SESSION 7045 (SYMPOSIUM)

CULTURAL AND INSTITUTIONAL CONSIDERATIONS IN ADVANCE CARE PLANNING IN LONG-TERM CARE SETTINGS

Chair: Gloria Gutman
Co-Chair: Brian de Vries

Advance Care Planning (ACP) is a process that supports individual's understanding and sharing of personal values, life goals, and preferences regarding future medical care, so that they obtain care consistent with these during serious and chronic illness. While ACP is important for all, it is especially so for people who fall outside traditional, western, heteronormative contexts (e.g. who belong to ethnic, racial and/or sexual/gender minorities). This symposium draws from research conducted by the Diversity Access Team [part of a national project iCAN-ACP Improving Advance Care Planning for Frail Elderly Canadians]. The first paper presents results from focus groups conducted with loved ones of South Asian, Chinese and Lesbian, Gay, Bisexual, and Transgender (LGBT) older adults living in care homes; issues identified as barriers include starting ACP conversations too late (“my husband has severe dementia”), lack of consideration of cultural traditions and, in the case of LGBT older adults, their non-family support networks. The second paper draws from focus groups with care home staff, implicating their own training as a barrier to assisting residents/families with ACP as well as resident, family, institutional and cultural influences. A third paper reports on an educational intervention designed to increase staff understanding of ACP and comfort in assisting residents/families with ACP. The fourth paper reports feedback received on two ACP planning tools, reflecting the importance of minority group representation in visuals and text. Together, these papers underscore the importance of taking culture into consideration in framing and discussions of fostering ACP among minority populations.

CULTURAL AND INSTITUTIONAL ISSUES IN ACP FOR CARE HOME RESIDENTS: PERSPECTIVES OF LOVED ONES

Brian de Vries,1 Gloria Gutman,2 Helen Kwan,3 Katrina Jang,3 Shima Soheilipour,2 Avantika Vashishth,4 and Taranjot Kaur,3 1. San Francisco State University, San Francisco, California, United States, 2. Simon Fraser University, Vancouver, British Columbia, Canada, 3. Gerontology Research Centre, Vancouver, British Columbia, Canada, 4. Simon Fraser University Gerontology Research Centre, Vancouver, British Columbia, Canada

Focus groups were held with family/decision makers of residents in an exclusively Chinese (EC; N=7) and a multi-ethnic (ME; N=8) care home, as well as South Asian (SA; n = 5) and lesbian, gay, bisexual and transgender caregivers (LGBT; n = 5) who had/have a loved one in a care home. Shared themes across groups included the role of the care home in Advance Care Planning (ACP) discussions, the timing of such discussions (i.e., at admission), and the extent to which another person was available and appropriate for such discussions. Issues unique to groups included superstition and the equation of ACP with funeral planning (EC), family history and regrets about not having planned (ME), gender differences and the need for education about ACP (SA) and the absence of traditional family among LGBT older adults. These themes highlight the challenges in ACP among diverse populations and the need for targeted interventions.

INSTITUTIONAL AND CULTURAL BARRIERS TO ACP: STAFF PERSPECTIVES

Gloria Gutman,1 Brian de Vries,2 Helen Kwan,3 Katrina Jang,3 and Shima Soheilipour,1 1. Simon Fraser University, Vancouver, British Columbia, Canada, 2. San Francisco State University, San Francisco, California, United States, 3. Gerontology Research Centre, Vancouver, British Columbia, Canada

This study explored staff knowledge and engagement in assisting residents/families with ACP. Focus groups were conducted at two long-term care homes, one Exclusively Chinese (EC; n = 25); one Multi-Ethnic (ME; n = 41). In each, separate focus groups were held with registered staff, care aides, and support staff who also completed brief surveys providing socio-demographic data and information about their training and experience with ACP. Perceived barriers to engagement in ACP included limited knowledge and inadequate training in facilitating ACP, cognitive impairment of residents, language barriers, lack of openness to discussing ACP, family expectations and misinformation. EC staff also considered cultural and religious beliefs as one of the main barriers to engaging in ACP both for residents and families; staff at ME focused more on timing and the role of family. Support staff and care aides did not perceive ACP as within their scope of practice, deferring to nurses.

EDUCATIONAL INTERVENTION FOR CARE HOME STAFF TO ENCOURAGE RESIDENT ACP

Shima Soheilipour,1 Gloria Gutman,1 Brian de Vries,2 Helen Kwan,3 and Katrina Jang,3 1. Simon Fraser University, Vancouver, British Columbia, Canada, 2. San Francisco State University, San Francisco, California, United States, 3. Gerontology Research Centre, Vancouver, British Columbia, Canada

Twenty-five Multi-Ethnic (ME) and 21 Exclusively Chinese (EC) care home staff participated in an education intervention focused on helping staff assist residents/families with goals of care conversations and other aspects of ACP in a culturally sensitive way. Surveys were completed at baseline and 6-8 week follow-up. Staff reported that the education session increased their ACP knowledge and provided strategies to help them initiate relevant ACP conversations. Registered staff (nurses, social worker, physician) demonstrated significantly higher levels of confidence to participate in and assist residents/families with goals of care conversations after compared to before training.

CREATING INCLUSIVE ADVANCE CARE PLANNING TOOLS

Robert Beringer,1 Gloria Gutman,2 Brian de Vries,3 Helen Kwan,4 Katrina Jang,4 Avantika Vashishth,1 and Taranjot Kaur,3 1. University of Victoria, Victoria, British Columbia, Canada, 2. Simon Fraser University, Vancouver, British Columbia, Canada, 3. San Francisco State University, San Francisco, California, United States, 4. Gerontology Research Centre, Vancouver, British Columbia, Canada

GSA 2020 Annual Scientific Meeting
DIGITAL INTERVENTIONS TO PROMOTE HEALTH AND WELL-BEING OF OLDER ADULTS

Chair: Gloria Gutman
Co-Chair: Marcia Shade

The population of older adults is on the rise and so is their adoption of technology. According to the Pew Research Center, growing numbers of older adults are using smartphones, tablets, and the internet. Technology can also be an innovative and accessible way to deliver interventions that promote positive health outcomes. But implementing and evaluating digital interventions, especially those targeted to cognitively frail or otherwise vulnerable older adults, is not easy. The first presentation in this international interdisciplinary symposium sets the stage for discussing some of the barriers encountered. Specifically, it addresses the issue of compliance of adults with Mild Cognitive Impairment (MCI) while using internet-based cognitive behavioral therapy for sleep disturbance. The second presentation described a digital tool to screen and interview older adults in a hospital emergency department who may be experiencing mistreatment. This is followed by a study of use of voice assistant reminders to help aging adults adhere to daily completion of a diary to self-monitor pain symptoms. The fourth presentation describes a feasibility study of a digital screen-based device to calibrate long-term care home residents exhibiting disruptive Behavioral and Psychological Symptoms of Dementia. Symposium speakers and participants will be encouraged to dialogue on how some of the implementation and evaluation barriers described might be overcome or avoided as well as to share success stories from their own research on digital interventions for older adults living at home, in congregate housing or in hospital settings.

FEASIBILITY STUDY OF A DIGITAL SCREEN-BASED CALMING DEVICE FOR MANAGING BPSD DURING CARE

Gloria Gutman, Avantika Vashisht, Ryan Churchill, Amir Moztarzadeh, and Mojgan Karbakhsh

DIGITAL HEALTH TOOL TO ASSIST OLDER ADULTS IN SELF-DISCLOSING ELDER MISTREATMENT

Fuad Abujarad, Esther Choo, Michael Pantalon, Karen Jubanyik, James Dziura, Chelsea Edwards, Gail D’Onofrio, and Thomas Gill

Hey Google, Remind Me to Write in My Diary: Voice Assistants for Daily Pain Monitoring

Marcia Shade, Rasila Soumana Hama, Kyle Rector, and Kevin Kupzyk

1. University of Nebraska Medical Center, Omaha, Nebraska, United States
2. University of Iowa, Iowa City, Iowa, United States

Diaries can be important tools to document and communicate pain symptoms. Diary-based assessments can be prone to poor adherence and limitations with biased recall. One strategy to help adherence is to use voice assistant reminders. A sample of 15 community dwelling aging adults used the Google Assistant for reminders to complete pain self-management tasks. One task was a reminder created to write daily in a pain diary. Within the diary, participants could document a change in pain, pain severity, average and worst amount of pain, and pain relief. At follow-up, it was noted that participants adhered to writing most pain characteristics in the diaries, but there were times that each question was not answered. Participant’s pain characteristics varied, which could be a helpful assessment to communicate to health providers for pain management. This feasibility study is preliminary support that voice assistants may help with the daily pain diary completion.