

in the care of patients with complex, serious, and chronic illness. There is mounting evidence that spiritual care is a fundamental component of all high-quality compassionate health care, and it is most effective when it is recognized and reflected in the attitudes and actions of both patients and health care providers. We conducted focus groups as a first step in the process to arrive at a consensus definition of “spiritual care.” A second step involved collecting and comparing frameworks and models that recognize that providers cannot be made compassionate simply through the imposition of rules; methods were needed to achieve behavior change. The study group developed and piloted curriculum to train health care providers. The created curricula covered the definitions of a spiritual care, self-awareness, cultural sensitivity, assessment, and skills. As part of ongoing curriculum development processes, training included evaluation tools to accompany skill development. Our work demonstrated the need for compassionate presence during encounters, for applying the spirituality in professional life; and for identifying ethical issues in inter-professional spiritual care. We concluded that it is feasible to train clinicians to address spirituality and provide holistic and patient-centered care in an effort to minimize suffering.

#### TECHNOLOGIES AND THE EFFECTS ON SOCIAL ENGAGEMENT IN LONG-TERM CARE FACILITIES DURING COVID-19: A SCOPING REVIEW

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During the COVID-19 pandemic, the sense of loneliness and social isolation felt by older adults in long-term care facilities has been exacerbated. Although there has been an increase in the number of digital solutions to mitigate social isolation during COVID-19, facilities in northern British Columbia do not have sufficient information regarding the technologies to support social connectedness. To support evidence-based policy decisions, a scoping review was conducted to identify existing virtual technology solutions, apps, and platforms that promote social connectedness among older adults residing in long-term care. A combination of keywords and subject headings were used to identify relevant literature within PubMed, CINAHL EBSCO, PsychINFO EBSCO, Embase OVIDSP, and Web of Science ISI databases. DistillerSR was used to screen and summarize the article selection process. Twenty-three articles were identified for full-text analysis. A variety of technologies are described which can be used to mitigate the impacts of social isolation felt by long-term care residents. However, many of these digital solutions require stable high-speed internet. This remains a challenge for facilities in northern areas as many have limited access to reliable internet. Metrics used to evaluate social engagement in the context of long-term care are also outlined. This research provides the preliminary groundwork necessary to better inform policy decisions about which technologies are available and, of these, which are effective at enhancing social connectedness for older adults in long-term care.

#### TECHNOLOGY GUIDED ASSESSMENT FOR URINARY TRACT INFECTION: CREATING A COMMON INTERPROFESSIONAL LANGUAGE

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The Shared Meaning Model (SMM) is a grounded theory, derived in a previous study. This model demonstrates pathways for communication between nurse and primary care providers (PCPs) in the nursing home (NH). In this study we used the SMM for feasibility testing of a clinical decision support app (CDS app) using a descriptive, structured observational design. This study also provided a forum for initial testing of the SMM. The CDS app algorithm provided a common language to assess a resident with the goal of sharing this information with a PCP. The CDS app guided licensed vocational nurses (LVNs) (N=10) in assessing a standardized nursing home resident in a simulation setting experiencing symptoms of a potential urinary tract infection (UTI). Interviews with LVNs provided details of CDS app usability and concerns about using the CDS app with NH residents. Videos recorded LVNs interacting with the resident while using the CDS app on an iPad®. Time-stamps logged duration of the assessment. Bookmarked segments were used for discussion in LVN interviews. Videos were coded for eye contact, conversation, and touch between LVN and resident and documented personalized interactions. Findings indicated areas (lab values, drug names) for changes to language in the algorithm. In less than 12 minutes the CDS app enabled LVNs to collect information based on language used by PCPs to make decisions about the presence of a UTI. Relationships between initial constructs in the SMM were supported. This CDS app holds promise for building a common language to enhance interprofessional communication.

#### THE IMPACT OF UNMET ADL NEED ON THE SELF-RATED HEALTH AND LIFE SATISFACTION OF CHINESE OLDER ADULTS

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This study aims to examine the associations of change in unmet need for assistance with Activities of Daily Living (ADL) with the self-rated health and life satisfaction of community-dwelling Chinese older adults. Using national longitudinal data from the Chinese Longitudinal Healthy Longevity Study, we examined the associations of unmet ADL need with self-rated health and with life satisfaction from baseline (T1) to a 3-year follow-up (T2) among 1,914 older adults with ADL limitation. Change in unmet ADL need was categorized into “Persistently Unmet”, “Unmet at T1 Only”, “Unmet at T2 Only”, and “Never Unmet”. Self-rated health and life satisfaction were rated by 5-point Likert scales. Linear mixed models were performed to examine the associations, controlling for sociodemographic factors, health conditions, and social support. The results showed that older adults whose ADL needs were persistently unmet, those unmet at T2 only, and those never unmet, experienced a significant decline in self-rated health from baseline to

follow-up, but those unmet at T1 only experienced a significant rise in self-rated health. While the life satisfaction was stable from baseline to follow-up among older adults whose ADL needs were persistently unmet or never unmet, it significantly decreased among those unmet at T2 only and significantly increased among those unmet at T1 only. The effects of unmet ADL need on self-rated health and life satisfaction appeared to be short-term rather than long-term. These findings facilitate a better understanding of unmet ADL need and emphasize the importance to fully meet the ADL needs of older adults.

#### WHAT IS KNOWN ABOUT CYCLING WITHOUT AGE: A SCOPING LITERATURE REVIEW

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The Cycling Without Age (CWA) program provides residents of long-term care homes with a bike ride experience, as a volunteer pedals them around the community in a specially designed trishaw. There is limited evidence of the program's effectiveness on older adults, pilots, and communities. The purpose of this literature review is to scope and summarize contemporary CWA discourses to generate future research questions that will provide evidence for future implementation of CWA. Data collection and analysis followed Arksey and O'Malley's 2005 framework. A systematic search was conducted in PubMed, OMNI, and Ebscohost databases. A grey literature search strategy incorporated: grey literature databases, customized Google searches, targeted websites, consultation with expert librarians, and a social media analysis on Twitter, Facebook and LinkedIn. Content analysis was used to identify the key themes. A total of 165 sources (2 peer-reviewed, 103 grey literature, 60 social media) were included in the final analysis. The three main themes were (a) meaning from being on a bike, (2) impacts of CWA, and (3) formation of relationships. Findings suggest that the CWA program brought valuable meaning to the participants' lives, significantly improved their happiness, and was associated with the formation of new and diverse intergenerational relationships. A large amount of anecdotal evidence, social media chatter, and global adoption of CWA indicate its importance and potential to satisfy the need of older adults to engage with society. Future research on the physical and mental health benefits of CWA is required to support further implementation of the program.

#### WOMEN WITH OBESITY ARE MORE LIKELY TO HAVE LONG-TERM INDWELLING BLADDER CATHETERIZATION IN U.S. NURSING HOMES

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Reducing indwelling catheters and increasing clean intermittent catheterization is a key element of effective infection control and maintaining functional independence in nursing homes. Nursing care is often more difficult as obesity increases, leading to more nursing care or equipment to provide care. We hypothesized that nursing homes are more likely to use indwelling catheters for people with obesity because indwelling catheterization likely eases the nursing burden of toileting and personal hygiene care for residents with obesity. The study design was a retrospective cohort study of U.S. nursing home female residents in Minimum Data Set in 2013. Obesity and normal weight (the reference group) were categorized using National Institutes of Health criteria. Indwelling and intermittent bladder catheterization was defined during periodic assessment of residents. We modeled the outcomes using logistic regression using a robust variance estimator. Model covariates included obesity category, resident age, dementia status, comatose status, Stage 3 or 4 pressure ulcers, and the number of activities of daily living deficits. The study cohort included 1,068,388 female residents in 15,230 nursing homes. Obesity (BMI  $\geq 30$  kg/m<sup>2</sup>) prevalence was 31.9%. The prevalence of indwelling catheterization was 5.2% and of intermittent catheterization was 0.4%. The odds ratio of indwelling catheter use for obese residents varied from 1.05 to 1.74 (all with p-values  $<0.001$ ), whereas the odds ratio of intermittent catheter use varied from 0.84 to 0.46 (all with p-values  $<0.01$ ) compared to residents of normal weight. Increasing obesity is independently associated with increased long-term indwelling bladder catheterization and decreased intermittent catheterization.

#### Older Adults' Experiences and Perceptions of the COVID-19 Pandemic

##### Session 9400 (Poster)

#### "IT IS THE SCOURGE OF GOD" MISCONCEPTIONS OF COVID 19 PANDEMIC AMONG OLDER MARKET TRADERS IN IBADAN, NIGERIA

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**Abstract Background:** Community perception on COVID-19 can influence the development of the right attitude towards mitigating the spread of the Sars CoV 2 virus. Older adults are at risk of severe infections and mortality is high among them. **Objectives:** This study was conducted to document the knowledge, perceptions and misconceptions of COVID-19 among older market traders in Ibadan, Oyo State, Nigeria. **Methods:** A cross-sectional study conducted in two densely populated markets in Ibadan. An interviewer-administered semi-structured questionnaire was used to collect data on the knowledge and perception of COVID-19. Data were analyzed using SPSS version 23. Level of significance was set at  $p < 0.05$ . **Results:** A total of 321 respondents were sampled. All participants were aware, source was mainly through radio (93.5%), and 65.8% believed COVID-19 was as a scourge from God for punishments of sins. Only 41.1% had good knowledge of spread with personal contact (95.3%) mostly reported. On knowledge of symptoms and