrative Resident Assessment Instrument 2.0 data collected in Ontario, Canada over a 30-day period in 2012 / 2013 by long-term care facility staff were used. Data were analyzed with logistic regression, adjusting for dementia severity, functional status, age, sex, pain, family contact, and 613 facilities (or clusters).

Results: Aggressive behavior was associated with higher odds of sadness, but the strength of the

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association depended upon the frequency and type of aggression (verbal or physical), and the level of dementia severity. For people with moderate or severe cognitive impairment, the odds of sadness were significantly higher if verbal aggression was exhibited 4 to 6 (OR=2.85, $p<0.001$) or 1 to 3 (OR=2.28, $p<0.001$) times per week, or daily (OR=1.77, $p=0.003$). For people with moderate cognitive impairment, the association between physical aggression and sadness was not statistically significant. People with severe cognitive impairment and who displayed physical aggression either daily (OR=2.16, $p=0.002$) or 1 to 3 times per week (OR=1.45, $p=0.023$) also had an increased odds of sadness.

Conclusions: The findings support that many people with dementia who display aggression are at increased risk of sadness; prospective studies will build on these correlational findings.

O139

A Critical Evaluation of the Centivizer System for Managing Dementia Behaviours

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There is an urgent need for more physical exercise for sedentary residents with dementia. Automated methods can potentially motivate, and reward, physical exercise without increasing costs or staff burden. This research is developing solutions (Centivizers) for providing physical exercise on a 24x7 basis. Design research is being carried out to determine how Centivizers for promoting physical activity should be developed for people with dementia. Key informants recommended that financial rewards could motivate elderly adults with dementia. Thus we designed a coin dispenser for rewards. Prototypes were evaluated in workshops, and by residents with dementia in long-term care homes. We found that nickels were highly motivating to some residents but not others. Tactile screens (that acted like buttons when pushed) provided a more satisfying sensori-motor interaction (than touchscreens) but were hard to use for some. Some residents had trouble seeing images on screens and may need more audio or haptic interactions. Levers were attractive and easy to use, but they have to have adjustable force requirements to accommodate different levels of

strength/frailty. Centivizer systems show promise in improving or maintaining physical status in dementia by providing people with rewarding, and always-on, opportunities for engaging experiences that motivate physical exercise and cognitive activity. We are currently exercising the upper body using levers as inputs as inputs to rewarding tasks. Wide variations in abilities and interests require the use of a variety of input and output modules that can be mixed and matched to meet the requirements of each individual resident.

O140

An intervention to stabilize communication skills and to improve behavioral symptoms in nursing home residents with dementia

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Background: Psychosocial interventions targeting verbal cognitive abilities and communication strategies may help alleviate some burden of not being able to communicate effectively. Here, we investigated the effectiveness of the train-the-trainer based communication skills program MultiTANDEMplus on communication capacity in nursing home residents diagnosed with dementia.

Methods: 24 professional caregivers in managerial capacities from 8 nursing homes participated in the MultiTANDEMplus training sessions and in turn, trained 254 of their nursing colleagues. Six nursing homes formed the control group. To evaluate the effects of the intervention on the residents, severity of dementia, depressive symptoms, and communication capacity were assessed in the residents on baseline and 21 months later.

Results: Training sessions were well accepted. 178 residents (71 from control vs. 107 from intervention homes) completed the study. While dementia severity increased over time in both, the intervention and control groups, communication capacity declined in control home residents, but remained stable in the intervention group. These findings were confirmed after adjusting for communication capacity at baseline, age, and dementia severity. Furthermore, the intervention group exhibited fewer depressive symptoms after the intervention than the control group.

Conclusions: Our findings demonstrate that a standardized intervention program may stabilize communication capacity and reduce depressive

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symptoms in nursing home residents. These effects may be sustainable since they could be demonstrated over the course of 21 months. Interventions targeting communication may therefore bear important implications for clinical workers, as the well-being of patient, caregivers and relatives may be fostered.

O141

Does restructuring theory and clinical courses better prepare nursing students to manage residents with challenging behaviours in long-term care settings?

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Bachelor of nursing students (BN) placed in long-term care encounter residents who exhibit challenging behaviours (responsive behaviours) that are sometimes associated with dementia and cognitive impairment. Students are often inadequately prepared to manage these behaviours and this is a source of distress for students. This study explored whether enhancing and restructuring theoretical and clinical courses resulted in student nurses feeling better prepared to manage residents' responsive behaviours and reduce their levels of distress. This study was conducted in two phases with 116 BN students (first phase) and 87 students (second phase) where the "Older Adults' course" was restructured. In Phase One, the theory course and clinical placement ran concurrently, and in Phase Two, the theory course was condensed and scheduled before starting the clinical placement. In addition, an online learning module focused on the causes and management of responsive behaviours was introduced. The findings of this study revealed that students who felt less prepared experienced greater distress by residents' behaviours than those who felt better prepared. Scheduling a theoretical course on the care of older adults prior to the clinical course placement, as well as offering an online learning module focused on responsive behaviours, significantly increased students' feelings of preparedness to manage residents' complex behaviours.

O142

Système représentationnel et consommation excessive de la liqueur par les personnes âgées de Côte d'Ivoire. Un facteur de

vieillesse pathologique chez les Agni-Sanwi

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Introduction : Le vieillissement est un phénomène complexe qui varie d'un individu à un autre, tenant compte de nombreux facteurs: génétiques, environnementaux, comportementaux. En Côte d'Ivoire, certaines pratiques culturelles exposent souvent des individus à un vieillissement pathologique. Diverses cérémonies chez les Agni-Sanwi en sont une illustration. A ces occasions, les liqueurs fortes sont consommées de façon abusive par certaines personnes. Les aînés, garants des us et coutumes, composantes indispensables de la chefferie traditionnelle s'exposent, de la sorte, à un vieillissement pathologique ruinant ainsi leur capital longévité. Cette étude vise à saisir les représentations sociales que les aînés ont des liqueurs fortes dans cet espace social. De façon spécifique, il s'agit de :

- identifier les différents systèmes de représentation des liqueurs ;
- déterminer le rôle des liqueurs dans les pratiques culturelles ;
- déduire l'influence de l'alcool sur la santé des aînés.

Méthodologie : L'étude s'est déroulée dans un village d'Aboisso, au Sud-Est de la Côte d'Ivoire. L'échantillon est constitué volontairement de 22 membres de la chefferie, âgés de 60 ans ou plus, tous consommateurs réguliers de liqueurs fortes. L'observation, les entretiens individuels et de groupe ont permis d'obtenir les résultats ci-après.

Résultats :

- Le Gin symbolise la relation verticale d'avec les ancêtres ; le Rhum symbolise la joie et restaure la relation horizontale entre les frères.
- Ces liqueurs sont indispensables dans toutes les pratiques culturelles.
- Détérioration de l'état de santé du sujet âgé.

Conclusion : L'abus de l'alcool par les aînés constitue un véritable problème de santé publique qui doit interpeller autorités ivoiriennes.

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O143

"You've got to know when to hold 'em. Know when to fold 'em": Responsible Gambling Strategies in Older Ontarians

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Despite a limited amount of research about gambling among older adults (Alberghetti, & Collins, 2015), we encourage them to use responsible gambling strategies (e.g. responsiblegambling.org) to keep it a "low-risk" activity. These strategies include: leaving bank/credit cards at home, to not borrow cash, to give oneself a time and financial limit, etc. These are strategies that are often described in the responsible gambling literature, and by older adults as ways to gamble responsibly (Subramaniam et al., 2017). These responsible gambling strategies tend to be more frequently used by non-problem mid-life adult gamblers (e.g., Hing et al., 2016). This has not been examined in an older adult sample. The purpose of this study was to examine these various strategies, and their relationship with problem gambling risk.

673 older adults (55+) were recruited as part of three different studies using the same measurement instruments (Mage= 68.7, SD=7.6) that included items and measures concerning demographics, problem gambling risk and responsible gambling strategies (Norris & Tindale, 2006; Tindale & Norris, 2012; Thériault, 2015).

Contrary to the previous literature, this research failed to find any evidence that responsible gambling strategies were related to the risk of problem gambling in older adults (as measured by the CPGI, and the Windsor Screen). The respondents using these strategies did not have lower PG risk, compared to those who didn't. Lastly, the number of strategies used did not vary between PG risk categories. These results raise questions about the utility of strategies for responsible gambling.

O144

It's All About Us: A Group Work Approach in the Treatment of Addiction Among Older Adults

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The objective of this presentation is to describe implementation, outcomes and recommendations of group work with older adults dealing with addictions within Manitoba. The methods utilized to identify key considerations for this study are qualitative self reports and clinical observations and simple quantitative measures derived from intake forms and program feedback forms.

Outcomes from this program include: established group cohesion and member to member communication, group member belonging and group identity, strong desire to move away from a psychoeducational approach to a "here and now" focus, role modeling and empowerment from peer co-facilitation, maintenance of group attendance, strong mutual aid, reduction in use of substances or gambling, and improvement in cognition or lifestyle. The group objective of increasing community involvement showed mixed results.

Recommendations include changing the group to an open group to allow for easier entry of new members and increased access from the community, increased promotion of the group and more consistent, ongoing promotion with referral agents, adding a lunch component to the group experience on a regular basis, and provision of one to one mentorship to encourage members to increase involvement with community activities. In conclusion, the application of group work to empower older adults to engage in addiction recovery is effective. This analysis also demonstrates the value of embedding the group within the community, supported by partnerships of key stakeholders.

O145

Age of Onset in Older Adult Substance Abuse

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Substance abuse in older adults is increasing, yet little research has been conducted into the needs of this population. To date, research has focused on distinguishing early versus late onset with little agreement on what characteristics define these groups and what age is deemed to be late onset. Semi-structured interviews were conducted with clients of an older adult substance abuse treatment program. Twenty participants were recruited from three phases of treatment: psychoeducation,

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relapse prevention, and peer support. Participants were 11 men and 9 women aged 62 to 78 ($M=68.90$, $SD=3.92$). Initial results indicated that of the individuals who identified their substance abuse as late onset, the majority showed signs of long-term problem use before age 60, for example, by drinking high-risk quantities or bingeing regularly as early as their mid-20s. Thematic analysis revealed sub-themes such as normalizing and minimizing the impact of their use throughout their lifetimes and precipitating factors that led to increased use as they grew older. Substance use was normalized by peers with similar habits and minimized by respondents because of a lack of severe consequences, for example, not being arrested for driving under the influence. Results demonstrated a discrepancy between self-reported age of onset and age of problematic use. Thus, for older adults in this sample who self-identified as late onset, substance abuse was in fact a long-term problem that was exacerbated by age-related events (e.g. retirement, grief) that precipitated increased use, severe consequences, and help seeking for substance abuse.

O146

Self-medication with alcohol: Aging issues

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Middle-aged and older adults use alcohol for various reasons, including to self-medicate. Self-medication is the use of alcohol or other substances to relieve discomforting physical/mental health symptoms or to cope with negative affect. Understanding the reasons why middle-aged and older adults use alcohol and providing alternatives to alcohol are important steps toward reducing the morbidity of alcohol use disorders in this population. The goals of this presentation are to review: the prevalence of self-medication with alcohol among adults in mid- and late-life; reasons for self-medication with alcohol; and potential outcomes of self-medication with alcohol in later life. We propose a conceptual model to help synthesize the literature and aid in hypothesis development and testing. We then review measurement issues, including how to identify middle-aged and older adults who may be self-medicating with alcohol, and discuss treatment and prevention opportunities. This presentation concludes by highlighting avenues for future research.

O147

Adapting to changes in physical functional ability and quality of life: Perspectives from retired Olympic Athletes

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Objectives: To explore the relationship between changes in physical functional ability and assessments of quality of life among a sample of retired elite athletes.

Method: For this qualitative study, I conducted in-depth interviews with 24 retired athletes who had represented their country at an Olympic Games and applied narrative analysis to develop themes. **Results:** Findings suggest that for these participants, who once held privileged bodies, chronic pain and lost social titles necessitated shifts in their sense of personal identity and social purpose. Prior experience dealing with loss or being replaced helped participants address negative perceptions about their changing bodies.

Conclusions: Physical changes experienced by participants motivated adjustments to their sense of self and served to highlight the role of cumulative life experiences in coping with physical changes, altered social roles, and the reproduction of social purpose.

O148

Active Aging British Columbia: Community based participatory design, delivery and evaluation of provincial physical activity programs

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The Active Aging Research Team partnered with the United Way of the Lower Mainland (UWLM) to design, deliver and evaluate a province-wide grant stream focused on active aging (Active Aging Grants (AAG)). Within the grant requirements, community-based not for profit organizations were asked to enhance existing or create new programs to meaningfully promote active aging.

Objectives: The purpose of this study was to conduct an evaluation of the barriers and

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facilitators to participate in and deliver programs, with a focus on 'active aging'.

Methods: A sub-set (n = 7) of the 30 provincial AAG programs were selected with attention to geographic diversity. Older adult participants (n = 37) and coordinators (n = 11) took part in semi-structured telephone or photovoice interviews to describe their experience with the 'active aging' and their AAG program. Data were recorded, transcribed, organized and using NVIVO 11.0. Thematic analysis was used to discern themes in the data.

Results: Older adult participants and program coordinators highlighted the following as facilitators: access to transportation and the presence of 'fun' activities with opportunities to connect with others and/or places within the community. Barriers included the need for: sustained resources (funding and personnel); support to promote programs to marginalized, vulnerable groups; and guidance on how to develop and sustain partnerships with other organizations to maximize resources and design.

Conclusions: Findings from this study help to inform future similar initiatives and guide the development of best practices with respect to active aging programs in the not for profit sector.

O149

How active older adults overcome age-related physical activity barriers: Coping with change, constructing purpose, and unlearning age stereotypes

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Engaging in physical activity (PA) in later life has many positive health benefits as it can act as a modifiable preventive and/or treatment factor of numerous chronic conditions. Despite knowing the benefits of PA, the majority of older adults are inactive. Indeed, there are intrapersonal, interpersonal, organizational, community, environmental, and socio-cultural barriers that can negatively affect PA participation in later life. Nevertheless, a number of older adults engage in moderate-to-vigorous PA that meets, or exceeds, the Canadian PA recommendation guidelines. The objective of this study was to explore how active older adults experience, perceive, and overcome

PA barriers. As part of a larger study in the Halifax Regional Municipality of Nova Scotia, 15 active older adults (aged 60 to 74 years) completed a one-on-one, semi-structured interview. Qualitative data were transcribed and coded using thematic analysis. Three overarching themes emerged in terms of overcoming PA barriers in later life: a) coping with age-related biopsychosocial changes, b) purposeful construction of physical and social environments to support PA participation, and c) unlearning negative age stereotypes that generalize physical/functional decline as an inevitable part of the normal aging process. This study provides new perspectives on the processes by which age-related PA can address barriers through careful consideration of coping skills, controllable environmental factors, and accurate knowledge on, and representations of, the aging process. These results suggest interventions (i.e., programs and/or policies) that incorporate these factors may be effective at supporting sustained PA in and throughout later life.

O150

Using Knowledge Translation and Evaluation Tools to Develop and Implement an Evidence-Informed Initiative to Reduce Sedentary Time in Older Adults

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Background: Growing evidence shows detriments of sedentary behaviour for all age groups including older adults. Evidence also suggests that light activity such as walking and household chores have health benefits compared to sitting or lying still. For older adults the primary benefit of moving more is prolonged independence. Move More is a novel, evidence-informed initiative that aims to reduce sedentary time in older adults living in retirement and long-term care (LTC). This presentation will focus on the development and implementation of Move More.

Method: Move More was developed over two years using tools from evaluation, knowledge translation (knowledge-to-action [KTA] framework)), and user-centered design principles.

A participatory approach, guided by the KTA framework, was used to implement Move More in 16 retirement and LTC homes across southern Ontario.

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Results: Developing a program logic model was valuable in identifying not just core components, activities and anticipated outcomes of Move More, but also assumptions about the relationships between these aspects. The KTA framework was useful in developing and implementing Move More in terms of adapting knowledge to the context, selecting strategies that address implementation barriers and enablers, and gathering ongoing feedback from stakeholders. Finally, user-centered design principles helped to ensure that intervention strategies and products were designed with the target audience in mind.

Conclusions: Tools from evaluation science and knowledge translation, along with principles of user-centered design, are valuable when developing and implementing an evidence-informed intervention such as Move More. Current efforts are focusing on evaluating the outcomes of Move More.

O151

The effect of implementation a program the physical activity in the functionality and well-being in old people

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Introduction: The increasing the number of old people with chronic illness to live in the community, allows the involvement of public health, management of chronic disease, promoting well-being and functionality of these people. The Promoting physical activity in old people has an important role for public health. **The aim** of this study is implementation of a program of physical activity to improve the functionality and well being in old people

Methods: This is a prospective study. The study includes 17 people, aged between 66 and 83 years old, 75% female, 65% married, were all retired and all had functional independence. The data collection was performed on senior's universities in Lisbon - Portugal. It was applied in the program of self-regulation the promotion of physical activity (IPPA), 90 minutes for a week, lasting seven

weeks. We used one question "Please classify your functionality?" with an answer in numerical scale between "0" and "11" and the Personal Wellbeing Scale (PWS) before implementing the program (time A) and end implementing the program (time B).

Results: The correlations between the functionality perception and well-being, before application of IPPA ($r=0.42$, $p<0.01$), and the end of the implementation of IPPA ($r=0.68$, $p<0.01$). The results show that the IPPA improves the correlation between functionality and well-being.

Conclusions: We think this program promotion and awareness of the importance of physical activity, using the conceptual model of self-regulation, can be very beneficial for Functionality and well-being in old people.

O152

Promoting Intergenerational Relationships through Service Learning

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As our aging population continues to grow, connecting youth with older adults to explore attitudes towards elders and promote positive interactions is essential since members of this generation are the future caregivers or service providers. The elderly, in many communities, experience ageist attitudes due to the negative societal stereotypes attributed to them. They often feel they are not heard and are often marginalized in our culture. Developing positive social and cultural perceptions of youth and aging cohorts is crucial for connection. This presentation discusses an educational service-learning program that connected college students with elders. Classes met at a residential facility where students interacted weekly with the same resident for approximately eight weeks. The elders volunteered to participate in the project. Elders and students engaged in conversation sharing stories with students asking residents open-ended questions regarding their life, values and life experiences. Each student wrote an essay using the model "This I Believe" as a format with the resident focusing on an event/story that addresses the elder's perspective on life. Students read the essay in a group format with all elders and students in the educational program present. Students wrote

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weekly reflective journals describing their feelings and attitudes regarding their interactive experience and integrating theoretical content. Student evaluations of the project were positive. Pre-and post surveys and journals reported changes in attitudes and views on aging and recognizing elders' importance in society. The residents felt their voice and narratives were heard and written for their families as a legacy.

O153

Participation sociale des aînés et règlement des conflits fonciers en Côte d'Ivoire : une illustration à partir de cas dans la société Agni

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Introduction : Les changements économiques et politiques qui ont touché l'ensemble des structures sociales contribuent à reconsidérer les rôles sociaux et la position qu'occupent les séniors dans la société ivoirienne. On assiste de plus en plus à la dynamique des rapports intergénérationnels qui souvent s'illustrent par le processus de dépréciation des personnes âgées. Cependant, dans la société Agni, l'on note la survivance d'institutions de valorisation des aînés à l'instar de la société Tchaman et Odjuku. Cette étude vise à saisir le rôle des aînés dans les négociations sociales lors des conflits fonciers.

Méthodologie : Nous avons opté pour un « va et vient » permanent entre le terrain et la rédaction, interrogeant tantôt les chefs de village, notables et chefs de famille, tantôt d'autres acteurs aussi bien indiqués : responsables des femmes, responsables des jeunes jusqu'à saturation. Au total, 180 acteurs dans 20 villages ont été enquêtés.

Résultats :

- Productions idéologiques associées à la terre : la terre, un bien inaliénable : 90% des aînés ; terre synonyme de « âme », vie, richesse, reproduction d'identité sociale : 10%
- Origine des conflits fonciers : contradictions entre systèmes juridiques traditionnel et moderne ; enjeux économiques et sociaux.

- Typologie des conflits : conflits de succession : 80% ; conflits communautaires : 20%
- Contribution des aînés : dernière instance juridique ; rapport à la divinité comme source légitimation du pouvoir.

Conclusion : La participation des aînés dans le règlement des conflits fonciers est à encourager en Côte d'Ivoire au regard des capitaux détenus.

O154

Re-imagining Loneliness

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Objectives: Conventional understandings of loneliness depict it as a problem among older people with significant negative consequences for their well-being, and easily treated using social interventions. We report the outcomes of a UK-based seminar series used to generate and debate state of the art overviews on the impact of loneliness across the lifespan, theoretical and cross-disciplinary understandings, and implications for research, policy and practice.

Methods: We conducted 8 seminars over 2 years with approximately 300 participants. Using varying seminar styles, we featured a range of international loneliness experts and opinion leaders from the field of research, practice and local government. All seminars were digitally recorded and themes generated through a process of directed content analysis.

Results: Representations of loneliness in literature, art, music and religion suggests it is a universal phenomenon. Despite agreement that loneliness is a complex concept and challenging to explore empirically, we perpetuate it as a 'simple problem' of old age with a 'simple remedy'. In the UK, skilled marketing of the dire consequences of loneliness for older people and for the health and social care sector provides some evidence of its construction as a moral panic.

Conclusion: We propose there is a need to develop a second-generation research agenda bringing a more comprehensive approach to the study of loneliness, empirically and theoretically. We argue there is an urgent need for a critical

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macro analysis of loneliness from the perspective of social constructions of ageing, social values, norms, and the political and historical positioning in different societies.

O155

Measuring of Social Exclusion in Chinese Older Adults in Shanghai, China

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Older adults face high risk of being socially excluded. Social exclusion has been identified as a dynamic, multi-dimensional process interacting across economic, political, social and cultural domains. However, the contextualized nature of social exclusion complicates its measurement, particularly among older adults. To better understand and measure social exclusion among older adults in China, the study sampled 419 Chinese adults aged 60 and older from three communities in Shanghai. Using a structured questionnaire adapted from a study of social exclusion in later life in the UK, this study developed a 17-item scale to gauge social exclusion across six domains: material resources, housing conditions, social relations, civic activities, basic services, and neighbourhood factors. Interestingly, Exploratory Factor Analysis and Parallel Analysis consistently yielded a four-factor solution, accounting for 44.88% of the total variance of the 17 items. To improve the model fit, the items of isolation and loneliness were removed. Confirmatory Factor Analysis was then conducted to further assess the fit of the four-factor measurement model of social exclusion. Model fit statistics suggest a good fit of the measurement model: $\chi^2 = 125.308$ (df = 71, $p < 0.001$); Adjusted Goodness of Fit Index = 0.937; Comparative Fit Index = 0.910; Root Mean Square Error of Approximation = 0.043. The findings show that Chinese older adults in Shanghai may construct social exclusion in a different way, recontextualising it into material resources, participation, housing, and neighborhood conditions. The study offers important implications for research and practice in terms of social exclusion in later life.

O156

Just Like Us: Combating Ageism and Other Key Findings From an Intergenerational Research Project

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Intergenerational programs are aimed at creating meaningful relationships between age cohorts. Previous research has shown that when delivered in a positive manner, there are great benefits – physical, social, psychological – to all who participate in these types of programs.

In the “Through Their Eyes” Project, undergraduate students are partnered with seniors to assess the age-friendliness of their neighbourhood. Using an innovative data collection tool – the moving interview – these intergenerational research teams learn about the environment and each other by travelling, observing and discussing these landscapes together. In addition to collecting and analyzing research data, throughout the project students are required to maintain a journal to reflect on this experience.

In this study journal entries from over 100 undergraduate health sciences students were analyzed to explore the impact of this intergenerational project in three key areas: personal growth, academic enhancement and civic engagement. Findings demonstrate how intergenerational research projects can foster compassion and a sense of belonging, promote engagement and retention of academic knowledge, and act as a powerful tool to combat ageism across the life course.

In addition to study findings this presentation will include a brief description of the “Through Their Eyes” project and an introduction to the moving interview as a unique data collection method that shows great promise in gerontological research.

O157

The Social and Economic Contributions of Seniors

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As we start to feel the effects of population aging, especially in the Atlantic Provinces, a number of research and media reports have conveyed a “doom and gloom” message that aging will bankrupt a number of provinces. Knowing that 92% of seniors reside in the community and that many remain active and healthy, the overall goal of our study was to demonstrate how older adults continue to contribute despite being retired. Our objectives were: 1) to confirm the state of population aging and describe demographic trends; 2) understand aging related challenges to different types of contributions; 3) describe the social contributions of seniors; 4) describe the economic value of an aging population. The methods for this study included document consultation for the social contributions aspect and an approved economic model (input-output) model for the economic contributions that utilized Statistics Canada data. Results show that seniors significantly contribute to society by volunteering, by donating to charities, by caregiving and by being a consumer. Economically, seniors generate a number of sales thus contributing to creating or maintaining jobs, only have a modest dependence on government pensions, and health care costs are not solely due to an aging population. In conclusion, we need to recognize that the contribution of seniors take many different forms: they are workers, consumers, volunteers, charitable donors and informal caregivers. These contributions can only grow as the population ages, thanks not only to seniors but also their stronger participation in the job market.

O158

Les coûts économiques de l'âge au Canada et à l'international : Des mesures psychosociales et économiques

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La question des coûts économiques des discriminations liées au genre, à l'origine ou au handicap a émergé récemment dans le débat public. Ces discriminations représentent un enjeu économique majeur. Malgré une large prise de conscience de l'ampleur des coûts de ces discriminations, aucune étude n'a permis d'effectuer une évaluation globale du poids économique de l'âge. La présente étude a

permis, dans un premier temps, de recenser les écrits scientifiques portant sur la question des coûts économiques de l'âge, au Canada et sur la scène internationale. Dans le domaine de la psychologie sociale, bien que les coûts de l'âge soient solidement documentés - cette discrimination minant l'estime de soi et la santé globale des travailleurs - les études ne permettent pas pour autant d'en chiffrer les coûts économiques. Par ailleurs, la littérature économique ne soulève pas explicitement la question de l'âge. Elle mise plutôt sur une analyse des conséquences de politiques publiques qui, par inadvertance, peuvent nourrir l'âge et influencer la participation des personnes âgées au marché du travail. Ce faisant, dans un deuxième temps, cette étude comble l'absence d'analyses sur les coûts économiques de l'âge, en évaluant ces coûts, directs (sur la participation au marché du travail) et indirects (via la santé globale) par le biais d'une enquête nationale canadienne auprès de 3000 individus âgés de 45 ans et 70 ans.

O160

Productive Aging in Work and Retirement

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Objectives: This qualitative study examined productive aging among a sample of retired healthcare Chief Executive Officers (CEOs).

Method: I used an interview guide that was informed by the life course theoretical perspective to interview 26 retired CEOs and examine their perceptions about work, aging and retirement.

Results: Thematic analysis highlighted how the men and women who participated in this study acquiesced to societal pressures to retire, in the wake of trailblazing careers, despite personal desires to continue to achieve personal fulfillment through work.

Conclusions: Findings suggest that restrictive understandings of what it means to be productive and anachronistic notions of retirement as an age-graded exit from employment can foreshorten workforce contributions and threaten an individual's sense of self.

O161

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Aging Populations in Canada: an Imbalance of Public Transfers across Provinces?

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In Canada, population ageing affects provinces at different degrees. The process is more rapid in Quebec and Atlantic provinces than in the rest of Canada. The differences in speed and intensity will be reinforced over the next twenty years. The provinces that experience the most important ageing process are already the provinces benefitting the most from the explicit equalization payment and other transfer programs. Thus, population ageing is likely to increase explicit but also implicit transfer payments like pensions, but the extent of the phenomenon is unknown so far. The aim of this paper is to fill in this gap by a two-step methodology. First, we will apply the National Transfer Accounts (NTA) method to evaluate the public transfer inflows and outflows by age and by province between 1998 and 2015. NTA is an international methodology, implemented in 50 countries, initiated by Ronald D. Lee and Andrew Mason (2011), which purpose is the creation of national accounts of flows by age from administrative data and from survey data. Thereafter, we will use the NTA data to conduct projection methods to forecast the age profiles of public transfer inflows and outflows for each province up to 2036, in order to assess the impact of population ageing on transfer payments between provinces.

O162

Spatial reorientation and the effects of aging

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This study examines how age and sex affect the ability to achieve the first step of navigation - orientation. During orientation, featural (e.g., colour or texture) and geometric information (e.g., distance or direction) are used to determine which route to travel. This study used a 3-dimensional Virtual Reality (VR) spatial orientation task to examine how featural and geometric cues are used by older adults. Participants were trained to find a target location in a rectangular VR room (the shape providing geometric cues) with distinctive objects situated at each corner (providing the featural cues). Various tests manipulated the relationship between featural and geometric cues, which

included removing either type of cue entirely, and placing the two types of cues in conflict with each other. Preliminary results indicate that older adults incidentally encode geometry and that age does not affect this ability but may affect how geometric cues are used. Sex differences were not expected for geometric encoding, however men and women were expected to differ with regards to how featural information is encoded. Initial results suggest that women use more of a landmark strategy, whereas men use more of a beaconing strategy. The long-term application of the final results will provide necessary information to help older adults learn to use appropriate spatial cues for navigation, allowing for a more independent lifestyle.

O163

The utility of an implicit memory method for improving face-name memory in younger adults and in older adults with and without cognitive decline

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Objective: This study tested the utility of an implicit memory method to improve memory for face-name associations, given that forgetting people's names is a common memory complaint for older adults with age-normal memory and those with amnesic mild cognitive impairment (aMCI). This method was adapted from previous research demonstrating that presenting useful distraction can help healthy older adults to unintentionally rehearse a list of words, even without their awareness that the distraction was helpful. As implicit memory processes have been shown to be relatively preserved in aMCI, useful distraction might also help them to remember face-name associations.

Method: Twenty-five younger adults, 32 older adult controls, and 18 older adults with aMCI studied 24 face-name pairs and their memory was tested after a delay. Between the learning phase and delayed memory test (i.e., retention interval), 10 of the face-name pairs were repeated as distraction in a seemingly unrelated task. The idea was that this repetition would serve as an opportunity for these face-name pairs to be unintentionally or implicitly rehearsed.

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Results: Both groups of older adults showed reduced forgetting of the face-name pairs that repeated as distraction compared to the unrepeated pairs, as well as improved recollection (retrieval of richer, associated details). Younger adults showed no reliable benefit, consistent with their general tendency to ignore distraction.

Conclusion: These findings suggest that useful distraction has potential utility as an intervention technique to preserve memory for people's names in older adults, including those experiencing aMCI.

O164

Using the cognitive interview to enhance recall of elder eyewitnesses: a review and meta-analysis

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Demographic changes, but also by the emergence of initiatives to help detect and intervene in situations of elder abuse mean that elders are increasingly involved in the judicial process. However, their testimonies are often perceived as being less trustworthy, for example because of stereotypes concerning cognitive aging. The cognitive interview is an interview procedure based on cognitive science principles that is meant to increase recall quantity and quality in adult witnesses. The objective of the present systematic review and meta-analysis is to assess the suitability of the cognitive interview for a population of age 60 and older. The present review used *Cochrane* criteria as a guideline. Overall, ten studies have met inclusion criteria, while six presented data in a usable format for the meta-analysis. Total effect sizes (Cohen's *d*) and general effects were calculated. Results show that the total amount of correct information recalled was larger using the cognitive interview ($d = .89, p < .001$), while overall accuracy was unchanged ($d = .06, p = .71$) Therefore, the cognitive interview is suitable when interviewing elder witnesses or victims, including elders with mild cognitive disorders. Post-hoc power analyses revealed that studies were generally underpowered. Future studies should seek to form larger and more representative samples of the defined population. Practical implications for police work are discussed, both in terms of the present findings and of the practical considerations with the cognitive interview.

O165

Psychosocial adaptation strategies to support occupational engagement: A metasynthesis of qualitative vision loss research

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Background: Older adults with age-related vision loss (ARVL) constitute the fastest growing low vision group within industrialized countries. Low vision interferes with occupational engagement and has been associated with negative outcomes such as limitations in activities of daily living. To date, research on the adoption of self-initiated adaptive strategies for older adults with ARVL has tended to focus on behavioral strategies. It is imperative that Occupational Therapists also understand the self-initiated psychological and social adaptation strategies that older adults with ARVL employ, in order to maximize rehabilitation services.

Methods: The purpose of this research was to conduct an interpretive metasynthesis that brings together qualitative findings that describe a link between the use of psychological and social adaptation strategies and occupational engagement, for older adults with ARVL. This study will result in a set of conclusions about the phenomenon in question, which will be well positioned to advance research, policy, and practice.

Results: Study findings supported psychological adaptation strategies that included persisting with hope and positivity, portraying a self-image consistent with independence, competence, and self-reliance, and comparing the self to others. Social adaptation strategies that were identified involved relying on informal supports, seeking peer support, and enacting community resources.

Conclusions: Understanding the psychological and social adaptation strategies that older adults with ARVL employ will allow Occupational Therapists to optimize the occupational engagement of the growing number of older adults aging with vision loss. The findings suggest that Occupational Therapists should consider these psychological and social adaptation strategies when developing treatment plans.

O166

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Understanding Complex Care within Home Care for Seniors: A Canadian Environmental Scan

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Not only is the Canadian population aging rapidly, there has also been a concomitant increase in the health care needs and utilization including home care. Also, studies show that many Canadians who require home care, do not receive any, and of those who receive home care, they do not receive enough. From a policy and practice perspective, there have been additional urgent and repeated calls to strengthen home care in Canada. In addition to strengthening home care, there has been increased attention paid specifically to seniors with complex care needs given that seniors with complex care need experience a lower quality of care, the system does not seem to fulfill needs, projections suggest a rapid increase in this population and these individuals are high health system users. In spite of repeated calls to pay more attention to complex care, a widely recognized definition is elusive. An environmental scan was done by reviewing federal, provincial, and territorial government websites to provide a situational analysis on the jurisdictional responses to support seniors with complex care needs within the home care context. The results showed that there is little clarity around complex care needs in home care. Although some jurisdictions have used the concept, there is great variation in terms of assessment, services and programs available, and care coordination. The growing need there is a critical need for defining complex care with better provision, integration, and coordination of services. Re-enablement perspective is also much needed within the home care context in Canada.

O167

Home visits - a dying art?

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Introduction: Home visits (HV) are an important service for the healthcare of older adults, particularly those who are frail and housebound. It is commonly thought that fewer and fewer primary care clinicians are offering the service, yet data are lacking. We analyzed data from a survey of primary care physicians linked with billing data in

Nova Scotia (NS) to examine how various provider characteristics relate to the provision of HV.

Methods: Surveys of all (N=741) family physicians (FP) practicing in NS were conducted in 2014-15 and linked with administrative billing data. The FP survey had a 60% response rate; billing linkage was available for 85%. Provider characteristics examined included age, gender, proximity to retirement, and rural versus urban practice.

Results: Overall, 85.3% of the surveyed primary care physicians reported that they did home visits, with older physicians being more likely to report doing HV ($p=0.03$). Analysis of billing data showed that male FPs (87.3 vs. 73.7%; $p<0.0001$) and rural FPs (90.3 vs. 81.3%; $p=0.002$) were more likely to have billed for home visits. FPs who were closest to retirement had done the most HVs ($p=0.04$).

Conclusion: The majority of FPs in NS who responded to our survey reported doing home visits. This is an encouraging finding for the care of vulnerable older adults, and runs counter to the view that home visits are a dying art. As the population ages, strategies to support home visits will be an important area for further research and policy development.

O168

Researching Older Adults' Repositioning (ROAR): Evidence to inform the restructuring of primary and community care for older adults with complex health challenges

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There has been a great deal of research on models of care for older adults, including integrated care, shared care and other team-based approaches, along with an increased recognition that service user views should inform evidence-informed decisions about health care restructuring. In this study, gerontological researchers and health authority decision-makers collaborated to explore older adults' views on the repositioning (or restructuring) of health care services being undertaken to support independent living for older adults with complex chronic health conditions. Using a social determinants of health and critical gerontology perspective, this study aimed to answer three research questions: (1) What are

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older adults' views on the repositioning of primary and community care?; (2) How might this repositioning best meet the needs and reflect the desires of older adults?; and (3) What should the role of older adults be with respect to the repositioning of health care? To answer these questions, a diverse sample of 78 older adults was recruited through purposive (snowball and convenience) sampling. Data collection included focus groups and interviews in 10 different small cities and rural communities in the Summer and Fall of 2016. Data were analyzed to determine key themes on repositioning and ascertain the role and influence of social location, including the similarities and differences between older adults residing in rural and remote communities and those living in small cities. This study has implications not only for rural aging and health care restructuring, but also for research on service users' views.

O169

Evaluation of the “Better at Home” Program from the Perspectives of Older Adult Users: A Qualitative Inquiry

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Objective: This paper explores older adults' experiences of the *Better at Home* (B@H) program in British Columbia, which aims to help them live independently in their homes and communities by providing non-medical support services.

Method: Through purposeful sampling, we recruited 40 older adult clients (age 60+) of the program. Semi-structured interviews were conducted to elicit their experiences of the program regarding their satisfaction and the effects of the program on their health, functioning, and community participation, as well as services they perceived as supporting their independence at home. The interviews were transcribed verbatim and thematically analyzed.

Results: Analysis revealed that 95% of the participants used light housecleaning services. In

terms of satisfaction levels, the key qualities of the program participants discussed were frequency and length of services, dedication, efficiency, knowledge, and skills. The positive impacts on community participation included having additional, regular social interaction at home; feeling more comfortable inviting friends to visit; and saving personal energy for meaningful social events. Participants reported freedom from pain and saving energy as primary impacts on their physical health, while a sense of comfort from living in a clean, tidy space was a positive impact on their mental health. They identified assistance with self-care, social participation, grocery shopping, and meal preparation as essential to independent living.

Conclusion: The B@H program should maintain its foci on helping clients reduce physical exertion in daily activities and on supporting social engagement. We also discuss the findings in relation to literature on person-environment fit and aging-in-place.

O170

Glass half full: A solutions-focused approach to improving person-centred goal-setting in geriatric home care

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Extensive consultation and research with older adults and their family caregivers continues to reveal poor experiences with the home and community care system. It is important to hear and understand these experiences in order to identify and bring awareness to challenges faced in today's system. However, reporting these challenges alone does not solve them and is simply not enough to influence real change in the way care is delivered. In a departure from traditional consultation methods, this research used a solutions-focused approach to harness the creativity and expertise of Ontario home care system users in the development of ideas for more person-centred goal-setting in geriatric home care. Key-informant interviews (n=20) were conducted with older adult home care recipients and their family caregivers across Ontario. A semi-structured interview guide was used to help participants leverage their unique experiences to a) identify

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areas for improvement in geriatric care planning; b) express what their experience would have been like if these areas had been addressed; and c) suggest specific actions to be taken to close the gap between these two realities. Researchers thematically analyzed and categorized the solutions that emerged according to four key components of person-centred care: 1) Respect and Dignity; 2) Information-Sharing; 3) Participation; and 4) Collaboration. This work adds significantly to our understanding of the geriatric home care experience and provides researchers, providers and policy-makers with specific actions that can be taken to better orient care planning around the individual goals, needs and preferences of older persons.

O171

Dual-Task Training Program For Older Adults with Fall History: Blending Gait, Visuomotor and Cognitive Training

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Mobility limitations and cognitive impairments which are common with ageing often coexist, causing a reduction in the levels of physical and mental activity and are prognostic of future adverse health events and falls. Consequently, multi-task training programs which can simultaneously address both mobility and cognition are important to consider in rehabilitation as well as primary prevention. The purpose of this exploratory RCT was to provide evidence for the therapeutic value and feasibility of a novel dual-task exercise program in older adults. Twenty-two older community dwelling participants aged (76) +/-4) 70-85 with a previous fall history were randomized to either dual-task treadmill walking (experimental group) or dual-task recumbent bicycle (control group). Both groups viewed a standard LED computer monitor and performed a broad spectrum of visuospatial executive tasks (cognitive games) while walking or cycling. This was made possible with the novel use of a "hands-free" miniature motion-sense computer mouse. Participants performed their respective DT exercise program twice a week, (1-hour sessions) for 12 weeks at a community fitness centre. Outcomes included measures of spatiotemporal gait variables, visuomotor and executive cognitive performance tested under single and DT walking conditions.

Results demonstrated the feasibility of the dual-task training programs conducted in the community. A significant improvement in dual task gait function was only observed in the DT-Treadmill group, while both groups showed significant improvements in both visuomotor and visuospatial executive function. The findings are positive and support further developments and a future definitive randomized RCT needed to prove the efficacy and applicability.

O172

A Theory-based Multi-Component Intervention to Increase Reactive Balance Measurement in Physiotherapy Practice in Three Rehabilitation Hospitals: The REACT study

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Introduction: Reactive balance is essential for avoiding falls. Physiotherapists report wanting to improve assessment of reactive balance. The objective of this study was to evaluate the extent to which physiotherapists assessed reactive balance following a theory-based multi-component knowledge translation intervention.

Methods: An uncontrolled before-and-after study was completed with physiotherapists treating balance in adults at three rehabilitation hospitals (sites 1-3). The Theoretical Domains Framework was used to design a 12-month intervention with interactive group sessions, local champions, and chart modifications for a validated reactive balance measure (Balance Evaluation Systems Test postural responses section). The primary outcome was the proportion of charts with a completed

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reactive balance measure when balance was assessed during the intervention period, determined through a random audit of 100 charts per site. Secondary outcomes included knowledge, attitudes, and sustainability of reactive balance measurement in the three months post-intervention.

Results: Twenty-three physiotherapists enrolled and regularly attended interactive group sessions. The reactive balance measure was documented in 6%, 38% and 52% of charts in sites 1-3, respectively, during the intervention period and in 3%, 30% and 33% of charts during the three month follow up. Knowledge and self-efficacy significantly increased across all sites [mean change $9.5 \pm 16.2\%$ and $1.7 \pm 3.5/10$, respectively, $p < 0.05$].

Conclusions: Adoption of the reactive balance measure varied across sites during the intervention and follow-up periods. Full analysis will integrate qualitative and quantitative data to elucidate the effects of the intervention and factors influencing its success.

O173

Age Effects Of Dual-Task Treadmill Walking While Performing Computer-Based Visuospatial Cognitive Tasks

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The objective was to examine the influence that visuospatial cognitive tasks have on gait function during DT treadmill walking, and as a function of age. Conversely, to examine the influence that walking has on executive functions involving visuospatial processing. Twenty-five healthy young adults (26 ± 6 years) and 25 community-dwelling older adults (76 ± 4) performed various computerized visuomotor (VM) tracking and visuospatial cognitive tasks (VCG) while standing and treadmill walking. Spatiotemporal gait variables were obtained from 40 consecutive steps during single- and dual-task walk trials.

Performance-based measures of the VM and VCG task were obtained during standing and walking.

Interestingly VM dual-task walking had a significant effect on gait measures in the young age group (YG) ($p < 0.05$), but no DT effect was

observed in the old age group (OG), ($p > 0.05$). Visuomotor tracking performance, however, was significantly reduced in the OG, ($p < 0.05$) as compared to the YG when tested in both standing and walking. The opposite was true for VCG; a significant DT effect on gait performance was observed in the OG, ($p < 0.05$), but no DT effect was observed in the YG. Success rate of the VCG task decreased significantly during walking, but only for OG ($p < 0.05$). Controlling gait speed and objective evaluation of the visuospatial cognitive tasks helps to determine the level of engagement in the DT tasks. This is important in order to determine the strategies used during the DT test protocols, i.e. cross-domain interference vs prioritization.

O174

A comparison of energy absorbing capacity during a controlled forward descent on outstretched hands in younger women, healthy older women and pre-frail older women.

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Objectives: Older women with diminished upper body strength may be at a greater risk of injury during a forward fall. This study compared controlled forward descent biomechanical factors potentially contributing to this risk in younger and older women.

Methods: Fifty women (20 younger mean age 24.8 ± 3.4 ; 20 healthy older mean age 68.5 ± 5.9 ; 10 pre-frail older mean age 78.7 ± 7.5) performed 3 trials of a controlled forward descent on two force platforms set at a 30 degree angle from vertical. Pre-frailty was defined using age and BMI adjusted hand grip cut-points. Three MANOVAs with Bonferroni adjusted post-hoc tests determined group differences (p -value $< .05$) for: 1) bilateral energy absorption and vertical descent expressed as % of body height, 2) right and 3) left elbow and wrist range of motion and force absorbed under the hands expressed as % of body weight.

Results: All three MANOVAs revealed significant group differences ($p = .000$). Pre-frail women demonstrated significantly less energy absorbing capacity and vertical descent compared to younger and older healthy women. Pre-frail women also

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performed the descent with significantly less elbow range of motion than the other two groups. Wrist range of motion and the force absorbed were significantly less for pre-frail women compared to both groups on the right hand but only significantly different compared to younger women on the left hand.

Conclusions: Pre-frail older women with lower hand grip strength have diminished capacity to control a forward descent on outstretched hands. Future research should address the relationship to injury risk.

Poster Presentations/Presentations par affiches

P1

Impact of Exercise on Grip Strength and Sedentary Behaviour in Elderly During Cancer Treatment

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Introduction: Aging is associated with a higher risk of metabolic diseases and functional incapacities as well as an increase in sedentary behaviour time (SBT) and a loss of strength (dynapenia). Cancer treatment exacerbates these conditions and physical activity has been shown to be an efficient strategy to counteract these problems. We seek to determine the impact of a mixed exercise program (MXEP) to prevent the loss of strength and reduce SBT in elderly individuals during cancer treatment.

Methodology: Nine participants (7W/2M) aged 65 to 85 yrs completed 12 weeks of MXEP (n=5) or stretching (n=4) during cancer treatment. A handheld dynamometer was used to measure grip strength as a surrogate of functional capacity. Physical activity level (PAL) and the amount of SBT were obtained with the Physical Activity Scale for the Elderly (PASE) questionnaire.

Results: Although statistical significance cannot be reached because of the small sample size, it can be observed that the MXEP group has 1] a

greater reduction in SBT (-346 min vs -23 min); 2] a greater increase in PAL (27.8 % vs 7.4 %) and 3] a larger increase in grip strength (+10.2 % vs 0 %). Interestingly, a significant correlation was found between PAL and grip strength after the intervention ($\rho=0.77$; $p<0.05$).

Discussion: These preliminary results suggest that elderly individuals who are submitted to a MXEP during cancer treatment improve grip strength and possibly functional capacity. On the other hand, the decrease in SBT observed in MXEP could lower the risk of developing metabolic diseases.

P2

Customized stepping game software and Nintendo Wii Balance Boards for balance rehabilitation therapy: A pilot study

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For individuals over the age of 75, falls account for almost 70% of emergency room visits. Traditionally, exercise programs have proven to be effective in improving balance and strength, and in reducing the number of falls. More recently, gaming and virtual reality technologies have been shown to be more engaging and effective than typical OT/PT exercises alone. We have developed a stepping game using Nintendo Wii Balance Boards (WBBs) that evaluates stepping reactions and provides live feedback. The objective of this pilot study is to evaluate the usability and functional outcomes of integrating the stepping game into traditional therapy longitudinally. If effective, this inexpensive tool could be used to promote rehabilitation in recreation centres and within the home. Four participants were recruited from an existing exercise program for older participants. The participants used the stepping game once a week for five weeks during their exercise program. Centre of Pressure (COP) data over time was collected from the WBBs. A steep learning curve was observed and is also evident from the data as seen through a large decrease in the variance in reaction time as well as in the mean reaction time itself between weeks one and two in all participants. It has also been observed that some participants have poor spatial awareness. Some are unable to consistently step into the target location. Virtual reality systems may be useful for older adults, but poor spatial awareness and slower cognitive processing may decrease

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participant confidence and negatively impact reaction and stepping time.

P3

Researching the role of psycho-cognitive factors in the recovery processor for community-dwelling older adults with hip fractures: A scoping review

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Background: Available guidelines for rehabilitation of older adults after hip fracture mostly focus on the role of physical factors on recovery. Emerging evidence supports the role of psycho-cognitive factors in the recovery process after hip fracture. Therefore, a structured scoping review is warranted to provide a comprehensive overview of available evidence on the role of psycho-cognitive factors in the recovery process.

Methods: We followed the framework by Arksey and O'Malley (2005). PubMed, EMBASE, CINAHL, and PsychINFO were searched from inception until July, 2016. We included any study with quantitative methods that investigated the role of psycho-cognitive factors on functional recovery for community-dwelling older adults (≥65 years) with hip fractures. Two reviewers independently assessed the relevance of the abstracts, reviewed articles and extracted the data.

Result: Eighty-three studies were included; most were conducted in USA, Italy and Canada. Seventy-two studies found a significant relationship between psycho-cognitive factors and functional recovery after hip fracture (54 prospective, 15 retrospective and 3 RCT). Unspecified cognitive impairment, depression, dementia and delirium were the most investigated factors. Only 13 interventional studies were found, of which 11 concluded that cognition was relevant for functional recovery, either because intervention toward functional recovery was more effective in people with better cognition, or because addressing cognition directly led to better functional outcomes.

Conclusion: Psycho-cognitive factors are associated with functional recovery after hip fractures. Future studies with more robust research

designs (e.g. RCTs) are needed to provide clinical directions on how best to address psycho-cognitive factors in rehabilitation programs after hip fractures.

P4

Residents who require eating assistance in long-term care (LTC): A Making the Most of Mealtimes (M3) analysis

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Residents requiring eating assistance are often at nutritional risk. Understanding characteristics of these residents may help identify strategies to improve food intake. Objectives: To identify characteristics of LTC residents requiring eating assistance and examine factors associated with eating challenges. Methods: Secondary data from the Making the Most of Mealtimes study was used; 639 residents in 32 diverse LTC homes within four Canadian provinces (Alberta, Manitoba, Ontario, New Brunswick). Meal observations using the Edinburgh Feeding Evaluation in Dementia (ED-FED) and Other Eating Behaviours (OEB) questionnaires provided information regarding eating assistance requirements and eating challenges. Other data included, weighed and estimated food intake, height, weight, Mini Nutritional Assessment-short form (MNA-SF), Patient-Generated Subjective Global Assessment (PG-SGA) and Cognitive Performance Scale (CPS). Welch analyses of variance with eating assistance requirements (never, sometimes, often) and simple linear regressions with ED-FED score were completed. Results: ED-FED [F(2, 631)= 550.60, p<0.01] and OEB [F(2, 631)= 202.546, p<0.01] were associated with eating assistance; those with eating challenges required more assistance. ED-FED scores were associated with

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energy/kg body weight ($R^2=0.006$, $\beta=0.022$, $p=0.048$), Body Mass Index (BMI) ($R^2=0.100$, $\beta= -0.124$, $p=0.000$), MNA-SF ($R^2=0.215$, $\beta= -1.592$, $p=0.000$), PG-SGA ($R^2=0.146$, $\beta=1.424$, $p=0.000$) and CPS ($R^2=0.358$, $\beta=0.757$, $p=0.000$).

Conclusions: Those with eating challenges were more likely to experience lower BMI, risk of malnutrition and cognitive decline. Higher energy intake is likely due to those with eating challenges receiving more eating assistance. These results can inform policy and care standards related to eating assistance in LTC facilities. Funding provided by CIHR.

P5

Exploring ALS Diagnosis, Disclosure and Advance Care Planning Experiences

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Objectives: There is no definitive test for Amyotrophic Lateral Sclerosis (ALS), and, thus, establishing a diagnosis can take a long time. Often requiring more than twelve months of the 2-5 year median post-diagnosis life expectancy, the process poses a great challenge. Additionally, the way in which diagnostic disclosure is handled can greatly impact the patient-care provider relationship, and may hinder the patient's engagement in their care planning. We aimed to understand the experiences of older adults with ALS surrounding their satisfaction in care, and their level of engagement in advance care planning after diagnosis and disclosure.

Methods: Using a phenomenological approach, data were gathered via semi-structured interviews with older (aged 55+) adults with ALS ($n = 7$). Interviews were audio-recorded and transcribed verbatim. Data were analyzed using NVivo11 software, following methods outlined by Colaizzi (1978).

Results: Participants described experiences of frustration and distress during processes of diagnosis and disclosure. These experiences resulted in a loss of motivation to participate subsequently in ACP.

Conclusions: The findings suggest that improved practices in diagnosis and disclosure are needed to facilitate the engagement of older persons with ALS in advance care planning. We aim to use the results of our work to develop resources and tools

that can be used to support these improvements. Our next steps will include an investigation of the diagnostic disclosure and advance care planning experiences of caregivers and health care providers.

P6

ADHS: Association between living arrangements and oral health outcomes of older people in the UK

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Objectives: The changing family and demographic structure suggest that an increasing proportion of older people in the UK are living alone now than before. This study aimed to examine the association between living arrangements (social support) and oral health outcomes of older people in the UK.

Method: Complete-case analyses were carried out on the Adult Dental Health Survey 2009 wave comprising 2,781 older people aged 65 years and over. Using the Andersen's predictive factors of healthcare utilisation, regression analyses were carried out to predict oral health-status and dental-care utilisation by living arrangements (living alone vs. living with someone) of older people. Additional models were included to examine the role of control variables (age, gender, education and smoking status) on oral health outcomes.

Results: More than one-third of the study population were living alone as at the time of the study (2009). Although a larger percentage (56.9%) of the study population had a denture, most of the respondents reported regular dental attendance (65.4%) and good oral health status (72.7%). After controlling for the confounding factors, older people living alone were more likely to have a denture (OR= 1.24, 95% CI 1.04, 1.49), poor self-rated oral health status (OR= 1.42, 95% CI 1.18, 1.70) and poor dental-care attendance (OR= 1.65% CI 1.38, 1.98) compared to those that lived with someone.

Conclusions: Living arrangement is associated with oral health and dental-care attendance of older people in the UK. Conceivably, the significance of this relationship cannot be overlooked and calls for future investigation.

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P7

Intergenerational community projects: Exploring older adults experiences with the *Through Their Eyes* project

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Canada's population is aging at an alarming rate. These rapidly changing demographics have resulted in increased attention to seniors.

A key challenge facing older adults is social isolation. New research on intergenerational programs is showing great promise in addressing isolation and supporting good health and quality of life for older adults.

The purpose of this qualitative case study was to explore and understand the experiences of six older adults who participated in the *Through Their Eyes* project - an intergenerational project that connected them with Brock University students. Methods for data collection included individual and focus group interviews, a knowledge translation workshop and observations.

Early analysis revealed that participating in the *Through Their Eyes* project promoted meaningful interactions, reciprocity and community engagement. Meaningful interactions were fostered not only with students, but with other residents and building managers as well. Reciprocity was promoted by providing the opportunity for older adult participants to give back to their community. Finally, it was revealed that the project provided an opportunity for community engagement and mobilization. To illustrate one participant noted, "it was after [the *Through Their Eyes* project] when I decided to get some sort of social things going to draw some of the community together".

Social isolation is known to negatively affect mental and physical health. Intergenerational projects can combat these negative effects. However, older adults opinions and experiences with these programs often go unrecognized. This study contributed to the literature by exploring the experiences of a population whose perspectives are often unheard.

P8

A Scoping Review of Oral-Health Professionals as a First Point of Contact for Elder Mistreatment

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Background: Elder mistreatment (including elder abuse and neglect) is defined as a single or repeated act that causes harm or distress to an older person. Oral-health professionals including dentists, orthodontists and dental hygienists, are often the first point of contact for older adults experiencing various types of mistreatment.

Objectives: This scoping review of the literature identified:

- the opportunity for oral health professionals to detect elder mistreatment among their clients,
- provide appropriate assistance, and
- ensure their client's safety moving forward through roles such as duty to report.

Methods: Ten peer-reviewed and grey literature databases were searched for empirical studies published after 2000. These sources included: Ageline, Canadian Institute for Health Information, CINAHL, Dissertation and Theses: Full-Text, Embase, GreyNET, Health Canada, Medline, Pubmed and Web of Science.

Results: The search identified thirty-eight full text articles of which eighteen met inclusion criteria and were selected. The scheduled and routine nature of the visit often provided an opportunity to recognize any indicators of mistreatment over a longer period of time. However, training in the identification of elder mistreatment by oral-health professionals as well as protocols for reporting were not well established or their professional role with regard to duty to report fully understood. Further, findings suggest that oral-health professionals, when equipped with appropriate education, training and awareness, can be key in early detection of elder mistreatment.

Conclusions: These findings suggest further research, training, policy and practice attention to the role of oral-health professionals detecting and intervening in cases of elder mistreatment.

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P9

Implementation of Medical Assistance in Dying (MAiD): A Scoping Review of the Literature

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Background: With the Canadian Parliament passing Bill C-14 in 2016, Medical Assistance in Dying (MAiD) became the law of the land. Implementation for competent adults with a “grievous and irremediable” life-terminating illness has been challenged by complex ethical, legal and pragmatic barriers, potentially delaying service provision to those seeking access.

Objectives: Drawing on evidence from regions where physician-assisted dying has been legalized prior, a scoping review was conducted to synthesize the literature on key implementation barriers to inform practical solutions.

Methods: Exhaustive database search using keyword strings and manual search of references.

Results: The initial search generated 3000+ articles. Abstracts were manually curated, with 352 studies fulfilling inclusion criteria. Studies of practitioner perspectives on MAiD (N=38) highlighted four main challenges:

1. Establishing objective and stringent criteria for qualifying cases (N=11);
2. Balancing legal safeguards to protect practitioners while simultaneously maintaining access to all who qualify (N=8);
3. Ensuring that personal characteristics of medical professionals (i.e. religious beliefs) do not interfere with ethical and objective decision-making (N=12); and
4. Training practitioners to be adequately equipped to communicate MAiD services, the language and terminology appropriate to discuss options (N=7), and to put the information to practice.

System-level barriers hint at legislation (access, scope), regulation (implementation, reporting) and guidelines to practice (professions, process), alongside the incorporation of MAiD in advance care directives/goals of care/serious illness treatment plan discussions.

Conclusion: Findings from this scoping review inform policy, practice and research, and highlight that vulnerable populations, such those with mental health issues, require additional safeguards.

P10

Age Stereotypes in Canadian Provincial and Territorial Government Aging Policies: A Content Analysis

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Perceptions of older people are starting to shift now that the number of Canadians aged 65 and greater outnumber youth 14 and younger. Governments play a key role in shaping an age-friendly society. Policies and strategies directed at the evolving needs of older people can reinforce negative and/or positive stereotypes associated with aging through generalized descriptive language and content. The purpose of this study was to gain an understanding of how older adults are portrayed in aging-related government policy. A descriptive qualitative approach was applied to answer two key exploratory research questions: How do current provincial and territorial policies describe aging or older people (i.e., aging representations/age stereotypes)? What are the emergent themes of “aging” within these policies? A systematic search strategy was used to locate the most recent/current provincial and territorial government policies directed at each region’s aging population. Policies were then coded using content analysis procedures. Results demonstrated that many of the policies used negative stereotype terminology, particularly relating to dementia, falls, frailty, and elder abuse. As well, policies encouraged being physically and cognitively active; maintaining positive emotional and mental well-being; being social engaged and included; and retaining functional independence. Overall, findings revealed a mixture of both negative and positive representations of aging within government age-related policies.

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Implications and recommendations for future policy development will be discussed.

P11

Are Societal Factors Influencing Canadian Policies for Informal Care Provision?

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Background/Aim: Examining the policies for informal caregiving is relevant as Canada faces the challenges of an aging population due to lower fertility rates and rising life expectancies. Canada's universal healthcare ensures free access only to clinical care. It does not include homecare (help with activities of daily living), which means that the supports vary across Canada, with family expected to play a key role in providing care for older adults. This demonstrates there has been a lack of national response to providing their care. The aim of this analysis was to assess Canadian Federal, Provincial and Territorial informal care policies to reveal whether they align with demographic changes affecting the provision of informal care.

Methods: Canadian policies regarding informal care providers were evaluated using the following criteria: exclusivity of caregiver tax credit programs, limits of care leave compensation, and the availability of direct financial support for informal caregiving. This was examined alongside societal trends to see if the restraints in the policies align with the prominent trends of informal caregiving.

Results: Canadian policy surrounding informal care does not take into account the last fifty years of sociodemographic changes that have altered family trajectories and ability to provide high-levels of care. The results demonstrate a discrepancy between informal care policies and societal trends. If policies are not altered there is potential that the care of older adults will be negatively impacted. Thus there is an urgent need to proactively address these policy gaps to ensure the wellbeing of the aging population.

P12

Risk Factors for Social Isolation among Tamil Elders Internationally: A Review of the Evidence

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Purpose of the Study: Social isolation is increasingly documented among seniors globally. Demographic shifts coupled with alarming rates of urbanization, and rural-to-urban and international migrations have affected the traditional family structure, kin care arrangements, retirement patterns and financial security of elders. Despite considerable interest in social isolation, little scholarly knowledge exists on the risk factors for Tamil elders internationally.

Design and Methods: The Arksey and O'Malley scoping review methodology was utilized. A search strategy was developed to identify research on social isolation among Tamil elders internationally, resulting in 524 abstracts screened. The International Federation on Aging's conceptualization of social inclusion informed the deductive framework for thematic analysis. The five cornerstones of this conceptualization are the main categories, which include: valued recognition, human development, involvement and engagement, proximity, and material wellbeing. Recurring subthemes of social isolation reported by Tamil elders in the literature were categorized under the five main themes.

Results: A total of 18 articles were analyzed. Results revealed that the rejection of the traditional family ideal, preference for nuclear families, stigmatization of elder abuse among Tamil communities, accumulative impact of gender inequality on older women, and post-migration stress have challenged the traditional function of elders in Tamil families internationally.

Implications: The results suggest that the rise of structural (i.e. access to public transport) and cultural barriers (i.e. familism) encountered by Tamil elders pose impediments for social integration, resulting in weak social networks. These findings address scholarly gaps and inform health and social care programs to support aging Tamil elders.

P13

Retired police officers as volunteers to counter elder abuse: a case study

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Issue: In the field of elder abuse (EA), many non-profit organizations (NPOs) seek volunteers with professional backgrounds in order to perform prevention, detection and, in some cases, to accompany older adults (OA). This presentation focuses on the specific contribution of retired police officers in those NPOs.

Methodology: In this SSRHC (2015-2018) funded project, five case studies were conducted of NPOs specialised in countering EA. For each NPO, we conducted: an analysis of administrative documents, a group interview with board members, individual interviews with paid practitioners, volunteers and OA who had received services (n=64 participants). In the analysis, all of the sources were triangulated. This presentation focuses on one of the five case studies.

Outcome: Retired police officers state that their involvement gives them a sense of fulfillment. They feel that they contribute to the quality of life of older adults by improving access to social justice. Paid practitioners regard retired police officers as key players thanks to their understanding of the criminal justice system. Furthermore, they serve as strategic security partners during home visits, especially when the abuser is on site; they know how to intervene in a complex and potentially dangerous situation. Older adults claim that retired police officers are reassuring and key advisors on how to navigate the complexity of the justice system.

Conclusion: Despite the demonstrated appreciation for retired police officers, volunteers from various professional backgrounds (teachers, lawyers, etc.) offer a similarly valued contribution in the fight against EA.

P14

Older Adults Definitions of Assistive Technology

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When older adults are asked where they would like to live as they age, most will say in their own homes. This concept of remaining in one's home, is referred to as aging in place. However, for some, this may not always be a possibility. The present research wanted to look at older adults living in an independent care facility in Regina, SK and whether technology (as defined by the participant) would have allowed them to remain in their home

or whether the move to the care facility was inevitable. Data was collected through 8 semi-structured interviews with participants ranging from 76 to 87. Though there were eight interviews, there were nine participants as one interview was with a married couple. The data was analyzed using thematic analysis. For this study, technology use was not a requirement, but for some of the participants they used a variety of technologies in their day-to-day life, including but not limited to: phones (both landline and cellphones), computers and televisions. What was found, in regards to why they had to move to a care facility was either due to their own health or their spouses' poor health. Interestingly, these participants did not think the technologies would have made a difference to their living environment, but they shared that there are certain technologies that are available to them now, particularly the introduction of independent fall pendants will allow them to stay independent and secure within their present living environment. More results will be discussed.

P15

Impact of care recipient cognitive status on perceptions of conflicts during care

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Young adults often believe cognitive and physical decline accompany normal aging (Kite & Johnson, 1988). Stereotypes also surround aging in the presence of dementia. Older people with dementia are thought to have decreased cognitive function, compared to normal aging, but maintain or even increase in physical strength (Rust & Kwong See, 2010). This study explored a link between these stereotypes and findings that older adults with dementia are more likely to experience abuse while in professional care (VandeWeerd & Paveza, 2006). In caregiving, individuals may alter their behavior and perceptions based on these notions. Beliefs about older adults with dementia may lead to assumptions that mistreatment in caregiving is acceptable because "you need to be forceful" or "she won't remember it anyway." The relationship between these stereotypes and perceptions of mistreatment was evaluated. Undergraduate students were shown a video of an actual interaction involving mistreatment of an older adult in a care facility. To evaluate effects of cognitive status on perceptions of caregiving, participants were told the older adult was suffering from diabetes (cognitively healthy) or Alzheimer's

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dementia (cognitively unhealthy) before rating the caregiver and care recipient on benevolence, satisfaction, competence, nurturance, and respectfulness. The caregiver was perceived as more respectful, nurturing, competent, and benevolent when mistreatment was directed towards an older adult with dementia. For the care recipient, cognitive and physical competence were significantly lower with a dementia status. These findings illustrate how a dementia status can provide leniency for mistreatment in care.

P16

Pain Self-Management for Older Adults: Preferences in Modes of Delivery

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Canadians over the age of 65 represent our fastest growing age group, a trend projected to accelerate over the coming years. The treatment of chronic pain continues to be a challenge, and if treated ineffectively, the emotional consequences of pain can increase considerably. It is well documented that severe pain has a higher prevalence in older adults than it does in the younger demographic. Of concern, older adults may not have access to services including traditional face-to-face pain self-management programs, which are recognized to be valuable. Access to effective self-management is particularly important for older adults who may have mobility limitations or live in remote areas. Given the known difficulties with treatment access, the purpose of this study is to explore the preferences concerning the two modes of delivery (online vs. printed materials of pain self-management program) in older adults. This was a qualitative study involving in-depth semi-structured interviews with five seniors who were recruited from a mid-sized metropolitan area. The focus of the interviews was on barriers and facilitators of the Internet-based pain self-management program as compared to a printed mode of delivery. Thematic content analysis was used to evaluate the narrative data. It was concluded that participants favored the paper and pencil approach in terms of preferences in modes of delivery. This research may add to existing literature and concerning the optimization of self-management intervention for adults.

P17

"You don't want it to be more work": Use of smart assistive technologies in rehabilitation practice with older adults

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There is growing interest in information-enabled or "smart" assistive technologies in the rehabilitation and support of older adults, however, the potential for their use in clinical practice is poorly understood. Our study aimed to develop an overview of current knowledge on barriers to use of smart technologies in clinical rehabilitative practice with older adults. We undertook a scoping review following guidelines proposed by Arksey and O'Malley (2005) and Levac et al. (2010). A computerized literature search was conducted using the Scopus and Ovid databases, yielding 4117 citations. Twenty studies met inclusion criteria; analysis of extracted data identified themes which were explored in semi-structured interviews with a purposefully selected sample of seven clinical rehabilitation practitioners (three physical therapists, two occupational therapists, two speech-language pathologists). All participants agreed that smart technologies have potential to assist in rehabilitation, but were not certain this potential would ever be realized. Barriers and facilitators of clinical use of these technologies were associated with: cost of the technology, evidence of effectiveness, training required for practitioners and users, availability of technical and maintenance support, and perceived difficulty or complexity of use. Collaborative efforts of policy-makers, researchers, manufacturers, rehabilitation professionals, and older persons are needed to improve design of technologies, develop appropriate funding and reimbursement strategies, and minimize barriers to their appropriate use to support independence and quality of life.

P18

Interventions to reduce social isolation among the elderly: A scoping literature review

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Context: Social inclusion of elderly individuals is essential for improving access to care, and health outcomes, in this rapidly growing segment of the population. There are currently 740 million people

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worldwide over age 60, rising to an estimated 1 billion people by 2020. Social isolation affects between 5% and 40% of the elderly population, making this an important emerging public health challenge.

Objective: To identify effective interventions, especially those adapted to low-resource settings, that are proven to reduce social exclusion and improve access to services and health outcomes of isolated elderly persons.

Method: We conducted a scoping review of the scientific literature using the Ovid MEDLINE database with key word searches. Abstracts were scanned for relevance according to pre-defined inclusion/exclusion criteria, and retrieved articles analyzed using a pre-established template.

Results: Individual and group interventions have been developed to increase social inclusion among the elderly, ranging from reminiscence therapy to facilitating transportation. However, the few trials which have evaluated the impact of such interventions on improving social participation show inconsistent results, especially with access to care and health outcomes. Interventions which promote active rather than passive interactions (e.g. music and art therapy), are more likely to have positive meaningful impacts on health and quality of life.

Conclusion: While this is a growing area of inquiry, there is relatively little evidence relating to low resource settings. More research is needed on the role of health workers in helping to better support patients, and to advocate for effective community-based interventions to promote inclusion.

P19

Examining Frailty and Cardiovascular Disease Risk Profile in Middle-Aged and Older Women

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Frailty, assessed with the Fried criteria, is characterized as having a lack of reserve for tolerating health stressors, and has been shown to be a predictor of cardiovascular morbidity and mortality in the elderly. Even frailty's intermediary stage, pre-frailty, increases risk for cardiovascular disease (CVD). Despite this knowledge, only one other study has examined CVD risk profile, independent of previous CVD, comparing non-frail and pre-frail participants.

This examination of CVD risk assessment data collected on 615 women 55 years of age or older will examine the difference in CVD risk profile between non-frail and pre-frail women with no previous history of CVD. Women are at an increased risk for pre-frailty compared to males, making the study of pre-frailty and CVD's coexistence increasingly important in this population. Twenty-seven percent (n=162) of the cohort was classified as pre-frail. Cardiovascular risk factors were compared between non-frail and pre-frail participants using a Mann-Whitney U test for continuous variables and Chi-Square or Fisher's Exact Test for categorical variables. This comparison identified that pre-frailty was associated with a host of lifestyle behavior and physiological factors that increase risk for CVD.

The identification of a range of risk factors for CVD in pre-frail women further supports the need for frailty assessment in the clinical setting and the need for increased health management for those in the early stages of frailty. This research furthers the understanding of CVD risk associated with pre-frailty, independent of prior CVD, highlighting that this association is caused by more than just age.

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P20

Gender inequality and wellbeing of older adults: reformulating the Global AgeWatch Index

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Background: Global quantitative measures such as the Global AgeWatch Index (GAWI) rank countries based on existing risks associated with key domains that affect older people's wellbeing. This guides the creation of policies and interventions for particular domains, such as affordable health care and pension plans. However, indicators of gender inequality that influence health outcomes and wellbeing in society are not included in the GAWI. The present research developed and assessed the inclusion of a gender inequality domain in the GAWI measure.

Method: This study utilizes secondary data on female labour force participation, total fertility rate and age at first marriage for the 96 countries included in the original GAWI to create a gender inequality domain. This domain was incorporated into the original GAWI domains to produce a reformulated GAWI (rGAWI). The revised index was used to re-rank countries and evaluate changes in ranking against gender-based research literature.

Results: Inclusion of the indicators of gender inequality showed a change in rankings for several countries using the rGAWI compared to the original GAWI. China moved 8 ranks up from its position of 52 (in GAWI) to 46 (in rGAWI) while India moved 10 rankings down from the 71st position to the 81st position. In addition, Mexico moved from the 33rd position in GAWI to the 38th position on rGAWI.

Conclusion: Gender inequality appears to have an effect on the wellbeing of older adults in different countries as reflected on the GAWI. Changes in ranking are consistent with gender-based gerontological research.

P21

The Moderating Effect of Sugar Consumption on the Relationship Between Perceived Stress and Cognition in Older Adults

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Perceived stress has a well-established negative effect on cognition (Stawski et al., 2006), and is associated with increased preference for foods high in fat and sugar (Wardle et al., 2000). Studies have shown that sugar consumption also negatively impacts cognition, such as learning and memory (Hsu et al., 2015; Ye, Gao, Scott, & Tucker, 2011). The objective of this study was to examine the moderating effect of sugar consumption on the relationship between perceived stress and cognition in a sample of 99 community-dwelling older adults (age > 60). We hypothesized that higher sugar intake would exacerbate the effect of perceived stress on tests of global cognitive functioning, and learning and memory. Participants completed the Perceived Stress Scale to measure perceived stress and the Food Frequency Questionnaire to measure sugar consumption. Global cognitive functioning was measured using the Mini-Mental State Exam, and the California Verbal Learning Test-Long Delay Free Recall was used to measure learning and memory. Moderation tests revealed a significant interaction effect between perceived stress and total sugar consumption on the MMSE ($B = -.002$, $SE = .001$, $p = .004$), but not on the CVLT-LDFR. Higher levels of perceived stress led to lower scores on the MMSE, but only for individuals one standard deviation above the mean in sugar consumption ($B = -.085$, $SE = .04$, $p = .036$). These synergistic results highlight the importance of lifestyle behaviors in maintaining global cognitive function in late life. However, sugar consumption is likely not the only moderator of the relationship between perceived stress and cognition. Replication of these findings is encouraged.

P22

Building mHealth Tools to Improve Care Coordination: A Co-design Process with Older Adults and Healthcare Providers

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Objectives: There is growing interest in the use of health information technologies to support care planning and communication between patients and primary care providers. For the benefits of these technologies to be realized, patients and providers need to be involved in their development

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(Bélanger, et al., 2012; Matthew-Maich, et al., 2016). This study aimed to: i) understand the current practices providers and patients use for documenting care plans, tracking referrals and appointments, and communicating between providers and settings; and ii) discover features to include in mobile health technologies to improve these current practices.

Methods: Four focus groups (32 participants) were conducted with patients, caregivers and providers. Four individual interviews were completed with providers. Interviews were audio-recorded and transcribed verbatim. Data were analyzed using line by line emergent coding (Lofland et al., 2006) supported by NVivo 11 software.

Results: Current information sharing and care planning practices involved a combination of electronic and paper-based records, patient memory and faxing. The responsibility of disseminating and sharing information between settings often falls on patients - the focus of mHealth tool development should thus be on their use by patients. Features to consider include: educational information, font size, colours, graphics and dictation.

Conclusions: mHealth tools could play a useful role in facilitating and standardizing information recording and transfer. Future research will focus on using the results of this study to create tools for patients to document their care plans, track referrals and appointments, and improve communication between different providers and settings.

P23

First Nation Elders who use wheeled mobility: An exploration of culture and health

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Purpose. The purpose of this study was to gain an understanding of how First Nation Elders who rely on wheeled mobility experience participation in culturally meaningful activities in their communities by exploring the processes, barriers and facilitators to participation.

Method. A phenomenological approach and purposive sampling were employed to recruit participants who use wheeled mobility and live in

First Nation communities. Data was collected using a demographic form and a semi-structured interview.

Results. A majority of participants said they participate less and not at all since becoming a wheeled mobility user. Participants identified several barriers to participation with their wheeled mobility devices such as: accessing the outdoors; negotiating rough reserve terrain; weather; transportation of self and device; overcoming curbs and uneven sidewalks; accessing parking, ramps, doors and bathrooms; appropriate seating and space; lack of independence at the event; feeling like a burden; and stigma.

Conclusion. The findings show that policy changes are required regarding the allocation of funding to ensure accessibility on reserves for First Nation people who rely on wheeled mobility devices. .

P24

Wandering Behaviour from the Perspectives of Older Adults Living with Mild-Moderate Dementia in Long-Term Care Homes

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Wandering is common among older adults living with dementia in long-term care (LTC) homes. Wandering has been depicted as a problem, a challenge, and a disruption because we have focused this area of research on staff or much less often, family perspectives instead of on the perspectives of older adults who exhibit this behaviour. A gap in the literature exists and we know nothing about the perspectives of older adults living with dementia who exhibit wandering behaviour. Although research has suggested that older adults living with dementia maintain to some extent their personalities and preferences and can answer simple questions, few studies attempt to interview older adults living in LTC homes. Kitwood's Enriched Model of Dementia has challenged us to focus on the person rather than the behaviours. The purpose of this study is to gain a better understanding about wandering behaviour through the perspectives of older adults living with dementia who wander. An exploratory descriptive qualitative design will be used to examine wandering from the perspectives of older adults who wander. Interviews will be conducted during a mutual walk between the researcher and

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participants with questions such as, “Do you enjoy walking?” and “How are you feeling about walking right now?” To have a better understanding of wandering, the perspectives of older adults who exhibit this behaviour must be included. The voices of older adults who wander must be included in our search for appropriate clinical practice. This research is master’s thesis project and preliminary findings will be presented.

P25

Review of the Links between Cancer and the Aging Process

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Older adults are much more likely to receive a diagnosis of cancer in comparison to their younger counterparts, which will become increasingly prevalent as the population ages. There is mounting evidence that suggests that the process of aging is intertwined and linked to the development of cancer. Research indicates that both processes of aging and carcinogenesis share common physiological pathways but are expressed differently depending on the specific genetic traits that are activated and suppressed. It is theorized that the process of aging occurs when mutations and damage to the genome are accumulated over an individual's lifetime, which causes cellular senescence to occur. However, if this damage is not attended to through mechanistic actions by the cell, an individual's risk of developing cancer is raised. Despite the increased prevalence of cancer in older persons, cancer interventions are oftentimes not recommended for older patients due to the possible risks that could ensue. However, much of the literature has suggested that older cancer patients stand to benefit greatly from cancer treatments and in many cases fair just as well as younger adults. Greater prevention strategies for older adults are needed in order to reduce their risk of developing cancer. While it remains a difficult task to recruit older adults as participants in research studies, this area of cancer research necessitates further investigation, as there still remain uncertainties regarding the links between cancer and aging.

P26

Aging-related technologies: A multiple case study of innovation processes

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Objectives: As part of a Canadian research network focused on aging and technology – AGE-WELL – we explored how technologies currently being developed to support older adults and their caregivers fare through the processes of innovation. This included an exploration of the factors that might facilitate or constrain these new technologies from their initial development to implementation.

Methods: We conducted a multiple case study of four AGE-WELL technology projects. For each, data were collected through: interviews with project members and key stakeholders (n=16); surveys (n=4); ethnographic observations at each project site (n=4); and document reviews. Data were analyzed using directed coding, guided by the ADOPT (Accelerating Diffusion of Proven Technologies for Older Adults) framework (Wang et al., 2010). Themes were compared across sites using a cross-case analysis.

Results: Challenges related to the initial stages of the work included obtaining ethics clearance, recruitment of study participants, and physical space constraints for trialing their technologies. Challenges were also experienced in creating a viable business model – including uncertainties around who might benefit from or pay for the technologies. Facilitators included collaboration among stakeholders (e.g. clinicians, industry, end-users) and support from the AGE-WELL network to form partnerships and identify technology champions.

Conclusions: Technologies have the potential to help older adults maintain their independence, health and quality of life. Understanding the factors that facilitate or constrain the development and implementation of these types of technologies can help promote their diffusion and adoption.

P27

Making the Most of Mealtimes (M3): Psychosocial well-being and food intake among residents in Canadian long-term care (LTC) homes

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Introduction: Psychosocial well-being contributes to appetite and food intake, and is especially important in long-term care (LTC) where risk of frailty and malnutrition is high. This study aims to describe the relationship between social involvement and food intake in residents of Canadian LTC homes.

Methods: The Making the Most of Mealtimes (M3) study recruited residents from 32 LTC homes in four provinces (AB, MB, NB, ON). Three-day weighed food intake was collected and adjusted for intra-individual variation. The Minimum Data Set (MDS; interRAI LTCF) was completed by provincial M3 coordinators and a team member from each LTC home, and included nine items describing residents' correspondence with close family/friends (previous week) and social involvement in the home (previous three days). Analysis of covariance adjusting for gender, determined the association between each MDS item and energy intake.

Results: 619 participants (86.7±7.8 years, 31.5% male) were included in the analysis. Mean adjusted energy intake was 1554.4±291.3 kcal/day. The majority of correspondence with significant others was through in-person visits (79.0% vs. 33.9% via telephone/e-mail). Half of residents frequently initiated interactions, 75.0% were at ease interacting with others, and reacted positively to interactions initiated by others. Significantly higher energy intake was observed in individuals who: initiated interactions ($\beta=61.8$, CI=[19.4,104.3]), were at ease interacting with others ($\beta=79.5$, CI=[30.9,128.2]), and joined most group activities ($\beta=73.5$, CI=[31.0,116.0]).

Conclusions: Socially active participants had higher food intake. Further investigation of potential confounders (e.g., frailty) will clarify the association between social involvement and food intake in residents of LTC. (CIHR funded).

P28

Aging with Acquired Brain Injury: Evidence for Action

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Aging with Acquired Brain Injury (ABI) sometimes referred to as traumatic brain injury (TBI) is a significant concern in an aging Canadian society. Over 100,000 Canadians experience a brain injury each year, and 1.5 million Canadians live with a brain injury (BIAC, 2014). The elderly have the second highest rate of head injury in Canada (Abiebr, 2017). The leading causes of ABI for seniors from most to least are "falls, motor vehical collisions and assaults". (Abierbr, 2017). There is a need for increased community awareness, community services, client-appropriate information, and care-giver support and knowledge. This poster will present a user-friendly booklet developed by and used with a community support group of clients with acquired brain injury and their caregivers. Isolation and lack of understanding of the effects of ABI both by the person with the brain injury and caregivers are identified in the literature as major areas of concern. This poster presents information of ABI from long-term clients involved in community support programmes. It identifies issues involved in returning to the community after rehabilitation is finished. The care of seniors with ABI places demands on home care and health care services. Most communities have limited community support services to meet social needs and decrease isolation for those with ABI. This poster will provide information of help to professionals working with clients with ABI, caregivers and seniors with ABI. It argues for the need for increased funding and services for seniors with ABI.

P29

Giving Voice to Socially Isolated Older Chinese Adults: A Qualitative Perspective

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A plethora of research focuses on 'loneliness' and 'social isolation' among Canadian seniors; however, the issues are poorly understood as applied to ethnocultural groups. Despite difficulties

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in translating the subjective terms, a 'lack of meaningful interactions' underpins both concepts.

Objectives: Older Chinese immigrants may be at increased risk of social isolation and loneliness but a fragmented understanding exists about the challenges they may face for social participation in their communities. Unlike health conditions that manifest physical symptoms, the characteristics of social isolation are much less visible and more complex to identify, especially in immigrant senior populations. The objectives of this work were to understand the unique experiences of social isolation and loneliness related to older Chinese adults living in a dense and ethnically-diverse neighbourhood in Toronto, Canada.

Methods: Framed by symbolic interactionism, two focus groups with Mandarin (n=19) and Cantonese (n=5) speaking seniors (65+) were conducted to better understand their experiences.

Results: Participants expressed their understandings in complex and varied ways. Individual perspectives shifted from ideas about being '*alone in a sad way*', and '*quarantined in society*' to shared implications of migration, lifecourse events (i.e., widowhood), and evolving family dynamics. Influenced by others, symbolic interactionism helps explain why some participants questioned whether they too were isolated or lonely by the end.

Conclusion: This study has implications for immigrant seniors at risk of loneliness or isolation who - due to language or conceptual discord - may not communicate or express themselves as understood by clinicians or social services workers.

P30

Diffusion of innovations in the long-term care sector: The role of motivation

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As Canada continues to experience an advancing need for long-term care (LTC) beds and an increasing complexity of residents, dissemination of best practices and innovations is needed to continuously improve care quality within the LTC sector. Opinion leaders (OL) within the advice-

seeking networks of the LTC sector are able to influence the implementation of innovative practices through their connections and social ties with LTC decision-makers. My research focuses on the motivational characteristics of OL identified within the social network analysis study titled, *Advice Seeking Networks in Long Term Care* (Dearing et al., 2017) to successfully develop and tailor implementation strategies and achieve care quality improvements within LTC. Data for this secondary analysis research were collected through 26 semi-structured qualitative interviews with OLs and advice-seekers of OLs. Theoretical frameworks used to guide this research are diffusion of innovation theory and the COM-B (capability, opportunity, motivation, and behavior) framework. I will address three research questions: How does the presence or absence of OL motivation impact the diffusion and/or implementation of advice within the Canadian LTC sector? What are the drivers of motivation for the directors of care in LTC facilities? What are the potential outcomes of having motivated OL within the LTC sector with respect to the diffusion and implementation of innovations? This research aims to best understand the use of opinion leadership as a targeted knowledge translation strategy and the way in which motivational characteristics of OL can be harnessed to improve quality of care within LTC.

P31

Immigrant Family Caregiving in Canada: An Analysis of the 2012 General Social Survey Cycle 26 on Caregiving and Care Receiving

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Family caregivers who care for family members, friends or neighbors in need, lift much of the burden off the shoulders of the formal Canadian health care system that is not readily equipped to handle an aging population. The proportion of family caregivers in Canada continues to grow, but they face many health, social and economic consequences in providing timely care to their loved ones.

Along with an aging population in need of care, diversity in Canada is also on the rise. Recent demographic trends have revealed that immigration will continue to be a key driver in population growth in Canada in the coming years. With the increasing rates of family caregivers

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providing care to immediate and extended family members who suffer from a wide array of chronic conditions and disabilities, the concerns of more culturally diverse caregivers will be at the forefront of caregiving discussions in the immediate future.

Guided by the extensive body of literature on family caregiving consequences and using data from the 2012 General Social Survey Cycle 26 on Caregiving and Care Receiving, this study examined the experiences and outcomes of immigrant family caregivers in Canada compared to their non-immigrant counterparts. This study will look to shed light on how immigrant family caregivers are impacted by caring for their loved ones and contribute to the knowledge on how this underserved and underrepresented population are managing their vital roles as family caregivers.

P32

Family Caregiving and Cultural Diversity: Perspectives on Dementia Care

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Objective: As dementia rates across Canada continue to upsurge, so does the volume of adult children stepping into the role of a full-time caregiver. It is difficult to develop a holistic and effective policy plan in supporting caregivers in Canada through their daily struggles without considering service users from diverse cultural backgrounds. The study addresses one central objective: 1) to understand the lived experience of culturally-diverse adult children caring for a parent with dementia.

Methodology: A Qualitative Case Study approach will identify phenomenon related to caregiving by adult children identifying with cultures such as Chinese, Filipino, South Asian and First Nations. Chinese, Filipino and South Asian identities were selected based on the largest populations of visible minority groups of Calgary seniors. Furthermore, Family and Community Support Services Calgary identified Indigenous seniors as a vulnerable population of seniors in the City of Calgary.

Results: The study is in the early stages of development. Based on a comprehensive literature review, it is anticipated that although there are consistencies between dementia caregiving experiences, diverse cultural-perspectives alter the perception of the practice.

Conclusion : The research aims to: 1) offer guidance on how to appropriately offer support and care to racialized patients and their families; 2) inform local caregiving programs, education, and awareness tool kits for practitioners; and 3) inform policy and decision making which may impact reassessment of federal, provincial and municipal supports currently available as well as the implementation and further development of specific local strategies (e.g., Dementia Strategy, Age-friendly Strategy).

P33

The Influence of Level of Education and Personality on Attitudes Towards Older Adults

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Attitudes towards older adults are likely to influence how they are treated by others, which in turn influences their quality of life and access to services. A study conducted by Statistics Canada in 2015 found that people 65 and older now account for 16.1% of our population; it is projected that this percentage will only increase in the years to come (Statistics Canada, 2015). Therefore it is imperative that the quality of care given to the elderly be improved now that the proportion of elder people is increasing rapidly, as this will lead to higher demands in health care. Aging research conducted at Laurentian University examined undergraduates' personality and attitudes towards older adults. This research found that attitudes were statistically correlated to personality factors including warmth, rule-consciousness, emotional stability and tension (Mansfield-Green, Morrisseau, Valliant, & Caswell, 2015). To date there is no known research that has investigated the effects of level of education on attitudes towards the elderly. However, research conducted by Gómez-Nacht in 2014 found that attitudes towards mental health were found to correlate with level of education, in particular the higher the level of education the better the attitudes towards mental health. This would indicate that attitudes and level of education have a correlational effect. This current research project will examine attitudes toward older adults and the influence of educational status and personality on these attitudes.

P34

Age-friendly Urban Development and the Health of Ageing Societies

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My paper explores the relationship between an age-friendly urban development and the health of ageing societies. The exploration of this relation is a relevant issue, since, on the one hand, modern societies are ageing and cities are, on the other hand, one of the most important places where ageing as well as aged people are living. Thus, the question how an age-friendly urban development contributes to the health of ageing societies and how, in turn, modern societies demand the realization of a special urban development to meet the challenges of ageing societies is important in many respects: for the people, for politicians on different levels, for urban developers and for many more. In the paper I approach this issue from a perspective that combines the theory of (e)valuation (Lamont) with the field theory (Fligstein/McAdam). Empirically I look at two neighborhoods of the region Vancouver, the "Downtown Eastside" and "Saanich", a suburb of Victoria, using a qualitative research design. In the main, my paper outlines the problem how an age-friendly urban development relates to the health of ageing societies and delivers the theoretical approach to analyze this relationship. I will give some preliminary empirical insights. These are, however, mainly of an illustrative kind.

P35

A Systematic Review on Research Evidences of Validity and Reliability of Commonly Used QOL Measures

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Background: Multiple measures exist for assessing the impact of research and clinical interventions on Quality of life (QOL) of people with dementia.

Objective: To investigate the research evidence of validity and reliability of commonly used QOL measures.

Methods: A systematic review of research studies published since 2000 that either used QOL measures or investigated different QOL domains in

studies of dementia. Among the 148 initial articles, 37 articles met the inclusion and exclusion criteria.

Results: In these 37 articles, a total 14 different QOL measures were used with 6076 people. Three categories were identified: Self-report, proxy and combined self-report/proxy. The most frequently used proxy measure was QUALIDEM (7 studies), self and proxy reported measure DEMQOL/DQOL and EQ-5D (each 5 studies) and QOL-AD, designed for community dwellers (4 studies). All with good validity and reliability scores across all levels of dementia in respective samples except EQ-5D that had moderate ceiling effects and self-reported scores varied significantly from proxy-reported scores. ADRQOL, designed for professionals and experts and QUALID designed for late stage dementia; both had higher internal consistency but ADRQOL had lower inter-rater reliability scores. Among observatory tools, both DCM and RSOC-QOL had excellent validity and inter-rater reliability scores.

Conclusion: Although most of the measures had satisfactory validity and reliability scores, some were recommended for revisions and further research was suggested to improve the structure of the scales to match proxy and self-reported responses. Proxy reported versions are encouraged to use with self-reported versions to have better output of their psychometric properties.

P36

Patterns of intrusion errors in older adults with amnesic mild cognitive impairment and typically aging older adults on a verbal list learning task

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Objective: While memory recall deficits associated with amnesic mild cognitive impairment (MCI) are well studied, less research has investigated recall errors in MCI. Our objective was to investigate patterns of intrusions in individuals with MCI and healthy older adults (NCI).

Method: Thirty-two MCI and 103 NCI cases were drawn from a population-based study. Measures of recall and intrusions were derived from the

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California Verbal Learning Test-II. Intrusions were coded: Immediate (i.e., made during initial learning), Delayed (i.e., made following delayed recall), Free (i.e., spontaneously reported), and Cued (i.e., reported after a categorical cue). T-tests were completed to identify group differences in intrusions. Intrusions were correlated with performance on other cognitive tests.

Results: Overall, the MCI group made significantly more intrusions than the NCI group. Although both groups made more intrusions on Delayed and Cued trials, the MCI group made significantly more than the NCI group under these conditions. In both groups, increased intrusions were associated with weaker delayed recall. Cued and Delayed intrusions were associated with lower scores for immediate learning, general cognition (i.e., 3MS), and executive functioning (i.e., TMT-B). Immediate intrusions were associated with lower scores on immediate learning and naming (i.e., BNT).

Conclusions: Individuals with MCI showed increased susceptibility to intrusions, especially on Cued and Delayed recall, compared to the NCI group. Increased intrusions were associated with poorer memory retention suggesting that as memory traces fade susceptibility to intrusions increases. Lower scores on a broad range of cognitive tasks were associated with specific patterns of intrusions.

P37

Types of intrusion errors made by older adults with amnesic mild cognitive impairment and typically aging older adults on verbal list learning task

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Objective: While memory recall deficits associated with amnesic mild cognitive impairment (MCI) are well documented, less research has investigated the types of recall errors seen in MCI and how they relate to other areas of cognitive functioning. Our objective was to investigate types of intrusions in MCI and healthy older adults (NCI).

Method: Thirty-two MCI and 103 NCI cases were drawn from a population-based study. Measures of

recall and intrusion errors on initial learning and delayed recall were derived from the California Verbal Learning Test-II. Intrusion errors were coded: Synonym (e.g., says "ship" for boat), Across-List (i.e., from a distractor list), Categorical (i.e., non-list item but semantically-related to list items), and Non-Categorical (i.e., unrelated words). T-tests were performed to identify group differences in intrusion types. Intrusion types were correlated with performance on other cognitive tests.

Results: Overall, the MCI group made significantly more intrusions than the NCI group. Both groups made few Synonym intrusions while Categorical intrusions were the most common. The MCI group made significantly more Across-List and Non-Categorical intrusions than the NCI group. In both groups, Across-List intrusions were associated with deficits in memory retention. Non-Categorical intrusions were associated with weaker performance on a broader range of cognitive tests.

Conclusions: Individuals with MCI showed increased susceptibility to intrusions, especially Across-List and Non-Categorical intrusions, compared to the NCI group. Across-List intrusions are thought to reflect increased susceptibility to memory interference and were associated with weaker memory retention. Non-Categorical intrusions, a more serious error-type, were associated with weaker cognitive integrity overall.

P38

"It was the hardest day of our lives"; supporting residents with dementia and their families in their move to a long-term care home

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Alzheimer's disease and other dementias are progressive, degenerative diseases which means that the person's symptoms will gradually get worse. For caregivers, making the decision to move the person with dementia to a long-term care home may be one of the most difficult decisions they will ever have to make. However, it may also be one that is necessary, both for the caregiver's well-being and that of the person they are caring for. There may come a time when a caregiver can no longer provide care in the home. In fact, at least 60% of seniors living in a residential care home (long-term care home) have a diagnosis of Alzheimer's disease and/or other dementia.

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Staff in long-term care homes can play a pivotal role in making the move-in day and adjustment period less traumatic for families. Information about challenges faced by a person with dementia and their family when moving to a long-term care home will be shared with participants along with tips and strategies from caregivers' perspectives on how to make the transition into long-term care less traumatic.

Participants will become aware of two types of resources created by the Alzheimer Society of Canada to support individuals with dementia and their families in their move to a long-term care home, and to support the development of strong relationships with families during the adjustment phase to a long-term care home.

P39

The Use of Electrical Stimulation for Wound Healing in a Long Term Care Setting: A Case Study

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Objectives: To explore the use of electrical stimulation for wound healing at Deer Lodge Centre, a progressive 429 bed long term care and rehabilitation facility serving adults with complex needs who require specialized care.

Method: A collaborative approach was undertaken to establish a plan of care for using electrical stimulation for wound repair. A chronic stage three pressure injury wound that had not responded to various treatments over a two year period was evaluated. The evidence for adjunct treatments were considered and electrical stimulation was deemed to be an appropriate treatment. Equipment and human resource needs were identified and obtained to meet the specific needs of this case. Treatment parameters were established and an interprofessional team was trained to provide electrical stimulation to the wound. Wound photography and objective measurements were used for weekly evaluations, and other factors influencing wound healing were considered.

Results: A 98% reduction in wound area was achieved after applying electrical stimulation over a 12 week period. The wound required further

adjunctive treatment and management in order to progress the wound toward full closure.

Conclusion: In this case study, the use of electrical stimulation was effective in reversing the stalled nature of this chronic wound. Using electrical stimulation as an adjunctive treatment for appropriate clients can be effective in achieving wound healing in a long term care setting. This case study also shows that a collaborative team approach is crucial in supporting this treatment.

P40

Beyond constant care: Personalizing care for persons with dementia in the acute care setting

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Objectives

- To enhance the patients' quality of life and decrease the number of responsive behaviour episodes by 50% within four weeks.
- To reduce constant care hours by one-third and to assess/reassess the use of constant care 100% of the time.
- To collaboratively create a patient-centred care plan with re-assessment of the care plan 100% of the time.

Method: Utilizing transformation methodology, a Value Stream Analysis resulted in a Rapid Improvement Event entitled *Constant Care ≠ Best Care*. The implementation of Standard Work, Gembas, Plan-Do-Study-Act Cycles, and Process Observations guided and sustained this pilot.

Results: Year-to-date, the unit has seen a 35% reduction in constant care hours. The team gathers metrics on assessments/reassessments of the care plan, patient behaviours and activities. The unit staff have transformed the culture on the unit; learning and adopting new care practices for persons with dementia. Further results measuring the objectives will be shared in detail.

Conclusions: It is critical to engage the patient's family in developing and consistently reviewing the patient's personalized care plan. Meaningful, individualized activities are salient to the care plan. This presentation will provide practical and

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innovative strategies for getting to know the patient, engaging the family, and working collaboratively to provide the best care for the patient. The application of these strategies effectively decreases the use of constant care hours. These approaches may be successfully implemented in other clinical areas.

P41

Agreement on functional independence scores of community dwelling older adults among care recipients, informal caregivers and clinical raters

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Background/Objectives: Functional independence is an important predictor of need for short and long-term health care services, but there are questions about how best to obtain this information. We conducted a study to assess the agreement between a self-report version, and a caregiver version of the physical functioning scales of a functional independence measure over time, in a heterogeneous sample of older adults with disabilities living in the community. We also examined how both self- and caregiver-reports, compare with those of clinical raters.

Method: Data were drawn from a multi-site (i.e., three Canadian cities) randomized controlled trial that examined the impact of a caregiver-inclusive intervention on care recipients and their informal caregivers. We administered functional independence measures at baseline (before intervention), and post intervention at 6-, 22-, and 58-weeks. We measured functional independence of care recipients using a self-reported Functional Independence Measure (from the independent perspectives of care recipients and caregivers) and the Functional Autonomy Measurement System (FAMS).

Results: Ninety dyads, consisting of older care recipients with various activity- and mobility-related limitations, and their family caregivers, participated in the study. There were moderate to strong correlations between all three functional

independence measures at all time points (rS=0.45-0.91; P<0.01). Bland-Altman plots revealed a slight systematic bias, with care recipients reporting better function across all time points (mean difference=2.00-2.97).

Conclusion: There is substantial agreement among caregiver-report, self-reports, and FAMS assessments of the functional independence of older adults. For community-dwelling older adults with functional limitations, caregivers appear to be reliable proxies.

P42

Diverse Perspectives on Quality Care in Long-term Care Facilities

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This poster presents diverse perspectives on the nature of quality care in one long-term care (LTC) facility in Ontario.

Method: A quantitative perspective is based on quality indicator data for one long-term care facility as measured and publicly reported by Health Quality Ontario (HQO). A qualitative perspective is derived from thematic analysis of data collected in interviews with a small number of cognitively well residents of the same LTC facility.

Results: The quantitative data presented a picture of quality of care below the provincial average on the number of quality indicators. At the same time, interviewees were very positive about the quality of their care and referenced quite different criteria in their analyses.

Conclusions: Health Quality Ontario data provides important indicators of quality of care on which to base quality improvement initiatives . However, HQO indicators and related reports may fail to address the indicators of quality care that are most important to residents. Assessments that utilize diverse perspectives on quality of care would be preferable to relying on either perspective alone.

P43

Dementia Assessment tools and observational approach for subtle physiological and behavioural patterns associated with agitation

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Based on previous literature and our preliminary results, we anticipate that there will be a pattern of behaviours and physiological measures that are associated with agitation for persons with dementia within the setting of a dementia care unit. Detection of subtle physiological and behavioural patterns associated with agitation variables are integrated into a technological system for detecting agitated behaviours. This system machine-learns and detects subtle physiological and behavioural changes so caregivers can be alerted to try to deescalate agitation of person with dementia. Phase 2 of the study, *Detection of agitation in people with dementia using multimodal sensors: towards a predictive system*, includes a comparison of the predictive system with clinician assessments through observations of recorded video vignettes. This paper will review key dementia assessment tools that will inform our use for the assessment of the clinician direct observations. A pilot of the dementia assessment tool will be completed with clinicians and inter-rater reliability will be evaluated. It is anticipated that the predictive system will be able to detect subtle changes and alert caregivers of the development of agitation by the person with dementia. This alert will assist caregivers so de-escalation interventions can be implemented to decrease agitation. Verification of the system for detecting agitated behaviours will be positively comparable with clinician assessments of video vignettes when a person with dementia is becoming agitated.

P44

Speech-Language Pathology Staffing in Residential Care

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The elderly population in BC and the need for appropriate care options is rising, including the need for rehabilitative therapies such as Speech-Language Pathology (S-LP). Seniors living in Residential Care (RC) who struggle to eat safely and communicate effectively **require access to S-LP services**. S-LP is integral to assisting seniors

with **social engagement and quality of life**, and to combat boredom, loneliness and isolation.

This poster will describe our investigation into S-LP services in RC. It will provide preliminary findings on staffing levels across Canada and explore the need for S-LP services in RC based on existing incidence/prevalence information. Reasons for a lack of services will be discussed, including limited understanding of the role of S-LP. Conclusions for the future direction of S-LP in RC will be discussed in the context of best practice, patient and family centered care, and the changing model of Residential Care.

P45

Walking patterns in hospital and on discharge from in-patient geriatric rehabilitation

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The purpose of this study was to compare walking volume and activity patterns during in-patient geriatric rehabilitation and on discharge home. Twenty-eight participants (85.4 ± 6.8 years of age) wore an ActiGraph GT3X+ monitor at the ankle (5 days in hospital and 5 days at home). Steps/day, cadence (steps/min) and short/long walking bouts were measured. Paired t-tests and Wilcoxon Signed Rank tests were used for comparisons. Steps/day were similar in hospital and at home (median [inter-quartile range, IQR] = 3456 [1800] vs. 3914 [2581] respectively, P = 0.10). Although participants averaged only one daily long walking bout (≥5 minutes) in hospital and at home (P = 0.60), the length of the bout was longer in hospital (22 ± 11 vs. 13 ± 8 min, P <0.01). Individuals took more short walking bouts/day at home (57 [47] vs. 37 [19], P <0.01), however the duration of short bouts was longer in hospital (84 ± 17 vs. 61 ± 13 s, P <0.01). Peak 1-min cadence and peak 30-min cadence were both greater in hospital (79 ± 17 vs. 69 ± 14 steps/min, P <0.01 and 52 ± 15 vs. 45 ± 14 steps/min, P <0.01 respectively). Although walking volume in geriatric rehabilitation is similar to what people experience on discharge home, older adults take longer walks and walk at faster paces in hospital. Individuals may not improve upon or even maintain exercise tolerance levels attained in hospital if they do not participate in further rehabilitation in the community.

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Something to Sing About: Community-based Choirs for Persons with Dementia and their Family Caregivers

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Community-based choirs for older adults with dementia and their caregivers are gathering increased interest as a result of several pilot studies.⁸⁻¹⁰ Persons with dementia (PwD) and their family caregivers (CG) often experience social isolation as activities they once enjoyed become more challenging as a result of memory problems. When PwD and CGs participate in choirs, they have the opportunity to engage in a meaningful activity and benefit from social engagement. They also benefit from the physical activity of singing which involves the whole body (e.g., musculoskeletal, respiratory) as well as the senses (vision, hearing, balance and touch).

Purpose. This study identifies and describes community-based choirs for PwD and their CGs with attention exploring their structure, programs, and other factors.

Methods. Semi-structured interviews, 45 minutes long, were conducted with key informants for 6 professionally led community-based choirs. Questions focused on identifying the key characteristics of community-based choirs, exploring challenges and successes, and examining the benefits for participants.

Results. Choir leaders report that the community-based choirs improves the quality of life of PwD and CGs through a meaningful, fun and safe activity that reduces social isolation. Benefits of the choir include providing CG with respite and networking with others in similar roles, offering opportunities for intergenerational connections, and raising the visibility of dementia and reducing the stigma through a public performance.

Implications. Choirs are a low cost activity that bears further exploration as a non-pharmacological intervention that can maintain physical and cognitive function, support quality of life, and reduce caregiver burden.

P47

Le Portail documentaire sur la promotion de la bientraitance et la prévention de la maltraitance

envers les personnes âgées : un outil d'information au service du public, des étudiants et des professionnels

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Le Portail documentaire sur la promotion de la bientraitance et la prévention de la maltraitance envers les personnes âgées a été développé par alter ego (Association suisse romande pour la prévention de la maltraitance envers les personnes âgées), avec l'appui scientifique de la Haute Ecole de la Santé La Source. Mis en ligne en 2017, il réunit une sélection actuelle et validée de documents nationaux et internationaux sur ces problématiques d'actualité.

Face au vieillissement de la population, il importe que les professionnels du domaine médico-social, mais aussi les étudiants, les personnes âgées, leurs proches et le public disposent d'informations fiables sur ces thématiques sensibles. Beaucoup de documents et de littérature scientifique sont disponibles, notamment sur Internet. Or ils proviennent de sources diverses, souvent difficiles d'accès, et leur contenu est généralement complexe. Par ailleurs, une grande partie de ces publications existe uniquement en anglais.

Le Portail rend ce corpus documentaire plus accessible en proposant un large éventail de documents, rapports, articles, ouvrages et matériel multimédia, couvrant différents aspects de la problématique : maltraitance à domicile, en institution de long séjour, à l'hôpital, dans le couple âgé ; âgisme ; bientraitance. Les documents libres de droits sont directement téléchargeables. Pour chaque publication en anglais, une fiche de résumé en français est mise à disposition des utilisateurs.

Le contenu du Portail est régulièrement actualisé. Il offre ainsi une contribution utile à tous ceux qui développent une réflexion sur la bientraitance et la maltraitance envers les aînés et qui désirent asseoir leurs pratiques sur des connaissances scientifiques.

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Out of the Loop: Social Network Isolation in Long-Term Care in Nova Scotia

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Using data from the Translating Research in Elder Care (TREC) project "Advice Seeking Networks in Long-Term Care", this study sought to explore the descriptive characteristics of Directors of Care (DOC) who are social network isolates in Nova Scotia and what factors contribute to their isolation within the network. Furthermore, it addressed the question: what are the implications of social network isolation at an individual level, facility/organization level, and for the network as a whole?

The research is embedded in the diffusion of innovation theoretical framework that explains how and why new innovations and interventions are spread throughout a network. Ten network isolates were identified by visually observing the network maps and using low centrality scores. Semi-structured interviews were conducted with the social network isolates (n=6). Interviews addressed demographic factors that may lead to network isolation and the implications of a limited social network.

Overall, few commonalities exist among the characteristics of social network isolates. The nursing homes where isolates are employed vary in size and ownership model; however, nine of the ten isolates are in rural locations. Participants are unaware of their isolation and did not perceive any difficulty when accessing information regarding best practices and innovations in long-term care. They reported that rurality or proximity to other network actors is not influential on their advice seeking behaviours or access to information. However, it has been determined that the innovations they implement within their facilities are not considered to be particularly novel in the sector.

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Increasing Access to Dementia Services: Potential for Partnerships With Immigrant Serving Agencies

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Objectives: A regional health authority and Alzheimer Society chapter in British Columbia have valuable resources on dementia and other health and social supports, but they do not know how to adapt their policy and practice tools to address the complex problems of access for immigrant older adults and their families. Staff in immigrant-serving [IS] agencies typically understand the multiple barriers and facilitators to access for these populations and are better positioned to gain the trust of immigrant older adults. Our research explores if and how partnerships between such mainstream dementia services [DS] and IS agencies can increase the accessibility of dementia information and supports for immigrant older adults.

Method: Semi-structured interviews with 20 staff members (11 DS; 9 IS targeting Punjabi or Korean communities).

Results: Different DS agencies are familiar with each other but know little about the services offered by IS agencies. DS agencies have limited multilingual/cultural capacity whereas IS agency staff know little about the characteristics of dementia and DS agency resources (e.g. First Link®) and referral procedures. DS staff focused on language as a barrier, but IS staff identified other barriers to access for immigrant seniors including perceptions that services in the home country were more advanced and/or accessible, the stigmatized nature of dementia, and for some, a lack of social support needed to bridge knowledge and cultural gaps.

Conclusions: Fostering knowledge exchange and building trust between DS and IS agencies holds great potential for increasing access to information and supports for immigrant older adults.

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Piloting the "Making and Keeping Important Connections" social program designed to reduce social isolation and loneliness in older adults

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This project describes a psychoeducational social program currently being evaluated called "Making and Keeping Important Connections". The program was developed and is being piloted by social workers through A & O: Support Services for Older Adults, a not-for-profit organization serving adults 55+. The group meets for approximately 1.5 hours/over 6 weeks while reviewing and discussing modules related to loneliness and isolation, self-esteem, communication skills, self-compassion, expectations regarding relationships, as well as resources and social opportunities. The study sample consisted of 12 people who were referred to A & O because of extreme social isolation. A mixed-methods pre-post experimental design was used to examine the emotions and perceptions of those who participated (n=9) or not (n=3) in the program. Telephone interviews were conducted with participants before (T1) and after (T2) the program to assess levels of loneliness, social isolation, and social barriers, and gather program feedback. Results revealed this group to be extremely isolated and lonely. Participants reported social barriers including personal (shyness; health), financial, environmental (transportation), and social (lack of friends/family). Comparing pre-post levels of loneliness revealed a reduction in loneliness ($t = 2.82, p < .05$). Although not statistically significant, social isolation was also reduced. The comparison group showed increased loneliness and social isolation over time. Qualitative results suggest that participants learned new skills that gave them social confidence. Results are promising and will be discussed in the context of lessons learned from developing and evaluating programs for isolated or lonely older adults.

P51

The Role of Controllable Attributions for Important Events in Later Life

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Individuals engage in causal search to identify causal explanations (attributions) for important negative events (Weiner, 1985), and research suggests attributions to uncontrollable causes are maladaptive (Stewart et al., 2016). Little is known, however, about the role of

controllable/uncontrollable attributions as explanations for positive events. Furthermore, few studies have compared the consequences of attributions across different types of events that are common in late life, such as changes in health and physical capacity, or shifts in life conditions (e.g., living arrangements, financial resources, or employment status). We examined causal explanations given by older adults (M age=78.56, n=1,570) for important events to consider their consequences for life satisfaction. An ANCOVA (covarying for age, gender, and education) was conducted to examine the effects of attributions (uncontrollable vs. controllable) for events that varied by valence (negative vs. positive) and domain (health, physical, life conditions). Main effects emerged for attributions ($F(1,1590) = 4.69, p = .03$) and for the event valence ($F(1,1590) = 31.24, p < .001$), but these effects were qualified by a significant three-way controllability Attribution x Valence x Domain interaction ($F(2,1590) = 4.42, p = .012$). Results suggest that attributions to uncontrollable causes are especially detrimental to quality of life when facing negative changes in life conditions.

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Attribution of illness to 'old age:' Addressing an age-related stereotype with attributional retraining

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Research suggests an association between the belief that 'aging causes illness' and poor health outcomes (Stewart et al., 2012, 2016). Although not a singular solution, reshaping causal beliefs about aging and illness may be one part of the complex process of maximizing health as we age. In this pilot study, we sought to answer the question: Can middle-aged adults' belief that 'age causes illness' be reshaped with a brief Attributional Retraining intervention?

n=24 community-dwelling middle-aged adults (70% female, aged 47-64) were propensity-matched to n=24 comparison participants based on age, gender, education, income, and health status. The main component of the intervention was an informational brochure, reviewed by participants

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under the auspices of refining materials for an upcoming health fair; Emphasis was placed on the idea that getting older, in-and-of-itself, does not necessarily cause illness. A repeated measures ANOVA compared pre-to-post changes across groups for three separate indicators of the belief that 'age causes illness.'

A significant Group x Time interaction emerged for two indicators ($F=14.07$, $df=1,46$, $p=.000$, $\eta=.234$; $F=7.41$, $df=1,46$, $p=.009$, $\eta=.139$). Follow-up *t*-tests confirm the expected pattern: Endorsement of the belief that 'age causes illness' decreased over time for participants in the intervention group, and remained stable over time for participants in the comparison group.

Findings suggest that it may be possible to modify middle-aged adults' belief that 'age causes illness' with a brief Attributional Retraining intervention; at least in the short term. The small sample size of this pilot study, however, means this analysis should be interpreted with caution.

P53

"My eyes don't always see": Observing everyday life with dementia-related visual impairment

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Objectives: Building on recent findings from an exploration of dementia-related visual impairment in individuals with posterior cortical atrophy (PCA), we present findings from a pilot observational study exploring the nature, efficacy and implementation of strategies that individuals and families use to manage the challenges associated with visual-perceptual and visuospatial problems.

Method: Two participants with a diagnosis of PCA and consenting family members were observed at home for up to 10 hours across one day to capture variation in interactions with the physical environment across the morning, afternoon and evening. Qualitative observational field notes, video recordings and informal interviews were supplemented with physiological measures of electro-dermal activity, heart rate and motor activity.

Results: The physiological data was used to drive the thematic analysis of the qualitative data which was assisted by Atlas.ti software. Key difficulties were with the performance of self-care activities, effective navigation and orientation and the independent pursuit of leisure activities.

Negotiations about when and how support should and could be utilised had the potential to be a source of tension or an opportunity for collaborative problem solving among family members.

Conclusions: This pilot study has demonstrated the nature of the difficulties associated with dementia-related visual impairment and the differential impacts these can have on individuals and family members. The findings add knowledge which may be useful for health-care professionals supporting those with dementia-related visual impairment to age in place and serve more broadly to highlight the varied and nuanced stress pathways for those living with different dementias.

P54

Rhymes and rhythms of aging: Attending to the voices of the exceptionally old

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Ageing has become an increasingly predominant preoccupation for policy makers and researchers around the world. Much research focuses on physiological issues, cognitive degeneration, medical interventions, and the associated costs aging will bring upon societies (Brink, 2004; Chappell, Havens, Hollander, Miller & McWilliam, 2009; Evert, et al., 2003; Larson & Fleishman, 2003; Manthorpe et al., 2008). Although empirical evidence serves to answer many questions about ageing, listening to the voices of the very old is rarely at the centre of our focus. In this poster, we deviate from the more traditional scientific approach. As a means to disrupt the usual linear positivistic ways of thinking and understanding research on aging, we turn to a more contemplative, non-traditional, feminist phenomenological methodology: The Listening Guide ((Gilligan, Spencer, Weinberg, & Bertsch, 2003). In this research, we examine life interviews of Canadian and Taiwanese older adults (N=22).

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Participants were over 85 years of age and living relatively independently. The analysis comprised two parts: First a general in-depth thematic analysis was conducted. Subsequently, listening guide I-poems were developed for the dominant emergent themes (independence, being a burden, identity, regrets). The resultant voices of the participants in poetic format confront and disrupt our assumptions and stereotypes about ageing and the experiences of the very old.

P55

The Role of Information and Communication Technology in Facilitating Aging in Place

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Most older adults prefer to age in place, or remain in their own homes rather than move to an institution, as they age. There are many factors that enable aging in place. One such factor may be technology, which is constantly evolving and is becoming imbedded in how we perform simple daily functions, such as waking up in the morning, setting notification for reminders, or simply interacting with others. The purpose of this study was to explore the role of Information and Communication Technology (ICT, e.g., phones, computers and tablets) in aging in place as well as older adults' experiences of using these technologies. Data were collected through 20 semi-structured interviews with older adults (65+). Data were analyzed using open and axial coding. Though technology use was not a requirement for the study, most participants used some form of ICT in their daily lives. For example, many participants used technology to communicate with friends and family who may not be in the same city as the participant. In some instances, technology was used to monitor and record health information. Finally, participants were concerned that too much time was spent on using devices and that people are missing what is going on around them. Despite this concern, participants reported a willingness to implement technology that would allow them to remain at home for as long as possible. Overall, ICT allowed the participants to remain connected and engaged with their surroundings, which in turn could allow them to age in place.

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Social Isolation and Loneliness in Older Chinese Adults

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Objectives: Social isolation and loneliness in older adults have been shown to be associated with an increased risk for poor health and mortality. Given the lack of knowledge of social isolation in ethnic populations living in Canada, the objective was to describe the social health of older Chinese adults living in an urban-setting.

Methods: A telephone survey was conducted with a convenience sample of older Chinese adults living in Toronto's Kensington-Chinatown Neighborhood (KCN). The surveys collected data on physical independence (Lawton Instrumental Activities of Daily Living), mental health (World Health Organization Wellbeing Index 5), self-report health, social health (Lubben Social Network Scale; Social Wellbeing Scale; DeJong Loneliness Scale), social participation, and socio-demographics.

Results: Data on 100 older Chinese adults (71% women; mean age 75.9 years; 75% Mandarin-speaking; 25% Cantonese-speaking 45% married; 87% retired) were collected. Half the sample reported living alone, 65% had a gross income of \$20,000 or less, and 66% had low or no fluency in English. The sample had moderate levels of feeling integrated in the community and feeling socially engaged, low feelings of loneliness, and low levels of social participation. Having a mobility impairment, no internet connection at home, and living longer in Canada was associated with poorer social health ($p < .05$).

Conclusion: Although subjective markers of social isolation (e.g., loneliness) were of low to moderate levels in the sample, older Chinese adults living in the KCN face issues of social isolation according to objective markers (50% live alone; low reports of social participation).

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Mental health resilience: Early childhood adversities and mental health in later life

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Objectives: Robust and persistent links between early-life adversities and later-life mental distress have previously been observed. We sought to examine the influence of individual, social, and environmental resources on the relationship between childhood psychosocial adversity and a longitudinal measure of mental distress in older adults.

Methods: Participant data came from the MRC National Survey of Health and Development, a nationally-representative birth-cohort study. Mental distress scores were captured via the General Health Questionnaire-28(GHQ-28), at ages 53,60-64, and 68-69, averaged and log-transformed. An eight-item cumulative childhood psychosocial adversity score was created(0,1,2,³ adversities). GHQ-28 scores were linearly regressed on adversity score in a sex-adjusted model. Individual(i.e. occupational status, education, physical activity), social(i.e. structural/functional social support), and environmental (neighbourhood belongingness) resources were examined in relation to GHQ-28 score and childhood adversity. Mediation analysis was used to examine the variance in the relationship between GHQ-28 and adversity explained by these resources.

Results: Higher GHQ-28 scores were associated with greater psychosocial adversity ($\beta=0.018, p<0.001, 95\%CI 0.010, 0.026$) in a sex-adjusted model. Lower mental distress was associated with greater social support, physical activity, and neighbourhood belongingness. Social support(48.6%) and neighbourhood belongingness(5.5%) partly mediated the relationship between GHQ-28 and adversity.

Conclusions: Greater early-life adversity was associated with poorer mental health outcomes in later life. Increases in individual(i.e. physical activity), social(i.e. structural/functional social support), and environmental resources(i.e. neighbourhood belongingness) were associated with better mental health outcomes. Interventions aimed at increasing the quality and quantity of one's social network and neighbourhood

belongingness may foster mental health resilience in older adults.

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Can the Clinical Frailty Scale Improve the Prediction of In-hospital Mortality and Morbidity in Elective Cardiac Surgery Patients?

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Objectives: To determine if the Clinical Frailty Scale (CFS) adds incremental predictive value to the European System for Cardiac Operative Risk Evaluation (EuroSCORE II) for in-hospital mortality and morbidity in elective cardiac surgery patients.

Method: A retrospective review of de-identified data from the Manitoba Cardiac Surgical Database was conducted in patients undergoing elective cardiac surgery between 2012-2016. The 9-point CFS was administered by a nurse practitioner preoperatively as a part of routine care. The EuroSCORE II, in-hospital mortality (primary outcome), and a composite outcome of mortality, stroke, dialysis, acute kidney injury, myocardial infarction, cardiac arrest, return to the operating room, delirium, and major bleeding was captured with the surgical database. Receiver Operating Characteristic curves were developed to assess the predictive value of the CFS when added to the EuroSCORE II for in-hospital mortality and morbidity.

Results: Of the 1126 elective cardiac surgery patients, 19 (1.7%) died in hospital, and 160 (14.2%) experienced the composite outcome. For in-hospital mortality, the area under the curve was 0.653 (95% confidence interval, 0.513-0.792) for the EuroSCORE II only and 0.772 (0.657-0.886) for the EuroSCORE II plus the CFS ($p=0.02$ for improved risk prediction). The addition of the CFS to the EuroSCORE II (0.659 [0.622-0.696]) did not add incremental predictive value for the composite outcome compared to the EuroSCORE II alone (0.654 [0.618-0.691], $p=0.97$).

Conclusion: The addition of the CFS added significant incremental value to the EuroSCORE II for predicting in-hospital mortality in elective

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cardiac surgery patients, but not for the major morbidity composite outcome.

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Development and validation of a medication management intervention using an electronic pill dispenser and tailored to early-stage Alzheimer Disease patients

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Medication management is a challenge for people with Alzheimer's disease (AD) and is a burden for their caregivers. Many studies show that people with dementia are able to learn skills, but findings concerning their ability to use technologies are inconsistent with, no specific details about, the theory-driven interventions that should be used. This project aims to develop and validate a learning guide integrating a medication management intervention tailored to an early stage AD patients, to teach them to use an electronic pill dispenser. First, a preliminary version including the state of knowledge concerning the cognitive profile of people with AD and their learning capacities was developed. Validation of the intervention was iterative and semi-structured interviews were done with people with AD, caregivers and healthcare professionals. After, content analysis identified elements to modify to maximize the acceptability and coherence of the intervention in a home care context. All participants agreed that the technology and learning strategies used are relevant for people with AD and their caregivers. However, healthcare professionals wanted an all in one tool and recommended restructuring the guide, enrich the content and clarify theoretical concepts. The validated guide includes characteristics of the technology, client evaluation, step by step intervention and theoretical background. The next step will be to evaluate the impact of this intervention on medication management. This study is an important starting point based on a theoretical and pragmatic foundation to allow people with AD to become active users of technologies that can let them improve their independence.

P60

Using electronic tablet to better plan hospital discharge of older patients

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Introduction: Healthcare professionals, such as occupational therapists (OTs), provide hospital discharge recommendations on the equipment and services needed to promote a safe return home for older adults. However, due to organizational, clinical and financial constraints, these recommendations are usually based exclusively on in-hospital assessments, which offer limited information about the environmental conditions in which their patients live. Technology such as an electronic tablet thus appears to be an innovative alternative to assess the patient's home environment from the hospital, and thus provide appropriate recommendations upon discharge.

Objectives: 1-To document the clinical feasibility of using an electronic tablet to assess the patient's home environment by videoconference (Skype); 2-To generate pilot data about OT recommendations, with and without the use of an electronic tablet.

Method: 30 participants (6 OTs and 12 senior-caregiver dyads) are being recruited. Based on a multisite mix-method design, home environment was first assessed through standard procedure (interview) and then by videoconferencing (interview + electronic tablet), with the help of the caregiver at the patient's home. Data collection aims to compare the advantage of using an electronic tablet instead of the standard procedure.

Results: Preliminary data (n = 5) revealed some clinical feasibility issues pertaining to the short hospital length of stay and issues with in-hospital Internet connection. Undergoing interviews and analyses illustrate how videoconferencing helps OTs to provide appropriate and applicable recommendations.

Conclusion: Videoconferencing may be a familiar and easy solution for many caregivers, thus providing a promising and inexpensive option to promote a safe return home upon hospital discharge.

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A rating scale for mental health mobile applications for older adults

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Objective. There are numerous mental health mobile applications (apps) available to the public. People can download these apps from online app markets. Few mental health apps are designed to take into consideration age-related cognitive, perceptual and sensory changes. Currently, there are no scales to help users rate the quality of mental health apps. The objective of this study was to create a scale that clinicians, mental health community organizations and app developers can use to rate the quality of mental health apps for older adults.

Methods. A 2 phase multi method design was used. In phase 1, representatives from different stake holders such as older adults, clinicians, and app developers, participated in two focus groups to identify items of the scale. The literature on technology usability was used to guide the focus groups. In phase 2, which is still in progress, the relevance and adequacy of the items of the scale were evaluated by a panel of experts using a Delphi survey method.

Results. Subscales identified from the literature and focus groups are ease of use, usefulness, appearance, compatibility, and cost. Phase 2 of the study (relevance and adequacy of items) is still in progress.

Implications. The scale can be used for clinical, research and App development purposes. It can help organizations and clinicians to identify appropriate health apps for older adults. Researchers can use the scale to better study apps in systematic reviews. App developers can use this scale to design health-apps that are useable by older adults.

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Feasibility of Compliant Flooring in Long-Term Care: Results from a Stakeholder Symposium

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Background: Compliant flooring aims to prevent fall-related injuries among high-risk older adults in long-term care, but uptake of compliant flooring in this setting is limited.

Objectives: We hosted a 1-day symposium to identify perceptions of key stakeholders about the advantages and disadvantages of implementing compliant flooring in long-term care, and the most pressing directions for future research on compliant flooring.

Methodology: We recruited attendees to represent a broad audience of stakeholders from three sectors: healthcare, industry, and research. Following a series of podium presentations where we disseminated current evidence about compliant flooring, we conducted an interactive workshop to seek input from attendees. Attendees worked in small sector-specific groups to identify and rank advantages and disadvantages of compliant flooring in long-term care and directions for future research, based on their own perspectives and experiences in the discipline they represented. We analyzed these data using a thematic approach.

Results: Twenty-three stakeholders (70% women) attended the symposium. Attendees believed the most important advantages of compliant flooring were prevention of fall-related injuries, potential benefits to care staff, and potential improvements to resident quality of life. Attendees perceived the most significant disadvantages of compliant flooring were financial considerations, lack of research evidence, and challenges with installation. Attendees indicated a pressing need for additional research on clinical effectiveness and cost-effectiveness of compliant flooring.

Conclusion: While stakeholders perceived that compliant flooring adds value to long-term care, there also remain significant informational and financial barriers to the uptake of compliant flooring.

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White matter integrity and memory recall in Alzheimer's disease

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Background: Alzheimer's disease (AD) is a progressive neurodegenerative disorder in which memory loss is typically the initial and primary symptom. Using diffusion tensor magnetic resonance imaging (DTI, MRI), we previously demonstrated significant alterations in white matter microstructural integrity in individuals with AD as compared to matched healthy controls (Mayo et al., 2017). The aim of the current study was to explore the relation of white matter DTI metrics to memory abilities in AD.

Methods: MRI and neuropsychological assessment data (Wechsler Memory Scale - Logical Memory I & II) were downloaded from the Alzheimer's Disease Neuroimaging Initiative 2 database for 34 individuals with AD (mean age = 75.8 ± 7.6) and 33 matched healthy controls (mean age = 73.0 ± 6.6). MRI pre-processing and statistical analyses were performed using FMRIB Software Library tools. Relations between DTI metrics and Logical Memory I and II scores were examined in each group using Tract-Based Spatial Statistics and voxelwise statistical analyses using Randomise.

Results: In the AD group, lower story recall was associated with reduced white matter integrity (lower fractional anisotropy and higher mean diffusivity) in the corpus callosum, left corona radiata, internal capsule, superior longitudinal fasciculus, cingulum, and fornix. No significant relationships were observed in healthy controls.

Conclusions: DTI is sensitive to microstructural alterations in white matter integrity that are in turn, related to verbal recall performance in individuals with AD. Further examination of this relationship will help determine the potential of DTI as a measure of AD progression and treatment efficacy.

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Fruit and vegetable consumption and heart disease among Canadian older adults with diabetes

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In 2016, 3.5 million of Canadians were projected to develop diabetes, indicating the significant prevalence of diabetes in Canada. To reduce the risk of diabetes, studies emphasize the importance of a healthy diet and of increasing fruit and vegetable consumption in particular. To date, however, little is known about how consuming fruits and vegetables affects people who have already developed diabetes, especially among adults aged 65 and over. The present study uses Canadian Community Health Survey (n=63,522) conducted in 2014 to profile older adults with diabetes (n=3,515) and to identify the association between fruit and vegetable intake and the risk of heart disease among older adults with diabetes. In this sample, one in four (25.6%) older adults with diabetes had heart disease. The majority of those with diabetes also had high blood pressure (67.9%). Results of binary logistic regression indicate that gender, having high blood pressure, type of drinker, frequency of physical activity, and frequency of fruit and vegetable intake are significant factors in predicting the probability of developing heart disease. The risk of heart disease decreased by 4% (OR:0.96) for each additional serving of fruit and vegetable intake, which is consistent with the findings among the general adults. This finding suggests the possibility of protective effects of eating more fruit and vegetables against heart diseases not only for general adults but also for older adults with diabetes. Policy recommendations and public health advices for older adults with diabetes should continue to include increasing fruit and vegetables consumption.

P65

Experience, Self, and Creativity in Dementia

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My current PhD research uses research-creation, narrative inquiry and a feminist approach to investigate the subjective abilities of women with dementia and their daughters. Storytelling, the concept of the "motherline" and intergenerational exchange as they are modulated by the experience of dementia are the impetus to conduct this work and is fueled by my relationship to my grandmother, who has dementia. Anne Basting's TimeSlips creative storytelling project, underscores the importance of listening to people with dementia and understanding the lives that they continue to live- not just who they have been. Basting's work

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indicates the importance of working with conversational fragments rather than correcting their memories. Drawing on this and related work on feminist storytelling such as *The Key Is The Window* by Miriam Schaer challenges the dominant cultural narratives associated with dementia, which Pia Kontos suggests creates fear and participates in the “othering” of people with dementia. This project engages in a theoretical and artistic investigation of the dynamic and complex processes for communicating with people with dementia. Kontos’s research in arts-based approaches in person-centered dementia care (Kontos 2), Basting’s Timeslips project, and the Museum of Modern Art’s Alzheimer’s Project are exemplary practices that will inform the use of collage in the project.

P66

Developing an Age-Friendly Action Plan: A Consensus Meeting Approach

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Objectives: Developing an age-friendly community (AFC) planning initiative requires that multiple stakeholders are engaged. In order to develop an AFC action plan for older Chinese adults living in Toronto, a one-day consensus meeting was held to select five priorities for implementation.

Methods: A set of 25 AFC priorities was established from the literature and surveying the community. Key stakeholders were invited to a one-day consensus meeting using a modified Delphi Approach.

Results: A total of 44 community stakeholders attended the meeting (10 older Chinese adults; 17 front-line practitioners; 7 policy-makers; 7

researchers; 3 NGO representatives). Organized by the World Health Organization’s (WHO)’s AFC dimensions, the top five priorities were: 1) (Communication & Information) - Identify optimal ways for sharing information with older Chinese adults in the community about important events, services, programs, etc.; 2) (Health & Community) - Ensure the availability of linguistic & dialect-diverse front-line professionals in community agencies; 3) (Transportation) - Identify ways older adults can be more independent to travel around the city; 4) (Housing) - Reduce waiting times for senior housing and improve housing standards; and 5) (Health & Community) – Develop mechanisms for identifying high risk socially isolated older adults.

Conclusion: A modified Delphi approach was successful in obtaining consensus from a diverse set of stakeholders for selecting AFC priorities for older Chinese adults. Using S.M.A.R.T. (Specific, Measurable, Achievable, Relevant & Timely) principles, specific strategies for implementation were developed to move each priority forward in the community.

P67

The Role of Unregulated Care Providers in Canada

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Objectives: Unregulated Care Providers (UCPs) assist older adults with personal support and activities of daily living in a variety of care settings. UCPs provide up to 80% of direct care for older adults, yet little is known about their roles in the health care system and how these roles may be evolving in response to an aging population and fiscal constraints. We wished to explore the role of UCPs in the Canadian health care system, and the potential impact of their role on the quality of care.

Methods: A scoping review was conducted following the steps outlined by Arksey and O’Malley (2005) and Levac et al. (2010). An iterative search of published and grey literature from January 2000 to September 2016 was

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conducted, using Medline, CINAHL, SCOPUS and Google. Inclusion and exclusion criteria were applied to identify relevant studies published in English.

Results: The search yielded 63 papers. Results highlight the evolving role of UCPs, a lack of recognition, and a lack of authority for decision-making in client care. UCPs do not have a defined scope of practice, however, their role has evolved to include activities previously performed by regulated professionals. Variations in education and employment standards have implications for quality of care and patient safety.

Conclusions: UCPs play an important and evolving role in the community and long-term care sectors in Canada. Efforts should be made to recognize and support the role of UCPs on health care teams, and to provide more consistent education and employment standards.

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The effectiveness of hip protectors to reduce risk of hip fracture in residents of fourteen long-term care homes: A 12-month retrospective case-control study

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Objective. To offer evidence of the effectiveness of hip protectors to prevent hip fractures in long-term care (LTC), by comparing rates of hip, pelvic and other fractures between falls with hip protectors and falls without hip protectors.

Method. We conducted a 12-month retrospective review of fall incident report forms in fourteen publically owned and operated LTC homes in British Columbia, Canada. We extracted information on the use of hip protectors (yes, no, unknown) and the occurrence of hip, pelvic and other fractures at the time of falling. We compared fracture rates between falls with hip protectors and falls without hip protectors using Poisson regression from the generalized estimating equation (GEE) model.

Results. 3826 falls by 1086 residents were recorded. 8.0% (n=306) of records contained missing data and were listwise deleted. Hip protectors were worn in 2108 (59.9%) of the remaining 3520 falls. In falls with hip protectors, rates (per 100 falls) of hip, pelvic and other fractures were 0.33, 0.28, and 0.71, respectively. In falls without hip protectors, rates (per 100 falls) of hip, pelvic and other fractures were 0.92, 0.21, and 0.71, respectively. Relative risk ratios (95% CI) of hip, pelvic and other fractures in falls with hip protectors compared to falls without hip protectors were 0.36 (0.14-0.90), 1.34 (0.34-5.36), and 1.00 (0.35-1.86), respectively.

Conclusions. The risk of hip fracture was 64% (95% CI 10-86%) lower in falls with hip protectors compared to falls without hip protectors, while there was no difference in rates of pelvic or other fractures.

P69

L'implantation et l'appropriation par les infirmières de l'Approche adaptée à la personne âgée – la vision des représentants décisionnels et des gestionnaires responsables

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Le MSSS a appliqué dans les centres hospitaliers (CH) du Québec « l'Approche adaptée à la personne âgée (AAPA) qui propose aux infirmières des interventions probantes autour de six composantes pour le suivi de la récupération fonctionnelle des aînés. Les acteurs impliqués se questionnent quant à son appropriation par les infirmières. L'objectif est de décrire les facteurs facilitant et limitant l'appropriation de l'AAPA telle que perçue par les représentants décisionnels et les gestionnaires. Il s'agit d'une étude qualitative s'appuyant sur le Consolidated Framework for Implementation Research et le Processus des connaissances à la pratique (IRSC). Les données tirées de 29 entrevues semi-dirigées de 60 minutes dans cinq CH ont fait l'objet d'une analyse de contenu à l'aide de NVivo-11. Les représentants décisionnels voient l'AAPA comme un programme clé en mains facile à implanter. Or, les

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gestionnaires le perçoivent complexe et difficilement adaptable selon les contextes. Il est ardu à implanter si : l'APAA n'est pas priorisée par la direction, toutes les directions concernées et les médecins ne sont pas impliqués, et une direction spécifique n'en est pas imputable. Pour la formation, le e-learning est considéré utile en groupe, mais le coaching est vu comme une stratégie plus efficace pour modifier les pratiques. Les gestionnaires perçoivent que les infirmières ne sont pas suffisamment formées pour reconnaître le besoin de soins adaptés aux aînés. Enfin, ils reconnaissent le bien-fondé de l'AAPA, mais recommandent l'implantation, le suivi serré et la pérennisation d'une composante à la fois pour en assurer le succès.

P70

Senior Centres in Canada: A Review of the Literature

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Currently, Canada is undergoing a period of unprecedented population aging, driven by the aging baby boom generation, increased life expectancy, and declining birth rates. Senior centres have been described as a "focal point" for delivering services to older adults, and can provide opportunities for socialization, nutritional supports, physical activity, cultural activities, education, recreation, and information and referral services. Despite the important role senior centres play in delivering services to older adults, and the increasing role they may play in the future, there has been limited academic research studying senior centres. In this study the academic literature was searched for English language empirical research studies published in an academic journal in 2000 or later focusing on senior centres. Despite the ubiquitousness of senior centres, only 9 articles were identified which met the inclusion criteria. The findings from these articles are contrasted with what is known from the American literature and grey literature on senior centres. Notably absent from the Canadian literature were studies focusing on the socio-physical environment of senior centres, organizational models, senior centre programming, and policy and advocacy. Given the increasingly challenging economic climate for community-based services in Canada, it is critical to expand our knowledge on senior centres and be able to clearly articulate their value. A Canadian

research agenda for senior centres is suggested which would focus on three key areas: the benefits of senior centre participation; the key issues of funding, space and staffing; and the needs and preferences of baby boomers for senior centre activities/services.

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"Gamestorming" our way to more integrated geriatric care planning in home care: A novel approach to co-design

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The use of participatory methods in geriatric health services research is on the rise, as the importance of stakeholder involvement in the design, delivery and evaluation of solutions to improve care is recognized. While traditional participatory methods emphasize verbal expression of stakeholder ideas, they often lack opportunity for physical expression through collective creativity. We used generative research methods from the field of service design to promote multiple forms of creative input in the co-design of a more integrated geriatric care planning approach with system users in Ontario home care. Older adults, family caregivers and home health care providers (n=10) were recruited to participate in a half day co-design workshop located in an urban setting in Ontario. Researchers presented participants with previously collected consultative data on geriatric care planning from health care provider surveys (n=305) and key informant interviews (n=20) with older adult home care recipients and family caregivers. Participants were engaged in creative "gamestorming" activities where they applied the consultative data through drawing, sorting, mapping and role play to co-create artifacts representing their solutions for more integrated geriatric care planning. Researchers documented workshop proceedings through photographs and facilitator notes. "Gamestorming" brought system user ideas to life through creative expression, yielding solutions that could be directly applied to improve integrated geriatric care planning in home care. This novel approach reduces researcher bias and interpretation in the application of co-design data and has the potential to increase the likelihood of sustainable, long term change.

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Implementation of a framework of priorities for engaging older adults and their caregivers in health and aging innovation ecosystems

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Introduction: Technological innovation offers potential benefits for the well-being of older adults and their caregivers. Recent efforts to encourage development and commercialization of new technologies and other innovations have emphasized innovation ecosystems involving a “triple helix” of industry, government and academic stakeholders, concentrated in a specific region (Etzkowitz & Leydesdorff, 2000). Greater involvement of older adults and their caregivers in health and aging innovation can result in new technologies and processes that are more likely to meet their needs and preferences. We explored how this greater involvement could be achieved in Canadian Regional Health Innovation Ecosystems (RHIEs).

Methods: Through a three-phase integrated mixed-methods study, ECOTECH, a framework of priorities for engaging older adults and their caregivers in RHIEs was created (McNeil, 2017). Guided by these priorities, we worked with triple helix representatives, older adults and caregivers in two Canadian RHIEs to identify feasible starting points for greater engagement of older adults and caregivers.

Results: Collaboration with stakeholders identified priority clusters from the ECOTECH framework within each RHIE. Following this, context-specific priorities and associated implementation strategies were identified. Specific targets, goals and indicators were developed, providing an understanding of how progress toward greater engagement of older adults and caregivers in RHIEs can be measured.

Conclusion: This study identified directions and strategies for older adult and caregiver enhanced involvement in regional ecosystems for health and aging innovation. Results of this study will inform

development of tools to measure engagement of older adults and their caregivers in RHIEs.

P73

Developing an ‘in-house’ social engagement strategy to help seniors remain healthy, active, and socially connected

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Since 2014, the Gerontology Research Centre at Simon Fraser University, in partnership with Kiwanis Seniors Housing Society and the City of Richmond have been documenting the transitions and opportunities of a seniors’ affordable housing redevelopment project in Richmond, BC, Kiwanis Towers. As home and community engagement are key factors for aging well, the aim of this participatory research initiative was to redirect focus away from the physical features of the built environment towards non-physical, psychosocial supports for tenants. To collaboratively seek solutions, the research team, with guidance and support from Kiwanis Seniors Housing Society, conducted: 25 pre-move interviews and 16 photo-voice sessions with seniors; 4 focus groups with service providers; 4 community mapping workshops with both seniors and service providers; and 1 collaborative knowledge session with housing providers. A key goal of this research was to find options for the best use of the shared amenity spaces to keep tenants healthy, active, and socially connected. This poster provides an overview of an ‘in-house’ social engagement strategy for tenants co-created with key members of the Kiwanis Seniors Housing Society. Based primarily on recommendations from tenants and service providers, this resource includes information on: desired senior-specific activities and services; key organizations and personnel that can offer services and support to seniors; and possible income generation to help fund activities and events. Shared with audience members, we hope this resource developed for Kiwanis Towers will have potential for wider applicability to inform

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'in-house' activities and service solutions for seniors in other housing developments.

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Social location and mental health among caregivers: Linking intersectionality, stress processes, and informal and formal care

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The importance of age, gender, education and other dimensions of social location in influencing the mental health consequences of caregiving have long been acknowledged within stress process models. In recent years, studies have also adopted an intersectionality framework, finding some evidence that various dimensions of social location intersect to affect caregiver mental health. Yet, whether primary and secondary stressors, informal care networks, and access to formal care mediate the effects of social location on mental health outcomes, as outlined in stress process models, remains unclear. Drawing on a sample of caregivers (n=7,082) from the 2012 Canadian General Social Survey, multivariate regression analyses were conducted to assess the effects of intersecting social locations (age, gender, and education), primary and secondary stressors, and informal and formal care on the mental health (self-rated mental health, subjective stress and life satisfaction) of caregivers. We found that: (i) age, gender and education intersected to influence the mental health of caregivers; (ii) primary and secondary stressors also had an impact; (iii) and both formal care (e.g., government money for caregiving, respite care) and informal care had significant impacts on caregiver mental health. Overall, the findings support the importance of adopting an intersectionality approach and also, of incorporating stressors (primary, secondary) and stress reducers (formal, informal care) in the model. However, they provide little evidence to suggest the relevance of the latter in reducing the impact of intersecting social locations or of primary/secondary stressors. Thus, these factors appear to influence the mental health outcomes of caregivers independently.

P75

"I'm sure I need them all": Older adults' experiences of polypharmacy and deprescribing

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Background: The risks of polypharmacy - the simultaneous use of 5+ prescription medications - include adverse drug reactions, falls/fractures, declining physical functioning, financial burden, and increasing hospitalizing and mortality rates. To mitigate these risks, healthcare providers and patients are exploring the viability of discontinuing medications that are unnecessary.

Objective: To better understand older adults' perspectives toward polypharmacy/deprescribing as part of their ongoing medical care. Insights drawn from the experiences of older adults experiencing deprescribing are valuable in developing best practices in this area for patients and practitioners.

Methods: This qualitative study is situated within a larger project on deprescribing as a standard preventative care option for older adults. This larger study is a randomized controlled trial. Participants receiving the intervention are deprescribing, while usual standard of care is the control. In-depth interviews are conducted with both groups about the meaning of their prescription medications in managing their health.

Findings: Preliminary data collection/analysis has identified three key themes. Firstly, medications are active social agents, supporting and facilitating diverse social relationships. Secondly, medications present paradoxes that the individual negotiates, particularly the dilemma that medications are needed despite concern that they may cause harm. Lastly, diverse sources of lay knowledge underpin polypharmacy/deprescribing, thus legitimizing alternative logic sources beyond the biomedical in understanding how people make sense of their medications.

Conclusion: Ongoing data collection/analysis will further unpack these themes and identify additional themes. This will contribute to the scholarly literature on medication reduction by supporting the design/implementation of tapering programs for medical practice.

P76

Concordance of patient and caregiver ratings of patient neuroticism in four non-cancer populations at the end of life

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There is a substantial body of research linking neuroticism to coping with illness, mainly, cancer (e.g., Aarstad et al, 2012). Due to the severity of patients' illness, potential changes in their self-perceptions, cognitive or communicative capacity; use of caregiver proxy assessment of patient symptoms and preferences are commonly used at the end of life for clinical and research purposes (e.g., Hauser et al, 2006). Yet, it is well known that there is often discordance between caregiver and patient particularly for less visible traits or symptoms. No research has yet explored patient-caregiver concordance of neuroticism ratings at the end of life. N=217 patients and caregiver participants completed the neuroticism scale from the NEO FFI (Costa & McCrae, 1992) as part of a larger study (see Chochinov et al., 2016) examining physical, psychological, existential, and spiritual issues of patients with ALS, COPD, ESRD, and the frail elderly. Moderate agreement was found between ratings (ICC = 0.442 (.281, .569) (95% CI), $p < .001$). Bland Altman plots demonstrated that agreement was evenly distributed throughout the scale. Patient reported neuroticism (M = 15.62, SD = 7.02) was significantly lower than caregiver reported neuroticism (M = 19.22, SD = 7.65), $t(216) = -6.30$, $P < .001$, consistent with previous research suggesting caregivers often overestimate distress. Implications and future directions for personality and end of life care research are discussed.

P77

Advancing mapping methods to explicate the information-care relationship in dementia care

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Objectives: Seeking, interpreting, managing and sharing information (examples of activities considered as information work) are key components of care provision. Information work saturates every facet of caregiving, providing tools for coping, problem solving and dealing with uncertainty through knowledge and support. Despite findings that extensive unmet caregiver needs persist, family caregivers' information work is increasing in intensity given trends towards the informatization of care, that is, the provision of

information used as a means to gradually marginalize care.

To develop new insights into how family caregivers understand and perform the information work needed for care provision to community-dwelling older adults living with dementia, a mapping exercise based on Sonnenwald's information horizons (1999) was appraised.

Method: The concept of information horizons involves a map of information sources and services based on an information need. Eleven family caregivers of community-dwelling older adults living with dementia drew maps of their information worlds, graphically representing the information resources (people, agencies, texts and websites) they access within their care context.

Results & Conclusions: As information can be a nebulous concept to discuss, creating a map served as a helpful tool for caregivers to make visible the intricacies of their information work, including the barriers encountered and inventive strategies created to access, use and translate information. As a means to more responsively support the information needs of family caregivers, this study signifies an innovative shift in the ways the complexities of searching for and using information on behalf of an aging family member are understood.

P78

Pioneers in Aging: Voices of rural dwelling women age 85 and older

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One of the least studied and fastest growing segments of the population are the "pioneers in aging," that is women age 85 and older, many of whom are aging-in-place in rural communities. It is vital that we learn the realities of what supports or limits the ability of these women to remain in their location of choice. To explore the lived reality of these women, I drew upon critical social theory, a feminist lens and critical educational gerontology to examine cultural forces that influence how we experience aging, the power relations between individuals, the ability to adapt to aging, and inequalities older women face. In this qualitative study, I used four methods of data collection: 1)

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semi-structured face-to-face interviews; 2) a modified version of photovoice to nurture the voices of the women through photographs, dialogue and reflection; 3) a reflective journal and 4) a review of available programs and services related to issues raised by the study participants. For this presentation, the results will focus on: what I have learned through using modified photovoice with women age 85 and older as an innovative approach to ensuring the women's voices are heard; and the pros and cons of using photovoice with this age group. The results of this study demonstrate how photovoice not only enables older women to show their concerns but also their demonstrated assets and strengths. This research contributes to feminist and educational gerontological research and informs how we can learn from the experiences of the pioneers in aging.

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Normal Aging, Cardiovascular Risk Factors, and their effects on Variability in Attention: a New Focus

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Objectives: With an aging population, there is an increasing pressure for earlier detection of cognitive impairments due to neurological disorders. The presence of cardiovascular risk factors in older adults affects white matter tracts important for attentional control, and also increases the likelihood of later developing dementia. Current gold-standard clinical tests may not be sufficiently sensitive to detect subtle cognitive decline due to poor cardiovascular health. Recent evidence in patients with early-stage Alzheimer's disease suggests reaction time intra-individual variability (RT-IIV) may be very sensitive to subtle attentional control deficits. However, no studies to date have examined whether attentional control tests are sensitive to cognitive decline due to aging and cardiovascular risk factors.

Method: To this end, healthy younger adults, healthy older adults, and older adults with cardiovascular risk factors were given various tests of attentional control and questionnaires about cognitive abilities in daily life.

Results: Aging was generally associated with slower RTs. Regarding accuracy and RT-IIV, the picture was more complex, with group differences depending on the task and metric.

Conclusions: The results suggest that experimental cognitive control tasks have potential utility as clinical tools in the earlier detection of cognitive impairment due to the subtle effects of poor cardiovascular health on the brain.

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Analyser l'évaluation de l'autonomie fonctionnelle des personnes âgées menée par des travailleurs sociaux

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La pratique professionnelle des travailleurs sociaux (TS) en service de soutien à domicile (SAD) repose sur l'évaluation de l'autonomie fonctionnelle de la personne âgée pour identifier les besoins, les compenser pour assurer son maintien à domicile. Au Québec, elle repose sur l'usage d'un outil standardisé (OEMC) utilisé depuis dix ans. Dans le cadre d'une thèse en gérontologie, nous explorons cette pratique basée sur l'expérience, l'acte d'évaluer étant peu abordé comme processus clinique mais plus comme procédure institutionnelle (SAD) et instrumentale (OEMC).

La méthode qualitative s'attache à l'analyse en profondeur de l'activité de six TS expérimentés en SAD. Partant de l'observation de ce qu'il fait au quotidien, nous proposons successivement des entretiens individuels (contexte de pratique, récit de pratique et explicitation) avant de leur permettre d'échanger entre professionnels à partir des résultats préliminaires analysés (entretiens croisés, groupe de discussion).

Les résultats obtenus permettent d'avancer que l'évaluation formalisée par le moment de l'usage de l'outil (OEMC) est un processus continu, itératif croisant ce que le professionnel, voit, entend, sent, en situation. L'évaluation repose sur cette aptitude à relier des indices épars, d'en extraire du sens. La complexité des situations augmente la difficulté de l'activité lorsque perte d'autonomie se combine avec maltraitance ou refus de service.

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L'activité mobilise à la fois savoirs, valeurs professionnelles, normes sociales, institutionnelles et personnelles du TS parfois en conflit avec les besoins formulés par la personne âgée. Le TS doit agir comme médiateur dans la situation singulière vécue par la personne pour pouvoir intervenir

P81

"Incontinence is a normal part of aging for Canadian women." Does it matter?

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Objectives: Many women see urinary incontinence (UI) as normal part of ageing. This study described the distribution of UI in a cohort of Canadian community dwelling older women and explored the relationship of the belief that UI is normal for aging with UI related variables and quality of life (QoL).

Methods: This secondary analysis of data from a large randomized, controlled trial included validated assessments of overall health, physical activity, frequency of incontinence, incontinence subtype, quality of life and Short Form-12 questionnaires. Multivariable logistic regression analysis described the association between variables.

Results: In 4446 women [mean (SD) age: 78.2 (9.0), mean (SD) BMI: 26.6 (5.5) - 2424 (54.5%) had no UI, 729 (16.4%) had stress UI, 453 (10.2%) urgency UI, and 840 (18.9%) mixed UI. Incontinence diagnosis was significantly associated with BMI ($p < 0.001$). Of women with ≥ 19 IQOL responses ($n = 3579$) mean (SD) IQOL score was 84.68 (19.0). QoL decreased with increasing frequency of urine leakage, any UI and with ≥ 2 urinations/night ($p < 0.001$). There was no significant association between the belief that incontinence is normal for ageing and incontinence sub types ($\chi^2 = 1.35$, $df = 5$, $p = 0.50$), increasing incontinence severity and pad use. Women who believed incontinence to be normal for aging had reduced QoL compared to those who did not [83.9 vs 87.4 ($p < 0.00001$)].

Conclusion: Despite being associated with impaired quality of life, the belief that incontinence is normal for ageing is not affected by increasing

incontinence severity, pad use, or underlying diagnosis.

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Loss, humour and engagement revealed in conversations with couples (the person with dementia and their family member) living with dementia in the community

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This research explores the intersubjectivity of living with dementia from the perspectives of the person with dementia and their family member (couple) within the context of their everyday activities and relational stories. Symbolic interactionism, as the theoretical framework, directs the interpretation of intersubjectivity as the way self is shaped within the couple's interactions. The research answers this question: "How do persons with dementia and their family members shape their understanding of themselves, the other and their relationship within their interactions describing their everyday activities and relational stories?"

A focused ethnographic approach captured the "emic" or the insider's perspective of the couple through a triangulation of methods including individual and joint, in-depth, informal, interviews, participant observation and photo-elicitation. Thematic analysis of the data provides insight into how the couples reconstruct their relational experience within the context of their current circumstances. Each couple's interaction reveals their losses, expressions of humour including the honour and respect they have for each other. Conversations reveal the intention of persons with dementia to remain engaged within the social interaction as well as provide insight into how the stigma of dementia can infiltrate the couples' everyday activity. The interdependence of the couples' selves is evident within the efforts each person makes to remain connected within the relationship. The intersubjective perspective increases an understanding of impact of the relational experience of living with dementia. This knowledge is foundational for developing clinical and policy interventions that benefit the quality of life of those living with the experience of dementia.

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Qualitative Exploration of the Decision-Making Process in the Management of Acute Hip Fracture in Residents of Nursing Homes

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Background: Incidence of hip fracture in nursing home residents is almost twice that of community dwelling residents. Most residents undergo surgical repair of hip fracture, however, an estimated 12-15% do not. It is not known what drives the decision to pursue surgery or to palliate in this population.

Objectives: To explore how decisions are made in the management of acute hip fracture in residents of personal care homes as experienced by nurses who provide direct care.

Methods: Focus groups with nurses were held at five personal care homes in Manitoba. Twenty-eight nurses were interviewed to gather their direct experiences and observations of the decision-making process around acute management of hip fracture. Focus group discussions were audiotaped and transcribed. Data was analyzed using thematic analysis.

Results: Standard care for acute hip fracture was surgical fixation. Nurses observed that in almost all cases of a decision to pursue palliative care, the decision was directed by families based on previously determined residents' goals of care. Nurses did not consider education and counselling to families regarding management options and outcomes following hip fracture to be within their scope of practice. In cases where residents underwent surgical repair, nurses assumed that informed discussions of options occurred between families and the attending physician or the orthopaedic surgeon.

Conclusions: This study suggests that the decision to decline surgery and pursue palliative care is driven by residents' families or substitute decision makers based on previously defined, specific goals of care.

P84

A Scoping Review on PTSD and Dementia in Military Veterans

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Background: Dementia in aging Canadian Veterans may be complicated by the presence of chronic Posttraumatic Stress Disorder (PTSD) arising from trauma exposure during military service. Research has found that PTSD can worsen or re-emerge following the onset of dementia by interfering with cognitive strategies or defense mechanisms that had previously been effective. This could have a negative impact on a Veteran with cognitive impairment by re-experiencing traumatic memories, resulting in poor quality of life. This purpose of this scoping review is to identify and describe PTSD and dementia in older Veterans.

Methodology: This scoping review follows Arksey and O'Malley's (2005) 5-step structured approach to identifying and synthesizing knowledge. The databases that were accessed include: CINAHL, MEDLINE, EMBASE, PsycInfo, Healthstar and PubMed.

Results: A total of 248 citations were identified for this study. English language sources that focused on PTSD and dementia in the Veteran population were included. Title and abstract review yielded 27 articles for full review. Over half of the sources (14) studied or reported on the association between increased prevalence of dementia in Veterans with PTSD. The remaining articles used a range of methodologies to illustrate the clinical features of PTSD and Dementia in Veterans; such as, increased traumatic memories, aggression, negative consequences towards caregivers and lack of training of health care providers.

Conclusions: The results of this scoping review will be used to identify current knowledge related to Veterans with PTSD and dementia and inform further research in this emerging area.

P85

Sex and gender differences between dementia spousal caregivers: A scoping review

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The Canadian Institutes of Health Research promotes examination of sex and gender influences on health outcomes, in order to inform the development of effective and equitable health research, policy and practice. Research on dementia spousal caregivers, a fast-growing population, has integrated a sex and gender perspective for several decades. However, to date, no review exists examining, evaluating synthesizing and interpreting this research.

Objectives: 1. To present the nature of the literature regarding sex and gender differences between dementia spousal caregivers; 2. To critically evaluate the evolution of discourses regarding sex and gender in this literature and compare it to current discourses of sex and gender in health research; 3. To identify future research directions.

Method: This scoping review followed a rigorous methodology, including a comprehensive search strategy using seven databases, and two independent reviewers who selected articles, extracted data, and rated the methodological quality of each study using a priori criteria.

Results: Results provide an overview of the included studies (e.g., study designs, characteristics of study participants, and concepts addressed in studies [e.g., health outcomes, responses to interventions]), a description of how sex and gender are defined and operationalized in the included studies, a synthesis and interpretation of major findings, and a discussion of how findings regarding sex and gender compare to those in the general caregiving population.

Conclusions: A synthesis and interpretation of existing research on sex and gender differences between dementia spousal caregivers will help advance gender sensitive practices and identify future research needs for this growing population.

P86

Can we get there from here? Canada's Aging-Related NCEs and a National Seniors Strategy

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Objectives: There have been many calls for a national seniors strategy to provide a coordinated policy response to challenges and opportunities of an aging society (e.g., CARP, 2015; CMA, 2015; CNA, 2016). A major federal government initiative to address the health, social and economic well-being of Canadians is the Network of Centres of Excellence (NCE) program. Two of the 10 current NCEs have a focus on aging: the AGE-WELL NCE focused on aging and technology, and the Canadian Frailty Network (CFN). We explored the extent to which these NCEs may help to achieve the aims of a national seniors strategy.

Methods: We reviewed documentation available on the AGE-WELL and CFN websites, including statements of strategic priorities and information on funded projects. Identified priorities and initiatives were mapped to the pillars and principles of the CIHR-funded national seniors strategy framework (Sinha, et al., 2016).

Results: Work being undertaken by the NCEs is consistent with the aims of the national seniors strategy. AGE-WELL's efforts address individual and caregiver concerns of social participation and functional independence, while CFN targets health system issues and participatory health care decision-making. The seniors strategy framework also identifies broader societal issues, such as income security and age-friendly communities, which are not the current focus of the two NCEs.

Conclusions: AGE-WELL and CFN are poised to make a major impact on the health and well-being of Canadian older adults and health systems. Achieving the broad aims of a national seniors strategy requires an additional focus on broader societal concerns.

P87

The Sustainability of Quality Improvement Initiatives: A Scoping Review

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Background: Quality improvement (QI) initiatives are a key vehicle for improving the quality of healthcare received by seniors across all sectors from home and community care to acute care; however, there are few studies which examine how QI initiatives' benefits may be sustained beyond the initial QI implementation phase.

Objectives: (1) To describe the scope of both empirical and conceptual research on the sustainability of QI initiatives since the publication of the last comprehensive scoping review in 2011. (2) To identify gaps in the literature to guide future research.

Methods: This review followed Arksey and O'Malley's framework. MEDLINE, PsychINFO, Scopus, CINAHL and Web of Science databases were searched for articles in English published after 2011.

Results: 2608 articles were screened; 20 met inclusion criteria. All four theoretical contributions attempted to reconcile differing conceptualizations of sustainability through expert panels, concept analysis, and literature reviews. Indeed, only a quarter of the studies reviewed cited a published definition of sustainability and no studies used the same definition. Of the 16 empirical studies, most (13) followed interventions two or more years after implementation, although only one employed a quasi-experimental design. Two studies examined the role of implementation fidelity in sustaining intervention outcomes but no studies considered the role of adaptation to local contexts in promoting sustainability.

Implications: New research in sustainability should build upon existing conceptual frameworks and examine adaptations to interventions in more depth. Implementation practitioners should consider how sustainability may be evaluated when planning interventions.

P88

Relevance of network analysis metrics to understand the interaction between social support and the functioning of older caregivers

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Background: Elderly caregivers are at risk of experiencing adverse outcomes, such as depression, anxiety and loneliness. Fortunately, research shows that social support is a protective factor for caregivers. However, social support is often assessed using subjective or superficial measures, such as subjective satisfaction, network size or frequency of contact.

Aims: This study investigates the use of structural analyses of social networks, so as to determine if metrics bearing on network structure are associated with caregiver functioning. Ultimately, the aim is to determine if structural metrics may offer a better insight into social support than more commonly used measures, such as network size.

Methods: Participants completed a battery of questionnaires measuring common indicators of psychological functioning, followed by a structured interview in order to analyse their support network. Networks were compiled and metrics calculated for each participant.

Results: Overall, 33 caregivers took part in the study. Results show the importance of network density in the relationship between social support of caregivers and their functioning, such as life satisfaction, depression and anxiety. Furthermore, density was a better predictor of carer's functioning than network size, suggesting that metrics from network analysis could help assess caregivers.

Conclusion: This study demonstrates that social functioning can and should be assessed structurally. In a clinical context, this result shows the importance of investigating interactions among members of a patient's social network. Network data can be relatively simple to obtain and compile, for example using a short semi-structured interview.

P89

Attributions for Physical Activity in Older Adults: Effects on Everyday Physical Activity and Mortality

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Although physical activity is recognized as health promoting behaviour for older adults, there are notable barriers that may reduce activity (Chao et al., 2000; Sarkisian et al. 2005, 2007). While poor health is one barrier to activity for older adults, little research has explored attributions as potential psychological (vs. health) barriers. We examined everyday physical activity (EPA) and mortality over a 10-year period (2006-2016) in a sample of older adults ($M_{\text{age}} = 86$) participating in the U Manitoba Successful Aging Study (SAS; $N = 261$). Our objective was to assess the role of adaptive and maladaptive attributions for physical activity when older adults feel unwell (see Weiner, 1985, 2012). Hierarchical and Cox proportional hazard regression analyses revealed that adults endorsing more internal, stable, and uncontrollable attributions (e.g., physically incapable) for physical activity had lower subsequent EPA levels ($\beta = -.22$, $p = .004$), and higher 10-year mortality risk ($HR = 1.51$, $p < .001$). Other attributions with different dimensional properties (e.g., internal, unstable, and controllable) did not predict EPA or mortality. Findings suggest that beliefs older adults have about their past health promoting behaviour (e.g., physical activity) can strongly influence their future behaviour and longevity. Psychological treatments designed to encourage adaptive attributional thinking for older populations who face barriers to physical activity may be an important avenue for future research.

P90

“Data and practice-rich, but theory-poor”: The world of intergenerational learning

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Background: Intergenerational Learning Programs (ILPs) are often proposed as solutions to combat social exclusion among older adults. Although ILPs are considered a social vehicle to facilitate an exchange of knowledge and resources between older and younger generations (e.g. Digital literacy programs), ILPs have faint and indistinctive conceptual underpinnings. This presents a number of challenges where methodology, application, and outcome measures are concerned.

Objectives: This poster will investigate general ‘practices’ in the field of intergenerational learning, explore existing theories, and highlight the taken-for-granted assumptions through a critical gerontological lens.

Method/Approach: This poster presents the results of an initial scoping review on the existing theoretical frameworks and models of intergenerational learning covering the period of 1990-2017. This search targets the ways in which the field addresses the theoretical foundations, methods and approaches in regards to older and younger people. The review encompasses how the area of interest conceptualizes the realms of intergenerational learning in order to comprehend the underlying assumptions utilized in the field to describe and implement ILPs. Through this investigation, age-related changes in cognitive function, extrinsic and intrinsic rewards, perceived benefits, satisfaction and performance will also be explored.

Implications: Developing a stronger theoretical base for intergenerational learning is a foundational step for building stronger policy and practices for ILPs in Canada.

P91

Educational Gerontology and Older Adult Exercise: A Scoping Review

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Objective: Increasing attention is being given to exercise participation among older people within both policy and research. Engagement in exercise has been linked to falls prevention, alongside many other markers of morbidity and mortality. Further, participation has been connected to improved quality of life, self-esteem, and well-being. Existing literature suggests that the exercise instructor plays an important role in psycho-social outcomes of participants in older adult group fitness. Exercise instructors are also teachers, but scant literature exists on the specific educational mechanisms employed by instructors, and how certain techniques and practices therein are linked to positive or negative psycho-social outcomes. As such, there exists a great need to situate literature on educational gerontology within the literature on physical activity in older adulthood to better understand the cognitive, affective, and kinesthetic teaching methods exercise instructors employ.

Methods: A scoping review of educational gerontology in the realm of physical activity and exercise was performed, with the purpose of mapping key concepts and the main sources and types of evidence available.

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Results: Literature pertaining to aging, physical activity, and health and body pedagogies are here integrated to synthesize extant knowledge and to critically assess gaps in the literature.

Conclusion: This review produces a novel synthesis and understanding of teaching and learning older adults, specifically in the context of exercise, from a critical perspective. Several avenues for future research are identified, alongside a consideration of the implications of the scoping review findings for both policy and practice.

P92

Neighbourhood Characteristics and Social Well-Being in Older Women: A Scoping Review

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Objective: A considerable proportion of older women are residing within Canada's urban centers and neighbourhoods. Additionally, the population of urban-dwelling older women is expected to rise as the Canadian population continues to age. Many urban-dwelling older women experience both benefits (e.g. proximity to resources; transportation) and disadvantages (e.g. urban crime) to living in urban neighbourhoods. Relatively little is known, however, about how factors and characteristics of urban neighbourhoods contribute to or harm the social well-being of older women living in these neighbourhoods. As such, the purpose of this paper is to provide a synthesis of the existing literature and highlight directions for future research.

Methods: A scoping review of the literature was conducted using a systematic search strategy in six relevant academic databases.

Results: Numerous neighbourhood characteristics are linked to positive and/or negative social experiences for both older men and women. Yet, certain social and physical characteristics of urban neighbourhoods appear to contribute to 'gendered' experiences with respect to social capital, well-being, inclusion, and isolation among urban older women.

Conclusion: Further research into the 'gendered' relationships between social well-being and neighbourhood characteristics is needed to better

address the unique needs of older women aging in Canada's urban communities. Recommendations for next steps are made.

P93

Perspectives on health and support services for people with young onset dementia

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Background: In contrast to the growing global spotlight on dementia and aging populations, young onset dementia (YOD) (onset before 65) has received relatively little attention. The predominant view of dementia as a disease of old age has overshadowed the presence of dementia in younger age groups and the needs and experiences of this population. Specialized services for people with YOD are extremely limited across Canada and around the world. As a result, people with YOD must navigate through health and support systems designed for older adults, and it remains unclear whether these services meet their needs.

Purpose: This poster will present preliminary results from an ongoing qualitative study examining health and support services for people with YOD in Manitoba from the perspectives of people living with YOD, family members and providers. The study aims to identify barriers and facilitators to care, areas of unmet need, and promising practices.

Methods: In-depth, semi-structured interviews with people living with YOD and their family members will explore participants' experiences of health and support services, areas of unmet needs, and preferences for service delivery. Interviews with health practitioners and service providers will identify barriers and facilitators to diagnosis and care, gaps in services, and areas of good practice.

Significance: This study aims to address a critical gap in our understanding of the care experiences, barriers to care and service needs of people with YOD and their families.

P94

"Don't take this the wrong way...but are you a Buddhist?": A reflexive account of the blurring of insider/outsider positioning

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This paper offers a reflexive account of the fluctuating, multiple researcher identities I encountered during my dissertation research. The study explored the phenomena of aging-out-of-place with Sinhalese immigrants who entered Canada as older adults. Participants took part in a phenomenological interview, and a photo-elicitation interview in which photographs taken by the participants were discussed in greater depth. A Sinhalese immigrant myself, albeit younger than my participants, I embarked on the dissertation positioned within the dominant inside/outside discourse. Rooted in Sinhalese culture and fluent in the Sinhalese language appeared to privilege me with insider status. However, the generational gap and immigration to Canada during childhood distanced me from my participants. Over the course of the study I grappled with internal and external tensions with the fluidity and instability of my identities as they related to the social position of my participants. My position as the researcher wavered among being an insider, being an outsider, and being somewhere in-between this spectrum.

This paper first explores the ways in which the fluidity of researcher identity has influenced the scope of my study, access to participants, the co-construction of knowledge, and the maintenance of research rigor. Secondly, I reflect on the complexity of simultaneous sameness and difference with my participants and the ultimate realization that the insider-outsider dichotomy is deceptively simplistic.

P95

Exploring XBOX Kinect Gaming Experiences of Older Adults

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Cognitive decline is one of the most feared aspects of growing older that may produce financial, personal, and societal burden and serious consequences on older adults' independence and quality of life. The findings of previous studies suggested that playing digital games can activate

cognitive skills as players explore dynamic and rich environments, adapt to changing changes, make quick decisions, and construct mental representations of space to move among screens. In this study, we used XBOX Kinect gaming console that employs advanced sensing technologies to allow players to interact with the game using body movements in a natural way. The purpose of this research was to investigate the gaming experience of older adults and identify the benefits and obstacles they encounter while playing XBOX Kinect games. A total of ten older adults (an average age of 80) were recruited from two senior centers. In the period of five weeks, participants played mini exergames from collections: Kinect Sports, Dr. Kawashima Body and Brain Connection, Yourshape, Kinect Adventures, and Dance Central 3. Each session lasted for 30 to 60 minutes and was video and audio-taped. An observation protocol was used to take field notes. In addition, interviews were conducted after each session and at the end of the study. The findings show that older adults enjoyed most games they played, but preferred ones they were familiar with, such as bowling. Also, they valued the exercise aspect of games because they had to use their cognitive and physical abilities at the same time.

P96

Rethinking societal participation & productivity of older adults: Optimizing opportunities for seniors/older adults to contribute to community development

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This paper seeks to bring attention to the relevance of rethinking, encouraging and optimizing the participation and contribution of senior (or older adults) in community development within the Social Economy.

Evidence is provided regarding the continuing and increasing trends of longevity among seniors both globally and within the global North, due to advancement in the quality of health care and overall quality of life, amongst others. The consequence of this combined with teething and emerging socio-economic challenges includes that seniors are wanting to be more economically engaged for longer and hence require more attention than is currently being accorded them,

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given their potential to contribute to (especially Western) economies whose working populations are fast aging, without sufficient younger people to replace the retiring ones. A case study (supported by research-based evidence, including from Stats Canada and other relevant literature) of the seniors within community setting (in Canada) is used as the basis to make a strong case for this rethink and optimization with policy, practice and other far reaching implications for Western societies. Some recommendations to facilitate the reintegration and contributions of seniors especially within the Social economy of Canada is proposed.

P97

A comparison of fall risk factors and muscle strength in pre-frail and non-frail older women using different pre-frailty markers

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Objectives: To compare fall risk and muscle strength differences in older women with and without signs of pre-frailty as defined by: 1) hand grip strength (HGS) and 2) presence of 1 or 2 frailty markers of HGS, physical activity, weight loss or Timed Up and Go (TUG) score.

Methods: Forty-one older women age 60 - 91 years of age (mean 75 ± 8 years) were assessed using the TUG, Physical Activities Scale for the Elderly (PASE), tandem balance, Fall Risk for Older People in the Community (FROP-Com), Activities Balance Confidence (ABC), sit to stand (STS) and concentric and eccentric upper body strength. Pre-frailty markers were defined by low HGS based on age and BMI, > 1 kg weight loss in the past year, below the PASE 25th percentile or above the TUG 75th percentile. MANOVAs were used to compare fall risk factors and muscle strength between pre-frail and non-frail women using the definitions above.

Results: There were significant multivariate differences for measures of fall risk and strength ($p=.009$; $p=.04$) between HGS pre-frail women ($n=11$) compared to non-frail women with no pre-frailty markers ($n=18$), but there were no significant multi-variate differences for fall risk or strength ($p=.61$; $p=.13$) when comparing pre-frail women with presence of 1 or 2 pre-frailty markers ($n=18$) to non-frail women ($n=18$).

Conclusions: Hand grip strength classified according to BMI and age could be an important and simple clinical test to identify fall risk and muscle strength loss in older women.

P98

Recognizing progress: Examining a widower's use and perceived benefits of the *Reclaiming Self* writing tool

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Introduction: Bereavement may be a difficult time for spousal caregivers of a person with dementia. To facilitate bereavement, a writing tool titled *Reclaiming Self* was developed and is being evaluated through research.

Methods: The aim of this presentation is to share a case example of an 86-year-old widower, selected from a larger intervention trial study examining the use of the *Reclaiming Self* writing tool. The participant used the writing tool during a one-month period and completed an exit interview to assess its applicability and appropriateness. The participant volunteered to share his completed *Reclaiming Self* writing tool. His written thoughts on the tool and exit interview transcript were examined for themes through a thematic analysis (Braun & Clark, 2006).

Results: The opportunity to reflect on emotional and cognitive changes during bereavement was a salient theme. Conscious reflection of grief facilitated acknowledgment of progress and understanding of personal growth. The participant reflected on his support system (primarily family) through writing and his use of the writing tool led him to discuss his reactions to his loss and feelings with his children, thereby opening communication between himself and family members about his feelings regarding the death.

Conclusions: This case study illustrates how the *Reclaiming Self* tool may benefit bereaved spouses of persons with dementia, and their family members, through reflections on past and current behaviours/feelings related to the death of the spouse. This case study is both unique and

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connects to themes from our broader sample of bereaved spousal caregivers.

P99

Parallel forms for story recall in older adults

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Deficits in episodic memory are among the earliest indicators of cognitive decline. One of the primary methods of assessing episodic memory in older adults is through recall of story materials; however, major challenges exist related to practice effects and scoring protocols. The present study aims to address these issues through the development of 12 story pairs and a scoring protocol that goes beyond the traditional unit based binary scoring method (correct/incorrect). Cognitively healthy older (n=21) and younger adults (n=22) listened to story pairs one at time and were asked to recall the story immediately after and following a 20-30 minute delay. Recall was scored by two independent scorers using both unit- and proposition-based approaches. Responses were coded as veridical, gist, or distorted. Overall, younger outperformed older adults ($F(1,41) = 7.04$, $p = 0.01$), and veridical recall was higher in the immediate than the delayed condition ($F(1, 41) = 348.21$, $p < 0.001$). The difference between younger and older adults was greater with proposition-based than with unit-based scoring ($F(1, 41) = 30.12$, $p=0.001$). Older adults produced more gist responses than younger adults ($F(1,41) = 6.80$, $p = 0.01$) and proposition-based scoring resulted in higher gist recall than unit-based scoring ($F(1,41) = 15.76$, $p < 0.001$). The association between frontal-lobe function and veridical recall will be examined. Findings support a proposition-based approach being more sensitive to memory declines than a unit-based approach. Moreover, distinguishing between three response types provides a more fine-grained representation of the changes in memory function in normal aging.

P100

Identifying sensory impairment in long-term care residents with dementia: an environmental scan and qualitative analysis

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Background: Two thirds of long-term care (LTC) residents are living with hearing and/or vision loss and more than half are living with dementia. Older adults with dementia are subject to higher incidence rates of sensory impairment and thereby at increased risk of further decline. There are currently few validated measures to screen for hearing and vision loss in this population.

Objective: As part of a larger study aimed at identifying effective hearing and vision screening measures that are suitable for older adults with dementia, we explored the current practices of registered nurses in two LTC homes and the assessment approaches used by hearing and vision specialists with the geriatric population.

Methods: 30 healthcare professionals (20 LTC nurses and 10 hearing or vision specialists) participated in the environmental scan. Recorded interviews were transcribed verbatim, and independently coded by two teams using data-driven, qualitative content analysis.

Results: Parallel analyses identified common facilitators and barriers, as well as strategies used in the care and assessment of LTC residents with dementia. These findings are discussed in the context of communication, education and assessment, as reported by healthcare professionals.

Conclusions: Healthcare professionals are currently using informal strategies and observations to care for and assess the needs of LTC residents with dementia; however, there is an

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expressed need for the provision of further education in assessment, strategies for adapting existing screening tools, standardization of screening methods, and for increased inter-disciplinary collaboration, to enable more effective identification of sensory impairment in this vulnerable population.

P101

A Community and Ambulatory Care Fall Prevention Virtual Community of Practice: A Case Example from the Winnipeg Regional Health Authority

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In 2012, a Winnipeg Regional Health Authority, Community and Ambulatory Care Fall Prevention Working Group was formed to coordinate approaches across community sites and programs. Initial objectives included developing and implementing environmental hazards checklists for facility inspections and to inform construction/renovation projects; a client fall risk screening tool; public education resources; and a fall prevention and management staff training curriculum. Once objectives of the working group were achieved, a virtual fall prevention Community of Practice (CoP) was formed.

We conducted an evaluation of the CoP to explore its utility, based on Cambridge, Kaplan, and Suter's (2005) CoP Design Guide. Themes of evaluation considered the CoP lifecycle phases, including its purpose, design, launch, growth and sustainability. The supporting activities for cultivating and maintaining relationships among members, shared practices and activities, and knowledge exchange were documented. This evaluation has illuminated the importance of purpose refinement and virtual and in-person engagement strategies for CoP growth, utilization and sustainability.

In light of the growing interest in virtual collaboration, this case example of how a virtual community of practice can be established and evaluated may be of interest to other working groups. Our community of practice demonstrates a coordinated approach that has created a virtual landscape of fall prevention and management resources for effective, broad and timely knowledge mobilization. Strategic formative evaluation is recommended, particularly during the

launch stage. This work has been effective in facilitating consistency of fall risk assessment, prevention and management, referral and education in the community and ambulatory care sector.

P102

Lifting the Burden: A Descriptive Study of Lift Assist Calls and their Impact on Emergency Medical Services in Southwestern Ontario

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Background: A "lift assist" (LA) is a non-urgent, 9-1-1 call for paramedics to assist patients who are unable to get up, are determined uninjured, and refuse transport to hospital. LAs are common, involve recurrent patients, and are non-reimbursable. Implementation of "no-lift policies" (NLP) within community support services contributes to an increase in LAs, resulting in diversion of resources from emergent calls and potential increased response times.

Methods: An original dataset of electronic patient care reports was used to extract a subset of de-identified LA calls for a period of one year. Descriptive statistics, time analysis, text analysis, and analysis of community support services after paramedic referral were performed.

Results: The 1,121 LA calls analyzed were generated from 611 individuals, of which 192 (31.4%) were recurrent callers. Caller's average age was 80 (65-100) where 49.6% were females. LA calls averaged 43 minutes and occupied paramedic resources for a total of 801 hours or 33 days in 2015. Paramedics referred 105 (17.2%) patients to Community Care for new or additional services, where 29% were new clients and 71% were existing clients with active services.

Discussions: LA calls are time consuming and constitute non-essential use of paramedic resources. Increasing frequency of recurrent callers indicates dependence on paramedic

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services. No-lift policies in long term care and community services contribute to the increase of LA calls. To prevent non-essential LA calls, evidence-based solutions are urgently needed.

P103

Evaluating the Construct Validity of the Mealtime- Relational Care Checklist in Long-Term Care

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The Making Most of Mealtimes (M3) study is a cross-sectional, multi-site study with the aim of examining determinants of food intake in long term care (LTC). Resident-level Mealtime- Relational Care Checklist (M-RCC) data was collected from 634 residents in 32 LTC homes in 4 Canadian provinces at three meals, over three non-consecutive days. M-RCC was developed for the M3 study to assess person-centered care (PCC) practices in LTC homes using a checklist of 25 actions exhibited by staff. From this checklist, a ratio of positive to negative actions was created to summarize PCC practices during mealtimes. The purpose of this study was to assess the construct validity of the M-RCC by determining associations with other valid and reliable scales used in M3. Each dining room (n=82) was also assessed 4-6 times with the Mealtime Scan to provide a dining-room level M-RCC and once with the Dining Environment Audit Protocol; summary scales were used to determine concurrent validity of the M-RCC. Individual-level M-RCC was associated with the dining room level M-RCC ($\rho=0.25$; $p=0.02$), PCC scale ($\rho=0.28$; $p=0.01$) and the functional ability of the dining room scale ($\rho=0.23$; $p=0.02$). The provinces demonstrated significant differences ($p < 0.01$) in many of the M-RCC practices, such as asking residents their food preference and not distributing medications during mealtimes. This study offers evidence for the construct validity of the M-RCC suggesting it could be used in research as well as to guide improvements in PCC

practices. Research funded by the Canadian Institutes of Health Research.

P104

Interventions to address loneliness/social connectedness for older adults: a scoping review

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Objectives: Interventions aimed to affect older adults' loneliness/social connectedness have not been clearly described. The purpose of this review was to map the literature on interventions and strategies to affect loneliness/social connectedness for older adults.

Method: A scoping review was conducted. Six electronic databases were searched from inception in July 2015 to yield 5530 unique records. Standardized criteria were applied to select 44 studies (reported in 54 articles) from the titles/abstracts. Descriptions of the interventions and strategies, their hypothesized mechanisms, and the context of the included studies were extracted. Analytic techniques included calculating frequencies, manifest content analysis/meta-summary.

Results: Interventions were described or evaluated in 39 studies, and five qualitative descriptive studies described strategies to affect older adults' loneliness/social connectedness. The studies were often conducted in the United States (38.6%) among community dwelling (54.5%), cognitively intact (31.8%), and female-majority (86.4%) samples. Few focused on non-white participants (4.5%). Strategies described most often were engaging in purposeful activity and maintaining contact with one's social network. Of nine intervention types identified, the most frequently described were One-to-One Personal Contact and Group Activity. Many interventions targeted social contact as a way to address loneliness/social connectedness; few targeted purposeful activity.

Conclusions: Next steps will include systematic reviews to assess effectiveness of nine types of interventions. Innovative conceptualizations of intervention targets are needed to move beyond the current focus on the objective social network as a way to promote social connectedness for older adults.

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P105

Comparison of 2015 and 2016 Lift Assist Calls Serviced by Middlesex-London Emergency Medical Services

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Background: A "lift assist" (LA) is a non-urgent, non-reimbursable emergency call that involves the correction of a patient's position and mobility, subsequently resulting in refusal of transport to hospital. Responses to LAs are common, involving seniors and recurrent patients. The diversion of resources to LAs potentially delays emergency responses and increases response times.

Methods: Electronic datasets of electronic patient care reports were refined to extract 1,612 and 1,767 LA calls in 2015 and 2016, respectively. Descriptive population analysis, time analysis, and ambulance costs projections were performed.

Results: The LA calls analyzed were generated from 776 and 884 individuals, of which 254 (32.7%) and 272 (30.8%) were recurrent callers. LA calls experienced a 9.6% increase from 2015 to 2016 with LAs for seniors growing at a rate of 18.2%. Increasing age lead to greater proportions of LA patients with the highest age group being those 85 years old and older (2015: 33.4%, 2016: 32.9%). Time analysis showed LA calls averaged 43.8 minutes in 2015 and 46.5 minutes in 2016, occupying a total of 48.9 days and 57.1 days, respectively. Ambulance costs projections estimated that, with current growth rate, LA calls could reach 16,456 calls, 516.5 days, and \$2,442,111 by 2041.

Discussions: LA calls are time consuming, increasing in frequency, and present inessential use of paramedic resources. The prevalence of recurrent callers indicates that LA patients are dependent on paramedics. To lower the prevalence of LA calls, evidence-based innovative solutions are necessary and can be targeted at specific populations.

P106

The Relationship between Social Isolation and Loneliness and Self-Reported Mental Health Status

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Objective: That loneliness and social isolation have detrimental health consequences is well documented. Relatively fewer studies, however, have examined loneliness and social isolation together. The objective of this paper was to address this issue and investigate the relationship between both loneliness and social isolation and self-reported mental health status.

Method: This cross-sectional study was based upon 339 individuals aged 65 to 94 residing in Winnipeg who were interviewed between October 2010 and January 2011. Logistic Regression analysis was used to investigate the effects of loneliness (lonely, not lonely) and social isolation (socially isolated, not socially isolated) on self-reported mental health, dichotomized as poor or good. Covariates of age, gender, education, total number of persons in the household, and the number of chronic health conditions were considered in the analyses.

Results: The analyses show that being socially isolated, lonely and having an increased number of chronic health conditions were associated with reduced self-reported mental health status. For example, older adults who were socially isolated had 1.66 higher odds of having poor self-reported mental health, compared to those who were less socially isolated. The interaction between social isolation and loneliness on mental health was not significant. However, the interaction between loneliness and number of chronic health conditions was significant, with the odds of poorer mental health status being higher for those individuals with chronic conditions who were also lonely.

Discussion: The results suggest that reducing social isolation and decreasing loneliness may have a beneficial effect on self-reported mental health status.

P107

The Dementia Project

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Objectives: The Dementia Project research examines pathways to care of Indigenous people (45 & over), focus on creating culturally safe and relevant dementia care in the File Hills Qu'Appelle Tribal Council (FHQTC). Aim to understand the experiences of those living with dementia and their caregivers; and how Indigenous culture, language, and spirituality is related to improving the quality of life.

Method: Participants were first invited to take part in education sessions, as a recruitment tool, on Alzheimer's disease and dementia. Participants also provided feedback in a Research Sharing Circle Focus Groups (RSCFG), on a dementia factsheet, created in Ontario.

Results: Attended community Health Fairs and Treaty Days, in the 11 First Nations communities of FHQTC; attended by Community and Academic RA's. Two fact sheet evaluations were conducted via RSCFG to help foster community engagement. Led to the formation of a Language Advisory Committee, a decision by Community research Advisory Committee (CRAC) to create their own factsheets in their own languages and engage in a new CIHR grant. We will share the results and discuss how important these processes have been to recruitment of participants in our presentation.

Conclusions: Targeted outcomes on track: [1] modified factsheets appropriate for FHQTC (based on ones produced by Ontario team for PHAC) - completed by end of 2017 - [2] increased capacity within FHQTC as well as Indigenous health and dementia fields of study; two secured CIHR grants, laying the foundations of this project while building capacity in FHQTC.

P108

Reducing risks of night-time wandering in dementia: the WDD system

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Background: More than half of persons with dementia (PWD) show night-time wandering (NTW). Safety issues related to NTW include falls and elopements. An estimated 60% of PWD will elope at least once, and NTW increases up to 7 times the incidence of fractures. To reduce these risks, a Wandering Detection and Diversion system (WDD) was designed in Ottawa to detect NTW, redirect PWD to safe from unsafe locations, and notify the caregiver if the PWD opens the front door, risking elopement.

Objectives: The objectives of the present study are: 1) execute an in-home technical trial of the system, 2) if the technical trial is successful, test the device in homes of community-dwelling PWD, and 3) evaluate the WDD's capacity to reduce NTW risks.

Results: Technical trial was performed in 2 homes. Results showed that WDD was successful and reliable in detecting NTW and diverting simulated PWD to safe areas. The following refinements were possible after the trial: a) inclusion of pressure-sensitive mats to detect when the PWD is out of bed, b) continuous monitoring of presence in bathroom, and c) inclusion of two trigger points before PWD reaches front door. 20 WDD are being currently installed in PWD private homes, recollecting data for 12 weeks. Results regarding reduction of falls, injuries, and elopements will be presented.

Conclusions: This low-cost technological solution will inform future consumer-based products, helping to develop new technologies to support PWD with NTW and their caregivers, reduce hospitalization and health care burden, and delay institutionalization.

P109

Involvement of the Older Adults Research Partner Group in the development of case studies: OA-INVOLVE AGE-WELL project.

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Actively involving older adults (OA) in the research and development of technologies for OAs has scientific, commercial, and broader societal benefits. The OA-INVOLVE project documents practices of involving OAs in research and the development of technologies within the AGE-WELL Network with the aim to establish guidelines for OA involvement. OA-INVOLVE actively involves OAs in advisory and decision-making roles and has established an innovative cross-national Older Adult Research Partner Group (OARPG). The OARPG works both on local and national levels.

Here we showcase the OARPG involvement in co-developing case studies, focusing on the process and experiences of engaging OAs in AGE-WELL projects, as well as their reflections on the process.

Method: We employed a participatory action research approach using reflective writing and feedback mechanisms.

Results: The OARPG attended a series of case studies planning meetings. The meetings were divided into two components: *national* (video-conference) and *local* (in-person) where knowledge sharing and in-depth discussions occurred, respectively. Each local OARPG developed case study selection criteria and reviewed information on 3-5 projects within 8 workpackages. The eight highest ranked projects (one per workpackage) were invited and subsequently agreed to participate in the case study research. Communication, meeting frequency and technological challenges were identified when involving OAs in decision making along with the benefits of ensuring the social relevance of the case study work.

Conclusion: Meaningful engagement of older adults requires an evolving series of frequent, intensive meetings alongside individualized contact between meetings. Engagement guidance for cross national, virtual participation groups is a pressing need.

P110

The mistreatment between older adults within private retirement homes: a scoping review

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There has been observable recent interest in the research on the mistreatment between older adults (MBOA). In the growing private sector of retirement homes (PRH), which mainly serves an autonomous or semi-autonomous clientele, field workers are concerned with MBOA. The research, however, seems to only be conducted in housing for people with a greater loss of autonomy. In Quebec, the government has stopped building Residential and Long-Term Care Centres and has restricted the access criteria, and in so doing, the PRH clientele is not only increasing, but is diversifying to include older adults with significant physical and cognitive losses. This presentation outlines the current knowledge on MBOA in PRHs based on a scoping review of the 30 most relevant articles that were identified within international English and French literature. The selection criteria were: to have been published in English or French, within the last 10 years and containing qualitative or quantitative data collection. Some texts without empirical data, but with significant information to contribute, were analyzed separately. Our findings deal with the positioning of the problem, prevalence, types of mistreatment, risk and vulnerability factors, specific places and times of events, consequences, and the actors involved in these situations. Since this doctoral thesis is conducted under the joint supervision of France-Québec, special attention was given to the work emanating from these two countries.

P111

The accompaniment provided by non-profit organizations dedicated to counter mistreatment of older adults: Accompanied older adults' point of view

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Faced with the recognition of the mistreatment against older adults as a social problem, initiatives of prevention, detection and intervention are implemented by several organizations. Of these,

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non-profit organizations play a key-role among mistreated elderly. From a study which aimed to explore the experience of mistreated elderly, this communication aims to explore the impact of their actions in the lives of older adults who were accompanied because of a situation of mistreatment.

This presentation is based on the results obtained from a secondary analysis of data collected from semi-structured interviews which were conducted as part of a CRSH project (2015-2018). The project was run by the Research Chair on Mistreatment of Older Adults, which focusses on Volunteering to Counter Material or Financial Mistreatment of Older Adults. Using case studies of five Canadian non-profit organizations (49 interviews with 64 participants, including: the organization's staff, volunteers and older accompanied adults), the project aims to understand their efforts to counter the material or financial mistreatment of older adults. Our analysis focus mainly on 10 interviews with older adults.

The results indicate that the assessment of accompanied individuals' experiences, done by the non-profit organisations, generates positive and immediate impacts on the case of mistreatment of older adults, their quality of life and that it stimulates reflection and the desire to help others in turn. Although several positive repercussions are observed, some consequences of mistreatment persist among some older adults, such as a feeling of fear or the reoccurrence of the mistreatment from another relative.

P112

Injury Prevention in Seniors: A Public Health Approach to Community Mobilization: A Scoping Review

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Objective: Reducing injuries (e.g. falls) among seniors requires an expanded public health effort to work with stakeholders at multiple levels. To achieve this goal, local public health professionals need to effectively bring together, facilitate, and support community partners to initiate evidence based efforts. However, to date, there has been no

formal review of the literature to inform how these professionals can best work together with community partners to address injury prevention among seniors. Thus, this scoping review aims to identify theories, models or frameworks that are applicable to community-based injury prevention initiatives.

Methods: Six databases (i.e., OVID, PubMed, PsycINFO, CINAHL, Proquest, EBSCO) as well as the grey literature and hand searches were used to identify relevant literature published in the English language, between 2000 and 2016, within a North American context. The search strategy included those items (1) identifying a theory, framework or model related to mobilizing partners; and (2) referring to community-based injury prevention.

Results: After reviewing 13,756 abstracts, ten items were included. Findings show that a theory, and various conceptual models or frameworks exist for developing and sustaining partnerships, however, few evaluations are reported, explicit involvement of local public health practitioners is rare and applications to senior community-based injury prevention programs are undocumented.

Conclusion: Successful injury prevention initiatives for seniors will require filling these gaps, and translating and evaluating how theories, models and frameworks are applicable to local public health professional practices. Additional models may be needed to specifically guide how public health can work locally with community partners.

P113

Fostering Hospital and Community Collaboration

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Objective: To enhance participants' knowledge, skills, motivation, and competence to be able to identify a hospital and community integration opportunity at a front line level and provide them with the tools to help successfully transform these ideas into actual projects while embedding them into day to day practice.

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Using the example of our hospital-community collaboration (Care Navigator Pilot), the workshop will provide an opportunity to explore unique perspectives and generate ideas that are relevant to the participants own work environment.

Workshop Format: Through an idea generation exercise we will challenge participants' preconceived notions around hospital and community roles in serving frail older adults. The group will utilize case studies of various pre and post hospital discharge scenarios in which patients have faced difficulties in navigating through the system and managing their care resulting in readmissions or prolonging their stay in hospital. Participants will be encouraged to come up with various system redesign ideas that would make hospital to home transition easier on patients. Within the session embed elements of our solution; the care navigator pilot that has enhanced the patient/caregiver experience through the collaboration of hospital social workers and community-based social work care navigator. The outcome of our pilot will be shared regarding the impact on readmission and ALC. The barriers and challenges that we faced during the implementation phase and as well as sharing tools and techniques to overcome these challenges will be discussed.

P114

Gerontology curriculum development: Lessons learned from schools of social work across Canada

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Purpose: In Canada, the 65+ population will increase from 3.92 million in 2001 to 6.7 million in 2021. Given this dramatic demographic shift, the need for trained practitioners from key disciplines such as social work is vital. The purpose of this study is to examine gerontology courses offered by Canadian Social Work schools to identify current focus areas as well as curriculum gaps and recommendations.

Methodology: An environmental scan is being conducted of course offerings across Canada. The study involves two phases: 1) examine gerontology course outlines offered by accredited social work schools, and 2) contact gerontology program coordinators to share key learnings and recommendations.

Findings: Preliminary findings to date indicate that there are 41 accredited schools of Social Work in Canada. Twenty-one of the schools reviewed so far offer at least one gerontology course. Curriculum details, gaps, and recommendations from all 41 schools are forthcoming.

Discussion: The findings from this study will: 1) generate knowledge about gerontology training in Social Work schools across Canada; 2) provide insight into existing gerontology focus areas; and 3) identify curriculum gaps and recommendations to align gerontological Social Work curriculum at the University of Calgary with opportunities and challenges arising from an increasing aging population in Canada.

P115

Knowledge to Action: An Evaluation of Knowledge Mobilization Tools for Seniors in the Community

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While there has been heavy investment in interdisciplinary, evidence-based tools, information on mobilization of knowledge for seniors remains scarce.

Objectives: To:

- Evaluate the uptake and utilization of evidence-based research by practitioners, policymakers and the public, including seniors and their family members/informal caregivers;
- Evaluate which implementation strategies (paper-based or digital applications) are used;
- Evaluate how the different groups apply the

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evidence; and

- Engage, train and retain a new generation of researchers in gerontological knowledge mobilization.

Methods: The research program, utilizing the National Initiative for the Care of the Elderly (NICE) membership list, consisted of three phases:

1. Telephone survey of the stakeholder groups regarding instrumental (use of tools), conceptual (impact of knowledge), and symbolic (action/decision making) impact (N = 800);
2. Multi-site impact evaluation toward paper, digital and no-tool condition (N = 270); and
3. In-depth interviews (N = 60) to gain insight into conceptual, contextual and process factors of tool utilization and impact.

Results: Preliminary evaluation (N = 513; 86% professionals, 4% seniors, 2% family members/informal caregivers) revealed high awareness of tools (60%) and good uptake (40%). Most users utilized both formats (46%), with a large number of seniors (78%) preferring the paper version as 'more tangible'.

Conclusion: Tools are an effective method for knowledge mobilization, with implementation strategies to be tailored for the respective stakeholder groups. A systematic approach to planning and reporting is needed to inform further implementation.

This work is supported by a partnership grant from the Social Sciences and Humanities Research Council.

P116

Concealment of sexual orientation and mental distress among older sexual minorities: The mediating effect of internalized homonegativity

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Compared to their heterosexual peers, older lesbian, gay, and bisexual adults are at increased risk for mental distress. According to minority stress theory, this disparity is due to the negative effects of stigma-based stressors such as internalized homonegativity and concealment of sexual orientation. Research examining the effects

of these stressors among older sexual minorities has been mixed. Concealment, in particular, has been inconsistently associated with mental distress across various studies. The current study sought to replicate and extend a recent novel finding that internalized homonegativity functions as a suppressor variable, masking the relationship between concealment and depression (Hoy-Ellis, 2016). Structural equation modeling was used to test the direct and indirect associations between concealment, internalized homonegativity, depression, and an additional mental health problem--social anxiety--in a global, demographically-diverse sample of 1,000 LGB adults aged 50-88. Results replicated those of Hoy-Ellis: concealment had non-significant direct effect on depression and social anxiety, but significant indirect effects mediated by internalized homonegativity (i.e., internalized homonegativity "concealed the effects of concealment"). However, this pattern of suppression was evident for men only. These findings may help explain inconsistent results of previous studies on the role of concealment in mental distress. More generally, they underscore the need to consider the dynamic interplay of minority stressors when examining mental health problems among older sexual minorities (e.g., by using structural equation modeling). They also underscore the need to consider these dynamics separately for men and women. Implications for mental health interventions are discussed.

P117

The impact of specific biomarkers on cognition in healthy aging

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Objectives: Beta-amyloid (β A) burden, white matter hyperintensities (WMH) and reduced cortical thickness (CT) in the brain are thought to contribute to cognitive decline in normal and pathological aging. The aim of this study is to

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explore how β A burden, WMH and CT are associated with specific patterns of cognitive changes in normal aging.

Methods: A cohort of healthy adults aged 65 years and older, without SMI, MCI or dementia, completed a detailed neuropsychological assessment, along with PiB-PET imaging and structural MRI imaging. β A deposition was measured using Positron emission tomography with the amyloid tracer [11C] Pittsburgh compound B. WMH were assessed using the ARWMC visual rating scale on FLAIR MRI. Cortical thickness was analyzed using the Civet pipeline.

Results: Significant age-corrected correlations were found between β A load and verbal episodic memory, working memory, executive functions, and language. WMH significantly correlated with working memory, executive functions, and language. CT was not associated with any specific cognitive domain.

Conclusions: Our results suggest that β A burden and WMH have independent and interactive effects on specific cognitive functions in normal aging. Episodic memory appears to be specifically vulnerable to β A burden, while working memory, executive functions, and language are vulnerable to both β A burden and WMH.

P118

Baluchon Alzheimer, une solution de répit unique pour la prévention de l'épuisement des aidants

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La nécessité de soutenir les aidants d'un proche atteint de la maladie d'Alzheimer, pour diminuer leur épuisement n'est plus à démontrer. La question critique étant plutôt d'examiner la façon d'offrir des services plus flexibles et plus appropriés aux besoins des familles à un coût inférieur tout en désengorgeant l'accès aux services publics traditionnels. Unanimement, les familles désirent davantage d'aide à domicile sans avoir à déplacer leur proche. L'interface entre l'aide informelle (réseau des proches) et l'aide formelle (réseau des services) est de plus en plus pertinente.

Unique au Québec, la création de nouveaux services de répit et d'aide à domicile comme Baluchon Alzheimer constitue donc un défi qu'il est urgent de relever. Déjà en 1988, une étude révélait que cinq utilisateurs de services de répit sur six étaient des aidants de personnes souffrant de démence. Baluchon Alzheimer est fier de pouvoir annoncer que deux recherches ont été réalisées au Québec (1- Université Laval à Québec, sujet : responsabilité morale des baluchonneuses. Chercheure : Sophie Éthier. 2- Chaire Desjardins de L'IUGM, sujet : évaluation de l'impact du baluchonnage sur la qualité de vie des aidants. Chercheures : Francine Ducharme et Louise Lévesque). Le baluchonnage est une solution de répit accessible et exportable hors Québec pour prévenir l'épuisement des proches aidants et favoriser le soutien à domicile d'une clientèle vulnérable.

P119

Evaluating the psychometric properties of the 5-item Suicidal Behaviour Questionnaire (SBQ-5) among community-residing middle-aged and older men

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Background. Older men have high rates of suicide (WHO, 2014). The proliferation of the older adult population (Statistics Canada, 2017) necessitates use of validated tools for detecting later-life suicide risk (Heisel & Duberstein, 2016).

Objectives. To investigate the psychometric properties of the 5-item Suicidal Behaviors Questionnaire (SBQ-5; Linehan, 1981) among community-residing men, 55 years or older.

Methods. We recruited 54 men for a study involving delivery of a group intervention for men struggling to transition to retirement. Participants initially completed demographics forms, measures of cognitive/ functional impairment, the SBQ-5, and the Geriatric Suicide Ideation Scale-Screen (GSIS-Screen), a 5-item screening version of the GSIS (Heisel & Flett, 2006). Additional psychological risk and resiliency measures were administered 2-4 weeks later, during pre-intervention assessments.

Results. The SBQ-5 demonstrated acceptable internal consistency ($\alpha = .66$, $N = 54$) and a strong

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association with the GSIS-Screen attested to its construct validity ($r = .57, p < .0001$). Findings of a multiple regression analysis indicated that the GSIS-Screen and SBQ-5 explained significant unique variance in suicide ideation (31-item GSIS) at the pre-intervention assessment, suggesting predictive validity and that each scale contributes uniquely to the assessment of suicide ideation. Nearly half (46%) of respondents scored zero on the SBQ-5, and only the GSIS-Screen uniquely predicted future depression and life-satisfaction, suggesting key differences in response characteristics between these measures.

Conclusions. The SBQ-5 appears to be an effective screen for suicide ideation, but may be less sensitive to current suicide ideation and related experiences among middle-aged and older men.

P120

Meaning-centered men's groups (MCMG) for men transitioning to retirement: An upstream intervention designed to prevent the onset of depression and suicide ideation

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Background. Middle-aged and older men have high rates of suicide and utilize lethal means of self-harm (WHO, 2014). The rapidly growing older adult population necessitates interventions designed to reduce the onset or exacerbation of suicide risk (Heisel & Duberstein, 2016). National mortality statistics reveal dramatic increases in men's suicide rates post-retirement (Statistics Canada, 2017). Retirement may be a critical life transition associated with elevated suicide risk and opportunity for focused preventive intervention.

Objectives. To develop, test, and disseminate Meaning-Centered Men's Groups (MCMG), a 12-week course of community-based, existentially-oriented group sessions designed to build camaraderie, enhance psychological resiliency, and prevent the onset of depression and suicide ideation among men over the age of 55 who are transitioning to retirement.

Methods. This multi-stage project involves: 1) delivery of two courses of MCMG, assessing the

intervention's tolerance, acceptability, safety, and pre-to-post group change in mental health and well-being; 2) a controlled study phase, comparing change in study outcomes for participants in MCMG with a weekly current-events discussion group; 3) dissemination of MCMG to distant sites and evaluation of facilitator training.

Results. To date, 40 men ($M = 63.5$ years, $SD = 4.4$) have participated in a men's group, including three courses of MCMG and one Current-Events Discussion Group (CEDG), thus far. Participants found both interventions tolerable and enjoyable. MCMG participants experienced significant reduction in depression, hopelessness, and suicide ideation, and improved psychological well-being.

Conclusions. Preliminary findings suggest that MCMG helps enhance psychological resiliency and well-being in men transitioning to retirement.

P121

Living Well with Dementia: The role of Community-Based Programs in Promoting Social Connectedness for Persons with Dementia and Their Caregivers

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Persons with dementia (PWD) and their caregivers experience chronic social isolation as a result of the effects of disease and the demands of caregiving. Older adults with dementia are often excluded from mainstream recreational and social programs due to cognitive deficits, and the potential need for personal support and programs are not meeting their unique needs. The purpose of this study is to evaluate the project entitled, 'Living Well with Dementia,' designed by the Alzheimer Society of Durham Region (ASDR) to reduce social isolation for persons with dementia and their caregivers through the development of social/recreational programming; an intervention that is being co-facilitated by community volunteers.

This research uses qualitative methodology through individual in-depth interviews using a series of open-ended questions to explore the older adults with dementia, caregivers and

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volunteers' experiences of the ASDR programs. Preliminary findings revealed the enablers and challenges associated with the programs in relation to providing opportunities for social connections, as well as the impact of the volunteer programs in reducing social isolations for PWD and caregivers.

The findings from this study will help inform further development of ASDR programs in meeting the unique needs of PWD and caregivers in relation to social engagement. These results may be applicable to other community agencies, service clubs, churches and local businesses in order to better understand the needs of PWD and caregivers, as well as identifying the educational training that is necessary for their volunteers to address the challenges of social isolation among older adults with dementia.

P122

Safer care for older persons in residential environments (SCOPE)

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Care aides (CA) are critical in providing quality care for vulnerable seniors living in nursing homes, yet they are rarely considered when system change is planned. Safer Care for Older Persons in (Residential) Environments (SCOPE) is a quality improvement

intervention designed to empower care aides to lead improvement strategies to improve resident care and to enlighten their leaders to their potential. The primary objective was to assess the effects of the intervention on three outcomes: (1) staff reported use of best practices, (2) resident quality of care, and (3) staff work engagement and job satisfaction.

Over a year, CA led teams from seven nursing homes in Winnipeg, Manitoba, integrated quality improvement activities into daily practice using a modified IHI Breakthrough Series method. Teams received support via coaching sessions, learning congresses, and team teleconferences. A senior leadership component designed to assist leaders in better supporting

direct care teams ran in parallel.

Early findings suggested that the intervention led to empowerment of CA and contributed to positive changes for residents, CA staff and senior leaders. Preliminary results, including stories of success from the participating homes and findings from process and leadership measures, will be shared.

If proven effective, SCOPE will have established a feasible intervention that results in improved resident care and increased quality of work life for staff, through the engagement and empowerment of the care aide workforce.

P123

Emergency department visits and hospital admissions from long-term care facilities: Are interventions targeting reduction effective?

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Objectives: Frail elderly long-term care (LTC) residents are at risk for serious adverse health outcomes during unnecessary transfers to acute care. A variety of interventions aimed at reducing potentially unnecessary hospital transfers have been tested, yet systematic evidence regarding their effectiveness is lacking. We addressed this knowledge gap by assessing the effectiveness of interventions aimed at reducing emergency department (ED) transfers and hospital admissions (HA) from LTC facilities.

Methods: A systematic mixed studies review was conducted using MEDLINE, CINAHL, EMBASE, Social Work Abstracts, and other relevant scientific literature databases from inception until July 2016. Forward and backward citation tracking techniques were used, and grey literature was searched to increase the breadth of inquiry. Primary studies using quantitative and mixed methods were included. A random-effects model meta-analysis was then performed for each outcome (reduction in ED and HA transfer rates per 100 resident-days).

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Results: Among the 57 eligible studies, 17 provided 26 usable samples pertaining to ED and/or HA rates. For both outcome measures, there was a significant reduction in transfer rates across studies (rate ratio RR=0.82; 95%CI=0.68-0.99; overall effect Z=2.07, p=0.04 for ED and RR=0.73; 95%CI=0.65-0.83; overall effect Z=4.76, p<0.00001 for HA) despite high statistical heterogeneity ($I^2>75%$ in both cases) and diversity of transfer-related factors targeted by each intervention.

Conclusions: Overall, interventions appeared to be more effective in reducing HA than ED transfers. A lack of consistency across studies regarding outcome operationalization, measurement and data reporting represent areas for quality improvement in future research investigating this issue.

P124

Neuropsychiatric symptoms management in long-term care by nursing staff: the role of socio-cognitive factors

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Background/Objective: Neuropsychiatric symptoms (NPS) are highly prevalent in long-term care (LTC) residents with dementia (median prevalence of any symptom: 78%). Clinical guidelines for NPS management recommend non-pharmacological management strategies, except when these symptoms pose a danger to the residents or to others. Social cognition research has provided evidence that a person's actions may be influenced by socio-cognitive factors such as preferences, self-confidence and social perceptions. Yet, no study has addressed the role

of socio-cognitive factors in NPS management by nursing staff in LTC facilities.

Methods: Sixty-three nursing staff from two large LTC facilities were interviewed. Associations between staff reported use of medication vs. non-pharmacological approaches and staff social attributions towards nine NPS (delusions, hallucinations, aggression/agitation, irritability, disinhibition, depression, anxiety, apathy, and aberrant motor behaviors) and their preference for medication vs. non-pharmacological symptom management, as well as their perceived effectiveness of these types of interventions was assessed.

Results: Medication was reportedly used less than one-on-one interaction and environmental changes (combined) for six out of the 9 NPS (exception: hallucinations, agitation/aggression, depression), in concordance with clinical guidelines (p<0.05, Bonferroni-Holm corrected for multiple tests). For seven out of nine NPS (exception: delusions and aggression/agitation) perceived effectiveness was positively associated with reported use. Social attributions were significantly associated with reported use for aggression/agitation, depression, apathy and aberrant motor behaviors, whereas preference for medication was positively associated with reported use for disinhibition.

Conclusions: Our results suggest that some socio-cognitive factors may be specifically targeted in future nursing NPS management training programs.

P125

Mobility scooter use for community access: an exploration of user's knowledge of the rules of the road and perception of environmental barriers and facilitators that impact their use and safety

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With population ageing and mobility limitations associated with aging, there are more older adults using mobility scooters as an assistive mobility device. The benefits of scooters include

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independent community access, continued engagement in activities, social participation, and enhanced well-being (Edwards & McCluskey, 2010). However, scooter use is not without risks; the number of emergency room visits due to mobility scooter accidents have increased and older adults are over represented in hospital admission and fatality data (Gibson et al., 2011). The Human Activity Assistive Technology (HAAT) model provides a framework to explore the interrelationship between the individual's skills and abilities, activity participation, the use of assistive technology to overcome disability, and the importance of the environment (physical, social, cultural and institutional) as a barrier or facilitator (Cook & Miller Polgar, 2008). This mixed method study examines participant's knowledge of the rules of road and their perception of the environmental factors that affect scooter safety.

Sixteen scooter users from 4 urban and suburban municipalities were recruited to participate in an interview, an environmental audit and a survey. Preliminary results suggest that mobility scooter users report safety concerns related to the physical and social environments. Most scooter users recognize that they are pedestrians but many have limited knowledge regarding pedestrian rules of the road. This information is important to inform education, training and policy development that will help to mitigate the risks and, thereby, support older adults who have trouble walking to maintain their mobility, independence and active participation.

P126

Screening Retina Health and Nutrition Status for Eye Health in Older Adults Living in Manitoba

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In Canada, 65% of individuals over the age of 50 have some form of visual impairment. Evidence showed that micronutrients status can affect retinal function. There is a lack of information on the status of the nutrients in the aging population, especially in relation to their retinal health. The aim of this study was to evaluate if dietary intake pattern on micronutrient is a major contributing factor in retina (rod and cone) function in older adults. A total of 35 males and females aged 50-80 were recruited. Participants recorded their 3 day food intake on 2 days during the week and one day

on the weekend falling in the same week. Mixed scotopic response and photopic response were used to assess rod and cone function using electroretinogram in both right and left eyes. It was found that the intake of vitamin A, thiamin, riboflavin, niacin, folate, calcium and iron slightly decreased with age, whereas the intake of vitamin B6, E and D maintained almost the same with age. Vitamin C intake increased with age. In terms of age, both rod and cone function of retina showed a weak negative correlation with age; scotopic A-wave (rod photoreceptor) maximum amplitude ($r = -0.07$, $p = 0.7$) and photopic B-wave (inner retinal cell) maximum amplitude ($r = -0.08$, $p = 0.8$), respectively. No correlation exists between micronutrient intake and retina function in older adults.

P127

Early-life written language skills, education and late-life cognitive resilience

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Cognitive resilience is a hypothetical construct to explain why some individuals do not show signs of dementia despite having Alzheimer neuropathology. Education is an established predictor of dementia; however, other intellectual factors have been less frequently studied. Additional measures of intellectual ability include written language skills, such as idea density and grammatical complexity. Idea density reflects processing efficiency, writing quality, and vocabulary, whereas grammatical complexity reflects performance on speeded tasks, executive function, and working memory. Our objectives were to assess written language skills and education in predicting cognitive resilience in the Nun Study, a longitudinal study of aging. Handwritten autobiographies ($n=180$) from convent archives were written at a mean age of 21.7 years. The analytic sample ($n=56$) was restricted to those who met CERAD neuropathologic criteria for AD. Dementia was diagnosed according to DSM-IV criteria. Autobiographies were coded for idea density (average number of ideas per 10 words) and grammatical complexity. Written language skills were categorized as low (bottom quartile) or high (top three quartiles). All logistic regression models were adjusted for age and apolipoprotein E, a genetic risk factor. In separate models of idea density, grammatical complexity and education, all three factors were statistically significant predictors

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of cognitive resilience. In a combined model, idea density (odds ratio [OR]=5.55; 95% confidence interval [CI]=1.01-45.92) and grammatical complexity (OR=7.08; 95% CI=1.66-39.56) remained significant, but education did not (OR=1.12; 95% CI=0.38-3.25). Although education is a well-established predictor of dementia, other measures of intellectual ability may be more powerful in predicting cognitive resilience.

P128

How policy environment shapes best practice dissemination in long-term care: A case study of professional advice networks in the Maritime provinces

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Targeted dissemination of best practice is important to improve the quality of care received by Canada's aging population in the long-term care (LTC) sector. As LTC falls under provincial jurisdiction, each province organizes the delivery of services differently. Based on quantitative and qualitative data from the *Advice Seeking Networks in Long Term Care* project, this presentation investigates the LTC policy environment in Canada's Maritime provinces to understand why differences exist among advice-seeking networks. Sociometric survey data of senior leaders in 169 LTC facilities in Maritime Canada in 2014 were analyzed to develop social network maps of advice-seeking behavior. The sociograms were used to select 11 participants for follow-up qualitative interviews. Using these data, the interpersonal advice-seeking networks were examined and potential drivers underlying their distinctions identified. While distinctions were observed across the provincial sociograms, the greatest drivers of influence were also found to differ across the provinces based on the policy environment. Ownership appears to have an influence on the network structure in Nova Scotia and Prince Edward Island, while geography emerges as a driver for New Brunswick's network. Key associations within these provinces also contribute to advice-seeking networks through their opportunities for networking. Advice seeking networks can be harnessed in multiple ways. This work is novel in the field of LTC research and

suggests that the policy environment in which LTC is situated has an influencing role. The ownership model and role of regionalization should be considered when using networks for targeted dissemination of best practice within this sector.

P129

EPIC (Eldercare Project In Cowichan): An Evaluation of an Integrative System of Care for Frail Seniors

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Background: The current healthcare system is not meeting the needs of frail seniors and families, particularly in the Cowichan region in BC where there are higher rates of inpatient admissions, higher visits to the emergency department and fewer homecare clients for those ages 65 and older than elsewhere in Island Health. EPIC (The Eldercare Project in Cowichan) was designed to improve the integration of healthcare for frail older adults. The overarching goal of EPIC is to keep seniors at home with the right support by addressing the service gaps in health and social care. This study evaluates the implementation and short-term outcomes of EPIC which used the Collective Impact framework (CIF) as a planning strategy. The study focused on measuring the extent to which the critical elements of the CIR approach were enacted in the first year of operation: a common agenda, shared measurement, mutually reinforcing activities, continuous communication and backbone support.

Methods: Qualitative data was gathered from 4 focus groups with working committees of the EPIC initiative. In addition, documents were reviewed to track activities and establish a baseline for implementation of EPIC.

Results: The CIF is critical to weathering changes in regional healthcare priorities. EPIC committees had a shared vision for integrating healthcare and developed a common measurement system across levels of care in implementing EPIC.

Conclusions: Findings deepen our understanding of the factors that affect successful integration of complex healthcare services for frail older adults.

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Outcomes of Youth Dementia Awareness Symposium: Mobilizing Knowledge

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Dementia is one of the largest global social, economic, and health challenges we currently face and how we respond as societies is inextricably tied to how we understand dementia and those affected. Therefore, it is vital to encourage intergenerational dialogue to raise awareness about dementia and its social impact, confront harmful cultural and popular depictions of those affected.

Engaging youth early enough may inspire them to address the multiple social, economic, and medical aspects of dementia. It will also help to create a new generation of dementia aware individuals and will contribute to more dementia-friendly societies. However, it is not clear how many youth are being reached through this kind of effort, or how best to engage, mobilize, and educate young people. A Youth Dementia Awareness Symposium brought together key stakeholders and high-school students to raise awareness about the cultural dimensions of dementia, open the discussion, and generate concrete plans for action.

This presentation will disseminate the Youth Dementia Awareness Symposium event outcomes while discussing next steps on raising youth awareness.

P131

Recalling: Experiences, awareness and supports for adolescents who have older relatives living with dementia

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The literature indicates that adolescents require and want further knowledge and opportunities to learn about dementia and how it may affect their family and social lives. Furthermore, young carers need greater support from government and professional services to assist them in supporting their older relatives. Little is known about the prevalence of adolescent caregivers in the Canadian context.

Canadian adolescents between the ages of 13-18 or adults who cared for a person with dementia as an adolescent were invited to participate in a one-on-one interview to talk about the experience of having an older relative with dementia. The participants were recruited through youth organizations via flyer, social media or email. Consent of each participant (Guardian) was obtained prior to interview (telephone, Skype, in-person). Interviews were completed until thematic saturation was reached. Interviews are audio-recorded and transcribed using content analysis.

The findings will be useful to health and social care providers and to inform the development of appropriate services, programs and resources to support adolescents who care for or have older adult relatives living with dementia. Greater support from communities, government and professional services are needed to assist adolescents in supporting their older relatives with dementia. We need to be inclusive in the assessment of persons with dementia and the family system. It is important that society recognize that adolescents are impacted and are carers of their relatives. Adolescent needs must be supported too.

P132

Social Isolation of Seniors: Small Area Estimates

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Objectives: This project will explore the prevalence of social isolation amongst seniors (aged 55+) at sub-provincial geographic scales (census divisions). Specifically, the project will produce estimates of the population of socially isolated seniors. For the purposes of the analysis, social isolation is defined as having low quality and quantity of close contacts. It is anticipated that such analysis could be used as a benchmark against which to measure progress in reducing social isolation.

Methodology: An area level Bayesian hierarchical model will be used for sub-provincial estimation. The data used are the three item Loneliness Scale in the Canadian Community Health Survey, 2009 Healthy Aging Supplement. In addition to the Loneliness Scale, an objective definition of social isolation which takes into account the quantity of

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close contacts is employed. The 2011 National Household Survey is used in conjunction with the CCHS-HA.

Results: Results are expected to provide an understanding of sub-provincial variance in the prevalence of socially isolated seniors.

Conclusions: Sub-provincial estimates of social isolation will contribute to current projects supported by the New Horizons for Seniors Program in 9 Canadian communities. The New Horizons for Seniors Program is a federal Grants and Contributions program that supports projects led or inspired by seniors who make a difference in the lives of others and in their communities.

P133

Les paradoxes institutionnels autour du grand âge en Côte d'Ivoire à partir de l'analyse des systèmes de la santé et de la retraite. Un révélateur de déni de vieillesse

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Introduction : les pays africains ont longtemps été caractérisés par une culture de la valorisation du grand âge. Cependant le fonctionnement des institutions et leur rapport au grand permettent de faire le constat d'un paradoxe autour du grand âge en Côte d'Ivoire. L'analyse des systèmes de santé et de la retraite constituent le champ d'observation.

Objectif : l'analyse vise à rendre compte des forme organisationnelle au fondement du déni de la vieillesse.

Méthodologie : Une approche purement qualitative s'appuie sur des entretiens et une approche documentaire.

Résultats :

- Systèmes de représentation de du vieillissement qui traduit encore le vieillissement comme un temps social de rejet, d'incapacité physique des personnes âgées.
- L'idéologie de compétitions liées à la modernité et celle de finitude du corps fonctionne comme des structures sociales d'invalidité des personnes âgées.

- Les formes organisationnelles des systèmes de santé, de retraite et leurs impacts sur les conditions de vie des personnes âgées indiquent un crise du vieillissement.

Conclusion : En conclusion les personnes âgées vieillissent difficile parce que la vieillesse n'est pas encore une préoccupation nationale or constitue un processus inéluctable.

P134

Analysis of the mandatory notifications of violence against elderly in Brazil from 2009 to 2014

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Objectives: The study aim to analyze the epidemiology characteristics of the mandatory notification of violence against elderly in Brazil between 2009 and 2014.

Methods: A retrospective cross-sectional study was performed using data collected at SINAN (Notifiable Diseases Information System Database). The sample was composed by cases of violence against elderly (60 years old and above) during the period from 2009 to 2014 in all Brazilian territory.

Results: A total of 38,987 cases of elderly abuse were recorded between 2009 and 2014. During the analyzed period, the trend of the number of abuse cases was upward, with an increase of approximately five times from 2009 to 2014. The amount of notifications also varied by region, where the Southeast had the highest values representing 44,8% of the cases. About the victims, it was observed that women suffered 17,5% more abuse and white and brown-skinned represent together 73,4% of the sample. The most common place of aggression was the own residence of the elderly and the most commons types of violence were physical violence followed by psychological violence. About 5% of the sample had death as outcome.

Conclusions: The study have shown an increase of the cases of elderly abuse. While elder abuse is not a new phenomenon, the speed of population

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ageing world-wide is likely to lead to an increase in its incidence and prevalence. Therefore, since ageing is emerging as a key policy issue not only in Brazil, but also world-wide, public-health programs should adapt to the demographic transition.

P135

Using social networks to explore relationships between organizations providing services to the elderly: a pilot study

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Background: Numerous public and private organizations provide services to elders, a dynamic that has increased with the deinstitutionalization of elders and the emphasis put on homecare. Current restructuring and centralization of the homecare system requires a general knowledge of the different services, organisations and collaborations which exist in a given territory. This knowledge about the network allows administrators to single out key organisations for references, resources and knowledge dissemination.

Aims: The aim of this study was to portray and analyse the interactions between organizations providing services to elders in the Trois-Rivières region using social network analysis.

Methods: Data collection was standardized and iterative. A questionnaire was used to assess collaborations and references between organizations. The final sample (N=163) was divided in two categories: community organization (n=116) and non-community organization (n=47). Metrics such as density, average degree and homophily were computed to describe the network.

Results and conclusion: Results show that only a few organizations were well connected, while most organisations were relatively isolated, an attribute common to small world networks. Homophily was also strong: organizations tend to collaborate with similar ones. Qualitative analyses allowed pinpointing problems and structuring factors in collaboration patterns (e.g. elder abuse prevention organisations tended to be highly clustered, but seldom identified by community organisations, either for collaborations or for references). Consequently, this study showed the efficacy of

social network analysis for an exploratory description of complex interactions between organisations. Subsequent research will focus on the changes to the network structure over time.

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Optimized selection process to identify a Metabolic Syndrome metabolomic/lipidomic signature in older adults of the NuAge cohort

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Introduction: Metabolic syndrome (MetS) is characterized by a cluster of risk factors including obesity, metabolic dysregulations such as insulin resistance, hypertension, and dyslipidemia, raising the risk for type 2 diabetes development and its complications. It involves multifaceted processes at multiple levels that are still far from being understood. New tools are therefore necessary to bring new knowledge about MetS, better stratify populations and customise strategies for its prevention and/or reversal.

Methods: The Quebec Longitudinal Study on Nutrition and Successful Aging (NuAge) regroups 853 men and 940 women, aged 68-82 at recruitment in 2003-2005 (T1) and followed up annually for three years (T2-T4). In the present study, a nested case-control study on MetS was designed to identify a metabolomic/lipidomic signature of MetS in older men, reflecting its phenotypic spectrum. An optimized participant selection strategy was developed based on presence and number of MetS criteria, including medication, their stability over 3 years, as well as the identification of outliers.

Results: The final selection included 123 men, 61 cases and 62 controls, with similar age and partial overlap of values defining MetS. This design is necessary to precisely detect and estimate the amplitude of metabolic deviations among the massive data sets, at an individual metabolite level as well as for a multivariate description.

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Conclusion: This selection process, optimized to limit confounding effects, will allow identifying specific metabolomic/lipidomic signatures along with significant features for sample classification. Thus, one complex molecular phenotyping will provide a new approach/tool for a better MetS stratification in elderly.

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Input of multidimensional phenotyping in the metabolic syndrome stratification

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Introduction: Metabolic syndrome (MetS) is defined by a cluster of cardio-metabolic factors including obesity, hypertension, dysglycemia, and dyslipidemia. It affects a growing number of persons, in particular older adults often suffering from multiple chronic diseases, and its prevalence is now a public health challenge. In the context of personalized medicine/nutrition, new tools are necessary to bring additional knowledge about MetS etiology, better stratify populations and customise strategies for prevention.

Methods: A nested case-control study on MetS was designed within the Quebec Longitudinal Study on Nutrition and Successful Aging (NuAge). It includes 61 cases and 62 controls of similar age (68-82 y.o.), selected among the 853 men. Both targeted and untargeted metabolomic/lipidomic approaches, available within the MetaboHUB French infrastructure[1], will be performed on serum samples collected at recruitment 2003-2005 (T1) and three years later (T4). Data analysis will be performed using reproducible online Galaxy workflows[2].

Results: The metabolomic/lipidomic data will be processed to identify specific signatures of MetS and its components, and study their stability over time. Then, these data will be analysed for evaluation of a molecular reclassification of the MetS phenotype. Finally, they will be integrated

with phenotypic and detailed nutritional data available to better characterize sub-phenotypes.

Conclusion: The approach developed here will open a door for a more comprehensive understanding of the metabolic phenotype resulting from the complex interplay between intrinsic and extrinsic factors. Thus, this project will allow an improved description of MetS associated characteristics and will offer new tools for better patient stratification in elderly populations.

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How age-friendly are our neighbourhoods? Perspectives from older adults living in Edinburgh, Glasgow and Manchester

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Objective: To reveal older adults perspectives on making age friendly communities. Creating urban environments that support and promote everyday social engagement and healthy living for older people is a key driver of public policy. This paper reports on findings from a three-year ESRC-funded project (*Place-Making with Older Adults: Towards Age Friendly Communities*) taking place in 18 neighbourhoods across 6 cities in the UK and Brazil and capturing data on sense of place to enable age-friendly design. The current paper presented the UK data and findings.

Method: A participatory approach to research design and data collection captured sense of place data, linking with local community organisations to generate a sample of older people to take part in interviews (target 10 per neighbourhood; 30 per city), go-along interviews (target 20 per city), photo-diaries (target 10 per city) and a questionnaire (target 30 per neighbourhood) were developed to explore older adults' perceptions of age-friendliness in their neighbourhood.

Findings: Initial UK questionnaire findings suggest that sense of belonging is strong in the UK cities, but social capital is reported less often in Manchester where fewer opportunities for social and civic participation were perceived, as opposed to Scottish cities. The physical environment was

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less satisfactory in Glasgow and cultural opportunities more prevalent in Edinburgh.

Conclusions: Addressing what older people deem important to age in the right place is essential for developing age friendly policies, programmes and interventions that support healthy and active ageing. Recommendations for the future delivery of age-friendly neighbourhoods are made.

Latebreaker Posters / Résumés portant sur des résultats de dernière heure

LB1

A tale of two countries: Comparing readiness for mobility transition among older drivers in Australia and Canada.

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Retiring from driving can be a daunting prospect, yet is a reality that many older drivers will one day face. Meuser, et al. (2011) developed the Assessment of Readiness for Mobility Transition (ARMT) to measure emotional and attitudinal readiness to cope with mobility loss or transition. Attitudes towards mobility transition may have the potential to influence the ease of the transition from driver to former driver status. This study examined whether older drivers in Canada and Australia showed similar patterns of readiness for mobility transition.

A sample of Candrive participants in Canada (n = 276) and Ozcandrive participants in Australia (n = 174), aged >70 years and still driving, completed mailed questionnaire packages that included the ARMT. Measures of health, personality and mood, cognition, self-reported driving behaviour (e.g., nighttime driving comfort), and driving attitudes were also collected through Candrive, Ozcandrive, and the questionnaire package.

There was no significant difference between ARMT scores of older drivers in Canada and those in Australia, $t(448) = 1.48$, $p = 0.14$. Canadian and Australian older drivers also showed similar correlations between ARMT scores and most measures of health, personality and mood, cognition, and driving attitudes. Significant correlations were found between ARMT scores and driving behaviour for older drivers in Australia but not for participants in Canada.

Results suggest that older drivers in Canada and Australia are similar in their readiness to transition and in factors correlated with readiness. This highlights the potential for cross-national research initiatives to support older drivers as they cease driving.

LB2

Examining the Effect of a Simple Memory Tool

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Objective: To examine if a simple memory tool would: 1) assist with daily life memory performance and goal attainment of older adults; and 2) have a different effect for individuals with healthy cognition or mild cognitive impairment (MCI).

Methods: The study used a mixed 2 X 3 design with cognition (healthy, MCI) as the between subjects factor and time (session 1, 2, 3) as the within-subjects factor. There were 19 participants with healthy cognition and 9 participants with MCI. The study consisted of 3 sessions for each participant. The sessions were held once a week and incorporated: a) the Montreal Cognitive Assessment (MOCA) to determine cognition (healthy, MCI); b) the Prospective and Retrospective Memory Questionnaire (PRMQ); c) a memory recall test for recent daily events; and d) the Goal Attainment Scaling (GAS). The memory tool intervention consisted of having participants work on their goals using strategies such as diaries, checklists, and reminders between the sessions.

Results: Findings showed that the simple memory tool enhanced memory recall and goal attainment over the three sessions. Overall, performance was better for participants with healthy cognition. An interaction between cognition and sessions also emerged, with participants with healthy cognition experiencing greater gains for goal attainment than

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those with MCI. No interaction emerged for the PRMQ.

Conclusions: The memory tool intervention could be beneficial for older adults with healthy cognition or MCI. A greater number of sessions would be needed to assess change in the PRMQ.

LB3

Gender differences in psychological factors related to depression in middle-aged adults

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While past research has documented gender differences in factors that contribute to depression, much of the research focused on female samples. Within aging research, middle-aged adults are often overlooked and are often categorized as being part of a young adult group when age differences in young and older adults. Given that the middle-age period is a transitional stage in adult development, the underlying psychological factors that contribute to depressive symptoms in this age group may differ from younger and older adults. The current study examined gender differences in psychological factors associated with depressive symptoms such as trait mindfulness, self-compassion, and cognitive reactivity. A sample of 124 middle-aged adults ($M = 48.32$ years, $SD = 5.62$; 62.6% female) completed an online study that included the following measures: Five Facet Mindfulness Questionnaire-Short Form (FFMQ-SF), Self-compassionate Scale-Short Form (SCS-SF), and Leiden Index of Depression Sensitivity-Revised (LEIDS-R). Males reported significantly higher scores on three LEIDS-R subscales compared to females: acceptance/coping, aggression, and control/perfectionism ($p < .05$). While there were no significant differences in FFMQ and SCS subscales, there was a trending effect such that males reported higher scores on the SCS subscale of self-judgement ($p = .07$). The current findings suggest that middle-aged males present a distinct psychological profile compared to middle-aged females. These findings further contribute to the understanding of psychological factors of depression among middle-aged males. Limitations and future research directions will be discussed.

LB4

The Experiences of Informal Caregivers of Individuals with Early Onset Dementia: An Exploratory Study

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Early onset dementia (EOD) occurs before the age of 65 and impacts roughly 5% of the over 564,000 Canadians diagnosed with dementia (Alzheimer Society of Canada, 2016). While much is known about the experience of informal caregivers for people with later onset dementia, less is known about that of EOD caregivers. These caregivers face unique challenges such as caring for dependent children and/or aging parents, ongoing career responsibilities, and adjustment to altered retirement goals. At the same time they may be better equipped than older carers to meet some of the physical and financial demands of care. The goal of this study was to explore the experiences of family caregivers of people with EOD in order to identify unique challenges. Following mean comparison of 31 informal EOD caregiver's scores on four validated quantitative scales with scores of LOD caregivers in existing research, younger carers were found to experience significantly higher levels of burden than older caregivers, despite also reporting higher levels of caregiving self-efficacy for some aspects of care. Preliminary analysis of emerging themes from semi-structured interview responses identified excessive time to diagnosis, age based barriers to formal supports, strain associated with loss/changing relationship, and failure to discuss the person with dementia's care preferences as key sources of strain. Perceived lack of public and professional awareness of EOD emerged as an overarching determinant of degree of burden experienced. It is hoped that these findings may inform current and future service development.

LB5

Miami Prospective Memory Test in the Canadian Longitudinal Study on Aging

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Objective: The aim of this study was to verify the effect of age, education and sex on Miami Prospective Memory Test (MPMT) performance obtained at baseline of the Canadian Longitudinal Study on Aging (CLSA) by neurologically healthy French- and English-speaking subsamples of participants (N= 18,511).

Method: The CLSA is a nation-wide large epidemiological study with participants aged 45-85 years old at baseline. The MPMT is an event (E)- and time (T)-based measure of prospective memory, with scores of intention, accuracy and need for reminders, administered as part of the Comprehensive data collection. Participants who did not self-report any conditions that could impact cognition were selected, which resulted in 15,103 English- and 3,408 French-speaking participants. The samples are stratified according to four levels of education and four age groups (45-54; 55-64; 65-74; 75+).

Results: There is a significant age effect for English- and French-speaking participants on the E-based, T-based and E- + T-based scores of the MPMT. The effect of the education level was also demonstrated on the three MPMT scores in the English-speaking group. The score 'Intention to perform' was the most sensitive to the effect of age in both the English and French samples. Sex had no impact on performance on the MPMT.

Conclusions: This study confirms the impact of age and level of education on this new prospective memory task. It informs future research with this measure including the development of normative data in French- and English-speaking Canadians on the Event-based and Time-based MPMT.

LB6

Knowledge about Advance Directive in the Primary Care Clinic

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The primary purpose of this study is to determine the knowledge, attitudes and practices of patients in the primary care towards Advance Directives and Living will. Subjects were randomly recruited from the Primary Care Clinic over 1 month period. The two hundred subjects were asked to complete a questionnaire which had basic demographics, and questions about knowledge of advanced directives, and current advanced directives possession and planning. Only 20% of respondents had an advanced directive, 80% having no form of advanced directive. Majority of respondents (46.1%) did not give any reason for not having. Interestingly, on a Likert scale of 1-5, 53% of the respondents thought advanced directives were important to have, whilst only 9.6% of respondents thought advanced directives were not important at all. Only 27.1% were willing to discuss advanced directives with their primary physicians during the index visit. These patients were subsequently counseled about advanced directives, and given the option of writing up an advanced directive. Majority of the patients (88%) had also been hospitalized at least once in the past year. We can therefore infer that the patients may not have a clear understanding of their chronic ailments, and the need for advance directives, so that their future healthcare wishes would be clearly spelt out. Barriers to advance directive planning by patients include lack of knowledge about it. The primary care presents an ideal opportunity to educate patients about advance directives. Our study shows that there is a significant lack of knowledge about advance directives.

LB7

Lying and Dementia Care: Ethical Infringement or Therapeutic Intervention?

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An elderly patient with dementia has been wandering around their hospital unit all afternoon. They can't find their mother, and they are becoming increasingly anxious and distressed. In moments like these, nurses and allied health professional are faced with an ethical challenge; to tell the patient the truth about their mother, or to lie. This poster will present the results of a qualitative interpretive descriptive study focusing on the experiences of new graduate nurses caring for patients with dementia in acute care. Several

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participants revealed that at times, they felt they had no other option but to lie to patients with dementia with the intention to de-escalate their responsive behaviours. However, the participants were acutely aware that their actions infringed ethical standards set by their national and regulatory bodies, resulting in feelings of guilt.

There are two philosophies regarding lying and dementia care. One perceives lying as a violation of the patients' human rights and is considered an unethical practice. The other regards lying as an acceptable intervention if it is in the best interest of the patient and results in a therapeutic effect of decreasing the patient's level of distress. Additionally, patients with dementia perceive lying as an acceptable intervention if the lie is in the best interest of the patient and the patient is unaware of the lie. A discussion will be presented on the different philosophies of lying and dementia care.

LB8

Coping with Diabetes: Assessment and Group Work with Older Adults in Primary Care

Erin Egan

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A diagnosis of diabetes is a change in one's identity as one learns to live with a chronic disease. Older adults are diagnosed with diabetes at the highest rates, yet this population is rarely included in preventative care research. This practice provided a unique opportunity to support older adults in primary care through an interdisciplinary approach, recognizing diabetes is a highly complex disease interconnected with all aspects of aging. From a social work lens, coping is defined beyond disease management as it includes identifying stressors, barriers and challenges in health behavior change. Quality of life assessments were completed within a clinical setting or in the older adult's home to explore four domains of coping with diabetes; physical, psychological, environmental and social aspects of care. This practice was used to formulate a comprehensive assessment and intervention plan through individual, family and group work to build upon strengths as older adults adapt to life with diabetes. Achieving a common goal for all older adults will hold little significance and importance on aspects of individual health. Older adults with cognitive deficits should not be dismissed for fear of credibility as they may greatly contribute to

research and future practice. Evaluation by means of gerontological competencies and the narratives of older adults demonstrates the need for support through clinic and group intervention when coping with diabetes. Social work interventions can be used to support older adults with diabetes as positive social health may sustain long-term coping and prevent disease complications.

LB9

Hearing loss and comorbidities: Prevalence, practice and outcomes in rehabilitative audiology

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Purpose: The goals of the study were to examine a) the prevalence of relevant comorbidities (e.g., vision, cognition and dexterity impairments) in a geriatric audiology caseload; b) how audiologists modify practice to accommodate comorbidities; c) if comorbidities affect treatment recommendations and outcomes.

Method: A chart review was conducted for all clients who attended a hearing aid evaluation in 2015 ($n=135$). Audiology charts were examined to determine how frequently cognitive issues, vision issues, and manual dexterity issues were noted on a structured history form or in unstructured chart notes. Electronic hospital health records were examined to determine which comorbidities were noted for the clients seen in audiology. Information was also extracted from Audiology charts regarding treatment recommendations and outcomes. All four audiologists working in the clinic participated in focus groups to explore how comorbidities affect assessment, treatment recommendations, and outcomes.

Results: In the history forms for the sample ($M_{age} = 86$ years), visual (52%), manual dexterity (38%), and cognitive issues (44%) were noted. The rate of hearing aid purchase did not depend on comorbidity status, but the number of followup appointments and the tools used to evaluate outcomes did. All audiologists reported specific modifications to practice at all stages of the rehabilitation process for those with comorbidities.

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Conclusions: These findings overturn the assumption that older individuals with medical comorbidities cannot use and benefit from hearing aids, and point to future modifications to best clinical practices (assessment, treatment, and outcome evaluation) for older adults with concurrent medical conditions who are seeking rehabilitation.

LB10

Osteoporosis Screening and Treatment Rates in Cohort of High-Dose Glucocorticoid Users

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Objective: To assess rates of screening (receipt of bone mineral density measurement) for, and treatment of osteoporosis, and temporal trends in older adults on high-dose glucocorticoid therapy.

Methods: Using administrative health care data, we conducted a retrospective population-based study of individuals ≥ 40 years of age in Manitoba initiating high dose glucocorticoid therapy between 1997 and 2014. High-dose glucocorticoid use was defined as ≥ 450 mg prednisone equivalents within a 6-month period.

Results: Of the 64,952 high-dose glucocorticoid users, 28,078 (43%) were men, while 36,874 (57%) were women. Most (56%) were ≥ 60 years of age. Only 16% received BMD test, while only about a quarter were prescribed an anti-osteoporosis medication. Test and treatment rates increased with increasing prednisone equivalent daily dose. More women than men were tested (11.2% vs 4.4%), and treated (17.5% vs 7.4%). Amongst individuals 60 years or older, those ≥ 80 years of age had the lowest test rate, although they had the highest treatment rate. Overall rates of treatment with osteoporosis drugs were highest between 2000 and 2005, followed by a relatively consistent drop in rates from year 2006 onwards. Although testing rates remained relatively stable from 1997, it began to drop steadily from 2011 to the end of the study period.

Conclusion: The rates of screening (BMD testing) for, and treatment of osteoporosis were not only suboptimal, but have decreased steadily since 2011 in high-dose glucocorticoid users.

LB11

A mobile dementia observations application (DObs): usability and acceptability to front-line dementia care clinicians.

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Accurate assessment of responsive behaviors is imperative to improve the management of these dementia symptoms. Data from direct observation can establish patterns in behavior, identify unmet needs and help develop targeted interventions. A paper-based direct observation tool is currently part of Ontario's behavior strategy, but can be difficult to incorporate into care processes. We have developed a Dementia Observations mobile application (DObs), designed for use by front-line staff, with the goal of improving the ease, completeness, and accuracy of behavioral data collection. The aim of this study was to evaluate the usability and acceptability of a web-based mobile Dementia Observation (DObs) application.

Participants were 7 clinical staff on the Toronto Rehab inpatient dementia unit. They completed a series of scenario-based tasks. Quantitative measures of user interaction errors were recorded. Participants completed the system usability scale (SUS), perceived usefulness scale, and technological self-efficacy scale. Qualitative data was collected via audio-recording of the scenario-based tasks and post-test questions related to improvements and clinical implementation.

On average, participants completed 83% of tasks correctly, required hints 5% of the time, and failed 13% of the time. The perceived usefulness of the app was 4.3/5. We found a SUS score of 80.4/100 for the administrative function and 80.7/100 for the observational function. We will incorporate these findings into the next version of the application, and future studies will examine the feasibility of DObs in the clinical workflow of a dementia care environment, and assess the validity and reliability of the mobile application.

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LB12

What factors influence well older adults to defer or decline insulin therapy?

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Research has yet to fully examine the factors which influence the decisions of well older adults to defer or decline insulin therapy. A clear understanding of the influences on health care decision-making practices of older adults who defer or decline insulin therapy is important since consequences of untreated hyperglycemia can negatively impact the quality of life of well older adults and limit their ability to remain independent. The treatment of type 2 diabetes mellitus (T2DM) and its related complications will soon necessitate unprecedented healthcare spending and is predicted to incapacitate global healthcare budgets. The use of insulin therapy as a treatment modality however, will not be optimized until the psychology of why well older adults defer or decline insulin therapy is uncovered and understood. In the proposed qualitative study, narrative inquiry (NI) will be used to reveal and communicate the untold story of well older adults living with T2DM who defer or decline insulin as a treatment option in uncontrolled hyperglycemia. Burke's Pentad will be used to uncover the relationship between language, thought, and action. Integration of this knowledge by the diabetes community will assist to inform the development of health management strategies that are both effective and meaningful to well older adults. This knowledge will also apprise future work in the field of virtual coaching and automated decision making in well older adults living with diabetes. Finally and on a larger scale, the study may provide the framework for a new behaviour change theory.

LB13

Improving Advance Care Planning for Frail Elderly Canadians

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Our vision is for frail elderly Canadians to receive person-centered, goal-consistent care as they near the end of life (EOL). As frail elderly patients experience significant loss of capacity in later life, most say that they want treatment aimed at maximizing quality of life rather than prolonging it. However, use of invasive life-sustaining technologies amongst frail elderly Canadians is increasing. Members of the Canadian health research community and a broad range of stakeholders have deemed that narrowing this gap between the care that patients prefer and what they actually receive is a pressing national priority.

Advance care planning (ACP) offers a way to narrow this gap. ACP is a process that supports people in understanding and sharing their personal values and preferences related to future medical care. The goal of ACP is to prepare people for future "in-the-moment" treatment decisions to facilitate getting medical care that is consistent with their preferences. ACP can improve the patient experience, avoid unwanted and costly invasive treatments near EOL, and improve family member psychological outcomes during bereavement.

In this Canadian Frailty Network (CFN) Transformative Grant, our team of 32 investigators from 16 universities, 42 partner organizations, and a growing team of patient advisors will focus on **increasing uptake, impact, and access to ACP for frail elderly Canadians across the primary care, long-term care (LTC), and hospital settings**. We will achieve this by tailoring, implementing, and evaluating a suite of ACP tools in these settings while paying particular attention to the needs of diverse groups.

LB14

La qualité de vie des hommes âgés ayant eu une cystoprostatectomie suite à un cancer de la vessie

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Introduction la cystoprostatectomie totale (CPT) entraîne souvent des changements dans la qualité de vie post opératoire et favorisent des répercussions psychologiques, physiques, sociales et sexuelles difficile à assumer. Cette étude vise à décrire le processus de transition post opératoire des hommes tunisiens ayant eu une CPT radicale suite à un cancer de la vessie.

Matériels et Méthodes : une étude quantitative simple auprès de 40 hommes cystoprostatectomisés. Les instruments de mesure utilisés sont le questionnaire Stoma-QOL de Pietro et al (1995) traduit en Arabe et le questionnaire IIEF5 de Rosen et al (1997).

Résultats : 77,5% des participants ont un score de qualité de vie très bas. Ce changement affect toutes les dimensions de la qualité de vie (image corporelle, physique, psychologique, vie familiale et sociale et la sexualité). De plus, tous les participants souffrent d'impuissance sexuelle sévère après l'intervention. **Conclusion:** l'éducation sanitaire s'avère nécessaire pour faciliter la transition post opératoire et assurer une meilleure qualité de vie liées à la santé des hommes atteints du cancer de la vessie, particulièrement pendant la phase pré opératoire.

Les mots clés : Cancer de la vessie – Cystectomie - Qualité de vie - stomie- personnes âgées

LB16

Canadian Frailty Priority Setting Partnership

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The objective of the Canadian Frailty Priority Setting Partnership was to determine shared research priorities of Canadians affected by frailty, including older adults, their friends, family and caregivers and health and social care providers. The study followed the methods of the James Lind Alliance (UK) and was overseen by a Steering Group of older adults, friends, family and caregivers of frail older adults, health and social care providers and researchers. Partner organisations, that represent older adults and the health and social care providers who work with

them, were also involved in the work. An initial survey, available in English and French in both online and paper formats, collected research questions from nearly 400 individuals and groups across Canada. These questions were categorized, summarized and checked against current research evidence to create a list of 41 unanswered questions about frailty. These questions were then prioritised through a two-phase process, first with an open survey and next in an in-person workshop held in Toronto on September 26, 2017 with 20 participants (including older adults, friends, family and caregivers as well as health and social care providers who work with frail older adults). The process produced a list of research priorities (including a "top 10"list) related to the health care of frail older adults that will be presented to the Canadian Frailty Network as well as researchers and other research funding organisations so that more research is carried out in these areas.

LB17

Using technology to support dementia care in hospital

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Staying in the hospital can be a very stressful experience for patients with dementia. This innovative project examines whether using an iPad to play a video purposively created for patients with dementia by his or her family may contribute to enhancing safety and quality of care. We used a mixed method approach. The intervention involved inviting patient participants in a mental health unit to watch a one-minute video prepared by their family. The recorded video made by family included a reassuring, comforting and supportive message to help the patient feel safe and allow staff to help with a specific care task. The process was examined by structural observations (Dementia Observation System) and with video recording. We conducted statistical analysis of the quantitative ratings of behavioural and mood changes in patient participants to compare mean differences between baseline phase (A1) and intervention phase (B1). Also, we conducted staff interviews and video analysis to investigate contextual factors and staff experiences. Our findings lend support to the positive effects of the

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intervention. When the intervention of iPad was introduced during B1 phase, our results showed a significant change in mood, engagement, and participation. Staff described key factors that influenced the effect of the intervention included: (a) knowledge and skills of staff, (b) video content, and (c) environmental factors. This study is among the first to examine the potential of using an iPad loaded with family videos to promote safety and quality of care in a hospital setting.

LB18

Effect of Age on Heart Rate and Heart Rate Variability during Activities of Daily Living

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Background: Aging is associated with increased resting heart rate (HR) and decreased heart rate variability (HRV). However, the effect of age on these measures during activities of daily living (ADLs) has not been directly explored. We compared HR and HRV to whole-body acceleration during ADLs in young and older adults.

Methods: 17 young (mean age=22.6±3.3 years) and 17 older adults (mean age=86.5±4.8 years) underwent a 15-minute free-living ADL protocol (sitting, standing, walking, lying) with a sensor at the sternum recording ECG and tri-axial acceleration. R-peaks were identified and filtered using wavelet decomposition. Across the whole trial and each activity's latter minute, we derived average values of acceleration (m/s²), HR (beats per minute), and HRV (mean absolute deviation (MAD) and standard deviation of R-R peak intervals (SDNN)). We used ANOVA to examine the effects of age and activities on HR and HRV.

Results: Older adults showed higher HR while lying ($p=0.006$) and lower HRV during sitting, lying, and whole trial ($p\leq 0.005$). Young approached 40% of age-estimated maximum HR while sedentary (sitting, standing, lying) and 50% while walking. Older adults approached 50% while sedentary and over 60% during walking. There were positive correlations in both young and older adults between HR and acceleration ($p\leq 0.001$). Only young adults showed inverse correlations between HR and HRV and between HRV and acceleration ($p<0.001$).

Conclusion: HR associated with acceleration during ADLs in young and older adults, while HRV associated with activity only in young. Most older adults achieved recommended exercise intensity HR during self-paced walking.

LB19

The impact of renovations in long term care living spaces on residents with dementia, their families and the staff who care for them – Pre-renovations phase.

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For this research study, mixed-methods were used to examine the impact of the planned renovation on the physical environment, residents, their families and staff providing care. We have brought together a multi-disciplinary team of researchers affiliated with the Centre on Aging at the University of Manitoba. Various field observation methods were used in pre-renovation to determine characteristics of the physical environment (e.g., temperature, noise, and light spectrum) and spatial utilization (for 5 days, 18h/day). Forty-five staff completed the occupant satisfaction survey. Dementia care mapping with 15 residents was used to provide detailed information on quality of life and well-being. Nine family members participated in photovoice interviews that explored their perspectives regarding the current space and the proposed renovation and its impact on their family member/close friend. Other sources of data that will be rich with important information about residents and staff include: charts; administrative records and human resources files. In undertaking this project, we have been mindful of several principles: 1) the research was as unobtrusive as possible; 2) the research plan had flexibility to account for the real-world changes that occur in the renovation process; and 3) the research process should focus on the goals of the new design. In conducting this research, we carefully orchestrated the timing to ensure we met our milestones within the tight time windows, as well as to ensure that we did not heavily descend upon a particular unit, with multiple forms of data collection all at once.

LB20

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The effects of exergaming to improve the physical activity of institutionalized older adults: Results of a literature review

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Introduction: Institutionalized older adults have high-rates of mobility decline resulting in reduced quality of life and increased dependency. Given the aging population, there has been a proliferation of exergaming technology targeting older adults to maintain their physical activity (PA) levels and prevent decline. However, it is unclear if exergaming is effective to maintain or improve the PA of institutionalized older adults.

Method: Four databases (MEDLINE/CINAHL/PsycINFO/Compendex) were systematically searched (key terms like "nursing homes", exergaming"). Quantitative manuscripts examining the effects of exergaming on PA measures of institutionalized older adults published in English between 2006-present were eligible. Virtual reality was excluded from the search. No meta-analysis was conducted due to heterogeneity of the results.

Results: 12 studies were included from a search that yielded 208 results. The exergaming platforms that were used the most were the Kinect and Wii. The most commonly used PA measures were the Berg Balance Scale and the Timed-up-and-Go (n=4 studies) with no other measures being used in more than one study. Interventions ranged in exercise (e.g. cognitive-motor training, strength training, balance, etc), frequency, duration, and modality. Study designs were also heterogeneous. Articles were of very poor to poor quality. There was minimal reporting on adverse events. Older adults with cognitive impairment were commonly excluded. Challenges in current technology and studying this group are highlighted.

Conclusion: Exergaming may be promising to maintain PA but more robust research is needed. More exergaming technology designed for long-term care to meet the specific complex needs of this population is warranted.

LB21

The application of user-centered design to develop an interactive digital gaming surface for older adults in nursing homes

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More than one-third of older adults residing in nursing homes and long-term care facilities lose basic self-care abilities like toileting and grooming because of physical inactivity. Digital multi-player games played on interactive gaming surfaces can motivate these older adults to be physically, cognitively, and socially active. Commercially available digital interactive gaming devices have some inherent limitations (e.g., high costs, storage difficulties, visibility problems, invasive headgear, and limited opportunity for movement), which may reduce the potential of these technologies to promote physical exercise and social engagement for nursing home residents. To motivate older adults to be physically and cognitively active in a more engaging way, we propose to develop and test an innovative interactive digital gaming surface that is fall resistant, user friendly and cost effective. The aim of this poster is to describe how we applied a user-centered approach to design, and to prototype our interactive surface tailored for older adults in nursing homes. The surface will contain LED backlights, pressure sensors, and speakers to provide audio-visual feedback. It also features anti-slip material, and can be easily moved, folded, stored, and cleaned. We will outline the challenges of applying a user-centered design with older adults who reside in nursing homes and the strategies we used to enhance our success. Future research will include exploratory and hypothesis driven trials to test our technology. The proposed interactive gaming technology tailored for the

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needs of institutionalized older adults has great potential to promote safe physical activity in a fun and engaging way.

LB22

Systolic Blood Pressure Dipping in Older Adults: Implications for Mobility and Cognition Outcomes

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Background: Systolic blood pressure (SBP) dipping is a cardiovascular and cerebrovascular disease risk factor. We assessed whether SBP dipping contributes to the prediction of mobility and cognition outcomes in older adults.

Methods: Community-dwelling older adults living in London and Woodstock, ON were involved in this retrospective cross-sectional investigation. We used baseline data from two exercise studies. The percentage difference in mean SBP from daytime to nighttime was used to determine SBP dipping. Mobility outcomes included gait velocity, step length and gait variability under usual and dual-task conditions and were assessed using an electronic walkway system (GaitRITE). Global cognitive functioning was assessed via the Montreal Cognitive Assessment. We used multiple linear regression models to assess whether SBP dipping was an independent predictor of the study outcomes after adjusting for the influence of age, years of education, body mass index, presence of hypertension and type 2 diabetes.

Results: After analyzing data gathered from 192 participants (68.7 [7.2] yr, 66% women, 96% White), we report that SBP dipping significantly and independently contributed to the prediction of usual gait velocity ($p = .03$), usual step length ($p = .04$) and usual cycle time variability ($p = .04$). Similarly, SBP dipping significantly predicted dual-task gait velocity ($p = .03$), dual-task step length ($p = .03$) and dual-task cycle time variability ($p = .04$). SBP dipping, however, did not independently predict global cognitive functioning ($p = .37$).

Conclusions: SBP dipping is an independent predictor of usual and dual-task gait performance but not global cognitive function.

LB23

Ethno-cultural variations in the definitions of healthy aging among Canadians

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Introduction. Given that Canada's population is aging and is ethnically diverse, an increased understanding of what "healthy aging" means to Canadians from various ethno-cultural backgrounds is important for the development of policies, programs and services designed to promote their health.

Study Objective: to investigate the ethno-cultural variations in lay definitions of healthy aging among Canadians.

Method: Data from the Canadian Longitudinal Study on Aging (CLSA) baseline interview for a random sub-sample of the CLSA Tracking Cohort ($n = 535$) from varied ethno-cultural backgrounds were used. Content analysis of responses to the open-ended question on *healthy aging*, "What do you think makes people live long and keep well?" was conducted by respondents' ethno-cultural background. The narrative responses were coded according to the Manitoba Follow-Up Study (MFUS) coding system.

Results: Unweighted frequencies of the extracted themes reported by the CLSA respondents revealed that up to 9 themes were used by the CLSA respondents to explain what makes people live long and keep well. The first and second most commonly reported themes were related to "lifestyle". Cross-tabulation of the 9 themes by ethno-cultural background showed ethno-cultural variations in the distribution of healthy aging themes. For example, the most commonly reported main theme for South Asians was "cognitive health"; it was "health system" for Scandinavians and "life experience" for Indigenous peoples.

Conclusions: People from various ethno-cultural backgrounds have different definitions of healthy aging: what makes people live long and keep well.

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Exergame interventions for institutionalized older adults: A review of motivational, cognitive, emotional, and social effects

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Objective: Physical activity has a powerful protective effect on older adults' cognition and emotional well-being. For older adults living in long-term care, however, there are limited opportunities for engaging physical activities, and therefore they are at increased risk of becoming inactive. Offering exergames may be a promising way to improve motivation to exercise for institutionalized older adults, with associated benefits to their cognition, well-being and social engagement. This review explores the current evidence and research gaps in these effects of exergaming interventions for this population.

Method: Four databases, including MEDLINE, CINAHL, PsycINFO, and Compendex, were systematically searched. Quantitative studies examining cognitive, emotional, motivational, and social effects of exergaming interventions for older adults living in long-term care were eligible for inclusion.

Results: The search yielded 206 citations, with 8 articles meeting inclusion criteria. Most studies were low quality, with limited data reporting and heterogeneous outcome measures. The majority of interventions used commercially available Wii or Kinect platforms. On motivational measures, there was some indication of improved enjoyment of physical exercise. Only one out of three studies reported a significant pre/post-test improvement to global cognition following exergaming. Two studies reported short-term increases in positive emotion during gameplay; however, results were inconsistent for longer-term changes in emotional well-being. No studies included objective measures of social engagement.

Conclusion: There is insufficient evidence that

currently available exergames benefit cognition, well-being, or social engagement. More research and development of exergames tailored to the needs and interests of institutionalized older adults is required.

LB25

"When you start dividing it up..." Benefits and Challenges in Chronic Disease Prevention and Management Clinics

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Background: Family Health Teams (FHTs) were initiated as part of an Ontario Ministry of Health and Long-Term Care initiative to increase access to comprehensive family health care services through teams of professionally diverse healthcare providers. FHTs provide more holistic primary health care services that cater to the specific communities that they serve. Some FHTs have developed specialized programs, including Chronic Disease Prevention and Management (CDPM) clinics, which are of particular relevance to older persons. To inform future development of such clinics, we studied the evolution and function of CDPM clinics within one FHT in southwestern Ontario.

Methods: In-depth individual interviews (n=22) were completed with healthcare providers within the FHT. Qualitative analysis was completed by two researchers using line-by-line emergent coding and thematic analysis.

Results: Within the FHT, CDPM clinics were established for diabetes, hypertension, heart failure, memory, and anticoagulation. Analysis generated themes related to potential benefits as well as challenges of CDPM clinics. Benefits included improved patient management through engagement and education, and efficient care in familiar settings. Challenges related to the changing scopes of practice of team members, and the coordination of care for patients enrolled in multiple clinics and across multiple sites.

Discussion: CDPM clinics can enhance the management of chronic conditions and the quality of primary care for older adults, but can present practice and organizational challenges. Given the prevalence of co-morbidities in the aging population, special consideration should be taken

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to avoid fragmented care for patients enrolled in multiple clinics.

LB26

Female reproductive events and frailty status: cross-sectional analysis from the International Mobility in Aging Study (IMIAS)

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Background: Frailty at older ages is an adverse health condition that is more prevalent in women than men and the excess prevalence in women cannot be adequately explained by common risk factors. Being unique to women, reproductive history events may be among contributing factors.

Objectives: To examine associations between reproductive history events (age at first childbirth, lifetime parity, and hysterectomy) and frailty status in community dwelling older women.

Methods: We obtained cross-sectional data from 1047 women participating in the International Mobility in Aging Study, aged between 65-74 years old. Fried's phenotype of frailty was used to identify frail, pre-frail and non-frail groups. Age at first birth (before 20 years old; 20 years old or older), lifetime parity (0; 1-2 children; 3-4 children; 5 children or more), and self-reported hysterectomy (yes vs. no) were our measured reproductive history variables. We constructed multinomial regression models to examine the relationships of interest.

Results: Early maternal age (before 20) was associated with increased risk of frailty (OR 2.15, 95%CI: 1.24-3.72). Compared to women who delivered five or more children, those who had 1-2 children showed significantly lower odds of pre-frail status (OR 0.54, 95%CI 0.36-0.82) and frailty (OR 0.43 95%CI 0.22-0.86). In all models, hysterectomy was an independent contributor to an increased likelihood of frailty.

Conclusion: Age at first birth, parity and hysterectomy are possibly linked to a greater

likelihood of becoming frail in later life. This study reinforces the importance of considering the reproductive characteristics of women as indicators of health status.

LB27

Barriers and enablers to uptake of the Prevention of Falls Network Europe (ProFaNE) core outcome set in fall injury prevention trials

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Background. Core outcome sets (COS) are defined as "an agreed standardized collection of outcomes which should be measured and reported, as a minimum, in all trials for a specific clinical area" (Williamson et al., 2017). In 2005, members of the Prevention of Falls Network Europe (ProFaNE) published a COS for fall injury prevention randomized control trials (RCTs) with older people (Lamb et al., 2005).

Objective. To identify barriers and enablers to uptake of the ProFaNE COS in fall injury prevention RCTs with older people.

Method. Qualitative, semi-structured interviews were conducted by telephone with n=6 members of the ProFaNE outcome consensus group. Interviews were audio recorded and professionally transcribed.

Results. Participants were recruited from the UK (n=3), Australia (n=1), Germany (n=1) and Spain (n=1). No participants described following all recommendations from the ProFaNE COS in their own fall injury prevention RCTs with older people. Preliminary thematic analysis of interview transcripts identified the following barriers to uptake: belief that some recommendations within the COS are out of date, limited access to resources (research personnel, funding), and challenges applying recommendations to large scale RCTs and residential care populations. Enablers to uptake included: understanding of the value of COS, agreement with the COS recommendations, and having been a member of ProFaNE, and more specifically, the ProFaNE outcome consensus group.

Conclusions. We offer preliminary evidence of barriers and enablers to uptake of the ProFaNE COS in fall injury prevention RCTs with older

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people. Findings may inform strategies to improve uptake with existing and future COS.

LB28

A Community Consultation to Develop a Regional Dementia Strategy

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Objectives: Dementia is a growing health and societal challenge; dementia strategies have been recommended to support a coordinated and effective response. To inform dementia strategy development in the Waterloo-Wellington region of Ontario, we undertook a consultation process to gain insights into the strengths and weaknesses of dementia care in the region, and to identify recommendations for improvements.

Methods: Semi-structured interviews were conducted with four dyads (one person with dementia and their caregiver), one caregiver, and 15 health care providers. A priority setting event was held with a local dementia advisory group (5 persons with dementia; 5 caregivers). Round table discussions were held at a community consultation event that gathered health system stakeholders (n=180) from across the region. Analysis followed a combination of directed and inductive coding related to system strengths and areas for improvement.

Results: Key areas for system improvement included: public awareness initiatives and efforts to create a dementia-friendly community; education in primary care and improved access to information on services available; coordinated access to care; and knowledge transfer and capacity-building. System strengths included the variety of services offered in the region; continued enhancement of specialized geriatric services is recommended.

Conclusions: Study findings have been used to inform the regional dementia strategy. Methods and results of this study may be useful for other regions of Canada undertaking dementia strategy development.

LB29

Resident-level Factors Associated with Energy Intake of Long Term Care (LTC) Residents with

Cognitive Impairment: The Making the Most of Mealtimes Study (M3)

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LTC residents with cognitive impairment are at an increased risk for poor food intake.

Objective: Examine factors associated with energy intake (kilocalories per kilogram of bodyweight-kcal/kg bw) of LTC residents with cognitive impairment.

Methods: Secondary data analysis of the M3 study included 353 LTC residents (32 LTC homes, four provinces) with a score of ≥ 3 on the Cognitive Performance Scale-CPS (0= intact to 6= very severe). Demographics, health variables, nutritional status, eating challenges, and mealtime variables were collected with standardized measures. Eating assistance data were retrieved from the Edinburgh Feeding Evaluation in Dementia measure (none vs. any assistance at any meal). Energy intake was derived by averaging three days of food intake. Backwards stepwise regression was used with energy intake per kilogram of bodyweight (kcal/kg bw) as the outcome.

Results: Mean energy intake was 1547 kcal \pm 411(SD) with an average consumption of 25 kcal/kg bw. Higher energy kcal/kg intake was independently associated with: females (B= 2.06, p= 0.01), younger age (B = -0.239, p< 0.001), lower Body Mass Index (B = -0.903, p<0.001), receiving no eating assistance (B= -3.06, p<0.001), reported chewing difficulty (B= 3.26, p=0.003), higher CPS score (B= 0.774, p = 0.03) and more vitamins consumed (B= 1.07, p= 0.01) accounting for 34% of total variance.

Conclusion: Residents with cognitive impairment consume relatively low kcal/kg. Nutritional needs are complex and achieving good nutritional status remains challenging. Eating assistance is an area of further exploration in persons with advanced cognitive impairment.

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Active aging among Older Finnish and Chinese women in rural areas: A cultural comparison

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Two recent qualitative studies were aimed at uncovering social, environmental and cultural aspects of active aging (e.g., Nettles, 2016; Zrinscak & Lawrence, 2014; WHO 2002) in the lives of older women in rural and northern areas of China and Finland. Methods used included focus group interviews and art-based approaches with older women who participated in local program activities. The use of drawing was introduced to enrich the interview data and provide a visual and individual view of what constitutes active aging for these groups of women who lived so far apart from one another. We found that they shared some ideas about aging actively and maintaining well-being, such as the importance of family and other social relationships and health, but there were also stark differences that will be shared as initial findings from the interviews and drawings. One of these is the significance of older women's cultural and place-based activities and interests from earlier life stages and how these can be promoted and continued in old age. Also necessary is to include study participants in presentations, recommendations and briefs that could result in policy and practice shifts and in keeping women as they age connected to others and to the outside world so that they feel themselves an integral part of it. The oldest older women are otherwise at risk of serious loneliness and feelings of loss that could be prevented in many cases.

LB31

Focus Groups: Exploring High School Students' Perceptions and Interest toward Older Adults

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In Canada, the province of New Brunswick has the highest percentage of older adults over the age of 65. The aging of our population is challenging and increases our spending on health and social services. On the other hand, home care is an effective system and allows seniors to remain at home, knowing that it is their desire (Dupuis-Blanchard et al., 2015, 2013). Meanwhile, community agencies face challenges in retaining

and recruiting employees, and most of their employees are close to retirement age (Thériault & Dupuis-Blanchard, 2016). A better understanding of our future human resources for an aging population was needed. The purpose of this study was to explore high school students' interests and perceptions of a career with older adults. Five francophone high schools from the province collaborated in this project. Focus groups participants included seven to ten students from each participating school (N = 41). Discussions were animated with questions and the viewing of an awareness video on population aging in the province. The results seem to show that students have little knowledge of our aging population and the different career possibilities. Students showed interest in receiving more education and shared different reasons why younger generations' might be disinterested in a career with older adults. The results of this study are important for future planning of human resources, and show the importance of providing knowledge to our young population.

LB32

An Overview of NCE's KMb Policy Framework: "Knowledge Users" and "Impact" in Aging & Technology Research

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This review is part of a project being conducted by AGE-WELL's Crosscutting Activity on knowledge mobilization (KMb). This poster provides a policy overview of NCE's (Networks of Centres of Excellence) understanding of "knowledge mobilization (KMb)" from a regulatory and conceptual perspective. How NCE conceptualizes, implements and governs KMb is important in designing a KMb infrastructure at the level of individual networks, and plays a role in setting the processes of engagement.

From a regulatory standpoint, KMb is one of the principles that NCE-funded networks are expected to incorporate in their governance and reporting structures, along with others, such as transdisciplinarity, and the training of highly qualified personnel. Designed to be purposefully broad as a means to invite active and innovative interpretation across projects and teams, the NCE guidelines present a number of regulatory

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challenges, including the absence of common standards.

From a conceptual standpoint, NCE's approach to KMB resonates with related ideas of innovation diffusion, knowledge transfer/translation/exchange, and innovation impact, which seek to shorten (or at least document) the gap between innovative solutions and their implementation. Although NCE researchers often use these concepts interchangeably, the philosophy behind them, and their perspectives to "knowledge" and "community-engagement" may substantially differ, posing socio-political, and ethical challenges.

Unpacking the understanding of KMB from a regulatory and conceptual perspective can help to situate the plurality of distinct and often antagonistic approaches to KMB. Such efforts represent a crucial step in creating a community-engaged space of learning and exchange within AGE-WELL and beyond.

LB33

Health, social and functional characteristics of older adults with continuing care needs: Implications for integrated care

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Background: Integrated care should reduce potentially unnecessary health care use, and reduce or ease transitions between community and acute care settings. Integrated care approaches are believed to be most efficient when applied to high need populations.

Objective: To determine older adults that could benefit from integrated care, we examined: 1) the health, social, and functional characteristics of older hospitalized adults who required continuing care upon hospital discharge; and 2) the association between these characteristics and potentially unnecessary health care use.

Methods: A chart review was conducted of 214 older adults discharged from the medicine service of a large teaching hospital to continuing care, between 2014 and 2016. Demographic, health, social, and functional variables were extracted and examined in association with three potentially unnecessary health care use variables: discharged to an institution, unnecessary hospital stay

(alternative level of care), and long hospital stay. Variables significant in bivariate testing ($p \leq .05$) were included in multivariate logistic regression modeling.

Results: In this sample, 90.2% were receiving home care and 46.3% had care need issues preadmission. Twenty-nine per cent were discharged to an institution, 27.6% were hospitalized over 30 days, and for 32.7%, at least part of their hospital stay was unnecessary. Independent predictors of potentially unnecessary health care use were mental and behavioral diagnoses and issues, living alone, functional status, and preadmission issues.

Conclusion: Older adults who are high users of health care services are identifiable prior to hospital admission. Community-based integrated care may reduce unnecessary health care use among these individuals.

LB34

More Harm Than Good? The Alternate Level of Care Co-Payment Policy

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Background: Alternate-level-of-care (ALC) patients in Ontario hospitals present potential implications to hospital operational efficiency. Examining the unintended effects of the co-payment policy can identify shortcomings and reorient future strategies.

Methods: A keyword search yielded 302 PubMed and 729,000 Google Scholar articles published between 2010-2016, which were sorted, and quality assessed resulting in eight articles

Findings: The co-payment policy is counterproductive due to non-compliance, capacity constraints, and operational deficiencies within the system.

Conclusions: Actions taken to respond to the consequences of delayed discharges should focus on supporting the achievement of good patient experiences, decreased hospital occupancy, and increased operational efficiency.

LB36

4C Project in Northern Alberta: Changing the lens we look through

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Methods: Between 2011 and 2016 the Alberta Centre for Sustainable Rural Communities (ACSRC) and the Institute for Continuing Care Education & Research (ICCE) held 7 community consultations in northern Alberta to discuss continuing care (CC) in the various catchment areas. The total catchment area over the 7 consultations was roughly equivalent to the Alberta Health Service's North Zone. We asked participants how are the residents receiving CC?; who in the health workforce is providing the CC?; what are the gaps? what is working?; how can the post-secondary institutions (PSIs) best address the gaps?; and what research into CC could support best practices in the area? We also encouraged participants to look at their community's capacity to engage in addressing the identified issues/gaps in continuing care.

Results: Over the course of the consultations, the ACSRC and ICCE re-examined how we looked at community capacity. We had begun the process thinking that the core component was the relationships between the key players (PSIs, Providers, Rural Communities) and that the relationships led to activities to strengthen CC in the area. By the end of the consultations we had recognized that the key activities (research, education, KT, practice) were at the core of building community capacity and that by engaging in these activities, relationships were strengthened which in turn led to strengthening community capacity. However, there are overarching influences that affect capacity and the ability to collaborate.

Conclusions: This poster discusses why we changed our 'lens' and what we changed it to.

LB37

The impact of humor therapy on quality of pain in older adults residing in nursing homes: A randomized clinical trial.

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Introduction: Pain is a common symptom among older adults' residing in the nursing homes. Pain causes loneliness, depression, and disability. The use of pain medicines is not recommended because of their several side effects in older adults. Humor therapy is an alternative treatment which uses distraction techniques. The aim of this study is to determine the effects of humor therapy on pain quality of older adults dwelling in nursing homes.

Methods: This study is a two-group randomized clinical trial. Participants included 55 older adult residents in nursing homes, 28 in the intervention group, and 27 in control group. Participants with the age of 85 to 60 and with the history of having chronic pain for more than 3 months were the including criteria. Participants were randomly assigned to two groups. Instruments of this study are Geriatric Depression Scale, Montreal Cognitive Assessment (MoCA), and The McGill Pain Questionnaire. Humor therapy was provided for six weeks and 1 hour per week. Humor themes were such as video clips, music, jokes, and fun games. T- test was used for statistical analysis.

Finding: Mean and standard deviation of participants were 73.8±5.5. There was no significant differences between two groups regarding pain quality score before intervention ($p>.05$). However, after 6 weeks of humor therapy, the pain quality score was decreased in both emotional and affective aspects in the intervention group than the control group ($p<0.001$).

Conclusion: Humor therapy as a safe and costless method can be used for decreasing quality of pain in older adults.

LB38

Precarity in Late Life: Understanding new forms of risk and insecurity

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Background: Population aging and longevity in the context of declining social commitments raises concerns about disadvantage and widening inequality in late life. **Objective:** This poster explores the concept of precarity as a means to understand new and sustained forms of risk and insecurity that affect late life.

Method/Approach: The poster outlines the definition and uses of precarity across scholarly fields including social gerontology. It then draws on three locations of experience (i.e., older women, aging with a disability, and the foreign-born) to highlight how the concept of precarity can render visible the disadvantages carried into late life, the new insecurities that emerge at the moment of needing care, and how risks and insecurities experienced over time and longevity, in contexts of austerity, can deepen disadvantage.

Discussion/Implications: Contemporary conditions of austerity and longevity intersect to produce and sustain risk and disadvantage into late life. We suggest that precarity offers a lens to challenge individual interpretations of risk, and situate experiences of disadvantage in the social, economic, and political context.

LB39

Reducing Senior's Social Isolation: Insights from Focus Groups with Community Stakeholders

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Objective: This poster presents the results of insights from four focus groups with community stakeholders conducted as part of the Gilbrea Centre for Studies in Aging's research project in the Hamilton Social Isolation Impact Plan (HSSIP).

Background: Economic Services and Development Canada (ESDC) have funded a range of initiatives to improve social isolation across the country, including the Hamilton team comprised of seven organizations. While social isolation has long been recognized as a social

concern, there is strikingly little consensus about how to best address social isolation among one of our most vulnerable populations. This is particularly the case where low-income and vulnerable seniors are concerned.

Methods: Four semi-structured stakeholder focus groups (n=19 people in 4 focus groups) were conducted with a range of stakeholders (frontline to senior management) to determine the state of knowledge about isolated low-income seniors, identify existing services, gaps, and/or barriers to accessing services, explore local specificities, and identify existing best practices.

Results: Stakeholders had a good understanding of social isolation and risk factors, key pathways to social isolation, high risk groups, barriers to engagement and unique aspects that contribute to isolation in Hamilton, ON. Results also drew attention to the connection between isolation, disadvantage, and exclusion.

Conclusion: Focus groups draw attention to the need to expand understandings of social isolation to include exclusion and disadvantage, and to facilitate access to programs either where the seniors are (local programs), or to ensure safe, reliable and accessible transport to existing programs (suitable and available transport).

LB40

Flourishing despite a cancer diagnosis: Findings from a nationally representative study

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Purpose: This study investigated the association between cancer and complete mental health (CMH). CMH includes optimal functioning as well as the absence of psychopathology.

Methods: Secondary data analyses of the nationally representative 2012 Canadian Community Health Survey-Mental Health. This study used bivariate and logistic regression analyses to estimate the odds ratios of CMH among community dwellers aged 50 and older with current cancer (n=438), previous cancer (n=1,174)

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and no cancer history (n=9,279). CMH had three elements: 1) absence of mental illness, addictions and suicidal thoughts in the past year; 2) almost daily happiness or life satisfaction in the past month; 3) psychosocial well-being. Control variables included socio-demographics, health behaviours, current physical health and lifetime history of mental illness and childhood maltreatment.

Results: Adults aged 50 and over with current cancer had a much lower prevalence of CMH (66.1%) than those with previous cancer (77.5%) and those with no cancer history (76.8%). After adjusting for 17 variables, the odds of CMH among those with current cancer remained substantially lower (OR=0.63; 95% CI=0.49-0.79) than those without cancer. Among those who had ever had cancer, the odds of CMH were higher for female, White, married, and older respondents, as well as those with higher socioeconomic status, and no history of childhood physical abuse, substance abuse, depression or anxiety disorder.

Conclusions: Two-thirds of current cancer patients have CMH.

Implications for Cancer Survivors: These findings have a hopeful message for patients. Former cancer patients are comparable to those without a cancer history, suggesting substantial resilience.

LB41

Generativity, Prosocial Behaviour, and Wellbeing in Old Age: Lessons learned from repeated daily life assessments

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Studies have shown that generativity (motivation to nurture and guide the next generation) plays a significant role in shaping psychological wellbeing in mid and later life. However, less is known about how these behaviours manifest in an everyday life context. This study examines intergenerational prosocial behaviours to better understand the positive link between generativity and wellbeing. The findings presented are from the daily life assessment portion of a longitudinal project on social engagement and wellbeing. Over a 10-day

period, 99 community-dwelling adults aged 51-85 years (64% female; 59% East Asian; 37% European) used iPad minis to report opportunities to engage in prosocial (helping) behaviour as they engaged in their typical daily life routines. Participants specified the age of the people they could help, and also completed three daily questionnaires that assessed their current affective states. Multilevel mediation analyses indicate that individuals who were higher in generativity reported more opportunities to help younger individuals compared to the average person, which, in turn, was significantly associated with reporting increased high arousal positive affect on a given day. Analyses controlled for age, gender, education, ethnicity, retirement status, and perceived social status. In summary, our findings suggest that having more opportunities to help younger individuals partially mediates the relationship between generativity and wellbeing in midlife and old age. Our study provides insight into the emotional benefits of intergenerational activities and highlights the need to develop social engagement opportunities that allow older adults to harness their abilities to help the next generation.

LB42

Perceived impact of social participation and resilience among older adults.

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Resilience, the ability to bounce back from adversity, is a key factor in positive aging and moderates psychological well-being (Bonanno, 2004). Social participation is the act of engaging in any activity that includes interacting with others and can also positively impact mental well-being (Ichida et al., 2013). This study explored the relationship between social participation and resilience among older adults by assessing their perceived impact of social engagements. A mixed method design with interviews and a measure of resilience was administered to a sample of 16 participants (aged 65 to 92). Five broad themes of social participation and resilience emerged during directed content analysis: social networks, community related factors, meaningfulness through activities, self-care through activities, and non-social coping tools. The first four themes identify different forms of social participation as well as motivations for participating. These themes also explore how social participation and non-social coping tools shape individuals' resilience. Among participants, 81% agreed that participating in

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activities was a tool used to overcome challenges by offering a reprieve from problems or minimizing social isolation. The results also suggest that involvement in meaningful activities contribute to an individual's sense of purpose. This exploratory analysis suggests that social participation was a major contributor to an individual's resilience and the extent of its contribution should be empirically assessed. Providing more opportunities for social participation among older adults could increase their social network, provide an avenue to stay involved in society, and act as a tool to overcome challenges.

LB43

Protecting the Privacy of Persons with Cognitive Impairments in the Development of Technologies

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Our aim is to improve the practices of AGE-WELL members when developing technologies, so that they become international leaders in ethical development and commercialization of technologies for the elderly with cognitive impairments. Persons with cognitive impairments constitute about a quarter of the aging population. They benefit from the use of information and communication technologies (ICT) that are known as cognitive assistive technologies, because of the support they provide to independent living. However, these individuals are among the most vulnerable to privacy breaches and their use of technology raises many ethical concerns. Currently, safety and monitoring of these individuals supersede privacy considerations. Furthermore, technology developers often lack awareness of the privacy and security regulations, and struggle with applying best practices within a sustainable business plan. We propose an implementation of Change process, which is a knowledge mobilization process leading to improved professional practices. We will conduct an analysis of AGE-WELL members' practices, and identify areas of improvements and targets for

change. This will inform the following steps of the process, and lead to increased awareness of privacy and security regulations and best practices when developing ICT for persons with cognitive impairments. The team includes the AGE-WELL CC1 leads who will use the proposed project as a pilot testing of knowledge mobilization strategies among the network. This project and subsequent steps of the model will lead to improved practices among AGE-WELL members and beyond, and will therefore contribute to make available technologies that respect the privacy and security of their users.

LB44

Changes in Older Adult Driving: Findings from in-vehicle driving records

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Identifying changes in older adult driving patterns has important implications for understanding processes that lead to self-regulation and cessation. However, most research on older drivers has relied on self-report measures. The current study utilizes GPS data from 928 drivers aged 70+ who were part of the Candrive longitudinal study. Multilevel analysis of changes in short-term (26 weekly occasions within each year, May-October) and long-term (average change across 4 years) driving patterns showed variability in both weekly and yearly driving patterns. On average, total kilometers, number of trips (day/night), average daily maximum speed and maximum speed declined annually, and across weeks within each year. Night trips increased across weeks within each year but did not change across years. Older drivers at baseline drove less and slower than younger drivers but did not differ in their yearly driving patterns. Older drivers did not decline as fast in their total kilometers, number of day trips, or speed across weeks within each year compared to younger drivers, but declined faster in the number of night trips. Women had fewer trips overall and drove slower than men at baseline.

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Although there were no sex differences in yearly driving patterns, women had steeper declines in the number of trips driven at night across weeks compared to men, but did not decline as fast in their total kilometers and number of day trips. These findings provide insights of differences in self-regulation which can inform interventions that keep older Canadians safe behind-the-wheel for as long as possible.

LB45

First-Generation Punjabi-Sikh Elders' experiences of social inclusion, community engagement, and social support in Calgary, Alberta

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This study explored the experiences of finding community for first-generation Punjabi-Sikh elders within Calgary. Qualitative community-based research was conducted using six key informant interviews with community leaders and elders, and two focus groups: one focus group with all elder males, and one focus group with all elder females.

The study also addresses the following sub-questions: What are the challenges experienced by first-generation Punjabi-Sikh elders? Challenges as new residents and as long-term residents? What programs, services, and organizations could best support first-generation Punjabi-Sikh elders' well-being and health? How can the Punjabi-Sikh community best support Punjabi-Sikh elders?

Elder and community member participants indicated concerns regarding changes within the family structure, family support or lack of, family abuse, acculturating, missing knowledge and information about Canadian culture and resources, importance of finding community, and the availability of culturally appropriate resources and organizations. Female participants further indicated concerns around gender and the difficulties in finding community associated with being a woman, while male participants rarely brought forth gender-related concerns.

These findings suggest that Punjabi-Sikh elders within Calgary have wide-ranging experiences that are influenced by varying factors in accordance to

their standpoint and within their environment. The implication of such findings suggests that the experiences of Punjabi-Sikh elders is not homogenous and this should be considered when creating and providing services for elders.

LB46

Exploring the Synergies between Focused Ethnography and Integrated Knowledge Translation Through a Study Exemplar on Older Adults Undergoing a Cardiac Procedure

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Background: Over the past several years, research funders have increased the focus on 'real time' knowledge translation, also known as integrated knowledge translation (IKT). This priority challenges traditional approaches to qualitative research, which often entail in-depth, extended immersion in field work. In this paper, we reflect on our experiences of engaging in IKT while conducting a focused ethnography within a health services context.

Methods: Specific characteristics and synergies that exist when engaging in IKT in a focused ethnography are described using a research exemplar about the experiences of frail, older adults undergoing a transcatheter aortic valve implantation at a provincial cardiac centre in British Columbia.

Results: Employing IKT in concert with focused ethnography resulted in (1) an increased focus on the culture and values of the context under study; (2) a higher level of engagement between researchers, participants, and knowledge users; (3) a commitment to partnership between researchers and knowledge users as part of a larger program of research, resulting in a (4) greater emphasis on the importance of reciprocity and trustworthiness. Challenges when utilizing highly relational research approaches include issues surrounding patient participant confidentiality and immediate uptake of initial research findings, as well as consistent communication between the research team and knowledge users throughout the study process.

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Conclusions: The integration of IKT with focused ethnography allows for real-time uptake of meaningful, emerging findings, the strengthening of collaborative research teams, and opportunities for sustained programs of research and relationships in the field of health service research.

LB47

Senior stroke-survivors' use of rehabilitation glove

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Background – Repetitive hand therapy has been found to be effective in restoring hand function (Wolf et al., 2006). However, physiotherapy as a traditional type of post-stroke rehabilitation is not easily accessible for many older adults, particularly those who are homebound or desire to age in place. To solve this problem, researchers have developed robotic assistive devices to substitute physical therapists (Takahashi et al., 2008). Patients have reported that these devices are often costly and bulky, which resulted in them not being purchased or quickly abandoned. This research study therefore aims to investigate how users perceive the usability and effectiveness of a new assisted hand therapy device that resembles a glove, and aims to help recover finger function impaired by stroke.

Method – We will conduct a user experience study with an exoskeletal rehabilitation glove that is more lightweight compared to robotic devices. We will invite 10 stroke survivors who need physiotherapy to improve their hand function to use the device 15 minutes every day for four weeks. We will conduct an exploratory qualitative research study with in-depth interviews at the end of the period about users' experience. Narrative analysis will be utilized to uncover themes that describe the experiences users had.

Results/Impact – This glove provides an economical substitute of physiotherapy and helps older adults improve motor function of their hand anytime and anywhere. With the user experience

study, we will better understand the needs of stroke survivors and use the findings to improve the design of the device.

LB48

The resilience of low-income older adults

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Objective: To explore resilience strategies used by low-income older adults to overcome challenges.

Background: The process of aging can be accompanied by losses and challenges. A lack of financial resources while aging may present additional hardship. Research is increasingly focused on understanding what contributes to the resilience of older adults. A focus on low-income older adults is important to understand resilience strategies specific to that subpopulation.

Methods: This exploratory study was conducted using qualitative interviews. The 12 study participants were aged ≥65 years, lived in the Greater Hamilton Area, spoke English, and had an annual income of ≤\$24,000. Participants were asked about challenges they experienced throughout their lives and how they overcame those challenges. Interview data was analyzed using qualitative content analysis.

Results and Conclusion: Participants described experiencing *Health, Financial, Social* and *Community* related challenges. Participants had developed effective strategies to overcome those challenges including *Practical Strategies, Emotional Strategies* and strategies involving *Social Networks*. Practical Strategies included *Budgeting, Accessing Services, Acquiring Knowledge, and Self-Care*. Emotional Strategies included *Acceptance, Positivity, Perseverance, Faith, and Reflection*. Participants received *Practical Support* and *Emotional Support* from Social Networks. Although participants had developed numerous strategies individually, their social environments (e.g. the security, social interactions and resources available within their neighbourhoods) were powerful in determining the challenges they faced as well as their ability to be resilient. Future research and policy decisions should consider the positive and negative impacts

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of the social environments of low-income older adults on their resilience.

LB49

The moderating effect of physical activity on longitudinal changes in cognition: An application of the Johnson-Neyman technique to probe curvilinear changes

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While some cognitive decline is part of the normal aging process, certain changes have been linked to physical health or lifestyle-related diseases. Hypertension and type 2 diabetes have been associated with a heightened risk of cognitive decline, whereas physical activity can protect against or delay the onset of cognitive decline and dementia. This study examined the extent to which physical activity moderates the impact of hypertension and diabetes on cognitive decline using data from the Memory and Aging Project (MAP), a longitudinal study of older adults. Multilevel models evaluated baseline differences and linear and quadratic change on four cognitive measures: mental status, perceptual speed, and immediate and delayed episodic memory. Greater levels of physical activity were associated with better perceptual speed at baseline, and significantly less linear decline across all measures. Physical activity moderated the relationship between comorbid diabetes and hypertension on immediate episodic memory, such that individuals with both conditions who were more physically active experienced a reduced rate of linear and curvilinear decline compared to inactive individuals. The Johnson-Neyman technique, which identifies the regions of statistical significance by allowing the computation of exact boundary values where the moderator elicits an effect, rather than relying on the selection of arbitrary conditional values, was used to further investigate the role of physical activity across longitudinal changes in cognition. The benefits of using the Johnson-Neyman technique to identify regions of significance for linear changes with quadratic effects will be highlighted and discussed.

LB50

A scoping review exploring the concept of trust in the adoption and use of intelligent assistive technology to support older adults age in place

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Background: Intelligent assistive technologies like service robots and home automation that possess artificial intelligence have become readily available and accessible to consumers. Older adults can benefit significantly from the use of intelligent assistive technology to support activities of daily living. However, they assume more risk as they move from non-intelligent devices, to intelligent devices where responses and outcomes may become less predictable. Thus this human-technical relationship is reliant on older adults' willingness to trust the actions of an autonomous agent (i.e. intelligent assistive technology), whose behaviours they do not directly control.

Objective: To address this knowledge gap, a SSHRC funded scoping review was conducted to synthesize the literature on the importance of the concept of 'trust' in the adoption or use of intelligent assistive technology by older adults.

Methods: ACM Digital Library, AMED, CINAHL, Medline, PsycINFO, Scopus, and Web of Science databases were used in the review. 12282 references were screened; after exclusions and full-text review, 44 studies were included in the final analysis.

Results: Preliminary insights indicate the concept of trust in the adoption and use of intelligent assistive technologies is a fluid, non-stable construct that is closely mediated by the type of technology examined. A wide range of theoretical lenses and approaches to operationally define trust were also found.

Conclusions: This review provides stakeholders with important insights into the role of trust in the adoption and use of intelligent assistive technology by older adults.

LB51

Planning Virtual Atrial Fibrillation Care in Rural Communities Using A Needs Assessment

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Introduction and Background: Atrial fibrillation is a serious heart arrhythmia that, left untreated, can lead to devastating outcomes such as stroke. Specialized AF care is limited in rural communities. Virtual AF care offers rural communities a viable option yet little is known about patients and providers' perceived needs and priorities for this type of care. The purpose of phase 1 was to gain patient and provider perspectives through a focused needs assessment to inform development of a rural AF care model.

Methods: AF patients (n=101) and physicians (n=20) from three rural communities were invited to participate in focus groups and/or surveys. Focus group data were thematically analyzed, survey data were descriptively analyzed, and data were triangulated.

Results/Findings: Themes included prioritizing needs, identifying strengths and gaps in rural services, and considering virtual options. Patients and providers identified problematic AF management issues. Both groups prioritized needs for information and education on AF, timely access to health care professionals (HCP), and support for anti-coagulant self-management. Rural services were widely available and used by patients but perceived as insufficient in self-managing AF. Patients supported the idea of virtual care, including a credible website and videoconference components, provided they received adequate technological assistance. Physicians agreed that an integrated virtual cardiac clinic would be beneficial to the community.

Discussion/Implications: The needs assessment offered valuable insights into identified problems and prioritized needs for rural patients with AF, coupled with gaps in services. Rural stakeholders see virtual care as a viable complement to existing services.

LB52

Piloting an Intergenerational Digital Storytelling Program with Indigenous Elders and Youth

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Our team piloted an intergenerational digital storytelling workshop aimed at building healthy relationships and preserving culture between Indigenous Elders and youth in the Nak'azdli First Nation community in Northern BC. In this study, a community based research approach was utilized which involved a partnership between the Nak'azdli Health Centre, the Elder's Society, the elementary school, and researchers from three Universities. This program took place over one month in Spring 2017, and included 10 workshop sessions. All aspects were co-created with community partners to ensure it met the needs of all partners and also aligned with the BC school curriculum. Grade 6 and 7 elementary school students along with a number of Elders participated. During 4 sessions, Elders shared personal and traditional stories with students. The students recorded these sessions and engaged with the Elders by asking them questions related to their stories. At the end of the project, the completed digital stories were shown to the community. Students, Elders, and teachers were interviewed mid-way through the project and at the final community showing. Researcher and community observations were also collected with a goal of considering the best approach for future iterations. Results from the interviews revealed that all groups found the project worthwhile in building intergenerational relationships and preserving cultural knowledge, with all members being engaged in the process. The interviews revealed that, while the intergenerational digital storytelling workshops were well received, this workshop must be revised in order to be sustainable and integrated within the school curriculum.

LB53

Technology Use in Later Life: An Intergenerational Perspective from a Canada-UK Pilot Project

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¹University of Northern British Columbia, Prince

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Research on the use of technology by adults in later life is rather limited. The objective of this poster is to describe the role that intergenerational and familial variables play in the understanding and use of various technologies by adults over 65 years of age. Data were collected from 37 participants across both suburban and rural sites in the UK and Canada. Analyses revealed that adults in later life are using multiple forms of technology, which suggests an adjustment to the information age. Focus group and survey data indicate that adults in later life use technology as a digital 'gathering place' as a means to connect with younger family members, especially adult children and grandchildren. Participants explained that technology allows them to share information with close others when there is high geographic separation between them. Moreover, it was often younger family members who introduced participants to, and taught them how to use, technologies such as computers, digital devices, and social networking sites. Findings add to a sparse literature on technology use in later life and can form the basis of future studies, which could be used to inform researchers, clinicians, and policy makers in the areas of health, technology, and gerontology.

LB54

Understanding the Socioeconomic Impact of Electronic Health Initiatives on Canada's Ageing Population: A Scoping Review

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Canada's demographic is changing with the number of older adults 65+ equating that of children under the age of 15. Such a shift requires necessary adjustments, that would alleviate additional demands on the healthcare system, and are simultaneously more cost-effective, accessible, and user-friendly for accommodating the influx of service users. The onset of electronic health ("ehealth") has been shown to address some of the

needs. However, to date, there is limited information describing how recent ehealth care solutions and policies have responded to specific requirements of older adults. This scoping review emerged from the identification of this knowledge gap and aims to systematically search for and synthesize information from various evidence sources to understand how ehealth initiatives impact the everyday lives of older adults, in particular, how well this responds to varying socio-economic needs. Our initial research sought to identify academic and grey literature (published between 2007 – 2017) highlighting quantitative outcomes of specific ehealth initiatives e.g. electronic health records, telemedicine/telecare and mobile ehealth application, and its impact on the daily lives of older adults. Our preliminary findings demonstrate a lack of quantifiable evidence of the effectiveness of ehealth (i.e. positive outcomes from both quantitative and qualitative studies) and the need for further research to examine the impact of ehealth initiatives within a health equities framework that is more person-focused, and accounts for unique socioeconomic and cultural factors such as income, gender, ethnicity, marital status, generational/immigration status and urban/rural locale.

Note that this project is funded by AGE-WELL NCE

LB55

Adopting a User-Centered Design Process to Create a Multiplayer Online Escape Room for Older Adults' Social Engagement

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The purpose of this study was to explore a user-centered design (UCD) process to create a multiplayer online escape room for older adults' interaction and social engagement. Older adults aged 65 and over were involved in the needs assessment and prototype game evaluation. The needs assessment assisted the researchers and developers in understanding older adults' social interaction in real-life escape rooms, which resulted in a list of design recommendations for the online escape game. During the design process, older adults tested the game and we refined it based on their feedback and our observation of their play. The findings of prototype evaluation

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showed that older players prefer themes from classic literature, crossword puzzles, and the two-screen game format. Currently, a refined version of the game is being tested for usability and playability by older adults to empirically validate the game's usability with regards to the goals defined for it. This presentation will describe the design process and early evaluation results as well as briefly demonstrating the game.

LB56

MacPAGE: Developing the McMaster Passport for Education on Ageing

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The McMaster Passport for Education on Ageing (MacPAGE) is an online program being developed and implemented at McMaster's Waterloo Campus to improve knowledge about and attitudes toward the growing aging population.

A needs assessment conducted via survey of local medical students showed that only 15% had adequate exposure to geriatrics or felt prepared to provide care to older adults. Most believed that the geriatrics curriculum should be stronger. Six pillars of geriatric education (lectures/conferences, interprofessional events, clinical encounters, volunteer/outreach, online learning, and research) were identified through an environmental scan of available geriatrics-related opportunities.

To assess change in knowledge/attitudes, pre- and post-surveys were developed. The knowledge component that was adapted from the core competencies in the care of older persons for Canadian medical students by the Canadian Geriatrics Society. The attitudes component was adapted from the Geriatrics Attitude Scale.

An online platform has been developed. Students will take the pre-survey and complete approved experiences within the six pillars. Participants may suggest further experiences not included in the environmental scan. Reflections written by participants about each experience will be thematically analysed to identify the strengths of and gaps in the passport. It will be further refined based on feedback from participants on acceptability and feasibility. Successful participants

will be awarded a Geriatric Competencies Certificate.

This work provides evidence for a gap in geriatrics education among medical students. Through MacPAGE, action will be taken to fill this gap and better prepare students for careers in which they will frequently care for older adults.

LB57

Using the PARIHS framework to understand knowledge-to-action processes in Communities of Practice for care of seniors

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Objectives: The Seniors Health Knowledge Network (SHKN) is a collaborative linking Ontario caregivers, policymakers and researchers, working to improve the care of seniors. Within the network, a number of Communities of Practice (CoP) bring members together to identify innovations, translate evidence and assist with implementing change. As part of a multiple case study of SHKN CoPs (Conklin et al., 2011), we explored the usefulness of the Promoting Action on Research Implementation in Health Services (PARIHS, Kitson et al., 1998) framework to understand knowledge-to-action (KTA) processes.

Method: We studied the KTA activities of three CoPs (focused on oral health, behavioural support systems, and design and dementia), through observation and interviews with CoP members and front-line staff. Data from interview transcripts and case study reports were analyzed using directed coding, guided by the three elements of PARIHS: context, evidence and facilitation.

Results: Analysis highlighted the main sources of evidence used (research evidence and clinical experience), and not used (patient experience), and facilitation characteristics (stages of facilitation, and future and KTA-relevant facilitators). Multiple levels of context were relevant, including the front-line practice sites, the CoPs, and the broader health system.

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Conclusions: This study confirms the utility of PARiHS in understanding KTA processes. It also suggests that a variety of contexts may need to be considered in improving care of seniors.

LB58

A community-university partnership to set priorities for research on aging

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Introduction: Involving community members in setting research priorities allows researchers to identify which questions will have the most impact on the lives of community members, allowing for more relevant research and knowledge translation. The Network for Aging Research (NAR) supports aging-focused research at the University of Waterloo. In partnership with community members, including older persons, the NAR undertook a priority setting process to identify the most important aging-related research questions.

Methods: We used a modified James Lind Alliance method for setting research priorities. An electronic and paper version of a survey was distributed online and in a focus group, and was presented at a health care provider conference. Respondents were asked "in order to help older adults live as well as possible, what questions would you like to see answered?" A research team conducted thematic analysis of the data, identifying 29 priority areas. These priority areas were presented at a public event where participants voted on the areas they felt were most important.

Results: The survey distribution engaged 249 participants, who identified as researchers, community members, and those who work or volunteer with older adults. The research priority setting partnership event was attended by 83 participants. The highest ranked priorities were: social isolation, promoting healthy living across the lifespan, engagement in research, care coordination, and dementia.

Conclusion: A community-university partnership identified and ranked a set of priorities to guide aging-related research. The priorities identified in this activity will inform the NAR's future research activities.

LB59

Applying knowledge transfer strategies in the development of resources for optimal aging

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Effective knowledge transfer (KT) of research findings into practical applications may allow users to make informed health decisions (Boström et al., 2012). Increasingly, Kt strategies are utilizing technology and the digitization of health-related resources. Currently, little is known about KT within aging populations, specifically those that are in digital format. Using the Conceptual Model of Knowledge Exchange (Meagher et al., 2008) as a guiding framework, a multi-phase KT initiative was implemented to promote and evaluate paper and digital resources developed by the National Initiative for the Care of the Elderly (NICE). Results from the initiative's first phase indicate that ideas/recommendations from the tools were adopted by users (40%), the tools improved users' knowledge and understanding on the topic (42%), and information presented in the tools is often favoured over other resources providing similar content (60%). Results on the KT format indicate that both professionals/clinicians and older adults prefer the paper-based format of the resources. These findings suggest that the challenge for effective KT is to ensure that the digitization of KT resources does not outpace their adoption by end-users and key stakeholders. For KT to be successful, the process must include the development of evidence-based resources, include the perspectives of stakeholders, and be easy to apply in various settings. Given that little is known about KT with aging populations, the described initiative provides stakeholders serving this population with practical approaches for assessing the impact of their own digital KT initiatives.

Symposia/Symposiums

History of Gerontology in Canada (Part 2): Contributions from Manitoba / Histoire de la gérontologie canadienne (2e partie) : Contributions du Manitoba

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Description:

Manitoba gerontologists have contributed to the development of aging research for well over 50 years, generating a rich body of evidence as well as informing public policy. The historical context and lasting legacy of four initiatives are highlighted here. Aging in Manitoba (AIM) is one of the longest and largest existing population-based studies, combining survey and clinical data and subjective accounts of aging with linkages to administrative registries of health utilization and survival status. Judith Chipperfield presents selected findings from AIM to highlight its role in promoting a scientific understanding of the determinants of health and well-being in late life. Drawing from video interviews and a targeted review of publications by Evelyn Shapiro, Betty Havens, Neena Chappell and others, Laura Funk examines their role in the development of Canada's first comprehensive, universal, publicly funded home care program. Robert Tate describes the Manitoba Follow-up Study (MFUS), from its origins as a longitudinal study of cardiovascular disease risks and outcomes in a WW II national male military sample to its present focus on understanding successful aging for the now very elderly survivors. Verena Menec describes the work of the Age-Friendly Community-University Research Alliance, which created a partnership between researchers, government and non-profit organizations, with the goal to make communities in Manitoba more age-friendly. The contribution of the Alliance to local communities, as well as to research and the conceptualization of age-friendliness is discussed. The session will begin with the launch of CAG's 50th anniversary retrospective featuring interviews of CAG founding members.

S1

Reflections from CAG-ACG Founders: Interview with Victor Marshall

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S2

Aging in Manitoba: Ongoing contributions to the study of later life

Judith Chipperfield
University of Manitoba, Winnipeg, Canada

S3

Aging in place as envisioned by Manitoba's early trailblazers

Laura Funk
University of Manitoba, Winnipeg, Canada

S4

The Manitoba Follow-up Study

Robert Tate
University of Manitoba, Winnipeg, Canada

S5

Research-community partnerships: Making communities more age-friendly

Verena Menec
University of Manitoba, Winnipeg, Canada

Strategies to Support Family Caregivers of Older Persons with Dementia and Multiple Chronic Conditions (Educational Gerontology Divisional Session) / Stratégies pour soutenir les aidants naturels des personnes âgées atteintes de démence et de problèmes de santé multiples (Symposium d'une section de l'ACG - Gérontologie éducative)

S6

Quality of Life of Caregivers of Older Adults with Dementia

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Background: Much of the literature on caregivers focuses on burden, little is available on quality of life (QOL) and health related quality of life (HRQOL) of family caregivers of older adults with dementia and multiple chronic conditions (MCC).

Purpose: Using a mixed methods design this secondary analysis sought out to describe QOL and HRQOL in 116 caregivers of older adults with dementia and MCC, explore the relationship between QOL and HRQOL, and identify differences in QOL and HRQOL between sexes and types of caregivers (spouse or others).

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Methods: HRQOL was measured using the SF12v2 survey which provides a physical component score (PCS) and a mental component score (MCS). QOL of participants was measured using a single question from the QOLLI-F survey. A content analysis of 23 semi-structured interviews informed quantitative results.

Results: A stronger relationship between QOL and MCS ($p = 0.000$), than between QOL and PCS ($p = 0.001$) was found. This is supported by qualitative results, as caregivers described stress, loneliness, and family conflict rather than physical concerns. Sex differences in QOL, PCS, and MCS were not statistically significant. However, qualitative data showed male participants had more positive caregiving experiences in terms of physical and psychological health, support systems, and leisure time. Spouse caregivers reported higher MCS than other types of caregivers ($p = 0.029$) and were more content with caregiving as they felt well supported by others.

Conclusion: Despite difficulties, most caregivers found meaning in their roles and were able to identify positives in their lives.

S7

Evaluation of an Online Psycho-educational Intervention (My Tools 4 Care) Supporting Family Caregivers of Older Persons with Alzheimer's Disease and Related Dementias

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Based on Transition theory an online intervention (My Tools 4 Care) was developed for family caregivers of older persons with Alzheimer's disease and related dementias (ADRD) with multiple chronic conditions (MCC) living at home. The purpose of the study was to evaluate the impact of My Tools 4 Care on caregiver self-efficacy, hope, and quality of life.

Methods: A mixed methods pragmatic randomized controlled trial was conducted with 199 participants randomly assigned to an intervention or

educational control group. Participants in the intervention group were given access to My Tools 4 Care for 3 months. Data were collected in Ontario and Alberta at baseline, 1 month, 3 months and 6 months.

Results: Study results indicated that participants in the intervention group had significant increases in hope scores at one month compared to baseline and control group ($p=0.04$). Qualitative data suggested that participants perceived My Tools 4 Care helped them to reflect on their caregiving journey, how far they've come, and what supports they have available to them. Participants appreciated that My Tools 4 Care provided information and education for the caregiver. Some participants also noted that My Tools 4 Care helped them to reflect on the importance of self-care.

Conclusion: My Tools 4 Care shows promise in increasing hope and helping caregivers of older persons with ADRD and MCC living in the community deal with their transitions.

S8

Creating My Tools 4 Care In Care: Using focus groups to tailor an online toolkit for caregivers of persons with dementia receiving 24 hour care

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Purpose: The goal of the My Tools 4 Care-In Care project is to develop an online toolkit for caregivers of persons with dementia. The purpose of the first phase was to explore the transitions experienced by caregivers of persons with dementia living in 24-hour care facilities and to obtain the participants' suggestions to tailor the online toolkit.

Method: Nine participants were recruited through the Alzheimer Society of Alberta/NWT to participate in two focus groups. Qualitative thematic and conversational analysis were used; themes, modes of speech, and syntactical patterns were identified and analysed to expose discourses

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related to caregiving and placement in 24 hour facilities.

Results: Data revealed that caregivers' adaptation difficulties were related to external (the health and social care systems) and internal sources (isolation, stigma, and guilt), which is supported by the literature. Caregivers had difficulty separating themselves from the caregiving role, and the initial placement into 24-hour care was a traumatic process, exacerbated by stigma and lack of control. Suggested revisions to the online toolkit included adding information on guilt, advocacy, and end-of-life decision making. Based on this information, "My Tools 4 Care-In Care" was developed.

Conclusion: By incorporating the participants' suggestions, the My Tools 4 Care-In Care toolkit aims to create a participant-centered intervention to support caregivers through this difficult transition and, ultimately, improve their health.

S9

A mixed methods evaluation of an on-line transition intervention for family caregivers of older adults with dementia living in a 24 hour care facility

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The purpose of this study was to evaluate the feasibility and acceptability of an online toolkit (My Tools 4 Care-In Care) to support caregivers of frail older persons with dementia residing in 24 hour care facilities.

Method: Using a mixed methods feasibility design, data were collected through telephone interviews at baseline, 1 month, and 2 months. In total, 37 family caregivers used "MT4C – In Care" over a 2 month period. Hope, general self-efficacy, loss and grief, and quality of life were measured.

Participants evaluated the toolkit for ease of use, feasibility, acceptability and satisfaction.

Results: Participants had an increase in perceived mental health between baseline and 2 months. They also reported higher hope and general self-efficacy after 1 month of using MT4C-In Care, as well as a decrease in loss and grief. The majority of caregivers (approximately 90%) agreed or strongly agreed that the directions were clear for each activity, the online format was convenient for them, the toolkit was easy to use, and they would recommend it to someone else. During the first month, "About Me: Where I am" was the most used section; "About me: How can I manage the guilt that I feel" was used for the greatest amount of time, and "frequently asked questions" was the favourite section reported.

Conclusion: Results suggest "MT4C – In Care" may improve caregiver outcomes. The toolkit is easy to use, feasible, and acceptable to caregivers, and may support these caregivers in a variety of ways as they experience transitions.

Interrogating research on aging: Multidisciplinary perspectives on social inclusion (Social Policy & Practice Divisional Session) / Remettre en question les recherches sur le vieillissement : perspectives multidisciplinaires sur l'inclusion sociale (Symposium d'une section de l'ACG - Politiques et pratiques sociales)

S10

The Biomedicalization of Aging in Canada?

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More than 25 years after the publication of Estes and Binney's (1989) article on the biomedicalization of aging in the *Gerontologist*, this contribution assesses the extent to which their conclusions remain as pertinent today by conducting a similar analysis within the Canadian context. As such, it explores the same four dimensions (scientific, professional, policy arena, and the lay public perceptions) that underpinned the study. This contribution places more emphasis on the policy arena since divergence with the United States is relatively minimal with regards to the other three dimensions. In the spirit of the original article, this contribution focuses on similar policy elements such as funding priorities

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for research on aging and the extent to which health priorities dominate policy concerns with regards to aging. In terms of methods, this contribution conducts a comparative analysis of policy documents at both federal and provincial levels since 2005. It focuses on spending priorities (in research and in the delivery of services), activities of aging related institutions (such as secretariats), inquiries conducted on aging, and explicit strategies deployed towards issues surrounding an aging population. This paper concludes that the organization of health care in Canada generates a dynamic similar to the one described by Estes and Binney in the United States. Despite the growing importance of social approaches to aging, there is little evidence to suggest a significant shift away from traditional health biases at this point. Still, this analysis reveals interesting differences across Canadian provinces rooted in the institutional organization of aging.

S11

Autonomy in Context: Perspectives from Older Adults in the Province of Quebec

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Within Quebec, the multidimensional concept of autonomy holds a prominent place within policy discourse concerning services for older adults. Common individualistic understandings of functional autonomy have been challenged by emerging notions of social and relational autonomy, which provide new context to an already loaded term. This project asks older adults what autonomy means to them, in order to gain insight into how this concept frames their engagement with unique social and political contexts. We conducted eight focus groups of senior citizens in various Golden Age Clubs in greater Montreal and Quebec City. Each mixed-gender group was composed of 5 to 15 individuals between 60 to 95 years old. Participants were asked questions regarding three elements of the concept of autonomy: social services, financial security and quality of their local environment. Our results show that in each group, participants consistently resisted using the word autonomy, choosing instead to emphasize the concept of 'aging in place'. Faced with the prospects of

increasing reliance on social services in a climate of austerity, several participants indicated that it was not the responsibility of the government or their family to take care of them, thus favouring a functional autonomy understanding. However, others emphasized the crucial importance of family and social networks in supporting their aspirations to remain in their current residence for the near future. By situating these two competing definitions within the collective experiences of study participants, we then assess the viability of autonomy as a guiding principle for future policy.

S13

Expanding Social Service Provision for Older Adults: "I'm just not a cards person"

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The purpose of this study was to explore the perspectives of socially isolated older adults on their involvement with their community, and whether computers and tablets have a role in social inclusion. Semi-structured interviews were conducted with older adults who considered themselves to be socially isolated. The questions related to their involvement with the community and how they used digital technologies, specifically computers, tablets and Smartphones. Interviews were analyzed using grounded theory. The findings suggest that socially isolated older adults were agentic in their community engagement. Many expressed contentment in their current situation, not wanting more active involvement in their community. Additionally, they felt that the leisure opportunities in their community for older adults were not of interest to them such as traditional cards or bingo. Finally, some participants felt they could not participate because of some constraints, including physical, social, and financial limitations. These findings highlight that social service provision for socially isolated older adults in rural communities should be re-evaluated in order to address their diverse needs. The voices of older adults need to be heard in the process of re-imagining what community engagement for older people looks like. We suggest that integrating digital technologies, such as computers and tablets, could provide innovative ways of reaching isolated older adults and foster a new sense of social inclusion.

S14

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The influence of a physical activity program in quality of life and Well-being in the elderly people

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Introduction: Regular exercise and physical activity are important for physical, mental health and quality of life in the elderly. Being physically active is very important to independence, self-determination and quality of life of the elderly.

Objective: In this study we will see the effect of an intervention program to promote physical activity, based on self-regulation in the quality of life and well-being in elderly people.

Methods: This is a prospective study. The study includes 17 people, aged between 66 and 83 years old , 75% female, 65% married, were all retired and all had functional independence. The data collection was performed on seniors universities. We use the SF-36 and the sub scale psychological well-being (PWB) belonging to the Mental Health Inventory

The program consists of an intervention to promote physical activity in a group of eight people, in once a week sessions of 90 minutes. The program was held for seven weeks.

Results: In order to evaluate the results we used non-parametric tests in the correlations between the PWB and the SF-36 domains before the application of the physical activity program and after the implementation of the program show statistically significant differences between all SF-36 and PWB dimensions Except in the Cognitive Function

Conclusions: There are statistically significant differences between the two moments of assessment, suggesting that physical intervention programs for promotion of physical activity can play an important role for the quality of life and well being of elderly population.

Directly-Funded Home Care: International Trends and Opportunities / Financement direct

des soins à domicile : tendances et possibilités internationales

S15

Canadian Trends in Directly Funded Home Care

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With demand for home care on the rise, governments around the world are seeking innovative ways to deliver cost-effective and quality services to an increasingly complex client group. In line with global trends, many Canadian provinces offer directly-funded home care options. Direct Funding (DF, also known as self-managed care or self-directed care in Canada) provides individuals with cash to hire and manage workers instead of receiving publicly-arranged services. DF models have the potential to better meet the needs of older people and people with disabilities due to increased flexibility, autonomy, and cultural sensitivity, although the experiences of workers are mixed. In many contexts, DF is grounded in a highly politicized history of disability advocacy, and recent policy shifts have expanded program eligibility to older people. DF also engenders tensions with labour perspectives, and can be at odds with feminist scholarship on care. Indeed, DF is not a neutral policy innovation, but a complex intervention that showcases many of the tensions and politics of care.

Although individual provinces have been developing their DF programs for many years, the last Canada-wide study of programs was published in 2006. In this presentation, we share findings of a comprehensive inventory of all Canadian DF programs, gathered through qualitative interviews and questionnaires conducted with program administrators. We outline key program elements, highlight unique cases and point out gaps, emphasizing the implications for older clientele. In doing so, we demonstrate the diversity, and at times, inequity, in available DF options in Canada.

S16

30 years of cash for care in the UK - Separating the evidence from the spin

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Direct funding to enable people to employ their own care staff has existed in the UK for over 30 years. This has generated a significant body of evidence to judge its value. However, successive governments have invested very heavily in promoting direct funding's ability to transform the social care system. This has led to significant misreading of the evidence. This project reviews the key material that has been used to inform public policy and tests it for consistency and the extent to which the conclusions that have been drawn emanate from a sound analysis of the evidence or from political desire. A considered review of the evidence will show that if a state wants all service users to enjoy better outcomes through more personalized supports, it must learn different lessons from the current narrative in the UK. The mainstream system - both assessment and support planning and provision - needs to be constructed in a way that enables all to work in person centred ways.

S17

Exploring Community-Based Aged Care with Aboriginal Elders in three Regional and Remote Australian Communities: A qualitative study

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While a small body of literature focuses on various facets of aged care services delivered to Australian Aboriginal and Torres Strait Islander Elders, very little is known about the support needs and preferences of Indigenous Elders who 'return to country'. This paper addresses this gap. It explores the support needs of Indigenous Elders who return to their communities after having lived elsewhere for prolonged periods of time. It provides an overview of the key themes emerging from group sessions and semi-structured interviews with 11 Aboriginal Elders and 12 representatives of regional health and social care providers conducted between 2012 and 2013. The paper argues that the quest of Elders to strengthen traditional kinship systems should not be seen as a barrier but as an opportunity to develop aged care services that resonate with the needs of Indigenous Elders and with their kinship network. The findings presented in the paper are structured

around the themes of empowerment and choice; culturally appropriate care; enhancing program flexibility; case management; and systemic issues.

The article recommends that: Aged care services should work with Elders to strengthen traditional culture; a relaxation of funding guidelines and particularly around the issue of income substitution should be considered for Indigenous Elders; agency staff should be up-skilled (i.e. cultural safety, culturally appropriate interventions, referral options, grief and loss issues); and Elders and their communities should be central to the decision making process underpinning their support arrangements and have shared control over services.

S18

Direct funding programs for older people: A multi-national review

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Direct Funding programs are broadly characterized by the provision of cash to individuals who are then able to find, arrange, and manage their own services. Direct Funding programs vary both across Canada and globally; for instance, programs differ in terms of who qualifies for this type of support (the elderly, adults with physical disabilities, children and families with continuing care needs, adults with development disabilities), who can be hired to provide services to the individual (family members, only non-family members, private sector employees), and the level of financial support available to program participants.

Following the methodology of Ottmann, Allen, and Feldman (2009), this paper reviews and evaluates recent research (published 2009-2017) that explores the efficacy, strengths, and weaknesses of various Direct Funding programs in the United Kingdom, Australia, and the United States. Canada continues to face challenges in terms of meeting the long-term care needs of an older and aging population, and questions regarding how to structure, implement, and evaluate Direct Funding programs remain. As many provinces shift towards Direct Funding models (cf. Grant; Kelly 2016; Parker et al. 2000), research on such programs located in other Western countries can provide significant insight into the challenges and potentialities of Direct Funding. This paper aims to

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contribute to this task by comprehensively reviewing this literature to provide answers to the perennial questions around Direct Funding and to derive evidence-based recommendations for the implementation of Direct Funding in Canada.

Making the Most of Mealtimes (M3): Leading practice change to improve nutrition for older adults in Canadian long term care homes. / Tirer le meilleur parti des repas (Making the Most of Mealtimes [M3]) : pratiques exemplaires pour améliorer la nutrition des aînés dans les établissements de soins de longue durée canadiens

S19

Diet quality in Canadian long-term care facilities using the Mean adequacy ratio (MAR) method

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Elderly adults living in long-term care (LTC) facilities are nutritionally vulnerable. Inadequate micronutrient consumption (i.e. poor diet quality) may be associated with poor nutritional status that can lead to complications (e.g., declines in function/cognition; hospitalization/longer recoveries; and death). This study aimed to determine diet quality of LTC residents using the Mean adequacy ratio (MAR) method for summarizing nutrient intake. Data was gathered from 631 residents in 32 LTC homes across four Canadian provinces. Food intake was measured by recording three non-consecutive days of weighed food records and was adjusted for intra-individual variation. Nutrient adequacy ratios were calculated for eighteen key nutrients. Percentage of the corresponding Recommended Dietary Allowance (RDA) for each nutrient determined adequacy, given the participant's age and sex, to a maximum of 1, which indicated that the RDA for the nutrient was met/exceeded. Mean adequacy ratio (MAR) was then calculated to summarize overall diet quality. Average age of participants was 86.7±7.8 years, 69% were female and 32.8% were on modified-texture diets (pureed and

minced/moist). Mean adjusted energy intake was 1554.9±292.7 calories and protein intake was 57.5±13.0 g/day. Mean MAR score was 0.80±0.08 (min=0.41, median=0.76, max=0.92) with no significant difference between regular and modified texture diets. Food quality in LTC facilities should be a priority as overall nutritional recommendations were not being met, which may lead to a poor nutritional status and many health-related complications.

S20

Stakeholder Priorities to Improve Food Intake in Long-term Care: Multi-Professional Views

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Poor food intake, which is preventable and treatable, is the primary cause of malnutrition among residents in long-term care (LTC). The purpose of this study was to understand areas to target to improve resident food intake from the perspectives of diverse LTC stakeholders. Stakeholders consisted of dietitians, nurses, physicians, food service workers, practice leaders, administrators and policy-makers who attended 4 symposiums and 3 presentations on nutrition in LTC. Attendees were asked to rank from 1 (first priority) to 10 (last priority) areas that could be targeted to improve resident food and fluid intake. These areas were previously identified by the International-Dining in Nursing home Experts (I-DINE) Consortium. In total, 132 participants completed the ranking across four Canadian provinces (Alberta, Manitoba, Ontario, New Brunswick). The top-ranked areas for improving food intake were: #1 adequate time to eat/availability of staff to assist; #2 improve sensory properties of food; and #3 promote choice and variety in dining experience. Lowest ranked were improving the dining environment; considering hospitality and mealtime logistics; and promoting social interactions of residents. Conversely, the I-DINE consortium ranked priorities for targeting and developing interventions

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as: #1 social interaction of residents; #2 self-feeding ability; #3 dining environment. Findings suggest that perceptions of priorities for areas to target to improve food intake may be divergent between expert groups and local stakeholders. Understanding the priorities of local stakeholders is essential in the development of effective and acceptable interventions for LTC facilities.

S21

Resident characteristics associated with energy and protein intake in long-term care homes: the Making the Most of Mealtimes (M3) study

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Residents in long-term care (LTC) are vulnerable to poor food intake; examining resident characteristics associated with intake will help to develop and target interventions. 3-day average food intake (weighed and estimated) was collected from 639 residents in 32 diverse LTC homes in four Canadian provinces (AB, ON, NB, MB). Demographics, weight history, body mass index (BMI), diet and medication prescriptions, medical diagnoses, Mini-Nutritional Assessment-SF (MNA-SF), Patient Generated- Subjective Global Assessment (PG-SGA), oral health exam, InterRAI LTCF (cognitive performance, depression, pain & activities of daily living (ADL)), dysphagia risk, and eating and behavioral challenges (Ed-FED and Mealtime Relational Care Checklist) were collected. Mean age was 86.8±7.8 yrs, 69% female and mean BMI was 25.3±5.8 kg/m². Unadjusted mean energy and protein intakes were 1572±412 kcal/day and 58.4±18.0 g/day, respectively. Modified texture and pureed diets were consumed by 47.1% and 11.1% of residents, respectively. PG-SGA identified 44% of participants with malnutrition. Participants had an average of five medical diagnoses, with dementia being the most common (65%), and were prescribed on average

eight drugs. 56% of participants had moderate/severe cognitive impairment, 23% required eating assistance and almost 50% had poor oral health that could negatively impact their food consumption. Energy was positively associated ($p<0.01$) with BMI and MNA-SF (also protein), while ADL score, sometimes requiring eating assistance, and having behavioral challenges at meals were negatively associated with protein and energy intake. These results will guide the development of interventions to improve food intake among residents in LTC. Funded by Canadian Institutes for Health Research

S22

Making the Most of Mealtimes (M3): Leading practice change to improve nutrition for older adults in Canadian long term care homes

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Making the Most of Mealtimes (M3) is a landmark observational study that describes for the first time, food intake and determinants of food intake in over 600 older adults living in 32 long term care (LTC) homes across four provinces (Alberta, Manitoba, Ontario, New Brunswick). Rigorous methods were used to collect a variety of home, unit, dining room and resident level determinants, using a multi-level conceptual model as a basis for study design and measurement inclusion. Hierarchical regression models were used to determine important potential modifiable factors ($n=628$). Mean energy intake, estimated from three weighed food records, for males and females respectively was 1718 (SD=292) and 1479 (SD=264) kilocalories. Intake was found to not meet recommendations for 50% or more of residents for eight key nutrients. While total eating assistance seemed to promote energy intake ($B= 192.2$ $p<0.01$), only receiving eating assistance sometimes ($B=-2.16$ $p<0.01$) and eating challenges ($B=-63.37$ $p<0.01$) were negatively associated with energy intake in adjusted models. This symposium will further explore, through three

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presentations, other resident-level factors associated with energy and protein intake, the adequacy of the overall diet with respect to micronutrients, and priorities for developing interventions to improve food intake for residents living in LTC. Funding for the M3 study was provided by the Canadian Institutes of Health Research.

The Economic and Social Benefits of Seniors in our Communities / Bénéfices économiques et sociaux liés aux aînés dans nos collectivités

Description:

When communities attract and retain older residents in a diverse population mix, they gain the economic benefits as well as the social strengths of a mature population.

Sponsored by the Canada Mortgage and Housing Corporation / Parrainée par la Société canadienne d'hypothèques et de logement

Learning from experience: older adults as experts / Apprendre de l'expérience : les personnes âgées en tant que spécialistes

S23

Developing a tool to assist researchers/designers in determining User Centred Design needs elicitation methods for older adults

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Needs elicitation is an important phase in the user-centered design (UCD) process. However, when designing for older adults, designers and researchers can find it difficult to find appropriate methods that are inclusive and usable with a variety of abilities and disabilities in the target population. Older adults and people with disabilities have a diverse set of needs that may require adjustments or alternatives to standard methods. These methods may have different cognitive, physical and perceptual requirements that make them ineffective for gathering user needs. There is also limited literature that provides data on the demands required to participate in UCD methods. A survey was conducted with researchers and professionals with expertise in

creating or using needs elicitation methods with older adults to collect data on the cognitive, physical, visual and auditory demands needed to participate in the UCD needs elicitation methods. After analyzing the survey data it was identified that there were statistically insignificant responses for the ten methods such as cultural probe, think aloud protocol and card sorting. To determine the level of physical, perceptual and cognitive demands placed on users by these methods, a focus group session was conducted with experts in using or designing UCD techniques for older adults. The survey and focus group data were then used to create a tool for novice and experienced designers and researchers for determining UCD needs elicitation methods based on participant capability. This paper provides the results of the survey, focus groups and also explains the tool's working principle.

S24

Rural and Remote Older Adults User Needs & Attitudes Toward Technology

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We surveyed 84 rural/remote dwelling older adults about their attitudes towards technology. Participants were recruited from randomly selected telephone numbers (land lines and cell phones) listed for persons residing in rural areas of Saskatchewan, a Canadian province. The sample ranged in age from 54 to 90 years old, $n = 71$ ($SD = 8.55$). Participants responded to open-ended questions about how they could see technology supporting them, particularly in the areas of managing their health, daily tasks, work and leisure activities, communication and socialization, and maintaining or increasing mobility. Participants were also asked to describe their perceptions of the limitations of technology. Data were thematically analyzed using NVivo for support. Seven themes were developed: Definitions of technology, criticisms of technology, barriers to technology, health, communication, daily tasks, and entertainment. Participants demonstrated different understandings of the word 'technology'; what to one person would count as technology (for example, a telephone), another person would deem 'non-tech'. Criticisms of technology and interest in non-technology based solutions were expressed by many participants, along with participants who, while not opposed to technology,

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felt there were barriers to its use. These barriers included cost, unavailability, lack of knowledge, and the cognitive and physical challenges associated with aging. When participants discussed how technology could help with various aspects of their lives, they mostly discussed managing their health, communication, daily tasks, and entertainment. These data suggest that rural/remote dwelling older adults are a diverse group who view technology in different ways, but still face similar challenges.

S25

Reflections on working with a Cross National Older Adults Research Partner Group: OA-INVOLVE AGE-WELL project

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Involving older adults (OA) in the research and development of technologies provides diverse benefits to stakeholders. The OA-INVOLVE project explores methods of OA engagement to formulate involvement guidelines. OA-INVOLVE is informed by: a scoping review of existing literature; documenting practices of involving OAs within the AGE-WELL Network; and by working with a cross national Older Adult Research Partner Group (OARPG). Here we present the process of establishing the OARPG, and highlight the benefits and accommodations of OAs involvement in research.

Method: We employed a participatory action research approach.

Results: 'Planning phase': Establishing the OARPG included selection/recruitment methods and criteria, and consultations with partner organizations. Available human resources and community partnerships were factored into the decision to create 4 OARPGs in 4 cities. This distributed model required the training of local lead researchers to provide similar support to all OAs and achieve a unified way of working. 'Acting phase': Developing the terms of reference document to guide the OARPG and creating

information/education packages for the OAs . We recruited OAs and held introductory meetings with volunteers before moving towards working together in local and national meetings. The 'Evaluating' and 'Reflecting phases' followed each OARPG meeting contributing to the refinement of subsequent information requirements.

Conclusion: Involving OAs in the research process in an innovative mixed model of local and virtual cross-national sessions included scheduling, human resources, training and IT issues. Timely information sharing prior to meetings enhanced the OAs active participation. Meaningful engagement requires dynamic approaches to planning and conducting the meetings.

S26

Learning from Experience: older adults as Experts

Carrie Bourassa

Health Science North Research Institute, Sudbury, Ontario, Canada

a) Indigenous people living in rural/remote communities particularly those who are living with/caring for someone living with the affects of dementia continue to experience unique challenges/barriers when it comes to accessing culturally safe health care services. We believe technology can play a major role in bridging the geographical, cultural gaps in health care supports, however, must be done through collaborative participation with Indigenous users in these communities, incorporating current needs, infrastructure, technological abilities. Also the experiences of Indigenous people living with/caring for someone living with dementia.

b) At the direction of a Community Research Advisory Committee (CRAC) and with a Community-based Research Assistant and an Academic Research Assistant we used innovative community engagement methods that took two years to build trust with community members in 11 communities but yielded excellent results.

c) After two years of relationship building we yielded double our targeted number of participants (n=30) in 3 sharing circles and opened discussions regarding how technology can assist in creating a culturally safe pathway to care.

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d) Trust was a huge barrier. We will discuss how IRM helped to address the barriers encountered by the team.

S27

Older people as experts in technology adoption

Arlene Astell¹, Colleen McGrath³, Alexandra Hernandez¹

¹Ontario Shores Centre for Mental Health Sciences, Whitby/ON, Canada, ²University of Toronto, Toronto/ON, Canada, ³Western University, London/ON, Canada

Objectives: TUNGSTEN (Tools for User Needs Gathering for Supporting Technology ENgagement) is an AGE-WELL core project developing new ways of working with older adults, innovators and service providers to encourage technology adoption and diffusion.

Method: TUNGSTEN has tested an interactive workshop format involving facilitated activities to work with older adults as experts about technology adoption. These activities have been designed to capture information about the factors that influence older adults to adopt, reject or abandon technology. Data collection includes video recording, feedback sheets, and field notes. Video analysis of the interactions with technology and explanations about technology use were analysed alongside workshop transcripts. Three interactive workshops – one on living with cognitive impairment and two on ageing well - were evaluated

Results: The interactive activities elicited breadth and depth information about the factors that influence technology-adoption decisions. These included ease of use, accessibility, available support, upfront and ongoing cost. Older adults also expressed views about packaging, marketing, peer support and how well technology – both

applications and devices – meets their needs and fits into their lives.

Conclusions: Older adults are experts in their decision-making about technology adoption. The TUNGSTEN interactive tools provide new ways for researchers, developers and service providers to engage with older adults around technology development, evaluation and implementation. These tools are flexible and can be applied to different topics of interest to older adults including cognitive function and late life mental health.

The Manitoba Follow-up Study : In its 70th year / Manitoba Follow-up Study : vers son 70e anniversaire

S28

Perceptions of Control in Very Late Life

Audrey Swift, Robert Tate
University of Manitoba, Winnipeg, Canada

Perceptions of control have been defined as "changing the world and changing the self", a definition which implies the psychological constructs of primary and secondary control. Primary control can be thought of as taking direct action, or believing that one can, to directly alter one's environment in a favorable direction. Secondary control implies positively reinterpreting otherwise uncontrollable negative situations and events, so as to come to terms with and accept them. Constructs of primary and secondary control have been linked to health, well-being, and survival in the aging literature, but many prior studies have focused on older women. While others have equated control to theories of successful aging, we were first to map themes from the MFUS men's lay definitions of successful aging over a 10-year period onto constructs of primary and secondary control (1996-2006). Our analyses supported and extended control research and theory in several ways. We showed that similar to older women, control benefitted older men in terms of health, well-being, and survival. We demonstrated that older men continued to emphasize primary control well into later life. Further, our work supported previous surmise in the area of control and aging, by showing that older men switched from primary to secondary control as they aged, presumably as life circumstances dictated. Lay definitions of successful aging have been provided by MFUS centenarians, supporting future planned

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investigation of primary and secondary control in the far upper reaches of the life course.

S29

Perspectives on Nutrition of Older Community Dwelling Canadian Men

Christina Lengyel, Robert Tate
University of Manitoba, Winnipeg, MB, Canada

While nutrition plays an important role in everyone's life, older adults face many more challenges to achieving and maintaining a healthy nutritional lifestyle. The first survey examining food consumption patterns of the MFUS cohort was conducted in 2000. Our questions concentrated on type and frequency of specific food items eaten related to the Canada's Food Guide groups. This nutrition section was embedded three times, at five year intervals, into the annual quality of life survey. Strong associations have been reported between food group consumption, self-rated health and life satisfaction. In response to concerns over nutritional challenges faced by older adults, we developed a separate questionnaire to assess nutritional risk. The "MFUS Nutritional Risk Survey" has been administered annually since 2007 to community dwelling members of the cohort. We have also recently collected information about the perceptions of food choice and nutrition experiences of a sample of these men using telephone interviews. In this symposium session, we will describe our findings with respect to precursors, trajectories, consequences of nutritional risk and opportunities for nutrition education for older Canadian men.

S30

New Biostatistical Approaches for MFUS Longitudinal Data

Depeng Jiang, Robert Tate
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The long-term, prospective design of the Manitoba Follow-up Study has provided a wealth of data, and a collaborative opportunity to develop and refine new statistical approaches to longitudinal data. There has been recent interest in broadening methodological approaches to research questions through consideration of both traditional variable based regression models and person based trajectory oriented models. MFUS has collected nutritional risk data annually since 2007. A quality

of life survey has now been administered 17 times since 1996. Trajectory models for nutritional risk have been developed, and linked to mortality. Joint trajectory models for physical and mental functioning have also been developed, and linked to mortality. Both approaches required adaptation of recently developed new biostatistical methodologies. Current approaches are being studied to explore how the path linking quality of life trajectories to mortality may be mediated by the nutritional risk trajectories. The relationships described thus far have shown that men with poor self-rated health were more likely to have high nutritional risk, which in turn is associated with a high mortality rate. Poor physical and mental health trajectories can lead to increased nutritional risk, and greater risk of mortality. The biostatistical complexities and our approach to some of these questions will be explored in this presentation.

S31

Frailty in Older Canadian Men

Philip St. John, Robert Tate
University of Manitoba, Winnipeg, MB, Canada

Frailty is an issue for older adults, their care providers, and for society as a whole. Frailty is associated with a mounting list of adverse outcomes. However, there is frailty related research that remains to be fully explored, and understood. First, because the operational definitions of frailty come primarily from the perspective of researchers, clinicians, and policy makers, older adults' personal perspectives of frailty have had little to no attention. Second, there are few studies of midlife predictors of late life frailty, since there are few long term prospective cohort studies with available data to address this question. Third, very little is known about long term frailty trajectories. Fourth, there are fewer studies of frailty in older men than in older women. The Manitoba Follow-up Study provides the opportunity to study long term frailty predictors and frailty trajectories of older men. We have incorporated a mixed-methods approach to the study of frailty. A thematic analysis of open-ended questions about frailty has been combined with quantitative analysis of self-rated frailty and the frailty index. We have learned that frailty is a complex syndrome and older men have differing definitions of frailty. Most older men considered frailty an important concept and most men were able to self-rate their own frailty. Further inquiry into frailty from the perspective of older adults is needed. Prospective

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cohort studies, such as this, offer a rare opportunity to address frailty over the life course.

S32

Key Findings from a Scoping Review on the Healthcare and End-of-Life Needs of Lesbian, Gay, Bisexual, and Transgender (LGBT) Older Adults

Arne Stinchcombe
*University of Ottawa / Lakehead University ,
Ottawa, ON / Thunder Bay, ON, Canada*

Lesbian, gay, bisexual, and transgender (LGBT) older adults face a number of challenges with respect to access to healthcare especially towards end-of-life. Using a systematic search and scoping review approach, the purpose of this review was to determine the healthcare needs of LGBT older adults nearing end-of-life as well as the factors that contribute to a good death experience among older adults who identify as LGBT. A systematic search of electronic databases for articles published between 2005 and 2016 as well as screening for relevance resulted in 25 results. The data were charted and grouped according to the themes of: social support and chosen family, intimacy, health status, fear of discrimination and lack of trust, lack of knowledge and preparedness, and cultural competence in the healthcare system. The results suggest a role for health and social service workers in contributing to a positive care experience for LGBT older adults by becoming knowledgeable about the unique needs of this population and being unassuming and accepting of individuals' sexuality. Implications for practice and policy will be discussed in this presentation.

LGBT Aging in Canada: Towards a more inclusive aging experience / Vieillesse des LGBT canadiens : vers une expérience du vieillissement plus inclusive

S33

Speaking Up and Speaking Out: a toolkit for healthcare professionals caring for older LGBT adults facing the end of their lives

Katherine Kortés-Miller
Lakehead University, Thunder Bay, ON, Canada

A recent review of the literature in this area found that older LGBT adults have concerns about interfacing with the healthcare system and fear

discrimination from healthcare providers at the end of their lives. Fears about unequal treatment and prior experience of discrimination within the Canadian healthcare system were echoed in recent focus groups with LGBT older adults from across Ontario. While healthcare providers often maintain a heteronormative outlook when providing care, evidence suggests that educational resources and interventions can enhance their ability to meet the needs of LGBT older adults, especially at end-of-life. This presentation will highlight findings from focus groups with healthcare providers focused on the educational needs, gaps in knowledge, and learning preferences of healthcare professionals who care for this diverse population. Informed by focus groups, a toolkit is under developed for use with trainees and current healthcare providers. Elements of the toolkit will be presented within this session and participants will have the opportunity to offer feedback and engage in dialogue about its use as a mechanism for creating a more responsive and inclusive health system for LGBT older adults.

S34

Valuing the perspectives of LGBT older adults in Canada: An evidence-based approach to developing inclusive research and policy agendas

Kimberley Wilson
University of Guelph, Guelph, ON, Canada

Expanding on the research on end-of-life care for LGBT older adults, this project explores the aging experience more broadly for older LGBT Canadians, with a particular focus on barriers and facilitators to participating fully in society. Within this presentation findings from a systematic literature review will be presented along with key themes that have emerged from focus groups across Canada. In addition to focus groups, digital stories were created by a sample of participants to ensure their voices inform future research, policy, and education. A selection of digital stories will be shared within this presentation and participants will have the opportunity to explore the potential benefits of using digital stories as resources to develop inclusive research and policy agendas.

Hearing accessibility in age-friendly and dementia-friendly communities (Psychology Divisional Session) / Accessibilité des personnes malentendantes dans les

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collectivités amies des aînés et les collectivités amies des personnes démentes (Symposium d'une section de l'ACG – Psychologie)

S35

Age-friendly and dementia-friendly communities: Are they sensory-friendly?

Kathleen Pichora-Fuller

University of Toronto, Mississauga, Ontario, Canada

Hearing loss is the third most common chronic disability in older adults. The prevalence of peripheral hearing loss as measured by audiometric pure-tone thresholds increases markedly with age beginning in middle age and affecting half of the population by 65 years of age. Even those who do not have clinically significant threshold hearing loss and who function well in quiet situations can experience marked difficulty when listening to complex supra-threshold sounds such as group conversation, especially when there is background noise or when listening occurs in cognitively demanding multi-tasking situations. Difficulties understanding speech in noise involve age-related declines in central auditory processing and cognitive processing can be undermined. Moreover, the negative effects of auditory aging on communication increase the risk of loneliness and reduced social support in older adults. Social networks and participation are reduced for seniors with dual hearing and vision loss and those with sensory loss are at increased risk of declines in mental and physical health (e.g., dementia, falls). The WHO age-friendly community guidelines have facilitated the optimal inclusion of older adults in community-level activities and this approach is being generalized to the Canadian National Strategy for Dementia-friendly Communities. This presentation will examine the extent to which age-friendly and dementia-friendly communities are sensory-friendly.

S36

Targeting functional fitness, hearing and health-related quality of life and in older adults with hearing loss: Walk, talk and listen

Charlotte Jones¹, Paul Mick¹, Gareth Jones¹, Jonathan Little¹, Donna Kurtz¹, Colin VanBergen², Harry Miller¹, Mary Ann Murphy¹, Sharon Peterson³, Kelley Taylor³

¹*University of British Columbia, Kelowna, BC,*

Canada, ²NexGen Hearing, Kelowna, BC, Canada, ³YMCA, Kelowna, BC, Canada

Background: Hearing loss (HL) is a prevalent, under recognized and undertreated disability. HL is associated with activity limitations, participation restrictions and physical (e.g., musculoskeletal) impairments, resulting in increased risk for social isolation, depression, dementia, falls, hospitalizations and increased cardiovascular and all-cause mortality. Current interventions including provision of hearing aids and training to enhance communication skills (Auditory Rehabilitation [AR]) do not address the musculoskeletal impairments.

Objectives: Walk, Talk and Listen (WTL) was a pilot randomized controlled trial (RCT) designed to answer the following research questions: What is the feasibility and acceptability of the WTL intervention and, what effect does it have in combination with AR on: a) functional fitness, b) hearing-related quality of life (QOL), c) health-related QOL, and d) measures of loneliness, isolation and social connectedness?

Methods: WTL was a 10-week RCT of a group socialization/health education, AR, and strength training-walking intervention (intervention group) versus AR alone (control group) in older adults with self-reported HL.

Results and conclusions: 66 participants were randomized (control: 31; intervention: 35). 86% completed the intervention. WTL proved feasible and acceptable. Exercise improved functional fitness and provided no additional benefits to group AR alone. Those attending 80% of AR sessions realized significant changes in hearing-related QOL and emotional loneliness. The vast majority felt empowered to cope better with their HL. Group AR delivered by a non-audiologist healthcare provider may be of some short-term benefit.

S37

A consumer perspective: Hearing loss is more than a label

Rosalyn Sutley

Canadian Hard of Hearing Association - Manitoba Chapter, Winnipeg, Manitoba, Canada

The statistics are staggering. In Canada, it is estimated that 20% of adults over 65 years of age, 40 % of adults over 75 and 80% of nursing home

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residents have significant hearing problems. How do we as older adults who are hard of hearing make the hearing world see beyond the statistics and beyond the labels? How do we make them understand our increasingly silent world? What education and skills do seniors need to advocate for themselves? What does the hearing world NEED to know? In this presentation, you will be taken on a journey into the world of the hard of hearing from the perspective of the Canadian Hard of Hearing Association-MB Chapter. The journey will go beyond the statistics and labels to the challenges, the barriers and the isolation we experience as our world becomes silent. For those with hearing loss, your journey will be validated. You are not alone in experiencing these challenges. You will learn about what other seniors have learned about effective communication, coping strategies and the assistive devices that are available. One example of consumer-driven hearing accessibility will be the Hard of Hearing Hospital Kits, what they are, how they help, and how you can get them. Hearing loss is more than a label or a box you check off on your record. Hearing loss is a person.

S38

Role of age-friendly communities in addressing barriers to social participation, including hearing loss

Nancy Newall

Brandon University, Brandon, Manitoba, Canada

Social factors like social participation, social isolation and loneliness are important determinants of health and well-being among older adults. Researchers are taking several approaches to addressing loneliness and social isolation among older adults, including focusing on social skill enhancement and psychological factors. An important complementary perspective, the Age-Friendly approach changes the focus to ultimately address community-level barriers that prevent people from being socially active. The Age-Friendly Cities initiative was launched by the World Health Organization (WHO) in response to two major world-wide trends: global aging and urbanization. A main premise and promise of Age-Friendly Cities is that they foster social participation of older people. At its best, therefore, the Age-Friendly approach can help illuminate and address barriers to social participation, like hearing impairment. The present discussion will outline the Age Friendly Cities initiative launched by the World Health

Organization. In addition, the discussion will consider how the Age-Friendly Cities initiative theoretically represents an important approach to addressing social barriers of older people.

S39

An audiologist's perspective on hearing health, accessibility and successful aging: Adopting a "can do" attitude

Cassandra Grabowski

Sound Impressions Hearing Centre, Saskatoon, Saskatchewan, Canada

Hearing loss is one of the most prevalent chronic conditions affecting older adults. Hearing loss is associated with quality of life and mental and physical health (e.g., dementia, falls). As an audiologist in private practice, I make it my priority to educate and promote healthy hearing across the lifespan. With increasing life expectancy, "boomers" are looking forward to maintaining an active lifestyle long after retirement. Audiologists must collaborate with other geriatric-focused experts to develop hearing- and age-friendly initiatives. I will discuss alternative ways to optimize hearing accessibility, create a positive shift in attitudes towards hearing loss and aging through a patient- and family-centered approach, and utilize personal and public hearing technologies to foster independence in "healthy agers".

Innovation in the management of falls in advanced dementia / Innovation dans la gestion des chutes chez les personnes atteintes de démence avancée

S40

A palliative perspective on falls in advanced dementia: a case series

Andrea Iaboni

Toronto Rehabilitation Institute, University Health Network, Toronto, ON, Canada

Falls are viewed as a preventable cause of injury, functional loss, and death in older adults with dementia. In this symposium, I will present a review of the epidemiology, risk factors, and consequences of falls in advanced dementia, including unintended consequences of falls prevention activities. I will then present a falls management approach that takes into account

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principles of palliative care for those individuals with advanced dementia. I will illustrate this approach with two cases from a dementia behavioural unit. Falls prevention from an end-of-life or palliative perspective prompts us to select stage-appropriate falls interventions with a focus on symptom management, comfort, and dignity.

S41

Scoping the literature for validated measures of mobility in dementia populations

Karen Van Ooteghem, Andrea Iaboni
Toronto Rehabilitation Institute, University Health Network, Toronto, ON, Canada

Decline in mobility is a symptom of advanced dementia that impacts function, safety, caregiving, and quality of life. The causes of mobility decline in dementia are multifactorial, including cognitive changes that affect the ability to safely negotiate the environment and neuropsychiatric symptoms that can result in increased or decreased drive to move. Many of these factors are progressive in nature, leading to loss of independent mobility and increasing numbers of falls over the course of the disease. A majority of mobility assessment tools do not consider the numerous factors that influence mobility in individuals with dementia and have not been validated in an advanced dementia population. In this symposium, I will discuss the results of a scoping review conducted to identify tools that reliably assess mobility in dementia populations. The goals of the review were 1) to identify validated measures of mobility for individuals with dementia, 2) to systematically examine the components of mobility captured in each tool, and 3) to determine each tool's clinical feasibility for use in advanced dementia. The review involved electronic searches of Medline, Embase, CINAHL and PsychInfo databases with key word combinations related to dementia, mobility, assessment, and validation. The results of the review will be used to inform development of a mobility staging tool for use in advanced dementia (MSAD). MSAD will serve to create a functional profile that considers multiple domains relevant to mobility in dementia, useful for monitoring, treatment selection and caregiver decision-making.

S42

An innovative approach to monitor gait and balance as a predictor of fall risk

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Quantitative monitoring of gait and balance can provide an assessment of falls risk in older adults with dementia. However, much of the effort in the area of gait monitoring has relied either on wearable or motion capture technologies which are difficult to use, expensive, and/or requires elaborate setup. In this symposium, I will be presenting an innovative vision-based solution (AMBIENT) to unobtrusively monitor gait and balance for the eventual goal of dynamic falls-risk assessment in advanced dementia (<https://youtu.be/dcO6DH0AoAE>). I will present the AMBIENT set-up, methodology and preliminary results from a feasibility study.

We have installed a Kinect sensor in an inpatient dementia unit which automatically captures gait data as residents walk within the view of the sensor. During the study, gait data from 10 older adults with dementia (age:76.9+/-7.12 years, male/female:1.5) were collected over a mean period of 39+/-19 days. Quantitative measures including mean, variability and symmetry in speed, cadence, and step time/length, local dynamic stability, and walking path tortuosity were computed from recorded data. We collected baseline descriptive data including demographics and clinical assessment measures such as the Severe Impairment Battery Score, the Tinetti Performance Oriented Mobility Assessment Score, and Katz Index of Independence in Activities of Daily Living. We also tracked falls history and falls during the study, and the use of psychotropic medication. Future research directions include the use of machine learning technology for the development of predictive algorithms.

Technologies to Support Caregiving: Filling the Gaps / Technologies pour soutenir les aidants : combler les lacunes

S43

Designing technology that cares: Elements of technology that support carer's needs and the care recipient-carer relationship

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A recent report out of the USA showed that 71% are interested in using technology to support caregiving and 92% are technologically literate (i.e., using technology to manage one or more activity in their life), however, 43% use technology less than once a week to support their role as a carer (HITLAB, 2016). Why is this? As other fields have demonstrated, for innovative solutions to be adopted and integrated, they must holistically complement people's needs, abilities, resources, relationships, and lifestyles; they must go beyond solely supporting caregiving tasks.

Purpose: This talk will provide an overview of outcomes from a three-day multidisciplinary, cross sector workshop with attendees from across Canada held June 7-9 2017. The goal of the workshop is to collaboratively create principles for guiding the creation of technologies that holistically support carers and the relationship with the people they care for.

Methods: Carers are core participants in the workshop (18%), which also includes attendees from academia, industry, not-for-profit, and government. The workshop is structured so that carers' experiences and expertise drives the conversation.

Implications: Understanding how technologies can support multiple needs, including potential impact of the technology on the carer-care recipient relationship, can enable technology developers and clinicians to co-design more effective interventions as well as identify facilitators and barriers to technology adoption and use. A CIHR knowledge translation grant is in place to support the dissemination of workshop outcomes through a variety of channels.

HITLAB. (2016). *Caregivers & Technology: What They Want and Need*. Retrieved from <http://www.aarp.org/content/dam/aarp/home-and-family/personal-technology/2016/04/Caregivers-and-Technology-AARP.pdf>

S44

Perceptions on home technologies: Do carers and clinicians see potential?

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Background: Over 2.7 million Canadians are carers; they are the backbone of home care and provide more than three-quarters of the care needed by older adults (CIHI, 2010). Caregiving is a demanding role and as care needs increase over time there is a risk of carer burden and possible transition of the care recipient to institutional care. In-home technologies have the potential to reduce carer burden and delay or avoid transitions. This project explores home care clinicians and carer needs, priorities and preferences for technologies that can support caregiving in the home.

Methods: Two main methods were used: (1) an online survey of home care clinicians (n=50) and (2) structured in-person interviews with family carers (n=8) for older adults with dementia receiving homecare services. Questions focused on gathering detailed information on carer needs, attitudes towards technologies, and preferences for support. Descriptive analyses were run as well as thematic coding of qualitative data.

Results: Carers of older adults with dementia reported high levels of caregiver burden. Participants were interested in technologies to support specific caregiving needs but were unaware of many of the technologies available. Carer preferences point to the need for technologies that are easy to use, function automatically, and provide meaningful client-specific alerts.

Conclusions: Implementing technologies to support the care of homecare clients requires understanding carer priorities and needs. Issues such as who responds to alerts and the cost have policy implications for healthcare systems.

S45

Technology-enabled Model of Homecare: The Impact on Caregivers and Caregiving

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Canada, ³Liverpool John Moores University, Liverpool, UK

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Homecare is intended, in part, to accommodate the desire of older adults to remain at home. However, challenges exist in attracting and sustaining caregivers or health care providers (HCPs) such as homecare nurses and in supporting family/friend caregivers (carers) in the care of older adults within the home setting. Technology enabled models of home care combine communication and documentation technology with novel utilization of health human resources and carers to meet the needs of older adults in the home setting.

Purpose: Research was conducted to understand the impact of a technology enabled model of homecare on HCPs and carers.

Methods: Interviews were conducted using standardized instruments as well as open-ended questions with HCPs (N=143) and carers (N=14).

Study Findings: HCPs reported timely and effective patient care; clear and concise transfer of information among HCPs; enhanced interprofessional relationships. Conventionally, patient needs have been the focus of care; however, the carer was also provided with needed respite and reported decreased stress and improved sleep.

Conclusion: More than a technology solution, technology enabled models of homecare may contribute to the transformation of homecare practice and provide innovative ways to provide effective patient care and respite to carers.

S46

Improving Detection of Fall Risk: Applying Lessons Learned from the Laboratory to In-Home Monitoring

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⁴University of Illinois College of Medicine, Peoria, Illinois, USA

Falls are a leading cause of injury amongst community-dwelling older adults causing debilitating and life-threatening outcomes. With increasing age, fall risk has been linked to

cognitive impairment and gait function. Early, accurate, and clinically viable identification of at-risk individuals in the clinic, research laboratory, and home -- is essential for targeting interventions to decrease the likelihood of falls. We begin by describing findings from our research laboratory that identify key markers for the early detection of future fall risk with potential to be measured in home or the clinic. Forty one community-dwelling older adults were recruited and retrospectively classified as fallers or non-fallers, and subsequently followed for two years. Each participant completed a battery of cognitive, balance/mobility, and physiological tests, as well as gait assessment with and without cognitive load. A principal component analysis (PCA) of the balance/mobility, gait and physiological measures identified factors with eigenvalues >1 as well as key indicators loading >.10. These key PCA indicators were subsequently entered in a logistic regression model predicting fall risk, resulting in 88.5% sensitivity and 60% specificity. Notably, gait indicators were the most sensitive for identifying fallers. We are presently examining in-home assessment of these gait indicators, coupled with other in-home monitoring technologies, to further improve the real-world applicability of the research findings and the sensitivity to detect those at increased risk of adverse health outcomes. We will discuss the implications of this research program, and the promise of in-home technologies, for indexing change and variability in performance as risk markers of falls.

Strengthening a Palliative Approach in Long Term Care (SPA-LTC) Program / Le programme « Strengthening a Palliative Approach in Long Term Care (SPA-LTC) » (renforcement d'une approche palliative en soins de longue durée)

S47

Strengthening a Palliative Approach in Long-Term Care (SPA-LTC): A Document Analysis

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²University of Calgary, Calgary, AB, Canada,

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Introduction: There is an increasing need for end of life care (EOL) in Canada as our health care system faces an aging and clinically complex population. Documents at national, provincial and

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organizational levels aiming to guide EOL in long-term care (LTC) have been found to have inconsistencies, which could result in suboptimal patient care.

Purpose: The purpose of this study is to analyze the extent of palliative content across varying types of documents related to the care of persons residing in Canadian LTC homes at the EOL. As part of the Strengthening a Palliative Approach in LTC program, palliative care documents at the national level and across five provinces were examined (Alberta, Ontario, Saskatchewan, Manitoba and Quebec).

Methods: A systematic search was conducted using standardized search terms within multiple databases and sources of grey literature such as Canadian Health Research Collection, Canadian Public Policy Collection, palliative care associations, health related professional and government organizations. Data was extracted from 29 documents using a pre-determined coding template by two reviewers (inter-rater reliability-kappa = 0.872) and was analyzed using a content analysis approach.

Results: The majority of these documents have content specifically focusing on improving access (73%) and quality of care (85%) for individuals at the EOL. While, few documents have focused on public education (42%) and advance care planning (58%).

Conclusion: National and provincial documents recommend improved access to quality palliative care and creation of an integrated systems approach.

S48

Compassion: An end of life essential in long-term care

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As people live longer and with more chronic health conditions, long-term care settings are becoming an increasingly important part of the continuum of care for older adults. This also means that more people are facing end of life in such settings.

Despite this, little is known about the role of compassion in palliative and end of life care in long-term care despite the prominent position of compassion within codes of patients' rights, best practice guidelines, health care reform, standards of quality care and professional organizations' codes of ethics.

This presentation considers an understanding of compassion in long-term care drawn from a larger participatory action research project exploring a palliative approach intervention in long-term care sites across Canada. Findings presented are drawn from qualitative interviews and focus groups with residents, their families, multidisciplinary care staff, management.

Results suggest that compassion is an essential part of care and relationships within long-term care, though it is shaped by personal and professional relational aspects of care, and bound by organizational and systemic issues. This presentation will explore just how compassion is conceptualised within long-term care, the effect of dementia on compassionate care, and consider compassion from a structural perspective within the organisation. Findings suggest that compassion may be an under-recognised, but essential element in meeting the promise of person-centred care within long-term care environments

S49

Family, staff, and resident perspectives on end of life care for persons with dementia in LTC homes

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Often, long term care home residents who have dementia are not recognized as having a terminal condition. This decreases their chances of receiving palliative care. The extent to which the needs of persons with dementia are perceived as unique and strategies that staff use to meet these needs are not well understood. This paper presents findings from focus group interviews with residents, family members, and staff in four Canadian nursing homes. The focus groups were part of a larger study about improving palliative

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approaches in long term care homes. Twenty-one residents, 22 family members, and 86 staff members participated and responded to questions about perceived differences between residents with and without dementia with respect to end of life care and comfort at end of life. Family members and residents voiced concerns about whether the person with dementia's wishes would be known. Staff had varying perspectives on end of life conversations, some thinking that they might be easier for families when the resident has dementia. Some staff thought that providing comfort and compassion would be similar, regardless of whether the resident had dementia. Others noted that responsive behaviours continued to be challenging for them and that they have difficulty assessing pain when the resident has dementia. These findings are consistent with research showing that residents with dementia may not receive adequate symptom relief when they are dying. They reinforce the need to have end of life conversations soon after admission to long term care.

S50

Implementing Namaste Care in Canadian Long-Term Care Homes: Using the Ecological Framework to Identify Determinants of Success

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¹University of Saskatchewan, Saskatoon, SK, Canada, ²McMaster University, Hamilton, ON, Canada, ³University of Manitoba, Winnipeg, MB, Canada, ⁴Lancaster University, Bailrigg, Lancaster, UK, ⁵Western Sydney University, Parramatta NSW, Australia

Over the last decades, dementia care specialists have urged the introduction of a palliative approach to long-term care for residents with dementia, recognizing that most of these residents are very near the end of life. Namaste Care is a palliative care approach specially designed for persons with advanced dementia living in long-term care. Both a program and a philosophy of care, Namaste Care emphasizes creating a hospice-like environment for part of each day. During the program, health providers offer care for body, mind, and spirit in a group format that mirrors existing resident-to-staff ratios. The objective of this study was to identify possible determinants of the success of Namaste Care in the Canadian long-term care system. To explore barriers and

enablers to potential success, we conducted group interviews with families, unlicensed staff members, and licensed staff members at two Canadian LTC homes. We analyzed the resulting qualitative data using a template organizing approach. An implementation determinants framework called the Ecological Framework served as the analytic template. In our presentation, we explore the ways that resource levels, perceptions of the program, characteristics of the program, workplace climate, communication processes, and leadership qualities may interact to determine the success of future Namaste Care implementations in Canada. We conclude by identifying the determinants that lend themselves best to being strengthened prior to the implementation of Namaste Care, to improve the chance of a successful, sustained launch.

S51

Strengthening a Palliative Approach in Long Term Care (SPA-LTC): An evaluation of a program and its impact

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Purpose: The purpose of this study was to evaluate the Strengthening a Palliative Approach in Long Term Care (SPA-LTC) program in terms of its impact on residents and families.

Methods: This study used a mixed methods design. Residents were recruited from four LTC homes in Ontario if they had a Palliative Performance Score (PPS) score of 40% or lower. Chart reviews were conducted to determine PPS scores and information surrounding death. Individual interviews were held with family members to assess their experiences attending a Family Care Conference (FCC). Data was analyzed using descriptive statistics and thematic content analysis.

Results: A total of 39/110 of eligible residents/families agreed to participate in the study; 24 of them (62%) had a FCC over an eight-month period. Three residents who had PPS

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scores of less than 30% all had a FCC before they died and eight residents whose PPS score was between 30-40% died after having a FCC. Finally, all residents died in LTC. Eight family members who had a FCC agreed to be interviewed. Family reported that they felt well supported at the FCC and that the FCC was helpful for them. The majority of families reported that they discussed end-of-life issues at the meeting and that their concerns and wishes at end-of-life were addressed at the meeting.

Conclusion: The project informed service providers and decisions-makers on the practice and processes that can improve the quality of life and death for Canada's most frail and marginalized older adults and their families.

Mental Health Service Use Among Older Adults (Health & Biological Sciences Divisional Session) / Utilisation des services de santé mentale par les aînés (Symposium d'une section de l'ACG - Sciences de la santé et sciences biologiques)

S52

Prevalence of Depression and Anxiety Usually Decreases with Age: A Life-Span Review

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Aging is typically associated with declines or losses in the physical, cognitive, and social domains. Despite these multiple losses, research suggests that mental health may improve into old age. The goal of this study is to review the epidemiologic literature to clarify the influence of age on the prevalence of depressive and anxiety disorders and symptoms. Our systematic review focused on large epidemiologic studies measuring past-year prevalence of depressive disorders, anxiety disorders, or symptoms of depression, anxiety, or distress in community-based samples. The majority of studies, including those focusing on subgroups of older adults, found decreasing rates of depressive and anxiety disorders with age, with a slight up-turn among the oldest-old. A more mixed pattern emerged with respect to symptoms. Studies focusing on symptoms of distress generally showed decreasing rates with age, whereas those focusing on symptoms of depression and anxiety tended to show an increase. The primary finding from this review of

positive changes in well-being with age is consistent with recent theoretical views of socioemotional aging. We argue that evidence of increasing symptoms of depression and anxiety with age is due to symptom measures that emphasize somatic complaints that are increasingly common with aging. Our finding of slight worsening of mental health among the oldest old is consistent with a recent theory suggesting general improvements in mental health with age unless older adults struggle with significant vulnerabilities that are especially common near the end of life.

S53

Perceptions of Self-Stigma Mediate the Influence of Age on Intentions to Seek Mental Health Services

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Among individuals with diagnosable mental disorders, older adults are the least likely age group to use mental health services. Despite their especially low levels of mental health service use, prior research has found that age has negligible or positive effects on intentions to use mental health services. Prior research also suggests that older age is associated with less self-stigma concerning mental disorders, leading us to hypothesize that lower levels of self-stigma among older depressed adults may explain why they are at least as likely as younger adults to have positive help-seeking intentions. I tested this hypothesis with a national sample of 358 Canadians ranging in age from 18 to 83 who reported a history of depression or suicide ideation. These individuals completed a 16-item measure of self-stigma of depression and a single item indicating how likely they would be to seek professional help if they were experiencing a serious emotional problem. Mediation analysis indicated that older adults reported significantly less stigma than younger adults (path a), and that lower levels of stigma were associated with greater intentions to seek help (path b). As we hypothesized, older age therefore had a positive indirect effect on help-seeking intentions through lower levels of self-stigma of depression (point estimate = .004, 95% CI = .002 to .006). In conclusion, the results of this study suggest that older adults' especially low likelihood of mental

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health service is not due to help-seeking intentions or self-stigmatizing attitudes.

S54

Older Adults' Narratives of Treatment Seeking for Mental Health Problems

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Older adults who experience mental health problems are an age demographic who are particularly unlikely to seek professional help. Though the extant data has offered unequivocal support to this point, and has identified a range of factors acting as barriers to service use, there is a gap in the literature exploring the experiences of older adults who come to seek specialized psychological treatment. Further, the unique voices of older adults who have navigated through their complex mental health problems and systems of care to arrive at psychological treatment are less well understood in the literature. With the aim of exploring older adults' narratives of treatment seeking for mental health problems, we conducted individual interviews with 15 adults between the ages of 61-86 (average age = 72 years) who came to seek psychological treatment for mental health problems. Interviews were audio-recorded, transcribed, and analyzed according to narrative analysis. The main storylines that were prominent across participants' narratives of treatment seeking included: resistance to being labeled with mental health problems (telling stories of resistance, defining mental health problems in mysterious and uncontrollable terms, and experiencing internal role conflict); muddling through the treatment seeking process (manifestations of chaos and system-level barriers); and interpretations of psychological treatment (lack of knowledge/understanding, awareness of stigma, and fear and mistrust). These storylines integrate thematic, structural, and performance levels of narrative analysis. Findings demonstrate the need for enhanced clarity in the complex process of seeking treatment for mental health problems.

S55

Navigating Pathways to Care: Exploring Older Adults' Experiences Seeking Psychological Care Using the Network Episode Model

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John Walker
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The rate of mental health service use is particularly low among older adults. Although there have been several decades of mental health research, it is still not well understood why older adults are not accessing treatment. A possible explanation for this is that identifying reasons for poor access alone does not capture the complex nature of individuals' experiences with mental health problems and their paths into treatment. To address this gap in the literature, we explored older adults' experiences seeking psychological treatment using the Network Episode Model-II (NEM-II). This study is the first to qualitatively examine the NEM-II in an older adult sample. We recruited adults 60 years of age and older who were receiving outpatient psychological services from a geropsychology clinic in Winnipeg, Manitoba. Fifteen participants completed semi-structured in-depth interviews and our research team analyzed the data using the framework analytic approach. Our findings suggest that the NEM-II is an advantageous service utilization model to use with an older adult sample because it challenges both the rational choice logic and voluntary tone of dominant help-seeking and service utilization models, thereby making room for other possible pathways to care. In line with the NEM-II, our findings suggest that participants' background (social content), social support network, and the treatment system influence, and are influenced by, participants' illness careers. Factors that delayed participants' pathways to care included: a lack of support, "inappropriate" referrals or advice from treatment professionals, and a lack of knowledge among older adults about mental health and treatment options.

Ageing, Communication, Technologies : Experiencing a Digital World in Later Life (Social Sciences Divisional Session) / Vieillesse, communication, technologies (Symposium d'une section de l'ACG - Sciences sociales)

S56

Activist ageing and the "tactical theatrics" of RECAA

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We examine the activist practices of Respecting Elders: Communities against Abuse (RECAA), a group of seniors based in Montreal working together since 2003 to confront elder abuse, and to generate a societal awareness of the issues facing older adults, especially those living within marginalized communities. We draw from interviews conducted with RECAA members, as well as years of partnership and participatory action research conducted with them as part of the research project Ageing, Communication, Technologies (ACT), to explore what it means to age as activists.

We focus on the embodiment of activism in later life and discuss RECAA's use of "tactical theatrics": a set of plural and varied performance-based activist interventions that enable older activists to advocate in a way that accounts for the heterogeneity of later life, or an understanding that people move through the lifecourse in different ways, with different interests, availabilities, and skills as well as and shifting capacities. We argue that tactical theatrics also enable RECAA to tactically (de Certeau, 1988) adapt to and navigate a landscape marked by funding scarcity and digitization by building the relationships, skills and practices it needs to continue carrying out its mandate. We describe RECAA's activist practices, and its tactical theatrics, as operating within three different registers: 1) through Forum theatre workshops; 2) through short term creative projects that use digital media; and 3) through punctual and timely interventions that are formed in response to specific political or social situations.

S57

Signing, Ageing, Connecting: Intersections of Deafhood, Ageing and Technology

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Gerontology and studies of ageing have recently taken what Twigg and Martin (2015) call a "cultural turn". As age as an objective, fixed, and multidimensional category is destabilized, and the hegemony of the biomedical conceptions of age challenged, the complexity of the ageing process and the heterogeneity of ageing experiences emerge as key problem spaces (Scott, 2004). This paper contributes to the emergent research on minoritized groups whose "cultures of ageing" (Gilleard & Higgs, 2000) remain largely

understudied. We do so by focusing on experiences related to Deafhood (Ladd, 2003) and more specifically, on intersections between Deafhood, ageing and technology. Adopting a critical stance vis-à-vis approaches of ageing as decline and deafness as disability, we ask: What does it mean to age as a Deaf person in a hegemonic "hearing world"? How do communication technologies, so central to today's digital world, mediate the experiences of ageing of older Deaf people who have lived through successive generations of media and dispositifs? We explore these questions by drawing upon the results of a research-creation pilot project involving in-depth interviews with signing deaf seniors that were used to produce a video (Fingers on the line), and on the discussions in four languages (Quebec and American sign languages, French and English) that followed public screenings of this video in different community settings. The presentation will sketch out the participants' experiences and points of views, and raise issues related to "giving voice," uses and non-uses of ICT, as well as filiation and intergenerationality.

S58

"A blessing and a curse": Grandmothers reflections on digitally mediated family relationships

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Over the past 25 years, technology has transformed the world in which we live. Until recently, older adults have been rendered invisible in this discourse. This study, therefore, explores the variegated experiences of aging in a digital world. Specifically, we conducted focus groups with Canadian grandmothers (N=24), to discuss their experiences of digital media in their relationships with their families. Grandmothers ranged in age from 65-87 years and all resided in their own homes in the community. The current study focused on grandmothers, as previous research has indicated that they play a central role in family communication, family leisure, and family bonding. We used thematic analysis (Boyatzis, 1998) to explore how grandmothers use digital technologies (devices – computers, tablets, smartphones, e-readers; platforms – email, text messages, video chat, Facebook) in their relationships with their families. The findings indicate that building a relationship with their grandchildren constitutes an important incentive for grandparents to go online. Despite ageist

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assumptions around older people's technological abilities, grandmothers regularly used multiple devices and a multitude of platforms to engage with their family members. Grandmothers, however, experience both opportunities and challenges in the context of digitally mediated family relationships. We discuss these findings in terms of ambivalence that grandmothers have toward digital technologies and their impact on intergenerational family relationships.

S59

Aging and Technology Assistive Devices: Assessing the Role of Interpersonal Communication in the Context of Transitional Care

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Age-based stereotypes, whereby the process of aging is mainly depicted as losses and decline, are well documented in research. More so, previous studies also suggest that older individuals who use technology assistive devices are the target of a double stigma, namely through the media discourse. In light of these, the current study explores the role of interpersonal communication in the context of transitional care. Precisely, the goal is to determine if and how communication between caregivers and older patients can be (inadvertently or not) a channel of stereotype transmission. To do so, a series of longitudinal semi-structured interviews (n=15) are conducted with Canadian francophone older patients. These patients are experiencing transitional care having to move into a seniors' residence home after hospitalization and to adapt to technology assistive devices. A three-stage interview process is taking place: 1) when older patients are informed they cannot return to their previous home; 2) at the time they are moving into the residence home and 3) approximately three months after they have moved into this home. Interviews capture older patients' perspectives on how caregivers communicated with them during care transitions. Qualitative content analysis will allow to determine if and how caregiver communication facilitates transitions or hinders them by reinforcing vulnerability and powerlessness against stereotypes.

Patient Engagement in Quality of Life Research : Projects and Findings within the Canadian Consortium on Neurodegeneration in Aging / Engagement des patients dans la recherche sur la qualité de vie : projets et

constatations du Consortium canadien en neurodégénérescence associée au vieillissement

S60

Top 10 Canadian priorities for dementia research: Outcomes of the Canadian Dementia Priority Setting Partnership

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Objective: The Canadian Dementia Priority Setting Partnership used the methods of the James Lind Alliance to engage with Canadians affected by dementia to ask them about their priorities for research related to living with dementia and dementia prevention, diagnosis and treatment.

Method: The work was overseen by a Steering Group, which included people with personal and professional experience of dementia working with the study team. The process comprised a series of steps: 1) a questionnaire for individuals with dementia, their friends, family and caregivers, health and social care providers and others was circulated across Canada, with support from national, provincial and local Alzheimer Societies as well as other partner organizations. 2) The responses were categorized and refined, then checked against existing research evidence. 3) The list of research questions was prioritized through a two-stage process to produce the "top ten" Canadian dementia research priorities.

Results: The process and results, including questionnaire respondents' demographics and prioritized research questions, will be presented. The top 10 research priorities will be shared with researchers and research funding organisations so that they can incorporate these priorities into their dementia research agendas.

Conclusions: Canadian dementia researchers and research funding organisations have a set of priorities, developed by engaging persons with dementia, their friends, family and caregivers, and health and social care providers, to inform their future and ongoing work.

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S61

Supporting Dementia Family Caregivers in Rural Canadian Communities: From Research to Action

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Introduction: The Reitman Centre Working CARERS Program (RCWCP) is a small-group, therapeutic skills-building intervention designed for working dementia family caregivers. A two-phase qualitative study was conducted to explore how RCWCP may be adapted in rural communities in Manitoba (MB) and Nova Scotia (NS), with the goal of expanding these communities' capacity to respond to the specific needs of this sub-population of caregivers.

Methods: The adaptability of RCWCP in rural MB and NS was explored using principles of Appreciative Inquiry and Participatory Action Research. Qualitative data were collected through stakeholders' focus groups and in-depth interviews with 22 caregivers. Based on the qualitative data, RCWCP was iteratively adapted and 3 cycles of the adapted program were delivered by trained clinicians, either in person or through a secured videoconferencing platform. Post-RCWCP focus groups with caregivers and stakeholders provided insights into program benefits and impact.

Findings: Stakeholders and caregivers identified key elements for successful adaptation and implementation strategies to scale RCWCP. These findings are of great relevance to both provinces' mandate to improve supports for caregivers, discussed in The Manitoba Caregiver Recognition Act and the Nova Scotia Dementia Strategy. Stakeholders noted the importance to continue

identifying priority activities to advance the uptake, sustainability, and future evaluation of the adapted RCWCP.

Conclusions: Rural areas are markedly underserved and services fragmented for caregivers. Invitational KTE events will be held to discuss strategies on how to extend a targeted, evidence-based intervention, and to further embed resources in the system, to support dementia family caregivers in rural Canadian communities and beyond.

S62

Frailty Moderates the Relationship between Depression and Cognitive Impairment: Results from CCNA Team 14

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Background: Although there is an established link between depression and dementia, there is debate about how different patterns of depression (e.g., late-onset versus long history of depression) may be differentially associated with cognitive impairment. Further, frailty may impact this relationship. We aimed to explore how different patterns of depression are associated with cognitive impairment in older adults, and to test whether frailty moderates this relationship.

Methods: In this secondary analysis of the Survey of Health Ageing and Retirement in Europe (SHARE), participants were categorized as never-depressed ($n=4064$), past depression only ($n=952$), current depression with onset at age 65 or later ($n=1613$), and past and current depression ($n=657$). Descriptive and regression analyses were conducted using calibrated sampling weights.

Results: After controlling for age, frailty, sex, social vulnerability, education, and alcohol consumption, those with late-onset depression had worse cognitive impairment than the never-depressed group ($b=.45$, $p<.001$). Frailty moderated this relationship such that the relationship was stronger at higher levels of frailty ($b=0.52$, $p<.001$) vs. lower levels ($b=0.25$, $p<.05$). Those with past depression only and those reporting both past and current depression ($p=.24$ and $.51$, respectively) did not have significantly different levels of cognitive impairment compared

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with the never-depressed group. Longitudinal results examining patterns of depression and cognitive trajectories will also be presented.

Discussion: We found an association between late-onset depression and cognitive impairment, lending support to the hypothesis that late-onset depression maybe a prodrome of dementia. Frailty appears to further accelerate the accumulation of cognitive deficits.

S63

Filling the Resource Gaps: How the CCNA's KTE Program is helping researchers engage people with lived experience

Elizabeth Doyle, Sacha Nadeau
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The CCNA's Knowledge Translation and Exchange cross-cutting program (KTE) identifies and prioritizes knowledge needs, develops strategies and brokers collaborations to meet those needs, and plays a significant role in mobilizing dementia knowledge exchange Canada-wide.

At CAG 2016, the KTE program presented findings from our knowledge needs assessment - related to the information needs of people with lived experience of dementia (PWD) - during a CCNA-themed symposium. New collaborations followed, including participatory action research with the Alzheimer Society of Canada's Research Engagement Leadership Program. From our collaborations, it was evident that the CCNA's 400+ dementia researchers require tools, models, and strategies to support them in engaging PWD.

To identify existing resources and gaps, KTE recently carried out an evidence synthesis with the Maritime SPOR Support Unit. Our findings include: ethical pathways to obtaining informed consent and assent to research (including surrogate and proxy considerations); identifying appropriate "places" and times of day to carry out research; the value of using in-depth interviews with PWD; resources to support communications challenges; recruitment strategies; considerations for interpreting data in advanced-stage dementia; and how to effectively end the research project on a "high" and follow up on the use of findings. In addition to highlighting the resources we have identified and providing the audience with handouts to learn more, we will broaden the

discussion by also speaking to the challenges that remain.

Harnessing Professional Advice Networks for Long Term Care Improvement / Exploiter les réseaux de conseils professionnels en vue d'améliorer les soins de longue durée

S64

The Structure of Advice Networks in Long Term Care: Influences and Implications

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In this abstract we describe the quantitative analysis of interpersonal advice networks in the sector. At each of the 958 LTC facilities in 11 Canadian provinces and territories, we asked one senior leader to complete a survey identifying individuals who were their informal sources of advice about quality improvement. Using social network metrics and exponential random graph modeling to analyze data from 482 respondents (response rate, 52%), we investigated predictors of an advice relationship between two people, and predictors of a person's position (e.g., as an opinion leader or boundary spanner) in the network. We defined opinion leaders as the most popular actors in a social network, perceived by others as accessible, trustworthy, and knowledgeable. We defined boundary spanners as those who span structural holes in the network, linking otherwise unconnected groups together. We were able to describe a single advice-seeking network which appeared to span the nation, with opinion leaders and boundary spanners who acted as key sources of advice located in each province and territory. Geographic proximity exerted a strong effect on network structure, with only 3% of advice relationships crossing provincial

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boundaries. Facility owner-operator model and provincial LTC policy also influenced network structure, but these effects varied across regions. A majority of individuals (61%) identified as sources of advice in the network were professionals who were outside our original sample and not employed in LTC facilities, such as regional and provincial health administrators.

S65

Motivations and Mechanisms for Advice Seeking and Giving in Long Term Care Advice Networks

Lisa Cranley¹, Janice Keefe², Deanne Taylor³, Genevieve Thompson⁴, Amanda Beacom⁵, Janet Squires⁶, Carole Estabrooks⁵, James Dearing⁷, Peter Norton⁸, Whitney Berta¹

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In this abstract we describe the qualitative analysis of interviews conducted with 39 people identified as holding key roles in the interpersonal advice networks. Our objective was to understand how and why LTC leaders in the interpersonal network alternatively provide and seek advice about innovations, and to gain insights into the characteristics of these network actors and their relationships. Using the study survey data, we identified active advice seekers, opinion leaders, and boundary spanners by their scores on sociometric indicators. Thematic analysis and consensus coding of the interview data resulted in four themes: (1) building relationships (characteristics of advice seeking relationships); (2) reaching out (motivations for providing and seeking advice); (3) responding to (nature of advice given and sought); and (4) opinion leader, advice seeker, and boundary spanner dispositions. Opinion leaders have broad and deep knowledge of the network, amass and relay knowledge across their portion of the network, consciously maintain and expand their relationships, and are passionate advocates with strong commitment to the LTC sector. Advice seekers are similarly passionate and committed to LTC and both seek and, eventually over time, exchange advice with opinion

leaders. Boundary spanners transmit advice from one network group to another, helping to spread innovations. Network ties were largely predicated on long-term relationships that deepened into a shared appreciation for resident-centeredness. Experiential knowledge about innovations, generated by advice seekers with close ties to opinion leaders, is likely to enhance an innovation's "diffusion potential" in the network, thereby affecting the rate of spread of innovations.

S66

Using Inter-organizational Network Analysis for Quality Improvement in Residential Long Term Care

Janice Keefe¹, Amanda Beacom², Jingbo Meng³, Stephanie Chamberlain², Deanne Taylor⁴, James Dearing³, Whitney Berta⁵, Janet Squires⁶, Lisa Cranley⁵, Genevieve Thompson⁷, Heather Cook⁴, Carole Estabrooks²

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In this abstract we describe the quantitative analysis of the inter-organizational advice networks in the sector, and of how these networks compare with interpersonal advice networks. In a procedure similar to that for the interpersonal networks, we asked one senior leader from each of the 958 LTC facilities in our survey sample to identify LTC facilities that were recognized as models for quality care. We used exponential random graph modeling and quadratic assignment procedure correlation analysis to analyze the data from 482 respondents (response rate, 52%). Compared with the interpersonal advice networks, the inter-organizational networks were more dense and interconnected and featured more relationships that spanned provincial boundaries. As in the interpersonal networks, opinion leading and boundary spanning LTC facilities were identified in all provinces and regions, but opinion leadership in the inter-organizational networks was more centralized around a smaller number of facilities recognized as exemplars of quality residential care. These differences between the two types of advice networks suggest the value of understanding and utilizing both types of network

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relationships in order to most effectively disseminate best practices throughout the sector.

Late Life Transitions, Mental Wellness and the Importance of Maintaining Social Connections / Transitions de vie chez les personnes âgées, bien-être mental et importance de maintenir des connexions sociales (l'interprétation simultanée sera disponible)

S67

Social Connections and Health

Nancy Newall

Brandon University, Brandon, Manitoba, Canada

A large body of research suggests that social connection in later life is important for health and well-being. However, some life transitions can pose challenges in maintaining our social connections in later life. The purpose of the present presentation will be to discuss research on social connections and health as well as theories and studies relating to how come social connection may be important (biologically; evolutionarily). Drawing on a study that examined changes in loneliness over time, the impact of transitions (changes in health, widowhood) will be considered.

S68

The Experience of Caring for an Older Adult with Dementia

Neena Chappell

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Objectives: To increase our understanding of social connectedness for caregivers in the ever-changing landscape of caring for older adults with dementia.

Methods: Several sets of analyses of a province-wide B.C. sample of caregivers to those with dementia (N = 906) are synthesized. Both quantitative and qualitative data are used.

Results: The importance of social connectedness emerges in several cross-cutting ways. Wives: burdened with low self-esteem; daughters: burdened with high self-esteem. Dementia fundamentally alters the intimate and functional aspects of spousal relationships through gradual

erosion and progressive alienation from the external world. Caregiving is not as salient for daughters' identity. Over a 1 year period, burden of children decreases but is still higher than spouses. Nature of the past relationship and feeling under-appreciated are significant correlates among spouses but not children. Feeling lonely is significant for both. One of 5 major benefits caregivers perceive from care recipient's involvement in activities outside the home is social connectedness. Sense of self, another major benefit, is related to the care recipient's sense of social relevance. In a typology of stresses and stressors, role strain from cognitive decline and changes in social functioning that debilitate relationships emerges as a major category. Another typology of quality of life reveals the importance of expressive (emotional) support in mitigating demands of caregiving.

Conclusions: When examining the various roles of social connectedness in the lives of caregivers to those with dementia, it consistently emerges as of critical importance for their quality of life.

S69

Late Life Transitions: Challenging the Constructions of 'Growing Old'

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The concept of transition is widely used across academic scholarship, policy, and practice to denote continuity and change in late life. Yet, as the contemporary landscape of aging shifts, the dominant age- and stage-based models that are used to understand and make sense of aging and late life have become 'blurred' and increasingly called into question. This paper presents a conceptual overview of transitions, including the standard and normative models used in academic scholarship and policies on aging. It then draws on a sample of 60 narrative interviews with older people as part of the Late Life Transitions research project (funded by SSHRC) as a means to reconsider 'what we know' and 'how we approach' responses to late life. The presentation and discussion that follows draws attention to the dominant assumptions about ageing and late life that underpin approaches, highlight embedded tensions in current understandings of transitions, and raise possibilities for rethinking our approaches (e.g., fluidity, disadvantage, and the life course) as a means to broaden the debate.

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Implications for research and practice will be discussed.

SC-CE Symposium : Pearls of Wisdom: Mental Health and Self-Care in Graduate School / Symposium de la SC-CE : Conseils judicieux : Santé mentale et autosoins au niveau du troisième cycle

Living Longer, Living Better : Insights from the Canadian Longitudinal Study on Aging / Vivre plus longtemps, vivre mieux : éclairages apportés par l'Étude longitudinale canadienne sur le vieillissement

S70

Cognition in the Canadian Longitudinal Study on Aging

Holly Tuokko¹, Lauren Griffith², Helena Kadlec¹, Megan O'Connell³, Martine Simard⁴, Vanessa Taler⁵, Stacey Voll¹

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Change in cognitive functioning is characteristic of normal aging and is evident beginning in mid-life. However, changes in cognition also may be associated with medical conditions such as Alzheimer Disease. The Canadian Longitudinal Study on Aging (CLSA) is collecting detailed information about the performance of people aged 45-85 years on measures of cognitive functioning for English- and French-speaking Canadians. Our research team, funded by the Alzheimer Society of Canada and the Pacific Alzheimer Research Foundation, is seeking to understand the health and lifestyle factors that affect cognitive functions in the CLSA sample with the intention of creating standards for typical performances of English- and French-speaking Canadians. These normative comparison standards can be used by clinicians to identify changes in cognition greater than those seen as a typical consequence of aging.

S71

Sensory loss and healthy aging: The association between CLSA sensory and social measures

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Sensory loss is common in the older adults and increases with age. It may interfere with communication, participation in everyday activities, and social interactions. Our study used CLSA data from over 20,000 Canadians to investigate if self-reported hearing loss, vision loss, and dual sensory loss were associated with reduced social network diversity, social participation, social support, and loneliness. Vision loss (in males) and dual sensory loss (in 65-85 year olds) were each associated with reduced social network diversity. Vision loss and dual sensory loss (in 65-85 year olds) were each associated with reduced social participation. Any sensory loss was associated with low availability of social support and loneliness. Preventing or mitigating sensory loss may result in positive social and health outcomes. New approaches are needed to address the social needs of those with sensory loss.

S72

The Canadian Longitudinal Study on Aging: Design overview, milestones, and participant characteristics at baseline

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Objectives: Over the next twenty years, the Canadian Longitudinal Study on Aging (CLSA) will generate a wealth of information to advance the science of aging and the development of policy. The purpose of this presentation is to report on key issues of interest to researchers, CLSA participants, and the general public. The presentation highlights CLSA milestones achieved, and the range of information available in the baseline data release. It describes socio-demographic characteristics of CLSA participants and highlights key aspects of ongoing research in the areas of use of assistive devices and technologies, informal caregiving and caregiver burden, and subjective perceptions of health and aging.

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Methods: Data are reported from participants aged 45-85 in the Tracking (n=21,241; followed by telephone) and the Comprehensive (n=30,097; followed in person) arms of the CLSA. Baseline data collection was completed in spring 2015.

Results: The majority of CLSA participants rated their health as excellent (19.4%) or very good (40.1%); only 2.1% rated their health as poor. The most commonly reported chronic conditions included hypertension (37.6%), cataracts (17.0%), and diabetes (17.3%). The use of assistive devices for mobility, vision, and hearing was 13%, 8%, and 6% respectively. Informal caregiving was provided by 43.5% of participants to an average of 2.3 recipients.

Conclusions: The CLSA provides a research platform to investigate health and aging that is unprecedented in Canada and internationally. This rich resource will become increasingly valuable to scientists and policy makers with each successive wave of data collection.

S73

Measuring Frailty across the Age Spectrum in the Canadian Longitudinal Study on Aging

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Objectives: Frailty is a state of increased vulnerability to stressors and is a way to appreciate the variable resilience of older individuals. No consensus for measuring frailty has been established. This study aims assess the frailty of participants in the Canadian Longitudinal Study on Aging (CLSA).

Methods: A Frailty Index (FI) was created based on the presence of 90 potential health deficits using data collected on Canadian adults aged 45-85 at recruitment (N= 21,241) who were part of the CLSA tracking cohort. The construct validity of the FI and the factor structure of the health deficits were evaluated.

Results: The direction of associations were consistent with *a priori* hypotheses for construct validity. FI values were positively associated with age ($r=0.17$; $P<0.001$), falls ($r=0.12$; $P<0.001$),

injuries ($r=0.12$; $P<0.001$), formal home care ($r=0.30$; $P<0.001$), informal home care ($r=0.32$; $P<0.001$), and use of assistive devices ($r=0.40$; $P<0.001$). Values were negatively associated with male sex ($r=-0.12$; $P<0.001$), income ($r=-0.34$; $P<0.001$), and education ($r=-0.17$; $P<0.001$). Key factors among the included health indicators were physical functioning, satisfaction with life, and depressive symptoms. Results did not change when the sample was stratified by age and sex.

Conclusion: In this study, the FI we created was shown to be consistent across age and sex categories. It demonstrated good construct validity. This approach to constructing a FI can be tested in other large data sets as a form of validity testing to assess the sensitivity and specificity of this methodology.

Supporting end of life communication with residents, families and staff in long-term care / Soutien de la communication en fin de vie avec les résidents, les familles et le personnel des établissements de soins de longue durée

S74

Exploring the End-of-Life Care and Bereavement Needs of Family Members in Long-Term Care Homes

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Objective statement: Although the long-term care home setting is a place where end-of-life care occurs, palliative care programs and approaches in this context are still in development. Thus, as part of a larger participatory action research project, this sub study explored the end-of-life care and bereavement needs of family members of loved ones who had recently died in a long-term care home.

Methods: Thirteen individual interviews were conducted with bereaved family members in two Canadian long-term care homes. To determine key themes related to their end-of-life care and bereavement needs, a thematic content analysis approach was used to analyze the transcripts.

Results: Key themes related to the participants' perceptions of the long-term care homes' responsiveness to end-of-life care, current and

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suggested resources as well as follow-up care were identified. This presentation will describe how bereaved family members perceive responsiveness through the long-term care home staff members' caring actions directed at the resident and family, attending to physical comfort as well as communication style and timeliness. The current end-of-life care resources for comfort and information will be explored along with participants' suggestions for their potential utilization. Finally, a description of follow-up bereavement care including its purpose and potential value with family members will be explored.

Conclusions: Findings indicate that each end-of-life care and bereavement experience may be unique to family members, suggesting the need for individualized assessment and evaluation of need for resources and continuing follow-up.

S75

Family Care Conferences at End of Life: Exploring Palliative Care Content and Processes in LTC

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Objectives: End-of-life (EOL) communication in long-term care (LTC) homes is often poor or delayed, leaving residents dying with undocumented preferences and goals of care. Inadequate communication with staff leaves families feeling unprepared, distressed and unsatisfied with care. Family Care Conferences (FCC) facilitate structured, systematic communication around goals of care and plans for EOL.

Methods: FCCs were implemented as part of the 'Strengthening a Palliative Approach to Care' (SPA-LTC) project in four LTC homes in Ontario. The purpose of this sub-study was to evaluate: a) palliative care content, and b) conference processes. Twenty-four FCCs were held for residents nearing death (i.e. Palliative Performance Scale < 40%). Data was collected from FCC forms (i.e., Family Questionnaires, Conference Summaries) and electronic charts. Directed-

content analysis was completed using the Canadian Hospice Palliative Care Association's 'Square of Care' model domains: Disease Management, Physical, Psychological, Social, Practical, Spiritual, EOL, and Loss/Bereavement.

Results: FCCs addressed an average of 69% of domains with physical and EOL care documented most frequently, and loss/bereavement documented the least. Two goals and five interventions were identified and planned on average per FCC. Evaluation of processes revealed: i) advantages to using FCC forms vs. electronic charts, and ii) high level of interdisciplinary participation but limited engagement of Personal Support Workers (PSW) and physicians.

Conclusions: This study contributes valuable insight into strengths and limitations of FCCs implemented to enhance EOL communication. Implications to optimize FCC content and processes include: tailoring use of FCCs forms, prompting bereavement discussion, and targeting engagement of PSWs and physicians.

S76

Improving Staff-Family Communication through targeted Interventions: Findings from the SPA LTC Study

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Background: This paper reports family members' perceptions of participating in a multi-component palliative care program (SPA-LTC) which included improving staff-family member communication through the provision of illness specific informational pamphlets and the delivery of end-of-life family care conferences to discuss transitions from restorative to palliative care.

Methods: 19 family members whose relatives died over the course of the study in one of 4 LTC homes in southern Ontario, participated in semi-structured post implementation telephone based interviews. A further 20 family members provided feedback on the interventions through their participation in one of three focus groups. All interviews and focus group deliberations were audio-recorded. Analysis of all data was

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conducted in three- stages guided by the principles of conventional content analysis.

Findings: Overall findings revealed that receiving illness specific information in pamphlet form and participating in family care conferences improved family members' experiences with resident end-of-life care by preparing them for what would lay ahead and providing them with opportunities for informed participation in end-of-life decision making.

Conclusions: Good family-staff communication is one aspect of optimal palliative care in LTC that can be improved by targeted interventions that are feasible to implement in these complex care environments. Family members' perceptions of end of life care by preparing and empowering them to make difficult end-of-life decisions is improved and contributes to family members' perceptions that their relatives received the person-centred attention they deserved.

S77

Facilitating Conversations: Developing Tools to Support Family Caregivers and Nurses Prepare for the Dementia Trajectory

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Aims: The goal of this study was to develop an empirically derived communication tool and corresponding educational modules, aimed at facilitating communication between family caregivers and nurses concerning the care of nursing home residents with dementia, particularly near the end of life.

Methods: Using qualitative methods, a sample of bereaved family members of residents with dementia (n=17), health care providers in gerontology (n=26) and palliative care (n=6) were interviewed regarding their experience, knowledge, and care of residents with dementia. Coding of interview transcripts focused on generation of themes and questions about caring for residents with dementia. Based on feedback, a corresponding educational tool for nurses was identified as being critical. A supplemental 6 module on-line educational tool for nurses working in LTC was developed and piloted. A set of questions was posed at the end of each module to

assess the relevance of the material, organization of content, length of time and improved knowledge.

Results: A QPS-AD was developed to cover the information deemed critical for families to have conversations with care providers about in order to understand quality care along the dementia trajectory. Responses from 30 nurses found the Relational Dementia Care course materials clear and organized for optimal learning (4.4), relevant (4.67), that activities contributed to learning (4.47), and increased their knowledge in the area (t-test 4.85, p<0.001).

Conclusion/Discussion: The QPS-AD and corresponding Relational Dementia Care course aims to improve communication between families and nurses around the progression of dementia in the context of the nursing home.

Workshops/Ateliers

W1

An Introduction to Digital Storytelling for Older Adults

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Background: Digital storytelling extends the ancient art of telling stories through use of technology by incorporating elements such as text, images, music, narration, sound effects, and videos into a narrative, often about the storyteller's personal experience. Digital storytelling workshops can be used to increase social connectedness, by providing a forum for communication among participants. This can help reduce loneliness, depression and cognitive decline, alleviating such negative effects on older adults' health. Older adults have told us that it is important to share their experiences, reclaim their identities, and build relationships with their peers.

Description: This workshop is designed to introduce participants to the theory and practice of digital storytelling for older adults. After discussing the rationale and theoretical framework, participants will be shown some digital stories recently created by older adults in our nine-week workshop. Participants will be shown how to create their own digital stories using the techniques described in the session. Finally, participants will

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be provided with methods and resources to be able to offer their own digital storytelling workshops to older adults.

Workshop Objectives: By the completion of this workshop, participants should be able to do the following:

- Discuss the theory, elements and rationale for using digital storytelling with older adults
- Discuss the barriers and various ways to overcome these
- Begin to use WeVideo software to create digital stories
- Design, deliver, and evaluate a digital storytelling workshop for older adults

Instructional Methods: Instructional techniques will include mini-lectures, group discussion, and viewing and rating short videos.

W2

'Til death do we part; the acceptance of death as part of life in a long term care facility

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Deer Lodge Centre (DLC) is the largest Long Term Care facility in Manitoba, providing a broad range of services. Its motto is 'Making lives better'. Approximately 135 clients living at the Centre will die each year. This is often our clients' final home, committing us to enhancing dignity and respect at end of life. Over the past year we have dedicated energy and resources towards focusing on the mortality and humanity of DLC clients and families - knowing that life is short and death is inevitable. This presentation along with audience interaction will explore the reconciliation of these two key ideas: making lives better while preparing for the reality of death.

A novel 'Model of Caring' that incorporates concepts of potential, possibility and compassion will be reviewed. A wide variety of initiatives will be discussed including the adoption of a 'Cherry Blossom' visual cue for pending deaths; provision of end of life care education to staff and families, and; implementation of standardized 'Symptom Management Pathways'. These measures culminated in the creation of a private suite for the dying and their families. Already established at the site: the draping of deceased Veterans with a Canadian flag; offering room blessings/reminiscing

following a client's death, and; nurturing a volunteer 'End of Life Companion Program'.

These innovations have strengthened the team's ability and confidence to care for the dying; it has resulted in a more memorable and positive end of life experience for clients and their families, and; it has answered the question 'Why'.

W3

Building Bridges to enhance interpersonal relationships

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It is recognized that seniors are the fastest growing age group in Canada. It is also anticipated that many older adults will opt to live in apartment buildings or retirement homes. Movement into multi-dwelling residence's will increase the possibility of conflict occurring. While discussions of bullying are often viewed as concerns for school age children, bullying behavior can also be a concern for seniors living within senior communities.

While zero tolerance policies may be impactful in reducing bullying behavior, it is recognized that in certain situations such zero tolerance anti-bullying policies cannot or would not be implemented.

Building Bridges was developed as a response to address the issues of interpersonal conflict between seniors living in a housing complex where zero tolerance could not be implemented. Our goal was to reduce bullying, increase tolerance, empathy, compassion, self-compassion, resilience and foster positive, supportive relationships and interactions through mindfulness and self-compassion. A growing body of evidence in the emerging field of mindfulness and self-compassion supported the use of these pillars as an intervention strategy.

Participants of this workshop will be introduced to the Building Bridges program. In the 90 minute workshop, participants will be provided with an overview of the program along with practical examples and tools that they could implement in their own communities.

W4

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Les activités intergénérationnelles pour contrer l'âgisme

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L'animatrice présentera des outils pour promouvoir et faciliter la planification d'activités intergénérationnelles en milieu scolaire. Elle fera également un survol d'expériences variées qui se font dans les écoles du NB et d'ailleurs.

Avec le changement démographique, il devient de plus en plus important d'avoir une collaboration et une intégration entre les générations, jeunes et aînés. Cependant, l'existence de stéréotypes négatifs au sujet des aînés a fréquemment pour effet d'entraver ce processus. Cette caractérisation a souvent des conséquences néfastes sur la santé des individus et peut donner lieu à l'isolement, l'abus, l'exclusion, la dépression et peut même mener au suicide.

L'un des principaux obstacles au développement de perceptions réalistes à l'égard des deux groupes demeure le niveau de contact qu'ils ont les uns avec les autres. Dans le passé, il y avait entre les jeunes et les aînés un niveau plus important de familiarité découlant du contact soutenu et de l'interaction qu'ils avaient entre eux.

Il y va de l'intérêt de tous de reconnaître que la discrimination par rapport à l'âge fait appel à un changement d'attitude.

Le milieu scolaire est en mesure de fournir ce type d'espace où des perceptions peuvent être modifiées. Des projets intergénérationnels dans un cadre scolaire peuvent contribuer à une meilleure compréhension mutuelle, à une plus grande empathie et éventuellement à une collaboration accrue entre la communauté des aînés, les jeunes et la collectivité dans son ensemble.

W5

The development of normative standards for cognitive measures in the Canadian Longitudinal Study on Aging

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Purpose and objectives: Change in cognitive functioning is characteristic of normal aging and is evident beginning in mid-life. However, changes in cognition also may be associated with medical conditions such as Alzheimer Disease. Our research team, funded by the Alzheimer Society of Canada and the Pacific Alzheimer Research Foundation, is examining detailed information about the performance of people aged 45-85 years on measures of cognitive functioning for English- and French-speaking Canadians from the Canadian Longitudinal Study on Aging (CLSA). We are in the process of developing comparison standards (i.e., typical performances) of English- and French-speaking Canadians that can be used to identify changes in cognition greater than expected.

Workshop format: In this interactive workshop, we will demonstrate and solicit input and feedback on various tools for accessing the normative data emerging from the CLSA on measures of cognitive functioning to determine the types of interpretation tools that are preferred by clinicians and researchers. This will be one of a series of opportunities for clinicians and health researchers to provide input and feedback on the approaches to resource development being taken by our research team. The information obtained from this and other workshops will form the foundation of our overall dissemination plan when finalizing the types of tools for development. The objective of the subsequent knowledge dissemination will be to provide easily accessed, plain language information on how to use the tools developed for generating clinical classification of cognitive functioning based in the CLSA data.

W6

Building and sustaining capacity for Age Friendly Community (AFC) initiatives in Ontario

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The purpose of workshop is to an interactive forum for information sharing and discussion on:

- a) Current status of Age Friendly Communities in Ontario;
- b) Effectiveness of provincial supports through the AFC Planning Outreach Initiative;
- c) Key provincial structures, policies and practices necessary to accelerate and sustain success of AFCs

Ontario's AFC Planning Outreach Initiative is a partnership between the Ontario Ministry of Seniors Affairs and researchers at the University of Waterloo, Huntington / Laurentian University, Queen's University.

The project team has provided provincial academic-community partnerships with over 56 communities across the province between 2015-17. These partnerships are intended to enable real-time application of planning and implementation best practices, as well as accelerate access to people, ideas and resources to support local decision making and capacity building. This provincial project also involves educational course development and the creation of a provincial knowledge exchange network of AFCs, supported by both a knowledge broker and web-based resources.

A two year review has now been completed which looked at current status of all AFCs across Ontario. The review included a semi-structured interview of communities confirming key milestones, enablers, challenges, lessons learnt and benefits of the AFC activities. Each community was asked to describe efforts in relation to sustainability and future planned activities. The results of the review and recommendations will go through further discussion and validation within 5 regional workshops in June 2017.

W7

Meeting needs of underserved populations: New online tools for supporting Indigenous peoples, immigrants, refugees, and bereaved family members

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¹Canadian Virtual Hospice, Winnipeg, Manitoba, Canada, ²CancerCare Manitoba, Winnipeg, Manitoba, Canada

This workshop will introduce two online, evidence-informed tools. Participants will learn how these tools can be used in practice to support older adults and their families and for their own continuing education.

Through collaborations with 80 pan-Canadian partners, Canadian Virtual Hospice developed and launched online tools that reflect the lived experience of Indigenous people, immigrants, refugees, and bereaved populations:

1. LivingMyCulture.ca is both an educational tool for health providers wishing to enhance their knowledge and skills in providing culturally-safe and inclusive care and a supportive tool to be used with older adults and families. It includes a collection of videos that share the stories of members of 11 cultures about the intersection of culture, spirituality, and religion with their experiences of healthcare, life-limiting illness and grief.

2. MyGrief.ca, is the world's first evidence-based, online interactive psycho-educational tool providing loss and grief support. Developed by grief experts and available free of charge, it complements existing services and may be the only support option available for many. It includes nine self-directed modules, spanning a range of topics across the bereavement trajectory. Personal narratives of 21 diverse Canadians normalize the grieving process, share insights and provide hope.

An overview of the online tools LivingMyCulture.ca and MyGrief.ca will be provided including findings of the knowledge synthesis that informed the tools. Participants will navigate text and multimedia content on the platforms, view videos, learn how to use the tools to start conversations about difficult topics and other strategies for using the tools in practice.

W8

A rating scale for mental health mobile applications for older adults: Item relevance and adequacy

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Purpose and Objectives. There are numerous mental health mobile applications (apps) available

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to the public. People can download these apps from online app markets. Few mental health apps are designed to take into consideration age-related cognitive, perceptual and sensory changes.

Currently, there are no scales to help users rate the quality of mental health apps. In phase 1 of this study we worked with clinicians, caregivers, older adults, and app developers to create a scale that clinicians can use to rate the quality of mental health apps for older adults. In this workshop, we will present the draft version of the developed scale and invite participants to provide feedback on the relevance and adequacy of the scale items. The workshop will contribute to phase 2 of the study, which is still in progress.

Format. Participants will use a sample mental health app that is available on consumer app markets (iTunes or Google Play) and use the developed scale to rate the quality of the app. The trial will be followed by a focus group style discussion on the relevance and adequacy of the scale items. Suggestions from workshop participants will be used to improve the scale.

Implication. The scale can be used for clinical, research and App development purposes. It can help organizations and clinicians to identify appropriate health apps for older adults. Researchers can use the scale to better classify apps in systematic reviews. App developers can use this scale to design health-apps that are useable by older adults.