

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 (≥ 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

(e.g., watching TV, reading) which are also critical indicators of health risk. Moreover, further exploration of relationships between health outcomes and SB intervention effects is needed.

MAILED SURVEYS WITH NONAGENARIANS - CHALLENGES AND LESSONS FROM THE VITALITY 90+ STUDY

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Reliable population-based data on health, functioning and quality of life among very old people are scarce because only during the last decades this age group has grown to be an important segment of population, and because data collection among the oldest old is challenging. Due to poor health, problems in hearing and vision, cognitive decline, and institutionalization, very old individuals may not be able to participate in research studies, or, the information they give may not be reliable. In the Vitality 90+ Study, the whole population aged 90+ in the Tampere area, Finland, has been investigated six times since 2001. Mailed surveys have been conducted in years 1995, 1996, 1998, 2001, 2003, 2007, 2010, 2014, and 2018. In each data collection, the response rate has been ca 80%. The questionnaires and the wording of the questions have been identical in each survey round, which provides data for investigating time trends in health, functioning, and quality of life. Linkages with national population and care registers are used for studying mortality and care use. In this poster, we analyze the impact of 1) exhaustive base data, 2) the questionnaire, 3) including institutionalized individuals and proxy answers, on the findings and on the quality and reliability of the data. We conclude that mailed surveys can be a feasible method of data collection among very old people, but only in favorable local circumstances and with great efforts from the research group.

PILOT OUTCOMES OF A COMMUNITY-BASED FALLS PREVENTION PROGRAM TARGETING OLDER ARAB AMERICANS

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Arab American (AA) is the 3rd largest ethnic population in the state of Michigan. Previous studies found that Michigan Arabs were less healthy than the general population in Michigan. Older AAs have higher mortality risk than non-Arab and non-Hispanic Whites, particularly due to chronic diseases. Community-based programs are an effective approach to prevent disease and injury, improve health, and enhance quality of life. While evidence for functional gains resulting from Tai Chi exercise is accumulating, there is little research and support for its feasibility and effectiveness that target older AAs, who are not culturally related to Tai Chi. Participants in this report were 8 older female AAs (mean age 62.4±3.2, range 58-66) who sought services at a not-for-profit Arab Community Center, which aims to enable and empower residents and communities to lead informed, productive and culturally sensitive lives. A certified Tai Chi instructor led the classes using Yang-style Tai Chi moves. The

participants completed a 12-week twice-weekly 1-hour Tai Chi classes and post-program focus group discussion, held in a classroom of the Community Center. Post-intervention improvement in timed up & go test ($p>.05$), comfortable & fast gait speed ($p>.05$), unipedal stance time ($p>.05$) were observed. Themes identified from focus group supported Tai Chi's benefits in balance and salient mental health benefits. The pilot data provides preliminary evidence for therapeutic gains resulting from Tai Chi practices. Agencies serving older AAs play important roles by creating and promoting evidence-based health promotion practices to address the growing needs among older adults.

THE ASSOCIATION OF PAIN WITH PAST AND FUTURE SELF-CONTINUITY

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Qualitative research on chronic pain patients' subjective experiences has documented feelings of discontinuity between present and past selves due to changes in physical functioning and social roles. This investigation is the first to test the relationship between pain and self-continuity quantitatively and does so across two samples: Study 1 involved an adult community sample ($n = 230$, aged 18-87) and Study 2 involved a sample of older chronic pain patients ($n = 145$, aged 45-94). We explored potential differences for proximal versus distant selves and past versus future selves. In both studies, pain magnitude was negatively associated with average self-continuity ($ps <.05$), although the effect was selectively driven by future self-continuity in Study 1 ($p <.01$) and past self-continuity in Study 2 ($p <.01$). Additionally, in Study 2, recency of pain onset was negatively associated with past self-continuity ($p <.001$), but not with future self-continuity ($p = .47$). These findings suggest that chronic pain may be detrimental to self-continuity, with some variability linked to magnitude and chronicity of the pain. Health care providers may want to monitor their patients for feelings of disconnectedness with past and future selves. Future research is needed to identify therapeutic strategies that promote a continuous sense of self in spite of pain-related challenges.

PREDICTORS OF SUICIDE IDEATION AMONG OLDER GHANAIAAN WOMEN: RESULTS FROM THE STUDY ON GLOBAL AGEING AND ADULT HEALTH

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The World Health Organization (WHO) estimates that 79% suicides occur in low- and middle-income countries (LMICs) in 2016 (WHO, 2018) putting a spotlight on the topic of suicide in these countries. While the rates are highest among individuals ages 15 to 29 years, suicide