

Session 9145 (Poster)

COGNITION, COGNITIVE IMPAIRMENT, AND BRAIN INJURY

DOES COGNITIVE STATUS MODERATE THE RELATIONSHIP BETWEEN ENVIRONMENTAL FACTORS AND SELF-REPORTED HEALTH?

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Using data from NHATS Round 9, the present study examines the relationships between environmental factors and self-reported health among older adults with dementia, mild cognitive impairment (MCI), and normal cognition. Based on neighborhood stress process theory, we investigate the following questions: 1) Are there associations between dwelling safety hazards and neighborhood environments and self-reported health? 2) Is cognitive status a moderator between the relationship? 3) How do these associations differ between older adults with varying cognitive status (i.e., dementia, MCI, and normal cognition)? A hierarchical linear regression analyses are conducted. Results indicate that better quality of sidewalk surface and neighborhood social cohesion are associated with better self-reported health, after taking into account sociodemographic, health, and social factors. Interaction terms are then used to examine the moderating effects of cognitive status on the associations; four interactions terms are found to be statistically significant. Lastly, separate linear regression analyses are implemented for the dementia, MCI, and normal cognition groups. Findings show that the predicting power of environmental factors vary by cognitive status of older adults. For individuals with dementia, tripping hazards, cluttered home, and community disconnectedness are associated with poor self-reported health. However, no significant relationship was found for older adults with MCI. For older adults with normal cognition, better quality of sidewalk surface and neighborhood social cohesion predict better self-rated health scores. Findings of this study illuminate the important role of a hazard-free home, community walkability, and socially cohesive neighborhood environments in predicting better health status of older adults.

EMPLOYERS' RESPONSE TO WORKERS WITH PROGRESSIVE COGNITIVE IMPAIRMENT: A REVIEW OF POLICY IN CANADA

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Longer lifespans, the gig economy, eligibility for government pensions, and more testing for age-related cognitive changes, increase the potential for workers developing mild cognitive impairment and/or early onset dementia

(MCIEOD) “on the job”. This critical analysis assesses Canada’s policy environment for employers when employees are diagnosed with MCIEOD. Our search for policy literature included: a scoping review of academic literature involving Canadian-focused articles, and countries where novel or innovative policy had been evaluated and published; a search for Canadian court judgements and tribunal decisions; and a grey literature search in both Canadian and international sources, as innovation will often happen “at the margin” and updated policy may take years to be enacted and formalized. We used participatory research to obtain feedback from a broad group of stakeholders including employers, industry, professional organizations, and government, as well as people living with MCI/dementia, to ensure outputs were reflective of current policy. We found that: 1) Canadian federally-regulated employers are governed by similar Acts & Codes as the provinces and territories, with some notable exceptions, 2) Disability discrimination and accommodation case law in Canada is settled, however there are few cognitive impairment cases to provide specific guidance, 3) Scant empirical research in the scientific literature addresses policy that incents employers to build workspaces for employees with MCIEOD that help them stay on the job longer. We conclude that engaging with employers to better understand their needs will help policy-makers to support them build workspaces that encourage productive engagement of all workers.

EMPLOYERS' RESPONSE TO WORKERS WITH PROGRESSIVE COGNITIVE IMPAIRMENT: A SYSTEMATIC LITERATURE REVIEW

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An aging workforce increases the risk of workers experiencing cognitive decline that may lead to a diagnosis of mild cognitive impairment or early onset dementia (MCIEOD) while still employed. This systematic review explores the use of technologies (defined as any methods, processes, software, hardware or equipment) deployed by employers to accommodate, or build sustainable workspaces for, workers diagnosed with MCIEOD. After screening 3,860 titles/abstracts and 67 full text reviews, we identified and analyzed eight articles that met our inclusion criteria. We found that: 1) The existing literature almost exclusively focuses on employees’ perspectives on the quality of work life when diagnosed with MCIEOD, 2) Negative workspace culture toward employees’ cognitive decline, and the variability of disease onset and progression, may account for low employer awareness, 3) Employer responses focus on mitigation of risk associated with workers’ impairment. While this review demonstrates there is scant research exploring employers’ perspectives on employees diagnosed with MCIEOD, there is even less that explores technologies designed to specifically address employers’ needs and challenges. Technology will increasingly facilitate early identification of progressive neuro-cognitive disorders, and tools to help employers respond to an employee’s MCIEOD disclosure as a disability