

harms in a pretest-posttest trial. Women, 75-89 years were eligible for this study if they had not had a screening mammogram in six months, a history of breast cancer/dementia and had LHL (defined as reporting difficulty completing medical forms on one's own or obtaining < college education). Forty-four women participated. their mean age was 78, 74% had a high school degree or less, and 53% were non-Hispanic White. Overall, women reported that the DA helped them prepare to talk with their clinician quite a bit (Mean =3.6/5.0 on preparation for decision making scale) and 97% found the DA helpful. Using McNemar's test, decisional conflict did not change and knowledge on a 10 item true/false test on mammography screening did not change; however, after receiving the DA women were correctly less likely to think that having a mammogram would prevent cancer. With the shift toward shared decision-making for women > 75 years, there is a need to engage women of all literacy levels to make these decisions and we have developed a DA on mammography screening for older women with LHL that these women perceive to be helpful.

THE IMPORTANCE OF CANCER-RELATED AND OTHER HEALTH FACTORS ON COGNITION AMONG OLDER-ADULT LONG-TERM SURVIVORS.

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Previous research has identified cancer and cancer-treatment related effects on survivors' mental impairment including memory and concentration. However, research has not systematically examined the relative impact of cancer in the context of age and other age-related health challenges common in later life. This paper compares the effects of cancer-related factors with other health challenges faced by 471 older adult long-term survivors from an NCI-funded study of a randomly selected tumor registry sample from a major comprehensive cancer center. Having had chemotherapy is associated with several cognitive outcomes including memory and concentration. Survivors who reported more cancer-related symptoms during treatment reported a greater number of cognitive symptoms even decades after treatment. Importantly, other comorbid health problems as well as social factors were found to be important in explaining symptoms of cognitive impairment in this older adult sample. These findings suggest that health care and mental health providers consider the range of health challenges, including those related to cancer and its treatment, as they provide patient centered care.

TRANSPORTATION BARRIER IN RURAL OLDER ADULTS' USE OF PAIN MANAGEMENT AND PALLIATIVE CARE: SYSTEMATIC REVIEW

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Pain and symptom management is critical in ensuring quality of life for chronically or seriously ill older adults. However, while pain management and palliative care have steadily expanded in recent years, many underserved populations, such as rural older adults, experience barriers in

accessing such specialty services, particularly due to transportation issues. The purpose of this systematic review is to examine the specific types of transportation-related barriers experienced by rural older adults in accessing pain and palliative care. Studies were searched through the following 10 databases: Abstracts in Social Gerontology, Academic Search Premier, CINAHL, MEDLINE, PsycINFO, SocINDEX with Full Text, Cochrane Database of Systematic Reviews, Nursing & Allied Health Database, Sociological Abstracts, and PubMed. Studies were chosen for initial review if they were written in English, full-text, included older adults in sample, and examined pain/palliative care/hospice, rural areas, and transportation. A total of 174 abstracts were initially screened, 15 articles received full-text reviews and eight met the inclusion criteria. Findings of the eight studies identified transportation-related issues as major access barrier to pain and palliative care among rural older adults: specifically, lack of public transportation; lack of special needs/wheelchair accessible vehicles; lack of reliable drivers; high cost of transportation services; poor road conditions; and remoteness to the closest pain and palliative care service providers. Results suggest that rural older adults have unique transportation needs due to the urban-centric location of pain and palliative care services. Implications for practice, policy and research with older adults are discussed.

SESSION 2962 (POSTER)

AGING IN PLACE (BSS)

A COMMUNITY SPACE WITH DIVERSE ACTIVITIES SUPPORT OLDER ADULTS' SOCIAL PARTICIPATION AND SUSTAIN SOCIAL CONNECTION

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Active older adults in Japan participate in multiple social activities to be socially involved. However, physical limitation and decline in enthusiasm due to ageing decrease their participation. Diverse activities should be available at one place, close to older adult's residence, to sustain social connections. A community space was launched at Toyoshikidai housing complex (Kashwia, Japan) in February 2018. The place offers about 25 activities per month. This research aimed to elucidate the relationship between activity type and motivation for participation, and study the effect of the community space on older adults' social connection. A cross-sectional questionnaire survey was conducted targeting the attendees of community space (February 2020). Of attendees, 68% lived within 10-minutes walking distance to the community space (N=101). The activities were classified into craft, exercise, and music. The motivation for attending craft events were information exchange and relaxation, as was health maintenance for exercise events. Participating in group performance was the motivation to attend active music event, and casual gathering and network expansion was for passive music event. The frequency of social participation outside the community space was low in the group aged over 75 years. This group attended the activities at the community space

more frequently than did the younger group. Differences in the number of social connections were not found. This result implies that older adults maintained their social connection by attending activities held at the community space. The diverse programs and close location of the community space might have contributed to the motivation of participation.

ASSOCIATION BETWEEN MEDICATION-RELATED PROBLEMS AND EMERGENCY ROOM VISITS AMONG COMMUNITY-DWELLING OLDER ADULTS

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Medication-related problems (MRPs) remain one of the largest health risks for older adults, yet there are few studies that identify the complete myriad of problems associated with medication use among community-dwelling older adults with chronic diseases. The aim of this study is to identify the range and quantity of MRPs among community-dwelling older adults and determine the relationship between number of MRPs and emergency room (ER) visits. Primary data were collected from a community medication program for diverse older adults (N=206). A comprehensive medication review was conducted to identify MRPs including adverse drug reaction, inappropriate storage, and non-adherence. We conducted multivariate logistic regression to examine the relationship between the number of MRPs and ER visits controlling for health conditions and demographic information including age, gender and race. The mean age of participants was 74.2 (SD=8.8) and 65% were female. Racial groups include Whites (39%), Blacks (21%), Hispanics (29%) and Asian/Pacific Islanders (11%). On average, participants had 5.3 (SD=2.3) health conditions and 18.8 (SD=5.9) MRPs, among which adherence (36%) and coordination of care (28%) were most commonly identified. About 30% had at least 1 ER visit in the previous 6 months. The number of MRPs was significantly associated with ER visits (OR=1.08, p=.03). Older adults experienced a variety of MRPs and for each problem experienced, the odds of having an ER visit increased by 8%. Interventions are needed to assess the myriad of MRPs among community-dwelling older adults and address those potential risks.

EMERGENT BUSINESS MODELS FOR HOMECARE IN ENGLAND

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The purpose of this study is to examine how emergent homecare business models are shaping the care market in England. Homecare providers for older people are facing a rise in demand for their services which is driven not only by an ageing population but also from a market demand for personalised care, choice, continuity of care, and real time availability. Combined with a turbulent political and policy environment, the current care landscape presented an opportunity for innovative and emergent homecare models to establish themselves and in some occasions disrupt the market by offering a more inducing service design and value propositions that better match customers' needs. Utilizing the Business Model Canvas, this study investigated various

emergent models of homecare by using semi-ethnographic methods that included field observation and data collection, a narrative summary review and interviews. It has shown that homecare providers for an ageing customer base are becoming increasingly aware of emerging customer needs and expectations. Disruptive and emergent models such as uberisation, community-based, live-in and preventative models are becoming more pervasive in the current landscape. These models offer major shifts related to their value proposition, partnerships and customer segments. The value propositions are focused on several dimensions of wellbeing outcomes, choice and personalisation, whilst their care workforce is perceived as a major customer segments and their network of partners provides access to complementary services, investments and specialist knowledge. These changes are promoting more flexibility and responsiveness in the care market, enhancing service users' experience and encouraging workforce development.

INVESTIGATING THE FACTORS THAT INFLUENCE SELF-EFFICACY AMONG HOME CARE WORKERS PROVIDING DEMENTIA CARE

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The self-efficacy beliefs of home care personal support workers (PSWs) play a crucial role in their professional competence and subsequent provision of quality care. Understanding the factors that influence self-efficacy of PSWs is critical to ensuring their job satisfaction and retention, and ultimately improving the quality of care provided to home care clients. Currently, there is a lack of literature exploring the factors influencing self-efficacy among home care PSWs who care for clients with dementia. Accordingly, the purpose of this study was to investigate the sources of self-efficacy for home care PSWs. Conventional content analysis of interviews with 15 home care PSWs yielded six categories of sources influencing self-efficacy: insufficient client information provided by employers, lack of supportive communication by employers, restriction of PSWs' discretion and autonomy by employers, insufficient practical dementia-specific training, sufficient work experience with clients with dementia, and feedback from family caregivers. These findings call for a multi-pronged approach to enhance the self-efficacy of PSWs. In particular, these findings offer specific areas of improvement for employers on how to best support their PSWs. They also highlight the significant role of dementia-specific education and training for PSWs regardless of their experience in the field. Finally, the findings emphasize the importance of family caregivers in the home care context. Taken together, the study's findings offer insights on how to best support PSWs and ensure stability in the dementia care workforce.

LIVING WITHIN AND WITHOUT: LIFE-SPACE MAPPING TO VISUALIZE NEED AND RESOURCE ACCESS OF RURAL DEMENTIA DYADS

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