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Studies from North America and Western Europe suggest stable or declining trends in impaired cognition. Nevertheless, data on changes in cognitive health from Central and Eastern Europe are largely lacking. Therefore, we aimed to examine changes in the age-specific prevalence of cognitive impairment in the Czech Republic, a country in Central Europe. To this aim we used two samples from the population-based Czech Survey on Health, Ageing and Retirement in Europe (SHARE). Age-specific prevalence of cognitive impairment (defined based on scores in verbal fluency, immediate recall, delayed recall and temporal orientation) was compared between participants in wave 2 (2006/2007; n=1,107) and wave 6 (2015; n=3,104). Logistic regression was used to estimate the association between wave and cognitive impairment, step-wise adjusting for sociodemographic and clinical characteristics. Multiple sensitivity analyses, focusing on alternative operationalisations of relative cognitive impairment, impact of missing cognitive data and survival bias, were carried out. The most conservative estimate suggested that the age-specific prevalence of cognitive impairment declined by one fifth, from 11% in 2006/2007 to 9% in 2015. Decline was observed in all sensitivity analyses. Multivariate decomposition for nonlinear models was used to examine which predictors explain the change in prevalence. Reduction in physical inactivity, control of high blood cholesterol and increases in length of education were the main predictors contributing to decline in cognitive impairment. In conclusion, our findings are in line with those found in North America and Western Europe even though countries in Central and Eastern Europe, including Czech Republic, have poorer risk profiles.

#### **“HE EXPLAINED IT TO ME AND I ALSO DID IT MYSELF”: HOW OLDER ADULTS GET HELP WITH DIGITAL TECHNOLOGY**

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Older adults comprise a highly heterogeneous group that engages with digital media in varying ways, therefore a large variation in technology support needs is likely. This study examines the nature of support for using digital media among older adults. We conducted in-depth qualitative interviews with older adults (age 59+) in Hungary, the Netherlands, and Switzerland (N=58) in 2019 exploring: (1) whether and how older adults receive support in using digital media; and (2) older adults' perceptions of whether the support they receive meets their needs. We began with open coding, then conducted consensus meetings to identify themes and coding schemes, and wrote memos to share findings and ensure reliability across coders. We find that older adults voice a highly varying range of need for technical

support as well as varying instances of both receiving and not receiving technical help. Participants report receiving help from different informal (e.g. spouses) and formal (e.g. computer classes) sources. However, support may not be immediate, posing challenges for older adults who depend on the availability of their support sources. Importantly, we also find that there are older adults who are quite self-sufficient in the ways they use digital technology. For older adults needing support, greater access to community-based support may help those without satisfactory options in their own social circle. Given our findings that older adults can have great ease with solving technology-related problems, peer-driven support networks where older adults can offer support to others may be an effective approach to providing digital technology guidance.

#### **DEVELOPMENT AND EVALUATION OF THE NURSES IMPROVING CARE FOR HEALTHSYSTEM ELDERS (NICHE) LONG-TERM CARE PROGRAM**

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Nurses Improving Care for Healthsystem Elders (NICHE) is a geriatric care model that positions nurses as leaders to address the unique care needs of older adults. From 2016 to 2019, we developed and piloted the NICHE-LTC program. NICHE-LTC program includes the three interrelated components of 1) the Geriatric Resource Nurse (GRN) and Geriatric Certified Nursing Assistant (GCNA) clinical leadership roles; 2) research-based clinical protocols and assessment tools; and 3) staff development, quality improvement (QI), and care coordination models to build clinician and organizational capacity in geriatrics. We report the results of a summative program evaluation of the NICHE-LTC program. We collected data on organizational and participant demographics, facility enrollment and retention, program completion rates, clinical quality improvement project plans, and participant satisfaction data from 369 individuals working in 79 facilities participating in NICHE-LTC program from January 2016 to February 2019. The majority of participants (80%) reported a positive learning outcome after completing NICHE-LTC program. Additionally, 80% reported they agreed or strongly agreed that their knowledge and ability to implement quality improvement initiatives in their facilities improved. The NICHE-LTC supported facilities ability to move from process-oriented QI priorities to patient-based outcome QI priorities such as falls, pain management, and managing behaviors of dementia. Over the three-year pilot period, NICHE-LTC program maintained an 89.4% annual retention rate. The high annual retention rate suggests that members value the program as an approach to address the

clinical quality and nursing workforce development needs in LTC settings.

#### AN INTEGRATED TRANSITIONAL CARE MODEL FOR OLDER ADULTS WITH MULTIMORBIDITY AND DEPRESSIVE SYMPTOMS

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This pragmatic randomized controlled trial examined the implementation, effectiveness and costs of a nurse-led transitional care intervention to improve hospital-to-home transitions for 127 older adults ( $\geq 65$  years) with depressive symptoms and multimorbidity in three Ontario communities. Participants were randomly allocated to receive the intervention plus usual care ( $n=63$ ) or usual care alone ( $n=64$ ). The intervention included an average of 5 in-home visits and 6 phone calls from a Registered Nurse (RN) over a 6-month period. The RN provided system navigation, patient education, medication review, and management of depressive symptoms and chronic conditions. Implementation outcomes included engagement rate, intervention dose, and feasibility of intervention implementation. Effectiveness outcomes included quality of life, depressive symptoms, anxiety, social support, and health and social service use and costs. Participants were an average of 76 years and had an average of 8 chronic conditions. Findings suggest that the intervention was feasible and acceptable to participants and providers. Intention-to-treat analyses using ANCOVA models showed no statistically significant group differences for the outcomes. However, the upper 95% confidence interval for the mean group difference showed greater clinically significant improvements in physical functioning in the intervention group. Quantile regression showed that the intervention may result in greater improvements in physical functioning for individuals with low to average physical functioning values compared to the control group. The intervention may also result in higher levels of perceived social support for individuals with a range of social support values. No statistically significant group differences were observed for service use or costs.

#### PET VISITATION AS NARRATIVE CARE FOR OLDER ADULTS IN THERAPEUTIC SETTINGS

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A growing body of research highlights the physiological and psychosocial benefits of pet visitation programs in therapeutic settings. These programs utilize the profound connection between humans and animals to promote holistic healing, foster greater quality of life, and influence meaningful communication between patients and providers. For older adults in hospitals or long-term care, these benefits are often correlated with moments of pleasure, comfort,

relaxation, and entertainment. The current study builds on this prior knowledge by examining pet visitation programs as a novel form of narrative care that can also help preserve biographical continuity and promote the sharing of lived stories. We worked with two volunteer pet visitation programs in Houston and one in Los Angeles. Our research included a variety of ethnographic methods, including participant observation; informal interviews with providers, patients (or residents, depending on the context), and their families; semi-structured interviews with volunteers; and discourse review of organizational materials. We employed a method of constant comparison to identify and thematically analyze recurrent patterns of behavior and overarching meanings across the data. Three primary themes emerged from the data: (a) compassion, (b) connection, and (c) response. Collectively, the presence of pets prompted stories and behaviors that foster healing relationships characterized by empathy and mutual understanding between patients (or residents), family members, and providers. Pet visitation programs facilitate storied conversations, increased autonomy, and alternative ways of knowing that promote greater understandings of the patient's (or resident's) psychosocial context and biographical history, leading to more personalized care and improved well-being.

#### META-ANALYSIS OF INTERVENTIONS TO REDUCE SEDENTARY BEHAVIOR AMONG OLDER ADULTS

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**ABSTRACT BODY** Sedentary behavior (SB) is associated with substantial health risks such as increased risk of cardiovascular mortality, diabetes, and cognitive and physical functioning decline. Older adults are particularly at risk as they are the most sedentary population. The purpose of this meta-analysis was to determine the overall effects of interventions designed to reduce SB among older adults. A comprehensive literature search of online databases, bibliographies, and author searches located published and unpublished studies. Included studies tested interventions to reduce SB time, were written in English, and focused on community-dwelling adults age 60 years or older. Data were extracted on sample, study design, and intervention characteristics using an investigator-developed tool. Study effect sizes were synthesized using a random effects model. Heterogeneity of effects across studies was examined; however, moderator analyses were not conducted due to the small number of included studies. Of the 2,408 reviewed citations, 22 reports were included representing 17 distinct studies, eight of which were included in the two-group post-test meta-analysis ( $n=1,024$  participants). Interventions overall modestly reduced SB time among older adults ( $d=-.25$ , 95% CI  $[-.50, .00]$ ,  $p=.05$ ); however, significant heterogeneity of effect size was observed across studies ( $Q=22.34$ ,  $p<.01$ ). Our findings demonstrate a need for more research targeting SB reduction in this high-risk population. Future research should include measures of breaks in sedentary time and types of SB