Our Future is Aging:

Multidisciplinary Research Informing People, Policy & Practice

Program Abstracts

June 3-4, 2025
Mount Saint Vincent University

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Mount Saint Vincent University

Centre on Aging
Nova Scotia

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Tuesday, June 3, 2025

Plenary Session - Keynote: Dr. Anne Martin-Matthews (9:00-10:00am)

Our Future is Aging: Contexts, Challenges and Opportunities Ahead

Anne Martin-Matthews
Professor Emerita of Sociology, University of British Columbia

Over a 45-year career in gerontology, Anne Martin-Matthews has experienced the emergence of new concepts in the field (e.g., caregiving), the pre-dominance of dementia in narratives of later life, and innovative methodological approaches (multi/inter-disciplinary, longitudinal, partnered) to study aging and old age. How have these developments advanced understanding of aging and later life? What more needs to be done? As contexts of population aging change, how might our research approaches and policy and practice initiatives adapt to reflect societal opportunities and challenges, and the needs and imperatives of multiple generations now living decades in later life?

Concurrent Session A - Oral Presentations (10:30-12:00 noon)

A.1 Transformation & Implementation Approaches

#103 - Advancing the Health of Seniors through Collaboration and Health System Transformation in Newfoundland and Labrador

Kelli O'Brien[1], Deena Waddleton[2], Darla King
[1]Newfoundland and Labrador Health Services. [2]Government of Newfoundland and Labrador

The province of Newfoundland and Labrador is currently implementing a 10-year health transformation plan as outlined in the Health Accord NL Report. The plan, created through interdisciplinary collaboration, community engagement, and intensive research, calls for a focus on seniors' health care based in evidence and linked to the broader social determinants of health. To aid this health system transformation, the province integrated four health authorities and the Newfoundland and Labrador Center for Health Information into a single provincial heath authority to advance province-wide planning, research, consistency, and efficiency across the health care system.

Through health transformation changes, the province has created a streamlined governance structure for seniors' health care that holds government departments and agencies, at all levels of senior leadership accountable for improving the health outcomes of seniors. Researchers are embedded to support research needs and ensure latest evidence is used to guide public policy and program decisions. This concise governance structure allows updates given by researchers to be shared seamlessly across the whole health system and impact decisions and policies across the province.

This oral presentation will explore structural changes in Newfoundland and Labrador that fostered greater collaboration with health system partner and researchers, and will highlight programs, policies and frameworks created based on this partnership.

#10 - Transforming Older Adult Care in NL: The Role of Strategic Health Networks in Knowledge Mobilization

Susan Mercer[1], Natalie Reardon[1]
[1]NL Health Services

NL Health Services was established April 1, 2023, bringing together four regional health authorities and NL Centre for Health Information. A key component of this new organizational structure is the introduction of Strategic Health Networks (SHNs) designed to support system-wide transformation by uniting interprofessional teams and external partners to collaboratively address health challenges, identify gaps in care, and implement evidence-based solutions. The Health of Older Adults SHN is leading the transformation of older adult care in NL through innovative knowledge mobilization approaches.

The SHN was selected to participate in Healthcare Excellence Canada's Enabling Aging in Place collaborative and selected Mount Sinai's Acute Care for Elders (ACE) strategy due to its impressive results. Leveraging funding from the collaborative, Dr. Samir Sinha conducted five coaching sessions covering key aspects of ACE strategy including education, clinical tools, nurse-led interventions, allied health and community connections. Each session included a question-and-answer period, allowing the SHN to explore adaptations of Mount Sinai's ACE strategy to the local context.

Working groups were subsequently formed to operationalize the ACE strategies within existing structures. Key milestones include standardized eligibility criteria, ACE Patient Order Sets, an electronic interdisciplinary Comprehensive Geriatric Assessment, and daily rounding tool. On June 2, 2024, the first ACE Unit was opened at Western Memorial Regional Hospital, achieving outcomes comparable to Mount Sinai, with 80.5% of older adult patients returning to community upon discharge.

This presentation focuses on the power of a SHN to accelerate transformation efforts to enhance older adult care in NL.

#84 - A [Fairly] Rapid Province-Wide Implementation of an Evidence-Based Intervention in the Long-Term Care Setting (LTC)

Tannaz Saeidzadeh[1], Yinfei Duan[1], Peter G Norton[2], Carole Estabrooks[1]
[1]Faculty of Nursing, University of Alberta, Edmonton. [2]Cumming School of Medicine, University of Calgary, Calgary

Objectives: Improving Nursing Home Care through Feedback On PerfoRMance Data (INFORM) was a successful pragmatic trial conducted in LTCs in 2016 to support managers to undertake change. In 2020, the Ministry of Health (MoH) in British Columbia (BC) approached us to assist with real-world implementation in 26 LTC homes. We conducted a concurrent process evaluation that showed INFORM was successful. Our objective is to describe the elements contributing to success and the fairly rapid pace of INFORM.
Theoretical framework: We used the FAST framework (Framework to Assess Speed of Translation of Health Innovations to Practice)
Method: INFORM researchers/developers transformed the trial intervention into an

innovation in consultation with the BC by creating an implementation toolkit, and hands-on training for external facilitators hired by the MoH. One Regional Practice Lead (RPL) per region supported the LTC home in conducting their improvement project.
Results: Accelerators for the fairly rapid implementation of INFORM were related to the trial intervention containing elements of Rogers' innovation attributes, e.g., compatibility, observability. Despite barriers (COVID-19 pandemic) the implementation process and success were not unduly affected. This was because: 1) LTC home managers found the innovation useful early on and had opportunity for peer support throughout, 2) RPLs were supportive, and 3) MOH policy context aligned with the need of the sector.
Implications: Incorporating diffusion of innovation characteristics into an intervention, innovation or improvement initiative early in during trial design and later during implementation is key to setting the stage for later implementation success and facilitating its pace.

#66 - Exploring the Purposes of Adult Day Programs from Policy User Perspectives

Deanna Vervaecke[1], Brad A. Meisner[1]
[1]School of Kinesiology and Health Science, York University, Toronto.

Adult Day Programs (ADPs) are community services which provide supervised group programming for adults and support unpaid caregivers. There is growing attention to ADPs from older people, unpaid caregivers, and policymakers for their potential to address the emerging health wants and needs of aging populations. However, previous research suggests there may be an absence of ADP-specific policy in Ontario to guide this interest. This study used a two-phase multi-method design to answer three questions: What are the current policies used to guide and support ADPs in Ontario? What are the purposes of ADPs as presented in these policies? How are anti-oppressive principles considered in these policies and purposes? Phase 1 included semi-structured interviews with 14 policy users from one large health region in Ontario analyzed using qualitative content analysis. Phase 2 included a document analysis of policy sources referenced by Phase 1 participants. Policy users reported there to be no or few outdated ADP-specific policies which results in both challenges and benefits. ADP purposes were rarely described explicitly in these policy documents, but they were present implicitly. In the absence of ADP-specific policies, policy users combined several sources that are limited in their ability to address accessibility, decolonization, diversity, equity, and inclusion in ADP contexts. Findings contribute to the multi-perspective efforts needed to advance evidence-informed and equitable services, and to strengthen the ability of the Ontario healthcare system to support later life experiences.

A.2 Aging in Place-Models, Transition, Access

#16 - Aging in Place with Nursing Home Without Walls: From Pilot Project to Provincial Program

Suzanne Dupuis-Blanchard[1], Allison Haché-Chiasson[1], Danielle Theriault[1]
[1]Universite de Moncton Centre on Aging, Moncton.

The province of New Brunswick was the recipient of federal funding for the Healthy Seniors Pilot Project (2019-2023) initiative which supported innovative pilot projects on healthy aging. One project funded was Nursing Home Without Walls (NHWW). An innovative program where additional resources are provided to LTC facilities to offer support and services to older adults living at home was developed and pilot tested to respond to aging in place. Guided by evidence on aging in place and an asset-based community development approach, the objectives of the NHWW program are 1) to ensure that older adults have access to services and information related to aging in place; 2) provide social health initiatives to counter social isolation and loneliness; 3) increase knowledge on health-related issues important to aging in place; and, 4) empower local communities to respond to the needs of an aging population. This presentation will focus on the final evaluation results and impact of the pilot project. Using a mixed-methods approach, data was collected using surveys with 397 older adults who completed the evaluation components of the program along with 18 semi-structured individual interviews with program participants. Results from data analysis confirmed the positive impact of the project on the desired outcomes. Community based LTC initiatives for aging in place should be prioritized so that older adults and their caregivers are supported to access services and navigate the health care system while preventing or delaying admission to LTC facilities. This pilot project is now a provincial program in New Brunswick.

#96 - Assessing Community Paramedicine in The Treatment of Patients Suffering from Chronic Life-Limiting Illnesses

Mark Couves[1]
[1]Memorial University of Newfoundland, St. John's.

Introduction: Community palliative care is a priority in many Canadian jurisdictions but, the ability for patients to receive in-home community palliative aligns differently from Canadian survey responses of the increasing number of patients wishing to remain in their homes during a time of chronic life-limiting illness. Community paramedicine allows healthcare professionals to provide care to patients 24 hours a day, 365 days a year in-home.

Methods: My research was based on assessing community paramedics in the delivery of palliative care treatment in-home. Data obtained from a rural pilot project following 126 patients was utilized to evaluate community paramedics providing community palliative care based on, (1) the number of transports, (2) symptom management, (3) patient satisfaction, (4) patient transport disposition, and (4) costs associated with treating patients in-home. My research aimed to look at alternative treatment pathways versus standard EMS transport to assess the provided data metrics. A literature review examined the existing research including (1) emergency department strain, (2) primary care strain, (3) alternative treatment pathways, (4) scope expansion of health care providers, and (5) integration of paramedicine into primary care.

Results: The research for this study analyzed the data metrics for 126 participants enrolled in a rural community palliative care program and all associated calls to EMS. The data was collected between May 2021 and January 2022.

Conclusion: This research will help expand the body of knowledge for palliative patients and the benefit of having the ability to receive care through alternative streams outside of primary care and EDs.

#98 - Care Transitions of Older Persons from Federal Corrections Institutions to the Community

Marilyn Macdonald[1], Andrea Tricco[2], Erin Langman[3]
[1]School of Nursing, Dalhousie University, Halifax. [2]Unity Health Toronto, Toronto. [3]University of Saskatchewan, Saskatoon.

Caring for an ageing population presents varying challenges. One population rarely mentioned is that of the incarcerated older person upon release. Currently, this population represents 25% of incarcerated persons. Canadian Correctional institutions, and communities are not prepared to meet their home care needs, and their reintegration to the community on release.

This presentation is part of a rapid review/scan to identify reviews of health services in Canadian federal correctional institutions, and to extract health services related recommendations as well as identify models of healthcare in correctional institutions in several countries.

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

Findings/Results: Twenty (20) documents were retained for review and extraction of healthcare related recommendations. Models of healthcare were extracted from five documents emanating from five countries. The recommendations extracted in relation to this presentation focus on transitioning from a correctional facility to the home and community setting.

Conclusion: Integration of incarcerated persons to home and community happens at the margins and needs to move from margin to centre with the general population.

#91 - Information access and management to support community-dwelling older people with complex needs: A modified Delphi Study

Elaine Moody[1], Heather McDougall[1], Lizbeth Escobedo[2], Amy Grant[3], Elizabeth Lappin[3], Emily Rutledge[4], Grace Warner[5]
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With the increasing number of older people in the Maritime region, there is a need to better support older people to live in the community as they age. A range of community supports and services exist through publicly funded programs, community organizations and the private sector; however, they are not always integrated well to support the people who use them. To support the ongoing research in this region related to supporting older people living in the community, there is a need to better understand how information about services and supports is managed and accessed. Our aim was to complete a Delphi process to identify research priorities to inform future practice and planning.

Methods: Questions related to information access and management were identified through group discussions at a stakeholder engagement event held by the Maritime SPOR Support Unit (MSSU) in June 2024. Questions were prioritized through a two-round modified Delphi process. Stakeholders were recruited from MSSU event and professional contacts.

Findings: The process produced ten research priorities that are specific to the Maritimes. These findings will inform future research activity through interprovincial and interdisciplinary research collaboration.

Conclusion: Gathering the input of diverse stakeholders related to research priorities for community dwelling older people living in the Maritimes has informed a research agenda that can better enable the sharing and access to information to support aging well in the community.

A.3 Factors Contributing to Later Life Health

#31 - An investigation of trends and factors in antipsychotic dispensing to Nova Scotia Seniors' Pharmacare Program beneficiaries

Alexandra M. Yip[1], Shanna Trenaman[1], Samuel Stewart[2], Ingrid Sketris[1], Hala Tamim[3], Maia von Maltzahn[4]
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Objectives: Potentially inappropriate antipsychotic prescribing continues despite known risks and supports for deprescribing. The specific populations most affected by inappropriate antipsychotic use are not known, limiting development of targeted strategies for improvement. This study aimed to elucidate the trends and factors associated with antipsychotic dispensation in Nova Scotia (NS).

Methods: The study population included beneficiaries of the NS Seniors' Pharmacare Program (NSSPP) dispensed an antipsychotic from January 2009 through December 2022, with no antipsychotic dispensations in the previous year. Individual-level data were extracted from five administrative health databases to describe antipsychotic dispensations, beneficiary characteristics, and health region. Factors potentially contributing to antipsychotic use and its duration were compared between community dwellers and long-term care (LTC) residents. Unadjusted comparisons employed chi-squared and Kruskal-Wallis tests, while adjusted comparisons employed multivariable regression.
Results: Among 26,099 NSSPP beneficiaries newly dispensed antipsychotics, 28.6% were residents of LTC. In the unadjusted analysis, LTC residents dispensed antipsychotics were significantly ($p<0.01$) more likely to be women, older, urban-dwelling, living with dementia or Parkinson's Disease, and supplied a longer duration of antipsychotics (median 262 vs. 86 days), compared to community dwellers. After adjusting for these baseline characteristics, Northern and Eastern region residents were dispensed significantly shorter durations of antipsychotics compared to Central region residents.
Conclusions: Findings suggest that among older adults dispensed antipsychotics, community dwellers and LTC residents represent different populations. Initiation and duration of antipsychotic dispensation are important considerations for LTC populations. Approaches to improve appropriateness of antipsychotic prescribing will need to be tailored to location of residence.

#70 - Gender Differences in Successful Aging Among Adults in Canada: Findings from the Canadian Longitudinal Study on Aging

Merita Limani[1], Anna Zajacova[1]
[1]Department of Sociology, Western University, London.

Successful aging (SA) is a multidimensional concept encompassing physical and psychological health, social connectedness, and functional independence as individuals grow older. Research on gender differences in aging often reveals a gender paradox: although women generally outlive men, they experience higher rates of chronic illness, potentially impacting their ability to age successfully. This study aims to clarify SA outcomes for men and women and identify factors that may explain the observed differences. Using data from the Canadian Longitudinal Study on Aging ($n = 30,097$) of Canadian adults aged 45 and older, we examined SA through a composite measure validated by Cronbach's alpha and applied logistic regression models to estimate associations between SA, gender, and key sociodemographic predictors, including age, marital status, immigrant status, race/ethnicity, education, and income. Results revealed that gender differences were not significant in the age adjusted model ($OR = 1.06$, $p = 0.245$). However, after adjusting for sociodemographic factors, women exhibited a 15% higher likelihood of achieving SA than men in the final model ($OR = 1.15$, $p < 0.05$). This increased likelihood for women is largely explained by education, income, and marital status. The findings suggest that, despite facing higher rates of chronic illness, women are just as likely as men to achieve successful aging. This outcome underscores the strength of the SA measure, which broadens the concept of aging beyond health-related limitations to include social and economic factors that enhance resilience, highlighting the need for policies that support equitable access to these resources.

#87 - Use of Oral Fluoroquinolones in Nova Scotia: A Drug Utilization Study

Devin Manning[1], Dutton Daniel[1]
[1]Department of Community Health and Epidemiology, Dalhousie University, Halifax.

Background: In January 2017, Health Canada issued a risk communication to restrict the use of fluoroquinolone antibiotics due to their potentially persistent and disabling side effects. There is a need to determine if fluoroquinolone utilization patterns have changed since these regulatory actions were implemented.
Objectives: The objectives were to describe the trends in fluoroquinolone usage from 2008 to 2022 and to evaluate the impact of the risk minimization measures.
Methods: We conducted a retrospective cohort study to describe the utilization trends of 4 oral fluoroquinolones (ciprofloxacin, levofloxacin, moxifloxacin, and norfloxacin) in the outpatient setting from 2008 to 2022 in Nova Scotia among individuals aged 66 or older. We used interrupted time-series analyses to assess the impact of the regulatory actions by estimating the change in the rate of fluoroquinolone dispensations and the percentage of antibiotic dispensations that are fluoroquinolones for urinary tract infections (UTIs) (females), acute exacerbations of chronic obstructive pulmonary disease (COPD), and acute bacterial sinusitis (ABS).
Results: Overall dispensation rates of the 4 oral fluoroquinolones decreased by approximately 78% between 2008 and 2022 (from 186 to 40 dispensations per 1,000 population). The regulatory actions were followed by reductions in fluoroquinolone dispensation rates, and percentages of antibiotic dispensations that are fluoroquinolones, for UTI, COPD, and ABS, although a decreasing trend was observed prior.
Discussion: These findings could suggest that Health Canada regulatory actions were followed by reductions in the prescribing of oral fluoroquinolones. However, unmeasured factors, including health care system and patient characteristics may also affect the study findings.

#27 - Plogging in later life: Intergenerational and planetary futures

Kelsey Harvey[1], Madison Bird[2], Kaneera Uthayakumaran[3], Kristin Allain[2], Meridith Griffin[3], Allison Jeffrey[1]
[1]Cape Breton University, Sydney. [2]St. Thomas University, Fredericton. [3]McMaster University, Hamilton.

Younger people are commonly represented in the media as the future generations inheriting the earth, and thus more caring about environmental issues than older people. Such representations pit young against old in an intergenerational conflict wherein older people have no stake in their own futures. Given the pressing need for collective social action to combat climate change, it is important that we better understand intergenerational conflicts and futures in eco-activism. This study focuses on plogging (i.e., picking up litter and jogging or walking) with the aim of increasing our understanding of intergenerational relationships in physical culture eco-activism. For this ethnographic study, we are using go-along interviews to concurrently interview people while we observe their plogging activities. To date, we will present a case study of four older ploggers ranging in age from 64 to 78 years. Their engagement in plogging ranged from routine, casual, and habitual, to intentional and serious. These participants shared that plogging helped them adapt to bodily changes as

they aged. Due to the weight of the litter, the use of grabbers and need to bend to pick up litter, and the sensory skills developed to scan their environment for litter, participants extolled the benefits to their physical health in ways beyond walking/running. While participants also frame plogging as a generative activity, giving back to younger generations, they also shared a profound sense of civic and environmental responsibility, born out of guilt, for ensuring cleaner and healthier futures. We conclude with recommendations for promoting intergenerational plogging activities.

A.4 Retirement & Leisure

#15 - Not Just One Long Vacation? Lifestyle Planning for the Retirement Transition

Susan Hutchinson[1]
[1]School of Health and Human Performance, Dalhousie University, Halifax.

Currently, much of the support for retirement planning focuses on financial planning, with very limited support for planning for one's lifestyle in retirement. Yet some people - especially those who have been deeply attached to their work or professional role - struggle to find meaning and purpose in life, post-retirement. This can often lead to depression or other negative health outcomes. As a result, there is a need to further understand the nature and role of planning for one's lifestyle in retirement.
Methods: Canadians (n = 748) fully or partly retired participated in an online survey that included quantitative questions about perceived retirement preparedness and satisfaction and open-ended questions about retirement goals, fears, challenges, and advice.
Results: Results determined that while both financial and lifestyle planning were significant predictors of higher perceived preparedness, only lifestyle planning was a significant predictor for satisfaction. Overall, no gender differences were detected. Open-ended comments highlighted the importance of planning for one's lifestyle in retirement, including meaningful activities and social connections, as well as the importance of developing a repertoire of strategies to address real and perceived challenges (e.g., health limitations, retiring alone) to thriving in the transition to retirement.
Discussion and Implications: A "resource" perspective informed analysis of the results. Individualized "coaching" as well as group-based educational programs or peer-assisted learning initiatives appear warranted to support people in planning for their lifestyle in retirement. Examples of retirement workshops that have been developed from this research will be shared.

#49 - The Importance of Health and Fitness for Baby Boomer Women Following Retirement

Amanda Benjamin[1], Linda Caissie[2], Deborah Kestin van den Hoonaard[2]
[1]Faculty of Education, University of New Brunswick, Fredericton. [2]Gerontology Department, St. Thomas University, Fredericton.

This research used in-depth interviews to explore what retirement means to Baby Boomer women, specifically interviewing retired women in New Brunswick. Participants were asked to share their personal views on retirement, the factors influencing their decision to retire, and their experiences, including the most rewarding and challenging aspects, how retirement has impacted their identity, and whether they have engaged in purposeful learning activities. A thematic analysis of 22 interviews forms the foundation of this paper, which centers on how participants discussed health and fitness. While no specific questions about these topics were posed, health and fitness emerged as themes in response to broader questions like 'How did you decide to retire?' 'What advice would you give to someone considering retirement?' and 'How has your life changed since you retired?' The findings reveal that participants place significant emphasis on maintaining and enhancing their health, viewing it as both a personal responsibility and largely within their control - akin to the 'work' of retirement. This study provides a greater understanding of the social meaning and concerns of retirement for women and fills a gap in the retirement literature that has mainly focuses on men or urban professional women.

#77 - Moments of Pleasure in the Lives of Older Adults: Why Do They Matter?

Susan Hutchinson[1], Karen Gallant[1], Ashlyn Stevens[1], Emma Mader[1], Jacqueline Wojciechowski[1]
[1]School of Health and Human Performance, Dalhousie University, Halifax.

Introduction: Research has recently focused on pleasure in the context of deeply engaging pursuits such as hockey or dance in the lives of older adults (e.g., Allain, 2020; Krekula, 2022). Limited attention has been given to pleasurable *momentary* experiences in the lives of older adults. Examined through the lens of pleasure, the purpose of this secondary analysis was to explore the role of everyday moments of leisure in the lives of older adults. Methods: A phenomenological study involving in-person and virtual interviews with 20 people (aged 20-84) was originally conducted. A secondary analysis of data from participants who identified as retired (n = 4; aged 59-84) was subsequently completed. Results: Everyday moments of leisure (EML) were immensely pleasurable and meaningful to these retired older adults. Pleasure was imbued in experiences that were primarily sensory in nature (invoking smells, touch). Pleasurable moments were anticipated (e.g., the pleasure of habitual action), noticed, and provided deep meanings to participants' lives. Beyond merely serving as a break from life stressors (pleasure of immersion), EML provided opportunities for connecting to others, nature or the broader world, as well as providing a way to resist aging stereotypes. Conclusion: Results are considered in relation to current research and conceptualizations of pleasure in the lives of older adults (e.g., Chipperfield & Bissell, 2023; Pheonix & Orr, 2014). This study highlights the role pleasure can play in motivating engagement and deriving meaning from momentary breaks juxtaposed against everyday life challenges and obligations experienced by older adults.

#88 - Social and Health Benefits of Pickleball Among Older Adults in the Annapolis Valley

Rebecca Casey[1], Alexandria Delaney[2], Kyle Chappus[1], Karleigh Huskins, Haley McDonald, Felicia Tembo[1]
[1]Acadia University, Wolfville. [2]University of Manitoba, Winnipeg.

Pickleball has become a popular sport across all age groups, but especially for older adults. The health and social benefits of the sport are studied by scholars across various disciplines. We contribute to this literature by discussing the health and social benefits of pickleball among older adults who live in the Annapolis Valley, Nova Scotia. We interviewed 10 older pickleball players while they played pickleball at a local community centre. These players spoke about the benefits of pickleball, especially as they get older and during the COVID-19 pandemic. Most participants were already active but have turned to pickleball as a low-impact alternative compared to more strenuous sports like soccer, basketball, hockey, and tennis. They appreciate the opportunity to get out of their house, engage with others, and do a physical activity. Pickleball offers an accessible and inclusive form of exercise. This sport is particularly desirable for older adults since most people can participate even if they have mobility limitations. However, they did discuss some of the barriers to participation including certain types of physical limitations and the lack of available gym time. Despite these challenges, some players emphasize the importance of social integration of older adults and how pickleball is one opportunity for older adults in a rural area to be socially engaged while remaining physically active. Pickleball is popular among older adults as it keeps them active, gets them out of the house, and can be played anymore – including when they are snowbirds in warmer climates!

A.5 Workshop: From Data Collection to Dissemination

#78 - From Data Collection to Dissemination: Empowering Older Adults in Qualitative Research using Arts-based Methods

Jill Hoselton[1], Christine Walsh[1], Alison Grittner[2]
[1]University of Calgary, Calgary. [2]Cape Breton University, Sydney

This workshop will explore how arts-based research methods can be used alongside marginalized older adults to elicit their unique experiences and perspectives to inform program development and policymaking. Arts-based methods are one means of understanding abstract dimensions of human experience including emotions, memories, and senses. Drawing on the arts-based research conducted as part of the Aging in the Right Place Partnership, a cross-Canada interdisciplinary inquiry investigating the perspectives of older adult who have experienced homelessness, we will share strategies for conducting photovoice and arts-based elicitation interviews, disseminating arts-based knowledge, and translating these forms of research to inform future policy and practice. Attendees will participate in arts-based methods and generate possibilities for utilizing artful approaches in their own areas of research with older adults. Desired learning outcomes of this workshop are (1) to understand the purpose and utility of arts-based methods with marginalized groups (2) gain skills in photovoice and arts-based elicitation through applied practice, and (3) develop strategies for using arts-based methods in knowledge mobilization to empower co-researchers and influence future policy and practice.

Concurrent Session B – Poster Presentations (1:15-2:30 pm)

*Posters organized by board location

B.1

#73 B1.1 Virtual Reality for Active Aging: First-Time Experiences of Older Adults with 'First Steps'

Rowland Goddy-Worlu[1], Nirmal Adhikari[1], Derek Reilly[1]
[1]Faculty of Computer Science, Dalhousie University, Halifax.

Virtual Reality (VR) is increasingly recognized in gerontology as a tool for promoting physical activities, enhancing cognitive engagement, reducing isolation, and fostering interactive experiences among older adults. However, seniors often face challenges when learning VR, including physical limitations. Patterning with a local active aging community, we explore First Steps - a beginner-friendly VR application for Meta Quest, across two monthly sessions involving five community members to identify the challenges in using VR and applications of interest. Each session begins with a brief VR exposure, followed by initial impressions, extended VR engagement, and a focus group discussion. Our thematic analysis of the focus group and facilitator debrief sessions revealed key themes that provide insights into the group's various challenges, perceptions and interests. Our findings highlight both challenges - device discomfort, controller interaction difficulties, accessibility, and safety concerns - and opportunities, including enhanced social engagement, facilitator support, immersive enjoyment and potential for unlocking unlived adventures. These insights underscore VR's potential to enrich the lives of older adults when thoughtfully adapted to an active aging community's unique needs and interests for their members.

#46 B1.2 When We Were Kids: Stories of Hardiness from Newfoundland Seniors

Bethany Watts[1], Linda O'Neil[1]
[1]University of Northern British Columbia, Prince George.

While research continues to grow around healthy aging in seniors from different communities, there is a lack of qualitative research on the lived experiences of seniors. Furthermore, there has been a lack of research around this topic in Newfoundland and Labrador. My research explored the lived experiences of six seniors that grew up in communities across Newfoundland by interpreting their stories of aging and meaningful aspects of their lives. Using exploratory research methodology and reflexive thematic analysis, four themes were generated, each containing three subthemes. The four themes included: Hardiness, Physical and Emotional Well-Being, Connection, and Core Values and Belief Systems. The results of this study contribute valuable findings that increase knowledge and understanding of how to address the complexities of aging. This sharing of seniors' stories and experiences illustrates the importance of including lived experiences in health care and understanding.

#47 B1.3 Aging and Mobility Challenges in a in a Car-Centric Community

Rebecca Casey[1], Alexandria Delaney[2]
[1]Acadia University, Wolfville. [2]University of Manitoba, Winnipeg.

The Village of New Minas, a community in Nova Scotia, is a motor centric community which is often affectionately referred to as the "Shopping Centre of the Valley". The main corridor that runs through New Minas is home to mainly fast-food restaurants, small shops, and big box stores. It is clear from the design of the main corridor that a personal vehicle is the best way to access these stores and restaurants. However, there is a lack of attention on how alternative transit can be used to move around New Minas. We spoke with 20 older adults in one-on-one semi-structured interviews and focus groups to learn about their thoughts and experiences about moving around New Minas. Although there is a public bus, most people do not use this service. They reported not knowing enough about using the bus, were nervous to use the bus or believed that the bus would not be accessible. Participants discussed the lack of crosswalks, busy intersections and crossing parking lot entrances, quality of the sidewalk and curb cutouts, difficulty using mobility devices and assisted devices, and inaccessible bus stops. This presentation will discuss how participants currently move around New Minas and their concerns about moving around New Minas if they are no longer able to drive. The presentation will conclude with recommendations for improving accessibility in New Minas.

#53 B1.4 What is the health status of older immigrants compared to Canadian born adults? Evidence from the Canadian Longitudinal Study

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As Canada’s older population becomes more culturally and linguistically diverse, there is an urgent need to understand how immigration status influences health in later life. Although previous studies have explored aspects of aging and immigrant health, no study offered a comprehensive comparison across multiple dimensions between these groups. This study aims to examine disparities in physical health and mental health, and social well-being between older immigrants and Canadian-born adults and identify the role of immigration status and sociodemographic factors in contributing to or mediating these differences. This cross-sectional study will analyze data from the Canadian Longitudinal Study on Aging (CLSA), focusing on participants aged 65 and older. Participants will be categorized as Canadian-born or immigrant based on country of birth. Health status will be assessed using physical, mental, and social well-being variables. Planned analyses include descriptive statistics, bivariate comparisons, and multivariable regression. Based on previous findings, I expect to identify disparities across all dimensions of health, with older immigrants experiencing greater challenges. Sociodemographic factors such as income, education, and length of residency are expected to mediate these outcomes. This proposed study is expected to generate important insights into aging and health equity. The findings are intended to inform more inclusive health policies and culturally responsive care for Canada’s diverse aging population.

B.2

#108 B2.1 Retirement in Nova Scotia: Dream or Reality? A Qualitative Review of the Retirement Preparedness of Generation X

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In recent years, financial institutions, investment firms, and media outlets have highlighted significant financial challenges that could jeopardize Generation X's (born 1965–1980) ability to adequately prepare for retirement. Despite this growing concern, academic research on the retirement preparedness of Generation X remains limited. This study explores the financial knowledge and retirement goals of 14 Canadian men and women born between 1967 and 1980, using a qualitative approach. Through semi-structured interviews and a life course perspective, the data provides a detailed overview of participants' life transitions and trajectories, including their education, employment history, financial responsibilities, retirement goals, and planning strategies. The analysis revealed five key themes: 1) financial and debt management, 2) health and well-being, 3) retirement aspirations, 4) retirement education, and 5) retirement preparation. The current economic conditions in Canada, which include higher costs of living, the decline of employer pension plans, the rising cost of education, and an increase in debt load, present unique challenges for Generation X as they approach retirement. These conditions have been further challenged by the COVID-19 pandemic. Notably, the traditional ideal of fully exiting the workforce is shifting. Whether by choice or by necessity, eight of the 14 participants plan to continue to work during their retirement years, reflecting a change in previous retirement expectations. This presentation will highlight how participants learn and prepare for retirement, as well as explore their future employment and retirement plans as they age.

#86 B2.2 Aging in Urban and Rural New Brunswick: Understanding Lived Experiences Using Participatory Action Research

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This research project investigates disparities in access to resources and services such as transportation, grocery stores, and health and social services for aging populations living in Greater Saint John's urban and rural areas. This presentation describes an ongoing doctoral research project that utilizes action research as a methodological framework for working with older adults. Action research values community collaboration to mobilize local knowledge and ensure lived realities inform the research process. This process seeks to empower communities to advocate for meaningful change. The methodological process is discussed by describing the initial phase of developing research questions through previous work, engagement with local communities and non-government organizations (NGOs), and a literature review of current research on service access for aging populations in Atlantic Canada. The second phase, data collection, used semi-structured interviews to conduct in-depth interviews with older adults and local NGOs working with aging populations. Semi-structured interviews allow the researcher to thoroughly explore key issues and challenges identified by the participants. This presentation highlights the preliminary findings of these

interviews. Subsequently, the next steps of the research process are discussed. The following steps include conducting an art workshop as a focus group to facilitate discussions around the findings and interpretation of the interview data and developing a strategy for action. Finally, the critical reflexive process to question the researcher's positionality, privilege, biases, and power imbalances in the methodological process is acknowledged.

#12 B2.3 Seniors Aging Well in Community: Throughout our lifespan, it still takes a village

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The understanding that it takes a supportive, responsive community to shore up the resources of individuals and individual family units in raising a child is not new. Regardless, recent media accounts have highlighted the present-day reality of many families, increasingly feeling the effects off financial and emotional pressures, of compounding stresses, now asking the question.. “where is my village?”

In our work, as a provincial organization fostering collaboration within the community-based senior serving sector (CBSS), that enhances their ability to serve seniors, we see the similar need for a village of support. A province of seniors, aging well in their chosen communities, living lives of meaning to them and of connection, does not happen in absence of that village.

More than 1200 senior serving organizations were contacted for input as part of our Community Connections Research Project (2023), done in partnership with Impact Organizations of Nova Scotia. Through a survey and community meetings (in person and online), learnings about their assets, needs and opportunities were obtained. These learnings, together with insights obtained from the National CBSS Sector Summit (2024), have informed our organization’s road map to build the community that is required to support this essential sector in Nova Scotia. Amongst many considerations, our volunteer-led organization which is made of older adults, has identified the importance of clarity of communication, and investing in trust-based partnerships. This presentation will share our learnings and the road map guiding our organization to address the needs of NS’s senior-serving sector to make Aging Well in Nova Scotia a reality.

#40 B2.4 The impact of retirement income supports on the wellbeing of low-income seniors: A scoping review

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Introduction: The global increase in aging populations poses challenges for seniors, particularly those with lower income. Some countries provide financial assistance to support this group. This review examines the impact of these income support programs on the well-being of seniors.
Methods: A systematic search was conducted across five databases - PubMed, Scopus, Embase, PsycINFO, and CINAHL - covering studies published up to September 10, 2024. Following Arksey and O'Malley's (2005) scoping review framework, we included all original

studies examining the impact of income support on the well-being of low-income seniors, excluding review articles. Of the 12,504 articles screened by title and abstract, 26 studies met the eligibility criteria for inclusion.

Results: Findings indicate that income supplementation for low-income seniors improves health markers, including memory, lung function, and frailty, by enhancing access to essential healthcare services, nutritious food, and mental health support. By reducing financial hardship, these programs enable seniors to prioritize basic health needs, which may also reduce chronic stress and its negative effects on physical health. Programs that provide frequent (monthly) payments were particularly effective, as they foster consistent consumption patterns and enable seniors to seek timely medical care without financial hesitation.

Conclusion: This review highlights the significant potential of income support programs to enhance health outcomes and quality of life among low-income seniors. By ensuring regular access to essentials, financial support plans improve the physical and mental wellbeing of socioeconomically disadvantaged seniors. Structured financial support with regular payments and tailored resources could promote healthier aging.

B.3

#57 B3.1 Barriers and Facilitators of Accessing Day Programs for Culturally Diverse Older Adults with Dementia: A Scoping Review

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Given the aging population and increasing prevalence of dementia, a key challenge for healthcare systems is effectively supporting individuals living with dementia and their family caregivers to age in place safely and well. This is particularly relevant for culturally diverse populations. As caring for individuals with dementia is challenging for caregivers and imposes significant costs on the healthcare system, day programs have recently gained attention as a promising approach aligned with aging-in-place policies. However, we lack insights into the number, nature, and findings of studies on the experiences of older adults in day programs, particularly among culturally diverse populations, and the access barriers and facilitators they face. Therefore, we conducted a scoping review to synthesize the relevant literature guided by Arksey and O'Malley's framework.

We searched PubMed and Scopus, combining various search terms related to the setting (adult day program) and populations of interest (culturally diverse older adults with dementia and their caregivers). Of 579 references, 75 were included in the full-text screening, and 15 met our inclusion criteria. Key access barriers included the lack of culturally tailored programs, financial constraints, transportation issues, and language barriers. Caregivers face challenges from stigma, guilt, and cultural norms. Facilitators included supportive networks, tailored programs, transport services, and trained bilingual staff.

While many studies have explored the day programs' impacts, this review emphasizes the need for more research into access factors for culturally diverse older adults. Findings underscore the importance of developing inclusive, culturally-safe programs that address diverse needs of older adults with dementia.

#55 B3.2 Articulating Complexity: Enhancing Case Management Services for Older Adults within a Continuing Care Program

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Within an aging population, understanding the health and social needs of older adults is critical to achieving the quadruple aims of better health outcomes, lower cost, improved provider satisfaction, and improved patient care. Research indicates that the well-being of older adults encompasses a complex interplay of factors ranging from physical, mental, and cognitive health to socioeconomic circumstances, personal and cultural identities. However, the understanding of complexity within health service provision remains entrenched in a medical model focused on physical health issues. Studies have shown the value of holistic approaches to older adults' health and social care, notably through use of a social determinants of health lens which considers the full complexity of an individual's experiences of health and wellbeing within larger social, cultural, and political contexts. Understanding complexity necessitates consideration of equitable access to supports and services and the barriers that older adults may encounter. We present early findings from an embedded research project within a provincial health system continuing care program. Our research explores the circumstances of older clients with complex health and social needs who are accessing continuing care case management services. Following ethics approval in the winter of 2025, we will engage the insights of older continuing care clients, staff, and subject matter experts through in-depth interviews to generate new knowledge about older adults with complex care needs. A better understanding of older people with complex circumstances and the implications of equity-informed practice will be translated to enhance staff competencies in supporting client outcomes.

#72 B3.3 Dying at Home in Rural Nova Scotia: Educational Pathways for End-of-Life Care

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While palliative care is well researched, limited attention has been given to enabling "dying in place" and caregiver support in a rural setting through an educational lens. Many individuals at end-of-life prefer to die at home yet face barriers due to systemic inequities and lack of support.

Grounded in feminist theory and a critique of neoliberal impacts on healthcare, this presentation will share initial research on a proposed study of rural palliative home care, examining how individuals at end-of-life and their caregivers learn with a home care team to enable dying in place. Key research questions include: How are individuals at end-of-life and their caregivers supported by educational interventions from an interprofessional home care team? What educational interventions by rural home care teams can enable dying in place? What can a home care team learn from individuals at end-of-life and their caregivers?

Employing an exploratory mixed-methods approach, this pre-proposal stage study proposes to include approximately 15 caregiver interviews, 20 home care team interviews, participant observation, and caregiver surveys in Northeastern Nova Scotia. These methods aim to identify how educational practices are delivered, their successes, and the challenges faced by rural care teams and caregivers.
By focusing on the educational components of home care, this research aims to provide evidence-based recommendations for practice and policy development. Findings are expected to advocate for upstream solutions that enhance caregiver resources, support individuals to remain at home during their final days, and contribute to compassionate, equitable end-of-life care in rural communities.

#34 B3.4 Meeting the Care Needs of Older Adults in Alternate Level of Care (ALC)

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Alternate Level of Care (ALC) is provided to hospital patients whose acute care treatments have been completed but have ongoing care needs that cannot be met in their home and must remain in acute care while waiting for admission to Long Term Care (LTC) homes, assisted living, complex continuing care, rehabilitation or home care. ALC is often the only place of care for these persons until their admission to their target setting but hospitals fail to meet many of their care needs. This critical analysis (narrative literature review) of relevant theories and frameworks aims to understand why ALC exists, how to improve care for older adults in ALC and how we might create alternatives to ALC to best meet the needs of older adults waiting for LTC placement. We identified articles (2014-2024) from 'Pubmed' and 'Medline', using keywords such as: 'organizational behaviour theory', 'healthy system integration framework', 'ageism', 'age friendly care', 'critical gerontology theory' and feminist political economy theory.' While the review is not yet completed, it is far advanced. Results to date include severe fragmentations in care between care settings and professions, lack of resources, and communication barriers leading to severe consequences for older adults (e.g. falls and poor quality of life). This analysis is the first step towards understanding the dilemma of older adults and ALC. Next steps include: using findings to inform statistical regression analyses of administrative data and qualitative interviews and exploring alternative models of care for older adults in Asia and Nordic countries.

B.4

#9 B4.1 Cognitive Stimulation Therapy (CST) in an inpatient geriatric psychiatry unit: A program evaluation

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Cognitive Stimulation Therapy (CST) is one of few evidence-based, nonpharmacological treatments for people with mild-to-moderate dementia. While several RCTs have supported CST treatment among community samples, little is known about its efficacy in inpatient settings, or among individuals with comorbid mental health diagnoses. The proposed study will evaluate the efficacy, feasibility and scalability of a 7-week CST program in the Acute Geriatric Psychiatry Unit (AGPU) at Hillsborough Hospital. The study will follow a longitudinal, mixed methods design to evaluate the impact of the program on patient cognition, communication, neuropsychiatric symptoms, and quality of life using data gathered from participant surveys before and after each session, as well as through semi-structured interviews with patients, their families, and unit staff. Project findings and perspectives will contribute to the ongoing development and maintenance of appropriate, effective, and patient-centered mental health programming for older adults in PEI.

#11 B4.2 The association between communication impairment and receipt of rehabilitation for long-term care residents with dementia

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Objective: To examine the association between communication impairments and interventions with the receipt of physiotherapy (PT) and occupational therapy (OT) in long-term care (LTC) residents with dementia.
Background: Most LTC residents live with dementia. Reduced physical function and impaired communication is prevalent in residents with dementia. They often receive limited amounts of PT or OT, which could be related to impaired communication.
Method: LTC residents with dementia from Ontario, Canada that were assessed by the Resident Assessment Instrument 2.0 between 2015 and 2019 were included in a cross-sectional analysis of secondary data. Adjusted odds ratios and 95% confidence intervals were obtained from a series of multivariable logistic regressions for each individual communication variable with the PT and OT variables.
Results: We included 79,769 Ontario LTC residents with dementia. Residents with dementia were less likely to receive PT if they had impaired expressive and receptive communication. In contrast, residents with dementia and impaired expressive and receptive communication were more likely to receive OT. Residents with dementia who used intervention techniques (e.g., hearing aids, lip reading, or flash cards) were more likely to receive PT.
Conclusion: Residents with dementia and communication impairments were less likely to receive PT but were more likely receive OT. Residents with dementia who used communication interventions were more likely to receive PT. Our work highlights important communication barriers and potential facilitators. LTC homes should involve speech-language pathologists to work with residents to improve their communication and educate staff.

#17 B4.3 Medical Exercise Programs for Older People: A Scoping Review

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In recent years there has been a recent rise of physical condition-informed fitness classes, which are also known as medical exercise programs. Examples include group exercise programs for older people living with respiratory (e.g., CoPD), cardiovascular (e.g., cardiac rehab), neurological (e.g., stroke, ataxia, Parkinson disease), and musculoskeletal (e.g., arthritis, osteoporosis), diseases, as well as normal aging processes (e.g., menopause). Through a critical disability lens, this research sough to determine the breadth and depth of published academic literature on medical exercise programs. A scoping review of the literature revealed the importance of exercising in promoting health and quality of life for older people living with disabilities. People participating medical exercise programs foster a sense of community around a particular disease that may not be available in exercise programs available to the public or older adults more generally. Instructors of medical exercise programs also require expertise through additional training to better understand the symptoms and limitations of the condition in which they are specializing. Expertise is not generalizable to other types of medical exercise programs, yet people attending such programs might be living with more than one condition or disability. Therefore, while medical exercise programs might meet the individualized needs for one disability, individuals may struggle when recommendations for one condition conflict with other aspects of their disability identities. We conclude by arguing that the medicalization of exercise programs should not overlook the important social functions of exercise, which are vital to fostering social cohesion and belonging among participants.

#39 B4.4 Physical activity-based interventions in the management of dementia in Africa: A scoping review protocol

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Objective: This scoping review aims to map the existing literature on physical activity-based interventions for the management of dementia and cognitive impairment in sub-Saharan Africa

Introduction: Dementia is a growing public health concern in sub-Saharan Africa, where the number of people affected is expected to rise significantly. Physical activity-based interventions have been shown to improve cognitive function and quality of life in individuals with dementia. However, most research in this area has been conducted in high-income countries, with limited studies focusing on the African context.

Inclusion criteria: The review will include studies focusing on individuals with dementia or cognitive impairment, where physical activity-based interventions are implemented. The setting will be sub-Saharan African countries, and eligible studies will have been published in English or French with no restriction to date of publication.

Methods: The review will follow the JBI methodology for scoping reviews and adhere to the Preferred Reporting Items for Systematic reviews and Meta-Analyses extension for Scoping Reviews (PRISMA-ScR) guidelines. A comprehensive search will be conducted in PubMed, CINAHL, PsycINFO, SPORTDiscus, Scopus, Embase, and African Journals Online databases. Grey literature sources, including Google Scholar and the WHO database, will also be explored. Data will be charted and summarized descriptively, with the results presented in narrative and visual forms.

B.5

#50 B5.1 Adapting Current Fracture Prevention Guidelines to Home Care Settings in Canada

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Many older adults in Canada prefer to receive care at home rather than in long-term care homes; however, they face increased risks of falls and fractures, which can have serious consequences for their health and well-being. Existing guidelines for preventing fractures, which were designed for older adults living in long-term care homes or in the community, were not specifically created for individuals receiving home care. To address this gap, our project aims to adapt existing fracture prevention guidelines for use in home care settings. We will work with experts and stakeholders to modify these guidelines to better meet the needs of people receiving care at home. Our qualitative research will also identify any gaps in knowledge or research related to preventing fractures in home care through online focus groups and an interpretive descriptive lens. By involving home care recipients and clinicians in our project, we hope to ensure that our findings are relevant and useful for improving care. The result of our project will be tailored guidelines that can help reduce the risk of fractures and improve the overall health and well-being of older adults receiving care at home in Canada.

#95 B5.2 Exploring Outcomes from the AIM Program for Older Women Experiencing IPV in the Maritimes: Preliminary Quantitative Findings

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Women in midlife and older who are experiencing intimate partner violence (IPV) have unique needs when compared to younger women. However, there is a dearth of research specifically focused on older women and IPV, and neither domestic violence services nor elder abuse services adequately meet their needs. Through a randomized control trial, the objective of this research is to study the effectiveness of the AIM program – a two-part intervention that has been specifically adapted to address the needs of women midlife and older experiencing IPV. The AIM program was created to empower and foster social support for women who have recently left or in the process of leaving an abusive partner in the Maritime provinces. In this poster presentation, we will present preliminary quantitative findings from survey data collected with the AIM program participants. Quantitative data in this study is intended to measure primary outcomes, including physical and mental health and knowledge about IPV and safety planning. Survey data was collected with participants over the phone at baseline, 3-months and 9-months. Physical and mental health in this study is measured with the following scales: Short Form Health Survey (SF-12v2), Centre for Epidemiologic Studies Depression Scale (CES-D), Interpersonal Support Evaluation List (ESEL). Knowledge about IPV and safety planning is measured with the following scales: the Women's Experiences of Battery Scale (WEB), Decisional Conflict Scale (DCS), and Intimate

Partner Violence Strategies Index. This poster presentation will discuss and compare the preliminary quantitative findings from baseline and 3-month survey data.

#100 B5.3 Understanding relationships between Job satisfaction and work environment for Nova Scotia CCAs

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Long-term care (LTC) homes have been an understudied yet important location of care in Atlantic Canada. Data collected through the Atlantic Research Collaboration on Long-term Care (ARC LTC) will advance our understanding of LTC staff's quality of work life. Past research using the Translating Research in Elder Care (TREC) survey demonstrates job satisfaction is a strong indicator of staff wellbeing, staff turnover, and quality resident care. This poster examines individual and organizational predictors of job satisfaction among continuing care assistants (CCAs) in Nova Scotia (NS). Using a stratified random sample of 20 NS LTC homes, eligible CCAs (n=589) completed the TREC survey via structured interviews between November 2023 and May 2024. Demographics, descriptive statistics, and multiple regressions are presented. On average, CCAs had worked for 10 years and worked 74 hours in the previous 2 weeks; almost 1/3 were aged 50+, 90% were female, and 22%, ESL. Preliminary regression modelling including demographic and quality of work life variables show that all components of burnout predict job satisfaction (cynicism: β=-0.21, p<0.001, emotional exhaustion: β=-0.12, p<0.01; efficacy: β=0.09, p<0.01). Dimensions of organizational context associated with job satisfaction were culture (β=0.20, p<0.001), social capital (β=0.12, p<0.05), and organizational slack in staffing (β=0.11, p<0.05). Additional analyses will use generalized estimating equations modelling to control for the clustering effect of respondents within LTC homes. Our findings will enhance understanding of CCAs quality of work life and identify readily modifiable aspects of the LTC work environment that contribute to improved retention for CCAs.

#90 B5.4 Understanding what aspects of the LTC work environment most affect nurses' quality of work life: A model of workforce support

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Understanding how work environment in long term care (LTC) homes impacts staff quality of work life is fundamental to strengthening workforce stability. Research has demonstrated that organizational context (OC) predicts LTC nurse's job satisfaction (JS), a relationship potentially mediated by psychological empowerment (PE). Job satisfaction also influences burnout and intent to leave. This paper tests this theoretical model (OC-PE-JS) by examining how LTC work environment, measured by four organizational context (OC) variables (leadership, evaluation, culture, social capital) predicts nurses job satisfaction (JS) while being mediated by PE. Data were collected in December 2021 using a convenience sample of 10 Nova Scotian LTC homes. Eligible nurses (n=144) completed the TREC survey online. Demographics and correlation analysis are presented. Leadership, culture, and social capital are moderately correlated with JS (Pearson's r=0.44-0.45, p<0.001 each) and culture and leadership are strongly correlated to PE (r=0.55-0.56, p< 0.001 each). PE has a moderate correlation to JS (r=0.49, p<0.001). JS is correlated with the three burnout subscales (strongly with cynicism: r=-0.54, p<0.001 and emotional exhaustion r=-0.60, p<0.001; moderately with efficacy r=0.33, p<0.001). JS is also strongly associated with intent to leave variables (r=-0.52 - -0.63, p< 0.001 each). These results show promising relationships among key variables in our proposed theoretical model and suggest what OC variables may be most impactful. Path analysis will investigate these relationships and understand the mediating effect of PE between OC and JS. We will discuss where targeted interventions may improve OC, leading to better nurse quality of work life, and eventually, workforce retention.

B.6

#51 B6.1 Effects of age on motor coordination and motor learning in mouse models of autism mouse models of autism

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Autism spectrum disorder (ASD) is a neurodevelopmental disorder that impairs social-emotional behaviour, motor coordination, visual-spatial learning and memory. Approximately 2.5% of the human adult population has ASD and adults with ASD have a reduced lifespan, increased frailty and motor gait impairments. The present study assessed motor coordination and motor learning using the Rotarod in 21-month-old male and female Nrxn1+/- transgenic mice; wildtype (C57BL/6J) controls; knockdown rescue ΔS5- ; and double rescue ΔS5/ΔS5 mice. The mice were placed in one of the 4 compartments of the Rotarod, which accelerated to a maximum of 36 rpm and the latency to fall was recorded. There were 6 trials per day over 7 days and body weight was taken prior to testing each day. Performance improved for all mice over days, however, there was a significant negative correlation between motor scores and body weight (r = -0.43, df= 97, p< 0.001) with lighter mice performing better than heavier mice. Females performed better than males, but improvement in performance over days was greater in males. Female Ds5/- mice performed better than female WT, Nrxn1+/- and DS5/DS5 mice, but there were no genotype differences in male mice. At 2 and 9 month of age, female mice outperformed males but there were no differences between Nrxn1+/- and WT mice. There results indicate that there are no age-related deficits in motor learning and coordination in these autistic mouse models.

#24 B6.2 Age-related changes in motor behaviour in mouse models of autism

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Autism spectrum disorder (ASD), is a neurodevelopmental disorder that impairs motor coordination, visual-spatial learning and memory. Adults with ASD have a reduced lifespan, increased frailty and motor gait impairments. Few studies have investigated the impact of aging on ASD mouse models thus the present study assessed motor coordination and motor learning using the Rotarod in male and female Nrxn1+/- transgenic mice; wildtype (C57BL/6J) controls knockdown rescue ΔS5- and double rescue ΔS5/ΔS5 mice at 21 months of age. When analyzing all mice models there was main effect for day, all mice incrementally improved as days progressed. There was a genotype by day interaction = ΔS5/- on first 2 days were poorly performed but caught up with WT mice. ΔS5/ΔS5 mirrored ΔS5/- mice on first 3 days but plateaued in performance, their max performance is likely around 135 seconds and latency above this time resulted in poorer performance the next day. Transgenic mice performed better as each day progressed, but their rate of improvement was the slowest of all groups. From this the ΔS5/ΔS5 and Transgenic showed motor issues. Isolating the data for the females, our interpretation mirrors the interpretation given above. For males, we see main effects for day and genotype. As days progressed, mice incrementally improved in performance. For genotype all male ΔS5/-, ΔS5/ΔS5, and Transgenic performance was worse than wildtype mice suggesting these mice have motor deficits, the worst being the Transgenic mice. These findings will identify which autistic mouse model best reflects autism seen in aged ASD patients.

#76 B6.3 Saltiness perception and aging: a perspective from purée sensory testing

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Sodium intake in older adults in Canada exceeds the recommended level (Flexner et al., 2023). Health Canada set the Chronic Disease Risk Reduction Intake (CDRR) for sodium at 2,300mg. Reducing sodium intake above the CDRR is an important dietary strategy in the prevention of hypertension and its comorbidities. Adding salt to food products results in their desirable saltiness intensity (SI) and improved palatability. Testing sodium chloride solutions indicates a lower SI perception in older adults than younger adults (Sato et al., 2022). A lower SI perception in older adults may result in increased sodium intake or lower food intake due to food's diminished palatability. The objective was to assess the SI perception in adults (19-65y) and older adults (66y and older) using newly formulated pulse-based purées that meet requirements for meal replacements and for the food intended for dysphagia. Methods: SI was evaluated using 100mm visual analogue scales (VAS). The SI mean values derived from five food samples were compared between adults (n=35, 38.3±11.5y) and older adults (n=30, 73.3±6.4y) using an unpaired t-test. Results: Five puréed meal replacements were formulated, and their sodium content was 280-440mg (12-19% daily value) per 250g. The SI perception was lower in older males by 12mm-VAS compared to adult males (P=0.02), while the difference in females was not significant. Conclusion: food product development for older adults needs to account for diminished SI perception in older males and, in addition to added moderate amounts of salt, use natural low-sodium ingredients that enhance the perception of saltiness.

#23 B6.4 Occurrence and severity of age-related seizure-like activity in transgenic mice; effect of genotype, age and sex

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The incidence of epilepsy increases after 50 years of age, with the greatest incidence in people over 75 years old, making it the third most common neurological disorder in the elderly (after stroke and dementia). Mouse models often induce seizures using electrical or chemical stimulation, but some mice show age-related spontaneous seizures. We investigated four genotypes related to the neurexin-1 gene (NRXN) that encodes the presynaptic cell adhesion molecules involved in excitatory neurotransmission. During weekly cage changes, we recorded the frequency and severity of seizure-like behaviour in male and female Nrxn1+/- transgenic mice (N=106); wildtype (C57BL/6J) controls (N = 112); knockdown rescue ΔS5- (N=76) and double rescue ΔS5/ΔS5 (N=74) mice from 6 to 24 months of age. Our preliminary results indicate that most mice did not show their first seizures until 9 to 12 months of age, and that ΔS5- mice (50% showing seizures) and ΔS5/ΔS5 mice (46% showing seizures) were more likely to show seizures than wildtype (22%) or Nrxn1+/- mice (23%). Males (37%) showed a higher frequency of seizures than females (29%). Most mice having repeated weekly seizures showed an increase in severity over time (n=11), with no discernible heritability pattern (based on family genealogy analysis). The ΔS5/ΔS5 and ΔS5- phenotypes may have a higher likelihood of developing seizure-like activity due to an increase in excitatory neurotransmitter release regulated by the upregulation of neurexin-1 genes. Thus, these mice could be used as models for age-related seizure onset and for developing novel anti-epileptic drugs for the elderly.

B.7

#7 B7.1 The Gamma-Sweep ASSR: Measuring Hearing-Related Changes in the Brain

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This research explores the link between hearing loss and cognitive decline, aiming to develop a diagnostic tool to track brain changes associated with both. Using the Gamma-Sweep Auditory Steady-State Response (ASSR), the study focuses on detecting auditory-driven brain changes in areas like the hippocampus and temporal lobes, which are tied to cognitive decline. Specifically, hearing loss is known to reduce cortical volume and inhibit cortical processing, affecting speech comprehension and temporal processing.

The research's first objective is to evaluate the accuracy and reliability of Gamma-Sweep ASSRs by measuring brain responses to amplitude-modulated white noise in normal-hearing adults, capturing precise cortical and brainstem activity. This will help determine whether sweeping measures can better reflect brain responses compared to non-sweeping ones.

The second objective focuses on older adults with mild to moderate hearing loss, examining correlations between ASSR measurements and cognitive performance. This includes assessments of speech-in-noise thresholds, memory tasks, and cognitive speed. Anticipated outcomes include better early detection of cognitive decline linked to hearing loss, which could lead to timely interventions.

This research is significant for its potential to expand knowledge on how auditory degradation impacts cognitive function, offering new avenues for non-invasive detection methods. Policy implications suggest routine hearing evaluations as part of dementia risk management, reinforcing the need for early intervention strategies in both clinical and public health contexts.

#21 B7.2 Roles of robustness and resilience: evidence from longitudinal and survival data

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Frailty, an age-related health state, is dominated by decline over time, but stabilization and improvement can occur. To understand how accumulation of physical and social deficits interact in health transitions, survival, and changing velocity, we constructed both a 47-item frailty index (FI) with domains of morbidities, cognition, lifestyle, and disabilities and a 17-item social vulnerability index (SVI) using the World Health Organization social determinants of health, including education, social security and inclusion, work/life/dwelling/services conditions, and early childhood development. We analyzed data of participants aged 65+ from the Chinese Longitudinal Health Longevity Survey (CLHLS) 2005 cohort, who were followed in 2008, 2011, 2014, and 2018 (men=4411, age=85.0±10.5; women=5963, age=89.9±11.5). We found that males had a significantly higher hazard of mortality compared to females (HR=1.43, 95% CI=1.36-1.50), and males were associated with a 0.031 increase in the transition rate, meaning that males experienced a faster transition toward damage than females i.e. less robustness). The FI and SVI strongly affected survival at each follow-up in a Cox model including age, sex at baseline, and time-dependent transition state, indicating for every one-unit increased in frailty and social deficits, the risk of death increased by a hazard ratio of 1.02 (95% CI=1.01-1.02) and 1.01 (95% CI=1.01-1.01) respectively. The variability in how quickly or effectively participants recovered from the damage caused by frailty and social deficits (i.e. resilience) was not significantly associated with the variances in FI, SVI, and health transitions. In short, although robustness and resilience decline with age, susceptibilities to deficits differed between males and females.

#60 B7.3 How do attitudes and beliefs about dementia intersect with the concept of rehabilitation as a treatment strategy?

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[1]University of Prince Edward Island, Charlottetown.

Dementia is a growing health concern affecting hundreds of thousands of people in Canada. On Prince Edward Island (PEI), a 138% increase in the number of people living with dementia is expected by the year 2050. Evidence-based interventions show the promise of slowing cognitive decline and reducing negative secondary outcomes in dementia patients; however, once a person receives a dementia diagnosis, guidelines and treatment plans are lacking. Generally, at the point of diagnosis, a patient is given a vague list of recommendations and provided a follow-up appointment in 6-12 months to track progress. This contrasts with receiving a diagnosis of other terminal or chronic illnesses such as stroke, heart disease, traumatic brain injury, and cancer, where the patient is provided with an individualized treatment/rehabilitation plan. This study aims to identify why there is a gap between the recognition that a dementia rehabilitation strategy is needed, and why this rehabilitation plan has yet to be established, placing it in the PEI context. Specifically, we focus on how attitudes and beliefs about aging and dementia intersect with the concept of rehabilitation and create barriers or facilitators to implementing rehabilitation as a treatment strategy. Through interviews with people living with dementia, care partners, and care providers, we seek to understand the thoughts and feelings surrounding a dementia diagnosis, what barriers exist in establishing a dementia rehabilitation program, and possible misconceptions about the term "rehabilitation."

#94 B7.4 Perceptions of Ageism in Dentistry

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Introduction: Ageism is a multifaceted concept with three dimensions: cognitive (stereotype), affective(prejudice), and behavioral (discrimination). It operates consciously or unconsciously and is expressed at individual, social, and institutional levels. In healthcare, this can result in older patients receiving less care or being neglected compared to younger counterparts.

Objectives: To investigate perceptions of ageism in dental students.

Methods: A web-based survey was conducted with current dental and dental hygiene students. The data were collected using a 27-item Likert scale, Ageism Scale. The data were analyzed using descriptive statistics.

Results: Of the 114 students who completed the survey, 110 were dental students, and 54 were in 3rd and 4th year and involved in patient care. About 54% of the respondents were female. Most (78%) felt that taking a medical history from elderly patients is time-consuming; 47% stated they would rather provide care to elderly patients than younger patients; 61% felt elderly patients should be cared for by someone with advanced training in geriatric dentistry, and 64% stated they have had adequate exposure to geriatric dentistry. About 74% stated they would provide more homecare or nursing home dental treatment if they received additional training.

Conclusions: Participants showed compassion for elderly individuals and a willingness to provide care for them, but a lack of training in geriatric care may discourage them from providing dental care. Extending dental training to the geriatric population appears essential to meet the needs of the growing older adult population.

B.8

#33 B8.1 The Perspectives of Patients and Providers on Frailty and Comprehensive Geriatric Assessments in Primary Care

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Introduction: Frailty is one of the most challenging aspects of population aging, but it can be managed using Comprehensive Geriatric Assessment (CGA) in primary care settings. It is unclear how well the public understands frailty and how primary care providers perceive the integration of CGA to address it.

Objectives: To explore patients' and providers' diverse perceptions of frailty and use of CGA, and identify the barriers and facilitators to implementing an electronic CGA (eCGA) in primary care.

Methods: A total of 11 patients ≥65 years (7 females, 10 living in urban centers) and 13 providers with >6 months of professional experience (5 general practitioners, 5 nurses, 3 nurse practitioners; 12 females, 11 practicing in urban centers) completed a remote (n=15) or in-person (n=9) semi-structured interview. Topics included participants' understanding of frailty, their experiences with aging-related care in primary settings, patients' preferences for interactions with providers regarding aging, and providers' views on the barriers and facilitators to implementing eCGA in primary care.

Results: Thematic analysis revealed that both patients and providers value frailty assessments, however, most patients had never discussed frailty with their primary care providers. Providers identified lack of time, education, and support as the primary barriers to integrating CGA into primary care. Alternatively, providers perceived training, compensation, clinical champions, and a user-friendly interface as key facilitators for implementing the eCGA.

Conclusion: Frailty is an under-addressed but important issue in primary care. These findings can support the successful development and implementation of eCGA into primary care to improve frailty care.

#22 B8.2 Age-Related Changes in Olfactory Discrimination and Reversal Learning Performance in Neurexin1 +/- Transgenic Mice

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Rodent models allow us to investigate genes implicated in age-related cognitive decline. The neurexin genes (nxrn) encode the NRXN family of membrane proteins which bind to post-synaptic neuroligins and act as synaptic organizers to regulate synapse development and function. Neurexins have been associated in autism spectrum disorder (ASD) and we investigated the effects of aging on cognitive functions in male and female Nrxn1+/- transgenic mice (N= 33) and their wildtype (C57BL/6J) controls (N = 33) from 2 to 18 months of age. Using an operant olfactometer, mice were trained on an initial odor discrimination task to obtain a sucrose reward by responding to Odor A (S+) and not to a non-rewarded (S-) Odor B. Mice were then trained on the discrimination of a second odor pair (C vs D), followed by a reversal learning task in which the S+ and S- were switched. Our preliminary results show a significant age effect but no differences due to genotype or sex in the number of trials required to reach a criterion of 85% correct. Older mice were more likely to fail to reach the learning criterion than young mice in both the initial odour pair discrimination and in reversal learning. Likewise, older mice took more trials to reach criterion in the first odour pair discrimination and in reversal learning. These results suggest that as mice age, they lose cognitive flexibility, indicating that this procedure may be used as a test for novel drugs which might increase cognitive function during aging.

#61 B8.3 Exploring Outcomes of Physical Activity in Persons Living with Alzheimer's Disease on PEI (Withdrawn)

Fairouz Gaballa[1], Jessica Strong[2]
[1]University of Prince Edward Island, Charlottetown. [2]Department of Psychology, University of Prince Edward Island, Charlottetown.

This study investigates the influence of physical activity, specifically walking or running/jogging, on cognitive function, mood, and social engagement in older adults with Alzheimer's Disease (AD) on Prince Edward Island (PEI). PEI has unique demographic and geographic characteristics, and as such, this research aims to uncover factors that may inform tailored intervention strategies for AD populations in rural/urban settings on islands. We are beginning data collection using a cross-sectional, mixed-methods design. Survey data assesses the associations between walking or running and quality of life (QoL-AD), cognition (MoCA), mood (GDS), and social relationships (PASSS) in PEI residents diagnosed with AD. Follow-up interviews will be conducted with a subset of participants, exploring motivations, barriers to physical activity, and perceived benefits.
Quantitative analyses will use regression modeling to examine relationships between activity levels and outcome measures, while interviews will be coded to better understand barriers and facilitators to walking or running/jogging with Alzheimer's disease. Findings from this research will contribute to the gap in literature on social determinants of health and activity interventions in dementia care, with particular relevance to island communities. This study aligns with the conference's goals to address aging through a multidisciplinary lens, advancing research on aging that informs people, policy, and practice, particularly within rural and island settings. We plan to present our literature review, methodology, and quantitative findings, as well as any preliminary qualitative information that is available at the time of the conference.

#36 B8.4 Identity and Community in Group Exercise for People Living with Dementia

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The Alzheimer Society estimates that the number of Canadians living with dementia could reach 1 million by 2030. Exercise and physical activity are well-documented for their benefits for managing symptoms and slowing progression of Alzheimer's and other forms of dementia. Exercising in groups provides an added benefit of increasing social contact to reduce social isolation among people living with dementia. The purpose of this research, informed by Tajfel's social identity theory, was to understand how participation in group exercise programs especially designed for people living with dementia shape their individual and collective identities, as well as their sense of belonging to a community. To this aim, we performed a scoping review of academic literature. A majority of the existing literature focuses on the physical and cognitive benefits of exercise, with some addressing the social benefits of group exercise, particularly when the group is led by instructors with expertise in aging and dementia. Such groups also offered the additional psychoeducational function of a support group where participants could learn from and with one another about dementia. While individuals cohere around a shared sense of disability identity, feelings of inclusion and belonging to the exercise community are mediated by intersecting factors, such as gender identities, sexual orientation, functional (dis)abilities, and individuals' stages in their disease progression and ages (e.g., people with younger onset forms of dementia and relatively older people). This paper concludes with recommendations for designing more welcoming and inclusive exercise programs that better meet the diverse needs of people living with dementia.

B.9

#28 B9.1 Frailty is Associated with Poor Osteoarthritis Outcomes

Selena Maxwell[1], Jocelyn Waghorn[2], Sophie Rayner[3], Rebecca Moyer[3], Kenneth Rockwood[1], Olga Theou[3], Maroun Rizkallah[4], Alexandra Legge[1], Miles O'Brien[4]
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Background: Osteoarthritis is a degenerative disease primarily affecting the knee, hip, and hands, leading to pain, swelling, stiffness, and ultimately reduced mobility. Frailty, a known moderator of disease course in dementia and other age-related conditions, may similarly influence osteoarthritis incidence and progression. Objective: Using data from the Osteoarthritis Initiative (OAI), a US-based longitudinal cohort study with approximately nine years of follow-up, we examined the impact of frailty on osteoarthritis outcomes. Methods: A validated frailty index (FI) score was calculated (N=4755), and its association with osteoarthritis incidence, progression (measured by Knee Osteoarthritis Outcome Score [KOOS] subscales), falls, and surgery-free time was analyzed using appropriate regression models (i.e., logistic regression, mixed effects models, and Cox regression). Results: Each 0.01 FI score increase was associated with higher osteoarthritis incidence in any joint (nine-year odds ratio [OR]: 1.068; 95% Confidence Interval [CI]: [1.055, 1.081], $p < 0.001$), worse KOOS trajectories (KOOS Pain Î²: [-0.557], 95% CI: [-0.574, -0.540], $p < 0.001$; KOOS

Symptoms Î^{2}: [-0.423], 95% CI: [-0.437, -0.408], $p < 0.001$; KOOS Quality of Life Î^{2}: [-0.865], 95% CI: [-0.891, -0.839], $p < 0.001$; KOOS Function, Sports, and Recreational Activities Î^{2}: [-0.944], 95% CI: [-0.982, -0.906], $p < 0.001$), increased fall risk within three years (OR: 1.033; 95% CI: [1.024, 1.042], $p < 0.001$), and reduced time to hip or knee surgery (Hazard Ratio: 1.016; 95% CI: [1.007, 1.025], $p < 0.001$). Significance: Here, frailty contributed to osteoarthritis incidence and individual variability in disease progression. Incorporating frailty assessment into OA planning and management may improve care for older adults with OA.

#52 B9.2 Blood Biomarker Overlap Between Frailty and Cognitive Decline: A Scoping Review

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Background: Frailty is increasingly recognized as a factor that modifies the relationship between neuropathology and the clinical expression of dementia. However, the biological mechanisms underlying this relationship remain unclear. Due to their minimally invasive nature and availability in health data, blood biomarkers may offer insight into these mechanisms.

Objective: This scoping review aimed to characterize original research examining the associations between blood biomarkers, frailty, and cognition.

Methods: A systematic search was conducted in PubMed, Embase, and Scopus using the terms "frailty," "cognition," "blood biomarkers," and related terms. Additional articles were identified via manual searches in Google Scholar. Using Covidence, two independent reviewers screened abstracts and full texts, with disagreements resolved through consensus. Studies included were (1) original research, (2) involved human participants with or without neurodegenerative or cardiovascular disease, (3) examined at least one blood biomarker, and (4) included measures of frailty and cognition in the same model (e.g., frailty~biomarker+cognition).

Results: Twenty-five studies were included. These studies spanned four continents, with frailty mostly assessed by frailty phenotype and cognition by the Mini-Mental State Examination (MMSE). A total of 63 unique biomarkers were identified. Three biomarkers - ADAM10, fibrinogen, and vitamin D (linked to proteostasis, inflammation, and oxidative stress) - were significantly and independently associated with both frailty and cognition.

Significance: The overlap of these biomarkers suggests that proteostasis, inflammation, and oxidative stress may be common pathways of frailty and cognitive decline. Future research should validate these biomarkers and explore causal roles in the shared biological processes underlying frailty and cognition.

#30 B9.3 Polypharmacy in the last year of life in those living with dementia in Nova Scotia

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Introduction: Changing healthcare needs at end of life may be reflected in the medications prescribed. This study examined polypharmacy (5 or more medications) and medications prescribed to community-dwelling people living with dementia (cases), community dwelling older adults without dementia (controls), and people living with dementia in long-term care (LTC controls) in the last year of life.
Methods: We completed a case-control study comparing polypharmacy among the identified cases, controls and LTC controls. Subjects were identified from those with a date of death between January 1, 2019, and January 1, 2021 and were matched on age, administrative sex, and date of death +/- 30 days. We describe polypharmacy and medications in the early, mid, and late periods of the final year of life.
Results: We identified 1274 cases, 1274 controls and 1274 LTC controls with a mean age of 84.8 years. Polypharmacy was highest for cases in the middle of the last year of life at 43% and lowest for controls early in the last year of life. The most common medications dispensed in the last year of life were furosemide, levothyroxine sodium, salbutamol, vitamin B12, and metoprolol.
Discussion: In those investigated, polypharmacy affected more than one third of Nova Scotians in the last year of life. The mid-period of the last year of life had the highest prevalence of polypharmacy. Medications most used in the last year of life and polypharmacy did not exhibit clear trends in any of the three populations investigated.

#68 B9.4 How frailty and sex affect the relationship between antidepressants and dementia: a scoping review

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Introduction: Depression is a key modifiable risk factor for dementia. Previous studies show conflicting findings on the link between antidepressant exposure and dementia risk, with conclusions limited by unmeasured confounders like sex and frailty. We aimed to synthesize the literature and highlight research gaps on how sex and frailty may influence the antidepressant-dementia relationship.

Objective
To outline, synthesize, and identify gaps in the literature on how sex and/or frailty (including their intersection) may influence the relationship between antidepressant exposure and dementia in adults over 55.

Methods
We searched PubMed, MEDLINE, Embase, CINAHL, and Cochrane Library databases. We revised the eligibility criteria during the screening phase. Studies were included if sex or frailty of the participants was described.

Results

After screening 7803 title/abstracts and 47 full texts, we included 21 observational studies in this review. None aimed to explore sex or frailty as a main objective. None used validated measures of frailty or explicitly mentioned the term frailty in participant descriptions. Sex or gender binary frameworks were predominant. Substantive differences were found in sex/gender analyses: 24% stratified results by "sex" or "gender," 5% adjusted only for "sex" or "gender," 52% included it with other covariates, and 9% tested interaction terms.

Conclusion
The influence of sex and frailty on the antidepressant-dementia relationship remains unclear given the sparse exploration of frailty as well as the variability and binary predominance in sex/gender analysis methods in the studies. Researchers should consider a more holistic approach to sex and gender, including analysis beyond the binary.

Concurrent Session C - Oral Presentations (2:45-4:15pm)

C.1 Citizen & Public Engagement

#32 - Citizen Engagement in Interprofessional Research and Education in the Faculty of Health at Dalhousie University

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Objectives: Within the health professions, its widely acknowledged that interprofessional teams are necessary to address the needs of an ageing population. To advance knowledge about interprofessional older adult care and health professional education, engaging citizens offers numerous benefits. This presentation highlights insights gained from engaging citizens in research and education by interdisciplinary aging scholars in the Dalhousie Faculty of Health and demonstrates how involving citizen partners has enhanced research outcomes and educational experiences.
Methods: Drawing from three key projects, presenters will showcase their approaches to citizen engagement: (1) a mixed-methods study examining how oral health and communication affect older adults' ability to thrive in Nova Scotia communities; (2) a knowledge synthesis on alternatives to long-term care for older adults with complex needs; and (3) an interprofessional educational initiative for health professional students focused on dementia care.
Results: Presenters will discuss their perspectives and the benefits achieved by integrating citizen partners into traditionally academic projects. Presenters will also describe important lessons learned from experiences engaging citizen partners including the importance of recognizing the diverse costs of engagement for citizen partners and ensuring that we, as researchers and educators, create inclusive and accessible opportunities for their participation.
Conclusions: Citizen engagement enriches research and education by fostering meaningful, mutual learning among citizen partners, researchers, and students. However, it's essential to recognize the impacts of engagement for citizen partners, both positive and negative. Embracing this responsibility and working to eliminate barriers to meaningful engagement strengthens the impact and relevance of our work.

#67 - Involvement of Older Adult Research Advisors in Gerontology: Current Assumptions and Future Directions

Deanna Vervaecke[1], Brad A Meisner[1]
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The inclusion of patient advisors and advisory panels provides a way to integrate patient knowledge user perspectives. This approach has an established history in healthcare systems that is now increasingly applied in research. For example, the involvement of older adult advisors and advisory panels in research regarding aging and/or later life experiences is increasing as an effort to research 'with' older adults. While the potential value of involving older adult advisors and advisory panels is recognized, it is important to examine whether the implementation and impact of this approach on a) the older adults involved and b) gerontological research methods and outcomes are adequately considered. As such, this study critically reviewed published literature in the areas of patient engagement and integrated knowledge translation to discern the practices of incorporating older adult advisors and advisory panels in gerontological research. This analysis describes established and potential assumptions regarding the involvement and representation of older adult advisors and advisory panels, such as the positive influence on research processes and outcomes and the ability of research advisors and advisory panels to address power relations. While there may be benefits and positive impacts of incorporating older adult advisors and advisory panels, it is important that assumptions of this approach do not overshadow the need to critically consider its effective implementation. Principles of implementation science are offered as a strategy to evaluate these assumptions, as well as to assess and monitor existing and future research that engages older adult advisors and advisory panels.

#20 - Partnering with citizens and health systems to assess nursing home resident quality of life and its social determinants

Matthias Hoben[1], Hom Shrestha[1], Samantha Peck[2], Hannah O'Rourke[3], Anna Beeber[4], Stephanie Chamberlain
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Quality of life (QoL) is a priority goal of care for nursing home (NH) residents, 90% of whom have dementia or significant memory problems, and often they have poor QoL. Social factors (e.g., social support, ethnicity, financial situation) are critical for an individual's QoL. Although maximizing QoL and reducing health disparities in NHs are key priorities in Canada, health systems do not regularly measure these outcomes, and we lack related research. Partnering with a cross-provincial citizen advisory group of older adults and their caregivers, our team assessed QoL and social determinants among 3,233 NH residents in 70 NHs in Alberta, British Columbia, Manitoba, Ontario, and Nova Scotia. 69% of residents were women, 21% had immigration backgrounds, 15% spoke English as an additional language, 8% represented visible minorities, 23% had less than a high school degree, and 10% were never visited by family/friends. The median QoL score was 95 (out of 124, best possible QoL) with an inter-quartile range of 83-105. We are currently assessing how QoL varied by NH characteristics and resident social determinants, and we will share these findings in our presentation. We will outline our approach to sharing our research results with our citizen advisors, participating NH teams, and health system representatives to discuss possible reasons for poor QoL, differences in QoL among vulnerable groups of residents, and strategies to improve disparities in QoL among NH residents. This will be a key step to translating our research findings into NH policy and practice.

#82 - Listening to Older Adults: How public engagement and knowledge mobilization built the Aging Research Centre of Newfoundland

Karen Doody[1], Les Cake[2], Sharon Beuhler[3], Carla Wells, Gail Wideman[4], Rochelle Baker[5], Christie Stilwell
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In 2006, the NL Centre for Applied Health Research established the Research and Knowledge Exchange (RKE) on Aging as a public engagement and knowledge mobilization forum where older adults connect with university researchers, students, policy makers, and community and health system partners to talk about issues related to the health and well-being of older adults. RKE participants share research and community knowledge, paying close attention to the lived experience of aging. When group members noticed that NL was the only province in Canada without its own dedicated centre on age-related research, they mobilized to harness research and community knowledge to create the province's first centre for research on aging. Over seven years, the group developed a vision and framework for ARC-NL, building on evidence from centres across Canada and attracting a Canada Research Chair on Aging. They undertook province-wide consultations, and leveraged initiatives in aging research and community knowledge. In 2017, the group proposed to Memorial University's Board of Regents that ARC-NL be established in Corner Brook with a mandate to include excellence in research, education, and community outreach. Today, the RKE and ARC-NL continue their collaborative partnership, relying on the perspectives of older adults as full partners in research: seeing the potential for older adults to work as researchers, research informants, and to determine research priorities. In honouring the diverse voices of older adults, ARC-NL continues to strengthen its solid community-university foundation.

C.2 Mental Health & Well Being

#75 - Problem Gambling Risk and Mental Health in Older Nova Scotians: The Role of Social Isolation

Eric Theriault[1]
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Older adults represent the fastest-growing group of gamblers in Canada, yet research on this population remains limited, particularly in Atlantic provinces like Nova Scotia, which has one of the highest proportions of older adults. While gambling is often viewed as a social activity, problem gambling is associated with various comorbid conditions. This study, funded by Gambling Awareness Nova Scotia, explored the relationship between problem gambling risk and comorbid factors such as alcohol misuse, depression, and aspects of social isolation, including connectedness and belongingness.
A sample of 151 older adults (aged 55+) from Nova Scotia (M = 63.5, SD = 6.7) was recruited through snowball sampling and social media outreach to complete an online survey. Problem gambling risk was assessed using the Canadian Problem Gambling Index

and the Windsor Screen; alcohol misuse was measured with the CAGE questionnaire; depression was assessed using the Center for Epidemiologic Studies Depression Scale; and social isolation was evaluated with the Social Isolation Scale.
Results indicated that in older Nova Scotians higher problem gambling risk was significantly linked to social isolation, particularly diminished connectedness and belongingness. Problem gambling risk was also related with depression, lower well-being, and alcohol misuse. These findings underscore the critical role of social isolation and mental health issues in understanding problem gambling risk among older adults in Nova Scotia, highlighting the need for targeted interventions and support strategies.

#13- Examining social inequalities in psychological well-being among informal caregivers in Canada: an analysis of CLSA data

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Assessing the impacts of caregiving on caregiver's psychological well-being has become increasingly crucial in light of demographic shifts. Extensive literature has explored this area; however, findings are often inconsistent, underscoring the complexity of caregiving impacts relating to structural contexts, caregiving conditions, and individual factors. Through an equity lens informed by PROGRESS-Plus factors (O'Neill et al., 2014), this study focuses on personal characteristics related to health opportunities and outcomes to illuminate inequalities among caregivers. We utilized nationally representative Canadian longitudinal data for analyses and employed generalized estimating equations to accommodate the non-independence of repeated measures data, yielding population-averaged estimates.
Results show that caregivers generally experience poorer mental health outcomes than non-caregivers, except that low-intensity caregiving does not have a negative influence on life satisfaction. Significant social disparities exist among caregivers, with social support demonstrating considerable buffering effects against the adverse impacts of caregiving on life satisfaction. Moreover, being employed and possessing higher education levels are associated with increased negative impacts on depressive symptoms among low-intensity caregivers. Moreover, our findings observed gender differences in the effects observed. Contrary to the majority of the existing literature, male caregivers appear to be in a more vulnerable position, exhibiting higher levels of depressive symptoms. Although they benefit more from the buffering effects of social support, they are more adversely affected by the negative influences associated with being employed and having a higher educational attainment.

#62 - (Un)availability of social provisions and the Framing of Loneliness by Black older adults in Canada

Blessing Ojembe[1]
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Despite the severe implications of loneliness on racialized older adults' well-being, little is known about this experience among Black older adults. This paper explores how Black older adults in Canada frame the (un)availability of different social provisions and their interplay with loneliness experiences, drawing on the firsthand experiences of thirteen Black older adults (n=5 Male and n=8 female) with a mean age of 63.8, who were purposefully recruited using narrative inquiry methodology. Analysis of narratives by Black older adults revealed that getting involved with people, intimacy, and belongingness are crucial in establishing a reliable social provision. While many participants emphasized the critical role of social connections and reliable relationships in alleviating loneliness, disparities in access to these essential social ties were noted among Black older adults. This highlights the urgent need to establish more inclusive and supportive environments that effectively address loneliness and social isolation for this population.

#110 - Using community-based research to understand the experiences of older NunatuKavut Inuit to inform community wellness programming

Christine Stilwell[1], Aimee Battcock[2], Mandy Poole[2], Jennifer Shea[3], Kristy Dyson[2], Brad Meisner[4], Debbie Martin[1], Lori Weeks[1], MWI Steering Committee, NunatuKavut Community Council

[1]Faculty of Health, Dalhousie University, Halifax, [2]NunatuKavut Community Council. [3]Memorial University of Newfoundland and Labrador. [4]School of Kinesiology and Health Science, York University, Toronto.

Background: In NunatuKavut, Labrador, colonization brought rapid social changes for Inuit, impacting traditional ways of living that promoted wellness (e.g., maintaining extended kinship networks, hunting and harvesting). Health needs are further exacerbated by geographic location, as many communities are remote and lack direct access to vital health, social and infrastructure services. Barriers to health access directly impact the wellness of older NunatuKavut Inuit. To better understand their lived experiences and inform future wellness programming, narratives about mental wellness and social change from older Inuit were generated from our collaborative and community focused project on mental wellness. Methods: 17 Sharing Circles were held in communities across NunatuKavut between 2019 and 2024. Storywork and narrative inquiry methodologies guided the analysis. Transcripts were coded for exchanges related to aging and older adults. Subsequent subplots and themes emerged to create collective stories depicting experiences of older adults in NunatuKavut. Results: Four stories highlighting social changes and factors affecting mental wellness among older NunatuKavut Inuit emerged: 1) Differing Perceptions of Mental Wellness Over Time; 2) Loneliness and Isolation; 3) Intergenerational Relationships and Relationship Dynamics Shifts; and 4) Technology as a Driving Force of Social Change. Comparisons of traditional and present lifeways and impacts of colonialism were woven throughout. Discussion: Perspectives from aging NunatuKavut Inuit highlight factors impacting mental wellness and supporting traditional ways of living for mental wellness promotion. Integrating Inuit perspectives to inform wellness programming ensures culturally relevant, and responsive methods contributing to community wellness. Current programs informed by these data will be discussed.

C.3 Women & Aging

#65 - Women and Shame in Aging

Liesl Gambold[1]
[1]Social Anthropology, Dalhousie University, Halifax.

This paper explores the shame experienced by some older women who find themselves in need of assistance, particularly regarding housing. Based on empirical data from semi-structured interviews with 11 women over 60 years old living in Canada who are or have experienced housing instability, this paper analyzes shame in terms of the subjective and intimate experiences of being an older woman who exists on the margins of cultural scripts of 'successful aging'. Shame is not a static cultural notion or experience, but it is often treated as such. The interviewees do not describe a shame delivered externally to them, but one that grew and was carried inside of them. Their nuanced shame can be directly linked to cultural messages about their relative success, or in this case, failure, in aging well. The interviewees have all registered in the non-profit group, Senior Women Living Together, to find co-housing. Most believed they were able to maintain housing in their retirement, but unexpected late life changes in an unforgiving socio-economic landscape upended their lives. These women do not so quickly connect their experiences of housing instability to systemic structural failures, but wrestle with relational aspects of shame and dependence, which often kept them from seeking help. Examining personal narratives, this paper underscores the psychological burden these women carry in a culture where dependence and debility are often viewed as failures and aging as a project that successful people can manage well.

#48 - Vanishing Identifying Moments: Widows' Negotiating Their Identity

Deborah van den Hoonaard[1]
[1]St Thomas University, Fredericton.

This paper demonstrates how older widows' identity as widows changed between 1995 and 2015. The studies, using a symbolic-interactionist theoretical perspective, involved 27 and 20 in-depth interviews, respectively, with women who were at least 60 years old and whose husbands had died between 1 and 16 years prior to the interview. Participants lived in urban and rural areas of a Maritime Province of Canada. The research looks at to what degree the social meaning of widowhood and women's experiences have changed and/or have remained the same for the new cohort.

This paper compares the answers of the earlier generation of widows when asked when they first thought of themselves as a widow or someone called them a widow with those of the current generation. Most widows in the earlier generation had strong, emotionally-charged memories of this identifying moment while many of those in the current generation did not. Although the widows in the earlier study disliked the word, "widow," they saw it as part of their identity. For the current generation, the participants were more likely to seek to reject the term altogether. Using quotations from the interviews, I illustrate how widows' relationship to the widowhood identity has changed and argue that it reflects the hyper-individualism that characterizes the contemporary social context.

#43 - Wise Women: A Practicum Experience

Melissa Doherty[1]
[1]Faculty of Education, Mount Saint Vincent University, Halifax.

It is becoming increasingly important to provide reciprocal learning opportunities for older women as they need to be reminded of the significance of their valuable insights and experience.

Initiated as a practicum experience in the Graduate Studies in Lifelong Learning program at Mount Saint Vincent University, an informal learning group specifically for women aged 55 years and older was created. Our "Wise Women" meet once a week at a community school library. With learners being active participants in the design and delivery of the program, this learner-centred group offers a variety of experiences facilitated by diverse community members from fine arts specialists to Mi'kmaq authors and wellness educators. This dynamic evolves into a multi-generational one, with a weekly journaling activity between young girls in their teens and the older women (with prompts given to guide conversations). This group provides a safe and mutually supportive space where senior women are valued community members and the emphasis is placed on connection.

This presentation will discuss the practicum experience within both the decolonized and experiential learning frameworks, the small learning community's methodologies, as well as its strengths and challenges. Key learnings will be shared as well as emerging pertinent questions.

This work provides an opportunity to investigate how to make space for senior women to connect with experiences, each other, the broader community, and ultimately, themselves.

#80 - What is the Future of Care for Canada's Filipino Care Workers? Thinking about Aging Care with Older Filipino Care Workers

Alana Hart[1]
[1]Department of Sociology, Trent University, Peterborough.

Filipino immigrant care workers play a critical role in Canada's aging care and domestic economies, often employed as nurses, 'nannies, 'maids' and 'servants', yet they are often rendered disposable after they retire. As such, little is known about the aging experiences of these workers. Older immigrant care workers' voices are valuable with unique perspectives on the future of immigrant aging in Canada. This presentation draws on a qualitative study that employed a narrative life course approach to conduct five in-depth, semi-structured individual interviews with older Filipino care workers who have cared for older adults in community-based and residential settings to understand how the transitions and trajectories in their respective life courses influence how they envision aging care. A profile analysis of these life course stories found that older Filipino care workers imagine care in old age outside of Canada, in their homes, and/or supported by friends and family. After decades of care work in Canada, these Filipino care workers often find themselves imagining old age in the Philippines or elsewhere as they struggle to see a future within the dominant care systems available to older adults in Canada. Therefore, older Filipino care workers are left navigating various individual and structural factors when thinking about where and how their care needs will be met. I argue that there is a need to develop community-based strategies and age-friendly policies that consider the voices of older immigrant care workers to ensure culturally appropriate, accessible, and desirable care for older Filipinos within Canada.

C.4 Dementia Across the Continuum

#63 - How a dementia diagnosis and gender influence the interpretation of workplace behaviours: A randomized vignette study

Judith Godin[1,2], Jocelyn Brown[3], Jasmine Mah[4], Nicholas Roulin[3], Katie Aubrecht[5], Melissa Andrew[4]

[1]Nova Scotia Health. [2]Geriatric Medicine, Dalhousie University, Halifax. [3]Department of Psychology, Saint Mary's University, Halifax. [4]Department of Medicine, Dalhousie University, Halifax. [5]Sociology Department, Saint Francis Xavier University Antigonish.

Workplace behaviours may be misinterpreted, shaping how individuals are viewed and treated. Understanding how workplace behaviours are interpreted when viewed through dementia diagnosis and gender lenses may help inform effective interventions to reduce stigma towards dementia in the workplace. We aimed to examine how dementia diagnosis and gender influence perceptions of counter-productive workplace behaviours. In preparation for a larger representative study of employed Nova Scotians, we piloted an online randomized vignette study with university students. Participants judged the behaviour of an employee who engaged in counter-productive workplace behaviour. We examined how different information about the employee's dementia diagnosis (no diagnosis, at-risk, diagnosis of dementia) and gender (male pronouns, female pronouns, no pronouns) influenced perceptions of the employee's behaviour. The majority of the 126 participants were women (79%). Mean age was 22 years (SD=5.2). The vignette employee's cognitive health was rated lower in the "diagnosis" than the "no diagnosis" condition (M=2.2, SD=0.5 vs. M=2.8, SD=0.8, p<.001). They were perceived as less able to complete work tasks in the "diagnosis" (M=3.8, SD=0.7) and the "at-risk" conditions (M=3.5, SD=0.9) than the "no diagnosis" condition (M=2.8, SD=0.9; p<.01). The employee's physical health was rated higher in the "male pronouns" than the "no pronouns" condition (M=4.0, SD=0.6 vs. M=3.6, SD=0.8). Results from the larger study of Nova Scotian employees will also be presented. Perceptions of workplace behaviours may depend on cognitive health and gender. Our results will be used to inform the development of an intervention to reduce stigma towards dementia in the workplace.

#74 - Importance of technology on the wellbeing of seniors living with dementia

Lois Kamenitz[1], Noor Din[2], Quanbin Zhang[2]

[1]York Centre for Asian Research, York University, Toronto. [2]Human Endeavour, Vaughan.

For seniors with early dementia or memory issues, ensuring that they remain engaged, active, healthy, and safe in the comfort of their homes can be challenging. Carers also face challenges. Recognizing the need for innovative solutions, a charitable organization serving older adults leveraged technology to enhance their well-being.

Smart, individually customized tablets were provided to 110 seniors in Ontario and Alberta, along with training and support. The tablets receive voice commands and send voice reminders/prompts for important daily activities (medication, meals, socializing etc.) in one of the 15 programmed languages. They interact with carers for potential intervention when tasks are not completed. Illustrative multilingual manuals are provided along with a telephone helpline for real-time assistance. There is also an optional location tracker.
An evaluation of the tablet and the tracker and its impact on those seniors living with memory issues or early dementia is being conducted through a community-academic collaboration, The tablet's impact on the seniors' safety, independence, social, emotional, cognitive, and physical well-being is being evaluated both from the seniors and the carers perspective. The tablet's impact on the well being of the carers themselves and the impact of the tablet on the organizations participating in the project are also being evaluated. Survey and interview data will be shared.
The research will demonstrate the significance of technology at the user level both for the well-being of seniors and carers and the improvement of the care system's efficiency. Recommendations for policy makers and funders will be shared.

#56 - The use of day programs in York Region, Ontario - Lessons from research and practice

Hung Nguyen[1], Andrea Ubell[2], Matthias Hoben[1]
[1]York University, Toronto. [2]Alzheimer Society of York Region, Ontario

Background: Day programs provide social interaction, recreational activities, and respite for individuals living with dementia and their caregivers (ILWD/CG). However, research on the effects of these programs remains inconclusive. Developing evidence-based approaches to enhance these programs presents ongoing challenges. This study aims to generate knowledge about the effects of day programs on ILWD/CG, with the goal of improving the use and effectiveness of adult day programs in the York region of Ontario.

Methods: We conducted a realist review of the literature on the effects of day programs on the health and well-being of ILWD/CG. In addition, employing an integrated knowledge translation approach, we consulted with thirty-one experts—including program directors, managers, social workers, caregivers, and staff—from various day programs across York Region, Ontario. Over a nine-month period (September 2023 to May 2024), we explored how the theoretical frameworks derived from the literature aligned with the lived experiences of these partners.

Results: Our findings indicate that (1) day programs can have positive effects on the health and well-being of ILWD/CG, (2) certain service models effectively enhance the health and well-being of ILWD/CG; and (3) obstacles to the use of day programs include unclear regulations, inconsistent admission criteria, limited operational capacity, and challenges with physical accessibility and transportation.

Implications: This study underscores critical insights for research, policy, and practice. Key recommendations include addressing gaps in program funding, staffing, and operational guidelines, as well as improving the accessibility and service provision of day programs for ILWD/CG.

#99 - Cognitive Impairment and Oral Health - An Interim Analyses

Violet D'Souza[1], Shauna Hachey[1], Rebecca Affoo[1], Elaine Moody[2], Deborah Matthews[1], Tanya Cook[1], Mark Filiaggi[1], Ferne Kraglund[1], Yuqi Wang[1], Olga Theou[3], Ken Rockwood[4], Mark Taylor[5], May McNally[1]

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Study Objective: This study aimed to assess the oral health, oral care needs, and frailty status of individuals with cognitive impairment living in long-term care (LTC) facilities in Nova Scotia (NS).

Methods: We conducted a cross-sectional study involving individuals with cognitive impairment living in three LTC facilities in NS. Oral health was assessed through clinical exams, frailty was evaluated using the Clinical Frailty Index, and dental care-seeking behaviors and healthcare utilization were collected from caregivers.

Results: The interim analysis included 30 participants, 63% of whom were female, with a mean age of 78.4 ± 10.3 years. Approximately 61% had caries and 22% required tooth extraction. The mean number of missing and decayed teeth was 12.9 ± 10.8 and 2.5 ± 3.0, respectively. The mean number of posterior teeth in functional occlusion was 4.2 ± 3.3. Oral hygiene was poor, and 26% had severe periodontal disease with ≥ 6 mm clinical attachment loss. The mean frailty score was 6.7 ± 0.7.

Conclusion: These interim findings highlight the significant oral health needs of individuals with cognitive impairment living in LTC facilities, as evidenced by poor oral hygiene, a high number of missing and decayed teeth, limited functional occlusion, and high treatment needs—all of which can impact nutritional intake. The frailty levels of participants further indicate their increased vulnerability to poor oral health. To mitigate these risks, meticulous daily mouth care, caregiver training, and supportive oral health interventions are essential.

C.5 Symposium: Atlantic Research in Long-Term Care

#105 - Atlantic Research in LTC: Understanding the working conditions and wellbeing of staff in LTC in Atlantic Canada & Alberta

Janice Keefe[1,2], Carole Estabrooks[3], Rose McCloskey[4], Marilyn Hodgins[5], Lori Weeks[6], Adrian MacKenzie[7], Kelli O'Brien[8], Melissa Andrew[9], Deborah Boudreau[10], Julie Weir[11], Emily Rutledge[12]

[1]Nova Scotia Centre on Aging, Mount Saint Vincent University, Halifax. [2]Dept of Family Studies and Gerontology, MSVU, Halifax. [3]Faculty of Nursing, University of Alberta, Edmonton. [4]Faculty of Nursing, University of New Brunswick, Saint John. [5]Faculty of Nursing, University of New Brunswick, Fredericton. [6]School of Health Administration, Dalhousie University, Halifax. [7]Nova Scotia Department of Health. [8]NL Health Services. [9]Geriatric Medicine, Dalhousie University, Halifax. [10]Nursing Home Association of Nova Scotia. [11]Faculty of Nursing, University of New Brunswick. [12] Dalhousie University, Halifax.

The LTC sector across Canada is facing significant issues in the recruitment and retention of staff, particularly care aides (CAs) and nurses. Staff shortages in LTC may put residents and staff at risk. The Translating Research in Eldercare (www.trec.ca) has surveyed LTC Staff work environment, health, and job-related outcomes for two decades, and recently our ARCLTC has expanded this survey to our region. This symposium will showcase these regional LTC staff survey results and compare them with Alberta (AB).

The symposium will begin with an overview of the project rationale, and methodology. Stratified random sampling and mixed methods were used to collect data from representative samples of LTC facilities in each province (20-NS, 17-NB, 8-PEI, 8-NL). Participation rates among eligible staff included 62% for care aides (n=1338 CAs) and between 60-80% for regulated staff (RNs/LPNs n=724; Allied Health=154; Managers=89), totaling 2305 surveys.

The symposium will comprise four presentations: The first will examine the relationship between the working environment and CA health accounting for the impact of facility characteristics such as size, ownership model, and location on these outcomes as well as exploring how the LTC policy landscape may mitigate these findings. The second presentation analyzes factors that contribution to nurses' burden, job satisfaction, and intent to leave across the Provinces. The third explores differences among AC Provinces in how worries about their staff's wellbeing affects LTC manager's health. The final presentation compares regional differences between AC and AB in terms of "who is looking after Mom and Dad".

Wednesday June 4, 2025

Plenary Session – Keynote: Dr. Charlene Chu (9:00-10:00 am)

New Frontier in Aging: The Promises and Perils of Artificial Intelligence

Charlene Chu
Assistant Professor Lawrence Bloomberg Faculty of Nursing, University of Toronto

Artificial intelligence (AI) is revolutionizing our lives. For older adults, innovative smart technologies can enhance quality of life. For the health system, AI is improving diagnostic capabilities and introducing new treatment options. For the research community, smart technologies can offer new ways to collect and analyze data. However, AI is not a panacea. It is critical to understand the ethical and legal implications of its use, as well as its potential to reinforce societal inequities. Dr. Chu will explore the promises and perils of AI in the context of aging, and leave us better equipped to examine whether its use leads to practice, policy and research that will make a real difference in the lives of older adults.

Concurrent Session D – Oral Presentations (10:30 – 12:00 noon)

D.1 Innovative Partnerships & Collaborations

#19 - Partnered research to evaluate adult day programs for persons with dementia across four Canadian provinces

Matthias Hoben[1], Andrea Ubell[2], Hom Shrestha[1], Hung Nguyen[1], Colleen Maxwell[3], Saleema Allana[4], Malcolm Doupe[5], Holly Symonds-Brown[6], Zahra Goodarzi[7], Kim McGrail[8]
[1]School of Health Policy and Management, York university, Toronto. [2]Alzheimer Society of York Region. [3]School of Pharmacy, University of Waterloo, Waterloo. [4]Arthur Labatt School of Nursing, Western University, London. [5]Manitoba Centre for Health Policy, University of Manitoba, Winnipeg. [6]Faculty of Nursing, University of Alberta, Edmonton. [7]Cumming School of Medicine, University of Calgary, Calgary. [8]School of Population and Public Health, University of British Columbia, Vancouver.

Receiving care in the community for as long as possible is the preference of persons living with dementia, their family/friend caregivers, and health systems. However, health systems have struggled to meet these preferences. Day programs are a promising care option to support aging in place. They provide support to persons living with dementia, and respite to their caregivers. We lack robust research evaluating the effectiveness of day programs in supporting aging in place and the health and well-being of persons living with dementia and their caregivers. Designing and conducting such research is complex and requires close collaborations among researchers from multiple disciplines and various groups of knowledge users and persons with lived experience. A researcher, a trainee (and person with lived experience), and a knowledge user will co-present to describe the collaborations we built to design and carry out multiple research studies, comprehensively evaluating day programs across 4 Canadian provinces. Researchers and trainees collaborate with 32 partners, including older adults (some with dementia), their caregivers, representatives of

Alzheimer Societies and caregiver organizations, day program staff and managers, and health system and government decision makers. We will share experiences in building and maintaining relationships, highlight how partnerships have been essential in defining research priorities and ensuring feasibility and impact of the research, and report on challenges and mitigation strategies. Partnered research can facilitate rapid implementation of findings into policy and practice, but varying backgrounds, paradigms, and priorities among researchers and partners can lead to challenges that need to be navigated.

#38 - Towards Just Care: Aging in Place through Coalition-Building

Mary Jean Hande[1], Megan Linton[2], Jihan Abbas[3]
[1]Department of Sociology, Trent University, Peterborough. [2]Carleton University, Ottawa. [3]Toronto Metropolitan University, Toronto.

Aging in place is the overwhelming preference of older people in Canada. This typically translates to accessing care services, when needed, in private residences or community-based housing rather than long term residential care facilities (LTRC aka nursing homes). Despite this demand, home-based care (home care) is increasingly, privately provided and owned, and un(der)regulated. In fact, Canada continues to prioritize LTRC spending over home care more than in any other OECD country. As such, LTRC remains the default option for older people with complex health challenges, especially those with dementia and other cognitive impairments. This paper presentation explores cross-movement building as a means of turning the tide. Aging in place initiatives tend to be siloed from broader social movements for deinstitutionalization led by disabled people, as well as migrant justice organizing to improve the lives and working conditions of migrant direct home care workers, who provide most of the home-based care in Canada. This presentation explores the challenges and possibilities of coalition-building across these historically discrete movements, to imagine and create more just and feasible home care systems in Canada. We draw on insights from the research project Towards Just Care, which convened home care receivers and migrant care workers to envision more just home care systems through the social justice frameworks of disability justice and migrant justice. We suggest that the rich legacies and victories of global deinstitutionalization and migrant domestic worker movements enable important frame extensions for building powerful age-friendly futures through more socially just home care in Canada.

#58 - Journey of Collaboration: Updating Home Health Nursing Competencies to Support the Aging Population in Communities

Lisa Doucet[1], Karen Curry[1], Bene Franquien[2]
[1]School of Nursing, Dalhousie University, Halifax. [2]Victorian Order of Nurses.

Objective/Background: The development of the Community Health Nurses Canada (CHNC) Home Health Nursing Competencies 2nd edition (2024) aims to enhance nurses' ability to provide quality care in growing complex home environments responding to shifting demographics. Increasingly, there is greater representation of older adults accessing home care services (Statistics Canada, 2022). The presenters will highlight the collaborative, multidisciplinary approach to this revision which included Canadian Interprofessional Health Collaborative (2024) competencies to promote holistic care.

Approach: Over a year ago, the leadership team, consisting of CHNC and SE Health and their research team, began the process of revising the competencies. The CHNC Standards of Nursing Practice (2019) provided the framework to map the new competencies. To ensure the competencies' relevance and applicability, the CHNC leadership team collaborated with an advisory panel of nurses from practice, leadership, education, policy, and research. A final review through the perspectives of other healthcare providers further strengthened and solidified this multidisciplinary collaboration, ensuring the competencies meet the evolving needs of the aging population in the home health setting.

Looking Ahead: Input from a wide range of healthcare experts led to the release of the 2nd edition of the CHNC Home Health Nursing Competencies in 2024. Multidisciplinary team members subsequently created a dissemination package to support knowledge exchange and change management in home health nursing through practice support tools and implementation suggestions. This presentation will share our experience in collaborating among home care, nursing, and key healthcare partners to both revise the competencies and develop the dissemination package.

#92 - Aging in the Right Place: Interdisciplinary Solutions for Healthy Aging in Rural Communities

Chandell Gosse[1], Alison Grittner[1], Tanya Brann-Barrett[1]
[1]Cape Breton University, Sydney.

As Nova Scotia's senior population grows, rural communities face increasing pressures to meet the needs of older adults, particularly in the domains of healthcare, housing, and social support. Our interdisciplinary project leverages local assets and cross-sector collaboration to explore a key question: How can we support rural Nova Scotians to "Age in the Right Place" (AIRP)? AIRP emphasizes the importance of environments that address the unique needs of aging adults through tailored strategies promoting well-being and independence. By partnering across fields —including medicine, architecture, communication, social work, and gerontology —and working with local organizations, our project integrates support systems to enhance the structural, social, and health needs of older adults in rural Nova Scotia.

Our approach recognizes that sustainable solutions for healthy aging require coordinated, cross-sectoral change. Grounded in Bronfenbrenner's ecological model, our project seeks to transform often-isolated systems into interconnected support networks that address frailty, social inclusion, and environmental modifications across micro-, meso-, and macrosystem levels. By integrating diverse institutional and community-based frameworks, our interdisciplinary team aims to reduce reliance on long-term care, decrease hospital admissions, and enhance quality of life.

This presentation will outline promising practices in cross-sector cooperation, highlighting how interdisciplinary teams can address complex challenges associated with aging. We will share insights into the collaborative processes that enable each discipline to contribute unique perspectives and expertise. By discussing specific interdisciplinary strategies and tools used to bridge these fields, we aim to illustrate how an integrated approach supports comprehensive, sustainable solutions for healthy aging.

D.2 Care in the Community

#45 - Relationship between formal home care hours and social vulnerability among older adults in Nova Scotia followed for 10 years

Jasmine Mah[1], Jack Quach[2], Susan Stevens[3], Kenneth Rockwood[1], Janice Keefe[3], Melissa Andrew[1], Judith Godin[2]
[1]Division of Geriatric Medicine, Department of Medicine, Dalhousie University, Halifax. [2]Geriatric Medicine Research, Dalhousie University and Nova Scotia Health, Halifax. [3]Department of Family Studies and Gerontology, Mount Saint Vincent University, Halifax

Background: Home care services enable older adults to maintain independence and delay institutionalization. A key element to aging in place is a person's social circumstances, especially as health problems accumulate. We examined the influence of social vulnerability on home care use.

Methods: We analyzed data from older Nova Scotians who were assessed and remained with publicly funded home care from 2005 to 2018. Multilevel growth models were used to evaluate home care hours over time relative to baseline and change in social vulnerability (using a social vulnerability index), accounting for age, sex, frailty, dementia, receipt of nursing services and year of home care intake. Sex specific analyzes were also conducted.

Results: Among 5,170 older adults with 13,552 home care assessments over ten years, the mean age was 80.5 (SD 7.5) and 67.6% were female. Greater changes in SVI were associated with a lower number of hours of home care authorized such that each 0.1 increase in SVI per year was associated with a decrease in annual hours by 3.3% (B =-0.034, CI: -0.052 – -0.016, p<0.001). For males, and individuals assessed for home care within 5 years of death, high baseline social vulnerability was significantly negatively correlated with hours of home care authorized.

Discussion: As the degree of social vulnerability increased, the number of home care hours decreased. This study improves our understanding of the dynamic interplay between social vulnerability and home care usage, with implications for how home care services can better serve older adults aging in the community.

#107 - Continuing engagement: Home care clients' contributions to family and community

Kaitlyn Kuryk[1], Kelly O'Neil[2], Laura Funk[1], Marilyn Macdonald[3], Anne Martin Matthews[4], Janice Keefe[2,5]

[1]University of Manitoba, Winnipeg. [2]Nova Scotia Centre on Aging, Mount Saint Vincent University, Halifax. [3]School of Nursing, Dalhousie University, Halifax. [4]University of British Columbia, Vancouver. [5]Department of Family Studies and Gerontology, Mount Saint Vincent University, Halifax.

Home care clients are often viewed as passive recipients of care, dependent on their care providers to remain at homes. Our previous research challenged this myth by focusing on the work that clients contribute to advocate for themselves and their workers, and to use their emotional labour, communications strategies, and relational skills when faced with challenges (Kuryk, et al., 2023). This paper moves beyond the confines of older persons as clients to broaden understanding of them as community members, highlighting ways in which older adults continue to contribute to their families, and communities.

We examine individual interviews with 12 clients from publicly-funded home care programs in Winnipeg and Nova Scotia, their home support workers and family carers, over three data collection points between 2019 and 2021. We used thematic analysis to review the transcripts. Home care clients' desire to remain in their homes and community is built on their history and continuous reciprocity. Clients supported family/friends/neighbours emotionally, physically, and financially through various tasks. The value some older clients placed on caring for others highlights the importance of being able to contribute and remaining active members of the community. We discuss the consequences of only seeing clients in terms of their assessed needs rather than as important contributors to their networks. This presentation reinforces the understanding that home care clients are more than passive recipients of services. We reframe discussions of home care in terms of clients' full personhood as current and past contributors to their families, care providers and communities.

#37 - Advancing Equity in Care: Expanding Access to Support for Nova Scotia's Caregivers

Alexandria Delaney[1]
[1]Department of Sociology, University of Manitoba, Winnipeg.

My master's thesis explores the challenges of caregivers in Nova Scotia and their barriers to accessing respite care and government support. This thesis is guided by social reproduction theory, the political economy of aging, and the life course perspective. These perspectives help to better understand how unpaid care work is valued in the care economy and why this labour has been largely overshadowed and underappreciated due to neoliberalism. This research uses a mixed-methods approach including seven semi-structured interviews with caregivers across Nova Scotia, which are supplemented with secondary data analysis of the 2018 General Social Survey - Caregiving and Care Receiving. This presentation will focus on the need for better access to home care services, respite care, and government funds to help caregivers and mediate caregiver burden. Caregivers reported difficulties applying for financial support and/or worry about losing this support. The presentation will include recommendations to help ease some of the challenges of caregiving such as personalized training for caregivers to provide care at home, better access to Care Coordinators especially in-person services, expanding and promoting the Caregivers Handbook from Caregivers Nova Scotia, and expanding the criteria for provincial support, including the Nova Scotia Caregiver Benefit. Helping caregivers in these ways is a necessary step to ensure a better quality of life for caregivers and their care recipients.

#44 - Caring from away: the health work of long-distance family carers in Halifax, Nova Scotia

Mary Rita Holland[1]
[1]Nancy's Chair in Women's Studies, Mount Saint Vincent University, Halifax.

Place-based responses to aging assume the availability of a) a safe home environment and b) human labour to support healthy aging in the home space. Such requirements are often met by the adult children of parents living in a city or country, far from the care recipient. While considerable scholarly attention has been directed at carers and their 'burden', providing assistance to a loved one living with chronic illness or disability, less has been devoted to the forms of health work long distance carers are involved in that ensures the home is maintained as a site of care. Such forms of health work go beyond administrative and emotional support and can include the maintenance of culture, family relationships, and memories - vital aspects of health that are invisible in Canada's neoliberal welfare state. Using surveys and semi-structured interviews with long distance family carers residing in Halifax, Canada while caring for a loved one in Canada or abroad, the paper will respond to the question - what does family caring entail for long distance family carers and how are they supported? The research will provide an opportunity to determine how Halifax-area family carers can be better supported in managing their role as well as an understanding of the depth of the caregiving resources and network required for healthy aging at home.

D.3 Long-Term Care Health Human Resources

#54 - Defining Physician Commitment in Long-Term Care: Insights from a Modified e-Delphi Study

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Background: Across Canada, long-term care (LTC) residents receive care from physicians, but the quality and delivery of medical services vary across LTC homes. Physician commitment to LTC practice is thought to predict quality, but there is no agreed-upon definition of this commitment. This work aimed to use consensus-building methods to establish what defines physician commitment in Canadian LTC homes.
Approach: We conducted a two-round modified e-Delphi study with LTC clinician experts across Canada, with a virtual consensus meeting in between. A literature review identified candidate statements about physician commitment. Experts rated statements for relevance and feasibility on a 7-point scale, and provided qualitative feedback. Consensus was defined as 70% or more of the panel rating the statement in a particular direction.
Results: This analysis is ongoing and results will be ready to present in June 2025. Our literature search resulted in 38 statements. We recruited 27 Canadian LTC clinicians who completed the first questionnaire. Seventeen statements reached consensus based on the criteria (relevance and feasibility), while the other 21 statements advanced to the second

round. We are currently obtaining data from the second questionnaire.
Implications: Defining physician commitment is of interest and crucial for enhancing care quality in Canada's LTC sector from policy, decision, and clinical perspective. A clear, evidence-informed definition can guide policies and practices, influence minimum care standards, and address health human resources issues in LTC. This research also supports ongoing efforts to improve practice commitment and quality of care, potentially linking physician commitment to resident health outcomes.

#69 - Recovery in the aftermath of COVID-19 in long term care (LTC) homes

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TREC is a pan-Canadian research program focused on enhancing staff quality of work life and resident quality of life LTC. To date, we have completed 7 waves of data collections (2008-2024). The program uses Roger's Diffusion of Innovation theory, the PARiSH implementation framework, and in the case of this presentation, the Job Demands-Resources model.

Objective: To describe the complex phenomenon of recovery from COVID-19 in Alberta's LTC system.

Methods: We used manager, nurse and care aide data from 3 waves of TREC's Alberta survey data – pre (2019), mid (2021) and post (2024) COVID. The number of homes in each wave ranges from 28 to 62. Care aide surveys per wave range from 760 to 2248, nurses from 327 to 637, and managers from 87 to 152. We include staff measures such as job satisfaction, burnout, physical/mental health, and selected mental health and well-being measures. We used descriptive and regression-based analyses accounting for the data's nested structure.
Results: Our analyses are ongoing, but preliminary findings suggest a slow and partial recovery at best. Managers have been hit particularly hard and are recovering slowly. Each group presents differently in their response to the pandemic and to their work environments. We will also discuss how we have partnered closely with government, the region and mangers to leverage our findings.

Implications: The ability to respond quickly to changes in data patterns with interventions and policy actions in LTC is significant. It depends on strong and sustained partnerships, ongoing funding, and on mutual understanding

#102 - Attachment, Burnout and Stress in the LTC Sector in Newfoundland and Labrador - Preliminary Results from an Atlantic Research Collaboration on LTC (ARC LTC) Study

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One of the most significant challenges in health care is adequately staffing long-term care facilities with sufficient care providers with the appropriate skill-mix. COVID 19 exposed longstanding deficiencies within the long-term care sector, including staff shortages, high workloads and retention challenges. The need to address workforce challenges, inclusive of strategies to develop and support care managers and leaders, to build ad support resilience of the workforce and to better understand and measure worker experience, has been highlighted.

The ARC LTC project collected data from a stratified random sample of LTC homes in 4 AC provinces with data collected in Newfoundland and Labrador in the Spring of 2024. The Translating Research into Eldercare (TREC) Survey – collected by trained interviewers - was used across four staff groups (PCAs=257, RN/LPNs= 259; Managers=46; Allied Health=23) to examine the work conditions and a range of human resource factors that paint a broad picture of the NL LTC workforce. Our presentation will examine job satisfaction, workforce attachment, intention to remain in the sector, and stress and burnout among these four occupational groups in the NL ARC LTC data. We will compare across occupational groups, a range of demographic factors and facility size. We anticipate this will be a preliminary investigation and we will seek to develop a more nuanced exploration of the data as we dive deeper into unit level factors, looking more broadly at the contextual factors that could contribute to both positive and potentially adverse workplace circumstances.

#104 - Does Residents' Responsive Behaviors affect Care Aides' Quality of Work Life in Long term Care (LTC) Homes in Atlantic Canada

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Responsive behaviors are meaningful reactions to personal or environmental stimuli and are common among LTC residents. Responsive behaviors commonly occur during direct care and can include verbal and physical actions that are challenging, disruptive, or distressing for LTC staff. Despite these challenges, little data exists on the prevalence or type of responsive behaviors that occur in LTC homes across Atlantic Canada, or their impact on staff's quality of work life. Structured interviews were conducted with 1338 care aides (CAs) from a stratified random sample of LTC homes in Nova Scotia, Newfoundland, Prince Edward Island, and New Brunswick. Participants identified the responsive behaviors they experienced from residents during the five shifts prior to the interview. Findings show that CAs frequently encounter yelling/screaming (90.4%), verbal threats (67%), harmful remarks or behaviors (76%), physical aggression (i.e. spit on, hit, pushed; 71%), repeated sexual remarks (30%) and sexual touching (16%). These interactions may contribute to a high intention to leave among CAs, who often contemplate quitting (1-5 scale, mean=2.68, SD=1.27), or plan to search for a new job within the next year (1-5 scale, mean=2.41, SD=1.15). Among those with high intention to leave, 40% (n=51) are considering similar roles in LTC, while 64% (n=80) are exploring different job fields. Understanding the relationship between responsive behaviors and staff experiences is crucial, as it potentially impacts job satisfaction (1-5 scale, mean=3.97, SD=0.74) and retention. Understanding these relationships in more depth can inform strategies to enhance staff support, job satisfaction and overall well-being.

D.4 Underrecognized Social Issues in Later Life

#41 - A postcolonial analysis of the lived realities of older immigrants experiencing homelessness in Canada

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Homelessness among older adults (50+) in Canada is growing due to a rapidly aging population and a lack of affordable housing. Recognizing this, critical gerontologists emphasize the importance of intersectional examinations of older people experiencing homelessness (OPEH). Specifically, little to no research to date has examined factors impacting the well-being of OPEH, who are also immigrants to Canada. As ageism, settlement challenges, and racism/xenophobia intersect to impact the experiences of this population, it is important to critically engage with this intersection. Thus, we designed a cross-Canada community-based participatory study of homelessness and housing insecurity in later life which aimed to engage older adults with lived experiences of housing insecurity. In this presentation we focus on insights gained from qualitative photovoice interviews with 14 immigrant OPEH in Vancouver, Calgary, and Montreal. We applied an intersectional and postcolonial lens to analyse the data and to contextualize the lived realities of immigrant OPEH. Findings suggest that language barriers and cultural dislocation significantly impact well-being and, ultimately, the ability to age in the right place. In addition, the way immigrant OPEH experiences are shaped through a comparison of their countries of origin with Canada. Study insights can inform policymakers and social service providers to develop targeted interventions that address the specific needs of people with histories of immigration and homelessness. Ultimately, use of study findings seeks to promote the social integration of immigrant OPEH, while improving their quality of life and ability to age in the right place.

#59 - The Advocacy Intervention for Women in Midlife and Older who Experience Intimate Partner Violence: Quantitative and Qualitative Findings from a Multidisciplinary Research Team in the Maritime Provinces

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Women in midlife and older who experience intimate partner violence (IPV) often have less access to supports and services compared to younger women. In addition, research on interventions that target this population in Canada is lacking. The AIM Study is a randomized controlled trial with a qualitative component that is investigating the effectiveness of the advocacy intervention for women in midlife and older who experience IPV (the AIM Program). The AIM Program is a virtual intervention designed to provide empowerment (i.e., information, resources) and social support to women in midlife and older women who have experienced IPV. To be eligible to participate, women had to be middle-aged or older (aged approximately ≥45 years), live in the Maritime provinces, and self-identify as having recent experience with IPV. Participants were randomly allocated to receive the AIM Program or to the control group. For the 53 participants enrolled in the intervention (n=33) and control (n=27) groups, we will present quantitative results about the primary study outcomes including physical and mental health, knowledge about IPV, and safety strategies at baseline and after 3 months. In addition, we will present findings from the qualitative interviews that were conducted with intervention group participants. The interviews have revealed that the participants benefited from the information and support that they received through the Program and participants recommended minor ways to improve the program content and delivery methods. The discussion will focus on lessons learned from implementing the AIM Program and potential directions for sustainability of the AIM Program.

#89 - Dignified, safe, affordable housing for seniors who are faced with homelessness in rural and small town Nova Scotia

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Although homelessness among older adults is not a new phenomenon and has received some research attention over the last several decades (i.e. Canadian examples by Amanda Grenier and colleagues (2016; 2022; 2024), it is a newer phenomenon in Nova Scotia. Recently, the media drew attention to an older couple in their late 70s who were living in a tent in Halifax. As a result of the media attention, an anonymous donor paid for their first month's rent and a damage deposit, and they were able to find an apartment that they could afford (Lau & Macdonald, 2024). Unfortunately, they are not the only older homeless adults in Nova Scotia, which seems to be on the rise. This presentation will report on findings from an action research study conducted by a collaborative research team that focused on enumerating homelessness in the western region of Nova Scotia. Data are being collected about experiences of homelessness across the life course using a broad definition of homelessness, from absolute or unsheltered to at risk of homelessness. We will focus on the types of housing insecurities and compounding issues that come from lack of housing security for seniors (50+), types of resources that they are currently accessing, and discuss what supports are needed from an individual, community and systems perspective. This project is an example of how academics can work with community partners across sectors to improve care and resources for individuals facing homelessness and housing insecurity across the life course.

D.5 Education Initiatives to Enhance Care

#29 - Promoting equity in gerontological nursing education: Development of an Open Educational Resource on equitable and inclusive approaches to working with older people

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Systemic social, economic, and cultural inequities continue to impact the health and well-being of older people from marginalized communities. Nursing and other health professional programs often have insufficient gerontological content, and even less that is focused on equitable and inclusive approaches to supporting older people. In response to this gap, our interprofessional team developed an Open Educational Resource (OER) to support, stimulate and facilitate learning around aging from an equity, diversity, inclusivity and accessibility (EDIA) standpoint, and help foster student awareness, confidence and capacities in providing collaborative gerontological care to diverse older people.

Methods: Through collaboration with stakeholders within Dalhousie University (e.g. educational developers from the Centre for Learning and Teaching) and externally through a steering committee, we planned an iterative consultation and development process. Informed by curriculum and literature reviews, five modules were developed and piloted as an interprofessional undergraduate mini course then made available through PressBooks.

Results: Modules covering intersectionality, aging at home, care transitions, emergency management, and resilience were created to provide a foundation for further learning and will be refined through feedback from users. Content includes asynchronous and synchronous class activities, links to resources and an embedded consolidation activity using unique case stories.

Conclusion: This OER provides content to support reflective practice related to equity and aging and contributes to addressing the gaps in pedagogical approaches that recognize the diversity of older people and impacts of multiple systems of oppression on the experiences older people and their relations with health care professionals.

#18 - Ready to Lead: Preparing New Leaders in Continuing Care in Nova Scotia

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Over 43,000 Nova Scotians receive continuing care services each year. Much of that care and support is provided by continuing care assistants, personal care workers and licensed practical nurses - a workforce of over 10,000 professionals. Many of these health care professionals have the desire and capabilities to progress into leadership roles but developmental opportunities to help them prepare for this transition have been limited. This presentation will explore the development, delivery, and outcomes of a unique professional development program designed to prepare experienced frontline health care workers in continuing care in Nova Scotia to be successful leaders.

The Ready to Lead (R2L) program is a series of microcredentials consisting of 6 online modules totaling 80 professional development hours delivered over a 7-month period. This program was developed by a post-secondary institution working in partnership with the provincial government, who is also the funder, and development support from two large continuing care employers. Two cohorts of 20 participants started the program in Fall 2024 with program completion scheduled for Spring 2025.

Our goal is to share the value and impact of this program to participants with decision makers, educators and employers planning or developing professional development programs for frontline health care professionals. This presentation will include the first voices of program participants, and will also cover lessons learned from proposal through delivery and into program review.

#14 - Building Competence in Dementia Care Through Continuing Education for Rehabilitation Providers

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The increasing prevalence of Alzheimer's disease and other dementias, particularly in long-term care settings, presents significant challenges. Individuals with dementia often face high levels of functional dependence, an elevated risk of falls and fractures, and diminished quality of life (Lane et al., 2017; Helvik et al., 2014; Bennett et al., 2002; Thomas et al., 2002; Van Doorn et al., 2003). However, rehabilitation providers receive minimal training and often lack adequate resources for effective service delivery (Bechard et al., 2020). To address this gap, we collaborated with researchers, clinicians, and individuals with lived experience to develop Care Approaches in Rehabilitation for Effective Support for Dementia

(CARES-D), an online training course. This course aims to raise awareness through evidence-based information and enhance decision-making using the Behaviour Change Wheel principles.

We aim to analyze rehabilitation professionals' knowledge, attitudes, and confidence regarding dementia management before and after taking the CARES-D course. This will involve a pre-post analysis of quantitative and qualitative data, examining changes in the Dementia Knowledge Assessment Scale, Dementia Attitudes Scale, and Confidence in Dementia Scale. We expect to find an improvement in learner knowledge, attitude, and confidence in working with individuals living with dementia in rehabilitation settings. These findings could significantly contribute to continuing education and guide interventions to better support individuals with dementia. Additionally, the anticipated results may enhance our understanding of learner engagement in ongoing education. If unexpected results arise, further research may be needed to explore influencing factors.

D.6 Workshop: Bridging the Gap on Social Isolation and Loneliness in Older Adults

#81 - Bridging the Gap on Social Isolation and Loneliness in Older Adults

David Conn[1], Tanya Billard[2], Suzanne Dupuis-Blanchard[3], Amy Freedman[4,5], Peter Hoang[6], Melanie Levasseur[7]
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Social isolation and loneliness have emerged as key elements affecting the physical and mental well-being of older adults across Canada. This isolation can exacerbate feelings of loneliness, contributing to adverse health outcomes such as depression, anxiety, and cognitive decline.

"Family physicians and other primary care providers might be the only point of social contact for many older patients. Just as physicians screen for other risk factors, there might be a role for primary care physicians, to identify patients who are isolated, lonely, or socially vulnerable and to recommend evidence-based interventions that could strengthen social connections." (Freedman & Nicolle, 2020)

The Canadian Coalition for Seniors' Mental Health (CCSMH) has developed clinical guidelines on social isolation and loneliness specific to older adults primarily for Health Care and Social Service Professionals (HCSSPs) to support them in their professional roles working with older adults. These Canadian clinical guidelines are the first in the world created by a pan-Canadian group of experts and include 17 recommendations in the areas of Prevention, Screening, Assessment and Interventions.

From attending in this workshop participants will be able to:

1. Articulate the key recommendations from the new clinical guidelines on social isolation and loneliness in older adults.

2. Describe how to use new tools and resources to engage with older adults who may be socially isolated or lonely.

3. Explore strategies for interprofessional collaboration to support the social health older adults in rural and remote areas.

Plenary Session – Panel (12:45-2:00 pm)

Current Research on Aging: Opportunities and Enablers for Shaping Knowledge, Policy and Practice

Panelists: Lindsay Wallace, Canadian Longitudinal Study on Aging (CLSA), Melissa Andrew, Canadian Consortium on Neurodegeneration in Aging, Phase III (CCNA), Ted McDonald, Health Data Research Network Canada (HDRN), Carole Estabrooks, Translating Research in Eldercare (TREC)

Moderator: Jacqueline Gahagan, Associate-Vice President Research, Mount Saint Vincent University, Halifax

Advancing knowledge, policy and practice in the field of aging is driven by several networks in Canada that support interdisciplinary work, access to data, training and mentorship opportunities, and collaboration with industry, government and non-profit partners. This panel brings together representatives from four leading national/Pan Canadian initiatives to learn how each are working to shape new knowledge, policy and practice in the field and building research capacity