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CONTINUUM OF GERIATRIC CARE FOR OLDER ADULTS WITH DUAL SENSORY LOSS DURING THE COVID-19 PANDEMIC IN CANADA: LESSONS LEARNED

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Introduction: Around 1.1 million older Canadians live with combined hearing and vision impairment (dual sensory loss/DSL). Evidence highlights that they are at a high risk of cognitive impairment, functional decline, social isolation, falls, depression, and mortality. Compared to their non-DSL peers, older adults with DSL experience various challenges in accessing healthcare, which were exacerbated during the COVID-19 pandemic. This study aimed to explore the continuum of geriatric care for older adults with DSL by integrating their perspectives, those of caregivers who accompany them on healthcare visits, and their healthcare providers in Canada during the pandemic.

Method: We conducted a qualitative study with 32 older Canadians with DSL and their caregivers, and an online survey with 228 healthcare providers across the country. Qualitative interviews were audio-recorded using Zoom and transcribed verbatim, while the survey data were collected using Lime Survey. Thematic analysis was used to analyse qualitative data, whereas descriptive statistics were used for quantitative survey

Results: The findings highlighted the gaps in the continuum of care for this population. The reported gaps were lack of training on DSL among healthcare providers, lack of time and comfort to go beyond one's specialty, lack or limited support to overcome communication challenges while providing care to older adults with DSL, difficulty in using technologies for virtual/telehealth, presence of comorbidities such as cognitive impairment, and restrictions in caregiver accompaniment during the pandemic.

Conclusion: Our findings indicate that the continuum of care for this group is negatively affected due to the pandemic, in a disproportionate manner, and structural barriers are experienced by older adults with DSL and their caregivers for access to care. To ensure effective care, healthcare professionals need training on DSL-specific accessibility and communication. A collaborative, cross-disciplinary geriatric care approach with the active involvement of essential care partners is an utmost need.