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Little is known about disparities in prostate cancer survivorship experienced by gay and bisexual men (GBM). However, early evidence suggests GBM may experience worse urinary and bowel symptoms than heterosexual men. This cross-sectional Internet-based survey describes the prevalence of lower urinary tract (LUTS) and bowel symptoms and their associations with physical and mental health related quality of life (QOL) in GBM treated for prostate cancer. This study enrolled 193 men who identified as gay or bisexual and had received prostate cancer treatment. The Expanded Prostate Cancer Index Composite instrument measured LUTS and bowel symptoms. The MOS SF-12 measured physical and mental QOL. Participants had a mean age of 63.4 years, were 5.6 years past treatment, and were treated with prostatectomy (52%), radiation (19%), or combined or systemic treatment (29%). The most common symptoms were nocturia (77%), urinary frequency (67%), urinary leakage (59%), bowel urgency (45%), bowel frequency (35%), and watery bowel movements (34%). Mean scores were  $81.4 \pm 19.2$  for urinary function,  $74.5 \pm 20.7$  for urinary bother,  $88.9 \pm 12.1$  for bowel function,  $84.5 \pm 16.3$  for bowel bother,  $52.5 \pm 8.8$  for physical QOL, and  $46.0 \pm 11.4$  for mental QOL. In multivariable models adjusted for age, race, treatment type, and time since diagnosis, urinary bother was associated with worse physical QOL (Adjusted Mean Difference (AMD): 0.11, 95%CI: 0.02-0.21), and bowel bother was associated with worse mental QOL (AMD: 0.23, 95%CI: 0.05-0.42). LUTS and bowel symptoms were common. Symptom bother rather than function predicted QOL. Understanding these disparities will help tailor treatments for this underserved population.

#### THE ATTITUDE OF MEDICAL PRACTICES TOWARD LGBTQ OLDER ADULTS BEFORE AND AFTER INTERVENTION

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Individuals who identify as lesbian, gay, bisexual, transgender or other non-heterosexual or binary gender identifiers (LGBTQ) face tremendous obstacles in search of quality healthcare. Older LGBTQ adults face these obstacles in the setting of more complex health problems with few social services and support. Negative treatment from healthcare professionals has proven to be one of the most pervasive barriers to care faced by older LGBTQ adults. Sensitization training with the film, *Gen Silent*, is one way knowledge gaps and biases of healthcare professionals has been addressed. By utilizing the survey previously validated by Porter et al., health professionals' knowledge, perceptions, and attitudes toward LGBTQ older adults before and after viewing *Gen Silent* were assessed in Lehigh Valley Health Network (LVHN)-affiliated primary care practices. The principle outcome of this study was a statistically significant change in responses. Primary care practices were recruited for 45-minute sessions that included the showing of an educational, abbreviated version of *Gen Silent* to available staff. It was preceded by administration of a pretest survey and followed by a posttest survey and discussion. A paired t-test was

conducted to determine significance of differences between pre- and posttest responses. Seventeen individuals (N=17) viewed the film and finished pre- and posttest surveys. Nearly all questions exhibited changes between pre- and posttests. Significantly, respondents indicated increased awareness of additional barriers to care faced by LGBTQ older adults compared to heterosexual peers. While limited, these results indicate that primary care professionals would benefit from training specific to the aging LGBT population.

#### CONNECTING PROVIDER TO HOME: BRIDGING GAPS IN CARE

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When the physician has limited knowledge of the patient's condition and functioning at home it may result in non-adherence to treatment plans, goals of care not being met and avoidable utilization. Connecting Provider to Home (CP2H) deployed teams of a social worker and community health worker to act as the eyes and ears of the doctor in patients' homes and close the information gap in primary care. Study objectives were to 1) reduce unnecessary utilization, 2) increase provider and patient satisfaction, and 3) Improve communication between patient/caregiver and the healthcare team. A total of 416 adult patients were enrolled with a mean age of 76 years, and 58% were female. CP2H participants demonstrated statistically significant reductions in acute hospitalizations and ER use when compared to 700 controls. Acute hospitalizations were reduced by 216 and ER visits by 531 in the intervention group. The average per patient per year reduction in acute hospitalizations was 0.67. The average per patient reduction in ER use was 0.58. CP2H patients reported high levels of satisfaction and rated the program favorably. Stakeholder interviews found that physicians and staff believed the program improved clinical outcomes, provided valuable insight about patients' social barriers to self-care and added value. CP2H study results provide evidence that social workers and community health workers can be successfully and cost-effectively incorporated into the primary care team to address patient needs and priorities, observe the patient in the home environment and assist the physician in adapting treatment plans to optimize patient care.

#### NURSES' OPINIONS AND BELIEFS ABOUT MALNUTRITION IN OLDER ADULTS: A CROSS-SECTIONAL STUDY

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Malnutrition in older adults is a frequent and major problem. Despite the fact that nurses have an essential role in nutritional care, they fail to ensure appropriate delivery in preventing and treating malnutrition. For improvement, it is necessary to understand the perspective of nurses about malnutrition. The aim of this study was to gain insight into nurses' opinions and beliefs about malnutrition in older

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 "frailest 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 "frailest older adults" was achieved via SOL and the Patient Registry. Results: 280 persons were identified as "frailest" in 2010 these were followed over time. About two thirds (60,7%) were women, mean age:  $81.2 \pm 7.7$ , 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