People with dementia value staying active and continuing with their everyday lives in public space, however there is a lack of knowledge about how they experience accessibility, problematic situations and how to manage these situations. The aim is to illuminate experiences of accessibility in public space in people with dementia with focus on places, activities and problematic situations. A Grounded theory approach was used in the thesis with multiple data collection methods (interviews, focus group interviews, observations and visual methods). Findings show that having access to everyday activities at different places in the neighbourhood was very important for the participants when they perceived themselves as being a part of the society and being active and independent persons. Engaging in familiar activities in familiar places was important. However, their activity radii in the community became smaller. The findings inspired the development of the questionnaire Participation in Activities and Places Outside Home.

PARTICIPATION OUTSIDE HOME FOR PEOPLE LIVING WITH DEMENTIA: DO THEY REALLY EXPERIENCE A SHRINKING WORLD?
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Accessing places outside home where activities are performed provides both benefits (e.g. participation in activities), and challenges (e.g. finding one's way) for people with cognitive deficits. Participation in these places appears to depend on various factors such as the living situation of the person, availability of commodities and supporting social networks, or preserved ability to drive. However, clear patterns of participation remain scarcely documented. This study addresses the need for understanding of participation outside home among people with dementia through the places they visit. The aim is to describe how the outside world may be shrinking for them. People with and without dementia (n=70), aged 65+, were interviewed using the Participation in ACTivities and Places OUTside the Home (ACT-OUT) questionnaire across Switzerland. Results show that people with dementia participate significantly less in commercial, social and cultural places, but visit medical care places at a higher level, than those without dementia.

EVERYDAY TECHNOLOGY: A USEFUL SERVANT BUT DANGEROUS MASTER FOR PARTICIPATION IN SOCIETY?
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With an increasingly technological society comes an assumed ability to use Everyday Technologies (ET) in order to participate in activities and places in public space, e.g. operating ticket machines to access public transport. This study addresses a mismatch between a growing dependency on ET and evidence that people with dementia experience increased challenges using ET. The aim is to explore how ET-use and perceived risk relate to participation in public space, among people with and without dementia. People with dementia and without dementia, aged 55+, were interviewed using questionnaires including the Participation in ACTivities and Places OUTside the Home questionnaire, across Sweden (n=69) and the UK (n=128). The Swedish and UK findings show small but significant associations between total participation in places within public space, and ET-use, and perceived risk in public space. Furthermore, people with dementia participated in fewer places within public space than those without dementia.

PARTICIPATION IN THE COMMUNITY AMONG PEOPLE WITH AND WITHOUT DEMENTIA: DESTINATIONS AND PERCEPTIONS OF CHALLENGES
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Older adults with dementia face challenges in their outdoor mobility and there are concerns of their not being able to continue going outside for everyday activities and social participation. The focus of this study was to identify patterns of visits to community destinations and activities, and perceptions of risks. Interviews were conducted with 59 adults (aged 54-84) with (n=29) and without (n=30) dementia using the Participation in ACTivities and Places OUTside the Home (ACT-OUT) questionnaire in Vancouver, Canada. Findings indicate that participants with dementia had abandoned visiting a few places over time (e.g., bank, cemetery, buildings of worship), whereas there were no change in participation in taking transit to destinations such as supermarkets, entertainment and cultural places. However, in some cases, companions or partners of persons with dementia indicated that they were prone to getting anxious when left alone in public places and were at high risk of getting lost.

SESSION 3570 (SYMPOSIUM)

PAVING THE WAY FORWARD IN HOUSING WITH SERVICES: THE RIGHT CARE, RIGHT PLACE, RIGHT TIME PROGRAM
Chair: Edward A. Miller, University of Massachusetts Boston, Boston, Massachusetts, United States
Older people living in congregate environments are obvious beneficiaries of supportive services. The potential for prevention is clear, particularly among low-income elders living in subsidized housing; it is this group that is at high risk for significant healthcare and other costs, and it is this group that suffers considerably from a fragmented healthcare system. Policymakers have long seen the advantages of reaching this population, but most existing housing with services programs have focused more on social than health-related supports. The Right Care, Right Place, Right Time initiative (R3) was launched in July 2017 to demonstrate the value of supportive services to seniors living independently in affordable housing in the Greater Boston area, while reducing health care costs. The R3 program consists of two on-site wellness teams, including a wellness nurse and wellness coordinator. Each team is responsible for about 200 participants across two housing sites. The R3 evaluation included both quantitative and qualitative components. The quantitative component entails pre/post comparison as well as a control group analysis, focusing on various health and health utilization outcomes. The qualitative component includes key informant interviews examining program development and implementation and focus groups capturing the resident experience. The purpose of this symposium is for evaluation team members to report on the experiences of program participants, administrators/staff, housing managers/staff, and community partners with the R3 program, and to assess program impact. Edward Miller and Pamela Nadash will serve as chair and co-chair, respectively; Alisha Sanders as the discussant.

LESSONS FROM THE RESIDENT EXPERIENCE WITH THE R3 PROGRAM

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Understanding the resident experience is a critical step to creating a sustainable and replicable model of affordable resident-centered housing with supportive services programs. This study thus draws lessons from focus groups with participants in the R3 program for designing and implementing such initiatives in affordable senior housing. Findings indicate that the R3 program brings value to residents: they benefit from reliable information on health-related issues, as well as emotional support and assistance with accessing appropriate care. By focusing on prevention and ensuring timely access to services, findings suggest how the intervention could promote seniors living independently longer and lower health system costs. Results also suggest ways to improve the effectiveness of housing with services programs, including providing clarity regarding the purpose of the program, its components and staffing, building trust between program staff and residents, addressing concerns about privacy and confidentiality, and implementing a multipronged marketing and promotion strategy.

R3 PROGRAM MANAGEMENT AND WELLNESS TEAM VIEWS ON BARRIERS AND FACILITATORS TO IMPLEMENTING THE R3 PROGRAM

Natalie Shellito,1 Pamela Nadash,1 Edward Miller,1 Elizabeth Simpson,1 and Marc Cohen,1 University of Massachusetts Boston, Boston, Massachusetts, United States

Implementing programs such as R3, which adds health-focused supportive services into senior housing sites, can be complicated. This study aimed to understand program management and wellness team views on barriers and facilitators to implementation. Semi-structured interviews were conducted with managers, social workers, and wellness nurses who implemented the R3 program. Facilitating factors included monthly phone calls between wellness team members and program participants, which strengthened relationships and provided valuable information; top-level management support, which was critical in building community partnerships; and daily ambulance reports from local emergency responders, which provided actionable information about participants. Barriers included the need for more wellness team time at individual intervention sites, challenges connecting R3 staff with participants’ hospitals and insurance companies, and refining the technological approach used to facilitate work flow and information exchange. Although obstacles were encountered during implementation, the findings provide support for the beneficial effects of enhanced services within senior housing.

THE ROLE OF HOUSING MANAGEMENT AND STAFF IN ADMINISTERING THE R3 PROGRAM

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Existing staff and management are central players in integrating enhanced services into affordable senior housing. This study describes the experience of housing providers in the implementation and operations of the R3 program. Semi-structured interviews were conducted with executives and direct service staff across the four intervention sites. Results indicate that staff served an important role in facilitating resident recruitment by operating as trusted sources of information about the R3 program. Top-level support for R3, acculturating R3 staff to the housing site, developing communication and data systems, and integrating new and existing staff were seen as crucial to the success of the program. Benefits noted by housing staff included freedom to redirect one’s energies/focus, production of actionable data/insights, reductions in resident turnover, and the addition of a nurse to the onsite services team. Housing management/staff experience with R3 can serve as a guide to moving to an enhanced services model.

COLLABORATION WITH FIRST RESPONDERS IN R3: THE CRITICAL ROLE OF COMMUNITY PARTNERS IN HOUSING WITH SERVICES

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Because seniors represent a rising proportion of Emergency Medical Services (EMS) provider activity, there is a growing focus on determining how EMS providers can better serve