

## PERCEPTIONS OF LONG-TERM CARE RESIDENTS AND THEIR FAMILY MEMBERS ABOUT USING THE CONVERSATION STARTER KIT

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The need for a palliative approach in long term care (LTC) is widely recognized. However, advance care planning (ACP) is still rare. The purpose of this study was to explore the perceptions of LTC residents and their families about using an ACP tool called The Conversation Starter Kit (CSK). This study utilized a mixed methods approach. Data was collected in four LTC homes in Ontario, Canada from 31 residents and family members during an interview after they had completed the CSK. Data was analyzed using thematic analysis and descriptive statistics. All participants read all sections but only 73% completed all sections of the toolkit. Participants spent an average of 36 minutes discussing it with their family members and/or LTC staff. Participants reported: a better understanding of ACP after using the tool (80%), that the tool helped clarify the available resources and/or choices (53%), and that they felt less apprehensive about ACP after using the tool (60%). Qualitative findings revealed many strengths (e.g., usefulness, ability to start difficult conversations, content and clarification), and weaknesses of the tool (e.g., redundant information, difficulty understanding the content and lack of information regarding medically assisted dying). Family members noted that the toolkit would have been helpful to receive earlier on in their family members' disease trajectory, perhaps before being admitted into LTC. These study findings support the CSK for residents and family members to have ACP discussions in LTC. Future work is needed to evaluate the effectiveness of the tool with a larger sample.

## LGBTQ PROGRAMMING AT SENIOR CENTERS IN MASSACHUSETTS

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LGBTQ seniors have some different needs for programs and services, are at a higher risk of social isolation, and are often underserved in the community. Senior centers serve as a hub of resources in a community and are purposefully situated to address the needs and interests of all seniors in a community; they are a natural outlet for targeted programming for LGBTQ seniors. The purpose of this project is to demonstrate what municipal senior centers across Massachusetts are doing to meet the needs of their LGBTQ seniors. A total of 24 senior centers were identified by the Massachusetts Association of Councils on Aging (MCOA) as providing LGBTQ programming. Semi-structured interviews were conducted with 14 senior center directors or programming staff from different communities across Massachusetts to learn more about their specific programming. For almost all senior centers in this study, the main LGBTQ-specific programming was a congregate meal with an activity. Activities included both recreational activities like a film-screening and educational engagements such as guest speakers or specialists on housing, legal services, and health promotion. Distinguishing

characteristics included whether or not programming had an intergenerational component, type of recruitment methods, and geographic clustering of programs. For example, two regions emerged as having shared activities for LGBTQ seniors. Results from this study will be used to illustrate models of best practice when it comes to LGBTQ programming for older people.

## LTSS IS LOCAL, EVEN IN COUNTRIES WITH NATIONAL LTSS PROGRAMS

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This study reports the results of a cross-national qualitative assessment of how different countries structure their provision of long term services and supports (LTSS). It emphasizes the universality of the local role, even in countries that offer some form of universal coverage for LTSS. At minimum, countries devolve the responsibility for administration and eligibility determination to sub-national units, variously called provinces, départements, Länder, or other terms. However, many countries do much more than that: subnational units can be responsible for the safety net welfare programs that pick up the costs that the universal programs do not cover. They may also run other programs that affect the ability of people with LTSS needs to live good lives, such as housing and health programs; again, the role of sub-national governments often focuses on those least able to pay. In addition, in some countries, local governments have a role in helping to finance the national program as well. Differing abilities to support these responsibilities across regions can result in geographic disparities in access to care – so, too, can differences in administration and eligibility determination, resulting in many of the same issues that we in the US confront regarding access to LTSS through the Medicaid program. Thus, even countries with strong national programs for LTSS experience many of the same tensions between national and sub-national units of government that we in the US do.

## DISPARITIES IN ACCESSING DIFFERENT TYPES OF LONG-TERM CARE SERVICES IN TAIWAN

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A growing body of evidence documents pervasive social and demographic factors relating to disparities in long-term care (LTC). In 2007, Taiwan implemented its Ten-year Long-Term Care Plan version 1.0 (TLTCP 1.0) that aimed to develop a home-and community-based (HCBS) LTC system. In 2016, Taiwan began to implement TLTCP 2.0. To continue providing effective LTC, this study aimed to assess the disparities in access to LTC services using Taiwan's LTC claim database from 2010 to 2013. A total of 87,438 older adults who had applied for LTC services from the TLTCP 1.0 were included. The study assessed LTC disparities related to five sociodemographic factors, including age, gender, living status, urbanization, and income status. Sixteen types of LTC services, including HCBS, home-based professional