

for objective and subjective cognition; whereas, childhood emotional adversity may play a role in subjective cognition. Given the associations in prior research between lower perceptions of memory and lower mental well-being and quality of daily life, experiencing childhood emotional adversity may increase risk of lower perceptions of well-being, including cognitive functioning.

Session 9145 (Poster)

Cognition, Cognitive Impairment, and Brain Injury

DOES COGNITIVE STATUS MODERATE THE RELATIONSHIP BETWEEN ENVIRONMENTAL FACTORS AND SELF-REPORTED HEALTH?

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Using data from NHATS Round 9, the present study examines the relationships between environmental factors and self-reported health among older adults with dementia, mild cognitive impairment (MCI), and normal cognition. Based on neighborhood stress process theory, we investigate the following questions: 1) Are there associations between dwelling safety hazards and neighborhood environments and self-reported health? 2) Is cognitive status a moderator between the relationship? 3) How do these associations differ between older adults with varying cognitive status (i.e., dementia, MCI, and normal cognition)? A hierarchical linear regression analyses are conducted. Results indicate that better quality of sidewalk surface and neighborhood social cohesion are associated with better self-reported health, after taking into account sociodemographic, health, and social factors. Interaction terms are then used to examine the moderating effects of cognitive status on the associations; four interactions terms are found to be statistically significant. Lastly, separate linear regression analyses are implemented for the dementia, MCI, and normal cognition groups. Findings show that the predicting power of environmental factors vary by cognitive status of older adults. For individuals with dementia, tripping hazards, cluttered home, and community disconnectedness are associated with poor self-reported health. However, no significant relationship was found for older adults with MCI. For older adults with normal cognition, better quality of sidewalk surface and neighborhood social cohesion predict better self-rated health scores. Findings of this study illuminate the important role of a hazard-free home, community walkability, and socially cohesive neighborhood environments in predicting better health status of older adults.

EMPLOYERS' RESPONSE TO WORKERS WITH PROGRESSIVE COGNITIVE IMPAIRMENT: A REVIEW OF POLICY IN CANADA

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Longer lifespans, the gig economy, eligibility for government pensions, and more testing for age-related cognitive changes, increase the potential for workers developing mild cognitive impairment and/or early onset dementia (MCIEOD) "on the job". This critical analysis assesses Canada's policy environment for employers when employees are diagnosed with MCIEOD. Our search for policy literature included: a scoping review of academic literature involving Canadian-focused articles, and countries where novel or innovative policy had been evaluated and published; a search for Canadian court judgements and tribunal decisions; and a grey literature search in both Canadian and international sources, as innovation will often happen "at the margin" and updated policy may take years to be enacted and formalized. We used participatory research to obtain feedback from a broad group of stakeholders including employers, industry, professional organizations, and government, as well as people living with MCI/dementia, to ensure outputs were reflective of current policy. We found that: 1) Canadian federally-regulated employers are governed by similar Acts & Codes as the provinces and territories, with some notable exceptions, 2) Disability discrimination and accommodation case law in Canada is settled, however there are few cognitive impairment cases to provide specific guidance, 3) Scant empirical research in the scientific literature addresses policy that incents employers to build workspaces for employees with MCIEOD that help them stay on the job longer. We conclude that engaging with employers to better understand their needs will help policy-makers to support them build workspaces that encourage productive engagement of all workers.

EMPLOYERS' RESPONSE TO WORKERS WITH PROGRESSIVE COGNITIVE IMPAIRMENT: A SYSTEMATIC LITERATURE REVIEW

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An aging workforce increases the risk of workers experiencing cognitive decline that may lead to a diagnosis of mild cognitive impairment or early onset dementia (MCIEOD) while still employed. This systematic review explores the use of technologies (defined as any methods, processes, software, hardware or equipment) deployed by employers to accommodate, or build sustainable workspaces for, workers diagnosed with MCIEOD. After screening 3,860 titles/abstracts and 67 full text reviews, we identified and analyzed eight articles that met our inclusion criteria. We found that: 1) The existing literature almost exclusively focuses on employees' perspectives on the quality of work life when diagnosed with MCIEOD, 2) Negative workspace culture toward employees' cognitive decline, and the variability of disease onset and progression, may account for low employer awareness, 3) Employer responses focus on mitigation of risk associated

with workers' impairment. While this review demonstrates there is scant research exploring employers' perspectives on employees diagnosed with MCIEOD, there is even less that explores technologies designed to specifically address employers' needs and challenges. Technology will increasingly facilitate early identification of progressive neurocognitive disorders, and tools to help employers respond to an employee's MCIEOD disclosure as a disability accommodation rather than a terminal performance management challenge. Empathic research, that engages organizations in the process of understanding the value of affordable, employer-side technologies that help build diverse, sustainable, productive workspaces is critical to a foundational understanding of our aging workforce and accommodating workers who develop MCIEOD while still employed.

GENDER DIFFERENCE IN UNMET NEEDS AMONG PEOPLE AGING WITH A TRAUMATIC BRAIN INJURY Kelli Barton, and Emma Swinford, *University of Missouri-Kansas City Institute for Human Development, Kansas City, Missouri, United States*

Traumatic Brain Injury (TBI) can result in a myriad of short and long-term mental and physical changes and conditions. While fall-related brain injury prevention strategies and outcomes among older adults have been well-documented in previous literature, less is understood about the experiences and needs of those aging with a brain injury. The aim of this project is to explore gender differences in experiences and needs among people aging with a TBI. A Needs Assessment survey was conducted in early 2020 with adult TBI survivors and their family members in Missouri (n = 150). The mean age of respondents was 45.8 and 58% identified as male. Bivariate analyses reveal gender difference in unmet needs related to information and referral, recreation, and continuing education among TBI survivors. For example, more female respondents (43.1%) identified unmet needs associated with physical activity than their male counterparts (25.9%, $p < .05$). More females (61.3%) than males (43.4%) also identified unmet continuing education needs related to aging with brain injury ($p < .05$), whereas more males (10.8%) identified unmet continuing education needs on the topic of parenting (females: 1.6%, $p < .05$). Significantly more females (31.1%) than males (16.9%) identified lack of transportation as a barrier to accessing needed supports and resources ($p < .05$). Results will guide development of an Annual State Action Plan to maximize the independence, well-being, and health of Missourians aging with TBI and their families. A better understanding of needs and preferences can inform targeted policies, programs, and resources.

GENDER DIFFERENCES IN MENTAL AND PHYSICAL HEALTH: IMPLICATIONS FOR AGING WITH A TRAUMATIC BRAIN INJURY

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Traumatic Brain Injury (TBI) is a major cause of disability and death in the U.S., and survivors often experience temporary or life-long health effects as a result of their injury. While risks and outcomes of fall-related TBI in older adults have been well-documented, the intersection of TBI-related

health challenges and the experience of aging with a TBI is less well understood. This project explores gender differences in health outcomes among TBI survivors. A Needs Assessment survey was conducted in early 2020 with adult TBI survivors in Missouri (n=150). The mean age of respondents was 46 and 58% identified as male. Bivariate analyses reveal gender differences in health conditions among TBI survivors before and after injury. Significantly more males than females reported substance use disorder for alcohol (20.7% and 7.9%, $p < .05$) prior to injury, whereas twice as many females reported developing chronic pain after injury than males (68.3% and 31.0%, $p < .001$). Further, while about 21% of both male and female respondents reported experiencing other mental health conditions, such as anxiety, prior to injury, over 35% of males and almost 58% of females experienced mental health concerns after injury. Additionally, balance/mobility issues, sleep disorders, sensory issues, and cognitive challenges were frequently identified post-injury conditions. Co-morbidities impact our experiences, capabilities, and quality of life as we age. Policies and programs to support TBI survivors and their families may better address the co-occurring health conditions among TBI survivors by considering gender differences in the experience of aging with a TBI.

GUARDIANSHIP AND SELF-SOVEREIGN IDENTITY: IMPLICATIONS FOR PERSONS LIVING WITH DEMENTIA

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Self-sovereign identity (SSI), an identity management system where individuals own and manage their digital identity, can improve access and management of one's personal data. SSI is becoming feasible for the general public to use for their health and other personal data. Like any data system, when persons living with dementia no longer have capacity to provide informed consent, guardianship over their data is required. The purpose of this study was to examine the concept of guardianship within the context of SSI, specifically its application to persons living with dementia. This study followed a qualitative description approach. Seventeen semi-structured virtual interviews were conducted with persons living with dementia and care partners to elicit their perspectives on existing guardianship practices and guardianship within the context of SSI. Interviews were digitally recorded and transcribed verbatim. Conventional content analysis guided the analytic process. Participants had mixed impressions of existing guardianship practices. While some were positive, others thought existing practices failed to consider the complexity of caring for someone with dementia (e.g., presence of multiple guardians). Participants suggested that SSI has the potential to improve the security and safety of persons living with dementia who have had guardianship enacted (e.g., reduced risk of financial abuse.) Recommendations included ensuring that SSI guardianship processes are simple and flexible, building a user-friendly system that also considers the heterogeneity of persons living with dementia and their care partners. Overall, guardianship within the context of SSI was well received. Findings will be used to further inform the SSI guardianship processes.