

adults. A cross-sectional study was conducted where nurses working in different health care settings were asked to fill in a survey with twelve questions regarding different aspects of malnutrition. Nurses ($n = 557$) frequently observe malnutrition in older care recipients, and they consider this as a serious health problem. They believe that prevention and treatment of malnutrition is important and they see screening of malnutrition as a relevant nursing activity. They also consider nutritional care as multidisciplinary. Nurses state their need for education to give adequate nutritional care. Nurses' opinions and beliefs about malnutrition in older adults is positive, which enhances nurses' behavior to give sufficient nutritional care to older adults. To gain more benefit in improving nursing activities within nutritional care for older adults, more education is needed targeting nurse professionals and nurse students.

DOMICILIARY SERVICES IMPROVE ACCESS TO DENTAL CARE FOR FUNCTIONALLY DEPENDENT OLDER ADULTS

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There is growing evidence demonstrating links between oral diseases and general health. The increased retention of teeth among functionally-dependent older adults presents a unique challenge in maintaining the oral health of these individuals from basic oral hygiene to accessing dental services. The results of our cross-sectional study demonstrate the important role domiciliary dental services play in reducing the barriers to accessing oral health care in this cohort. In our study, most individuals treated by domiciliary services lived in residential aged care facilities and were significantly older than those treated by hospital and community-based dental services dedicated to the specialized care of individuals with additional health care needs. A significantly higher number of those receiving domiciliary care were unable to self-consent for treatment compared to those managed in other settings. 27.4% of these patients had a diagnosis of dementia. More than half (56.9%) of patients treated by domiciliary services received some form of treatment with almost half (48.1%) of these requiring a dental extraction. Only two of these patients were not diagnosed with a chronic condition known to affect oral health (dementia, Parkinson's disease, diabetes mellitus, arthritis, stroke, osteoporosis). 23.7% of domiciliary appointments were used for denture fabrication. The results depict the worrying level of unmet treatment need in residents of aged care facilities. However, they also demonstrate the potential for domiciliary dental services to play a role in developing partnerships between carers and oral health professionals to improve the oral health of functionally-dependent older adults.

HEALTH CARE AND SOCIAL CARE AMONG FRAIL OLDER ADULTS IN SWEDEN: A REGISTRY-BASED STUDY

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In 2010 the Swedish government made a large investment to improve the quality of care for the "fraildest older adults" but there have been few follow-ups of the care of this group. The aim of this study is to therefore describe use of care over the time in 2010-2014. Methods: In 2014, 9 National Quality Registries, 3 Care Registries (drug-, patient and death-registers) and the registry for care and social services for older persons (SOL) were individually matched to an older population in the Swedish Twin Registry ($n \approx 45000$). Identification of the "fraildest older adults" was achieved via SOL and the Patient Registry. Results: 280 persons were identified as "fraildest" in 2010 these were followed over time. About two thirds (60,7%) were women, mean age: 81.2 ± 7.7 , about one third (35%) lived in a nursing home, one third (34%) had more than three hospital stays, almost three quarters (72.5%) had more than 19 hospital days and almost one third (28%) had more than seven outpatient care visits. By the end of 2012, 119 persons (42.5%) were deceased. Among those alive ($n=161$) 42 persons did not receive any inpatient care between 2010-2012, but more than 85% received outpatient care and 44.1% were living in nursing homes. In 2014, 90 persons (32.1%) were still alive and half of them lived in a nursing home. In conclusion, over time the use of care as well as the risk of mortality was high confirming the need of further improvement of the care for these persons.

THE SAFEST REVIEW: THE SHOCK-ABSORBING FLOORING EFFECTIVENESS SYSTEMATIC REVIEW IN CARE SETTINGS

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Falls in hospitals and care homes are a major issue of international concern. Falls cost the US \$34 billion a year, with injurious falls being particularly life-limiting and costly. Shock-absorbing flooring decreases the stiffness of the ground surface to reduce the impact of a fall. There is a growing body of evidence on flooring for fall-related injury prevention, however no systematic review exists to inform practice. We systematically reviewed the evidence on the clinical and cost-effectiveness of shock-absorbing flooring use for fall-related injury prevention in care settings. We searched six databases, clinical trial registries, conference proceedings, theses/dissertations, websites, reference lists, conducted forward citation searches, and liaised with experts in the field. We conducted study selection, data collection, and critical appraisal independently in duplicate. We evaluated the influence of shock-absorbing flooring on fall-related injuries, falls, and staff work-related injuries. We adopted a mixed methods approach considering evidence from randomised, non-randomised, economic, qualitative, and implementation studies. We assessed and reported the quality of outcomes using the GRADE approach and Summary of Findings Tables. This review, conducted over the course of 2019, summarises

the certainty of the evidence on whether and which shock-absorbing floors influence injuries from falls, the chance of someone falling over, and work-related injuries in staff (e.g. from manoeuvring equipment across softer floors). Our findings are applicable to health and social care professionals, buildings and facilities managers, carers, older adults, architects, and designers. Funded by National Institute for Health Research, Health Technology Assessment (ref 17/148/11); registered in PROSPERO (CRD42019118834).

ASSISTED LIVING IMMUNIZATION PROJECT

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Influenza immunization rates in the United States hover around 60% for people 65 years of age and older. Healthy People 2020 set a target rate of 90% for flu immunization. The influenza vaccine can reduce disease and expense with approximately 7 million flu related diseases, 109,000 hospital admissions, and 8,000 deaths prevented. A local assisted living had an unusually low influenza immunization rate last year of 40%. The goal of the quality improvement project was to increase the rate of influenza immunizations in this facility. The rationale was that by providing education, promoting the event, and increasing direct communication with families and residents through phone call and emails the rate would improve. A collaborative project was begun in the summer of 2018. Approval was received by IRB and the facility administrators. Plans were made for two presentations to family and residents, promotional advertisement, family communication, and a scheduled flu day with the pharmacy. The presentation provided flu history and facts and myths about the immunization. Correct answers were rewarded with bookmarks with flu information. The assisted living director provided follow-up immunization data. Compared to the previous year, the immunization rate increased to 90%, counting immunizations on flu shot day and records of outside immunizations. Data concerning flu incidence from the 2017-2018 and 2018-2019 seasons will be requested to determine project impact. A partnership between primary care providers and long term care facilities focused on improving standards or meeting metrics can enhance care for your patient and the community.

ILLNESS PERCEPTION AS A DETERMINANT OF SELF-RATED HEALTH AMONG OLDER CHINESE AMERICANS WITH TYPE 2 DIABETES

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Self-Rated Health (SRH) has been used as a proxy to evaluate individuals' quality of life, overall well-being, and mortality. However, little is known about how illness perception influences SRH in Chinese American patients with type 2 diabetes (T2DM). This study, guided by Leventhal's Self-Regulatory Model, explored the association between illness perception and SRH beyond socioeconomic and health factors. A cross-sectional survey from 109 community-dwelling foreign-born Chinese Americans with T2DM (60-95 years old; 51.4% females; Mean age= 74.17, SD=6.83). In addition to descriptive and correlation analysis, hierarchical regression models of SRH was estimated by subsequently entering the following set of predictors: (1) demographics (age, gender, marital

status, education, financial status, and acculturation), (2) health factors (insulin usage, length of diabetes, number of chronic condition, depression, and diabetes distress) and (3) illness perception (timeline, disease consequence, personal and treatment control). SRH was measured by asking "How would you rate your overall health?" with a likert response scale: 1 (poor) to 4 (very good). Only 50.5 % of participants rated their health as good or very good. Participants with lower acculturation, higher number of chronic health conditions, higher diabetes distress, and a belief that illness will have more negative consequences were highly correlated with worse SRH. The total amount of variance explained by the entire model was 56% ($F = 6.07, p < .001$). These findings suggest that the modifiable factors such as acculturation, diabetes distress, and the belief of diabetes consequences should be incorporated into integrative health promotion efforts for this population.

CHALLENGES IN RECEIVING, ORGANIZING, AND PROVIDING CARE IN ACTIVITIES OF DAILY LIVING: A WORLD-CAFÉ DIALOGUE

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Activities of Daily Living are a series of basic activities performed by individuals on a daily basis necessary for independent living at home or in the community. ADL are part of basic nursing care which describe aspects of care that are fundamental to all patients' health and well-being, regardless of diagnosis, cultural background or healthcare setting. In daily practice, nursing staff is confronted with challenges when providing ADL-care. In order to provide nursing professionals with practical tools to tackle daily challenges, a deeper insight into the perceived challenges by nursing staff, care receivers and informal caregivers is necessary. Therefore, two 'world-café' sessions were organized to explore daily challenges in ADL-care. In a World Café, participants are regarded as experts of their own lived experience and experiential knowledge. By creating a hospitable environment (i.e. a café-style ambience) individual and collective knowledge and ideas can be shared. Care receivers, informal caregivers and professionals including nurses, nursing-assistants, physical therapists, occupational therapist, and other stakeholders (N=53) participated in these 'world-café's'. The session's output comprised 'graphic recordings' (paper tablecloths and post its) of the conversations that have been analyzed using content analysis. Findings showed reported challenges regarding receiving, providing and organizing ADL-care. Challenges on organizational level comprised for example