

New Literature on Old Age

EDITOR

Gillian Crosby

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Centre for Policy on Ageing
26-28 Hammersmith Grove
London W6 7HA

Telephone: +44 (0) 207 553 6500
Fax: +44 (0) 207 553 6501
Email: cpa@cpa.org.uk
Web: www.cpa.org.uk

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ABUSE, SAFEGUARDING AND PROTECTION

(See Also 264/90, 264/100, 264/101, 264/104, 264/105, 264/107)

- 264/1 A 7-year trend analysis of the types, characteristics, risk factors, and outcomes of elder abuse in community settings; by Bianca Brijnath, Pragya Gartoulla, Melanie Joosten (et al.): Taylor and Francis. *Journal of Elder Abuse and Neglect*, vol 33, no 4, August-October 2021, pp 270-287. Although a national study of elder abuse is under way in Australia, the country has, so far, no reliable prevalence data. In the state of Victoria, elder abuse is recognised as a form of family violence that may occur between the older person and any other household member. This study examined annual changes in patterns of elder abuse in Victoria state over a 7-year period. Data are derived from records of 2,325 advice calls undertaken from July 2021 to June 2019 by Senior Rights Victoria (SVR), a specialist community legal centre tasked with supporting older people who have experienced elder abuse. Most common was psychological abuse (62.3%), followed by financial abuse (62%), physical abuse (15.7%) and social abuse (1.2%). Most of the sample (61.2%) reported experiencing one type of abuse. As well as focusing on people's abusive experiences, this study also illuminates demographic attributes, perpetrator characteristics and case outcomes. The ways in which issues such as housing affordability, poverty and language proficiency intersect with elder abuse are also examined. (RH)
ISSN: 08946566 [From : https://doi.org/10.1080/08946566.2021.1954574](https://doi.org/10.1080/08946566.2021.1954574)
- 264/2 Addressing the psychological impact of elder mistreatment: community-based training partnerships and telehealth-delivered interventions; by Melba A Hernandez-Tejada, Theresa Skojec, Gabrielle Froom (et al.): Taylor and Francis. *Journal of Elder Abuse and Neglect*, vol 33, no 1, January-February 2021, pp 96-106. The authors describe a two-pronged approach to addressing elder abuse of older adults living in the community. The program under discussion is based at a medical university in the southeast of South Carolina. Part 1 of the program involves briefly training community healthcare providers to screen for elder abuse and to make referrals for services. Part 2 is an intervention program that addresses the mental health impacts of elder abuse in a non-stigmatising, non-threatening manner, and involves using telehealth for greater reach. This work was supported by the South Carolina Office of the Attorney General, Crime Victims Services. Funding of the program by the South Carolina Office of the Attorney General Victims of Crime Act (VOCA) grants is also acknowledged. (RH)
ISSN: 08946566 [From : https://doi.org/10.1080/08946566.2021.1876578](https://doi.org/10.1080/08946566.2021.1876578)
- 264/3 Discriminatory abuse: time to revive a forgotten form of abuse?; by Karl Mason, Anusree Biswas Sasidharan, Adi Cooper (et al.): Emerald. *Journal of Adult Protection*, vol 24, no 2, 2022, pp 115-125. Discriminatory abuse has been a distinct category of abuse in safeguarding adults policy since 2000 but it is rarely used in practice according to recent official statistics. As part of a larger project, the authors undertook a literature review to clarify the concept, explore reasons for low reporting and consider recommendations for practice. The review comprised 35 sources, which were identified using three academic databases, reference harvesting and sector-specific websites. Examples of discriminatory abuse for the purpose of this study would include hate crime and/or mate crime, homophobia, racism and disability abuse. Findings from the review showed that definitions of discriminatory abuse stretch from an interpersonal emphasis in policy documents to a more structural approach. There are open questions about the status of discriminatory abuse as a category of abuse due to the complicated interface between discriminatory motivations and the abusive acts through which they are experienced. A range of factors can obscure its identification, particularly the hidden, stigmatised and normalised nature of discriminatory abuse. Some recommendations for practice are identified, but more work is needed to develop the practice vocabulary and required skills. (JL)
ISSN: 14668203 [From : https://doi.org/10.1108/JAP-12-2021-0042](https://doi.org/10.1108/JAP-12-2021-0042)
- 264/4 Elder maltreatment in Europe and the United States: a transnational analysis of prevalence rates and regional factors; by Charles R Henderson, Paul Caccamise, Joaquim J F Soares (et al.): Taylor and Francis. *Journal of Elder Abuse and Neglect*, vol 33, no 4, August-October 2021, pp 249-269. The authors investigated the association between type and frequency of elder maltreatment (EM) and residential setting (rural, suburban, and urban settings in the U.S. and northern and southern cities in Europe). This analysis used data on 7,225 participants from European and U.S. cross-sectional studies to estimate rates of EM in three domains in the five settings in logistic-linear models that included setting and demographic variables and tested pre-specified contrasts on settings. Northern Europe is similar to the U.S. in rate of financial exploitation, while the Mediterranean has higher rates than either of the other two. For emotional and physical maltreatment, the Mediterranean is similar to the U.S; Northern Europe has higher rates. EM differs between and within settings in the U.S. and Europe. There is a need for rigorous research to examine the effects of residential settings and environment on EM. Interventions to reduce EM should be explored. (RH)
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- 264/5 Elder mistreatment and life satisfaction of older adults: mediating roles of emotional closeness with children and loneliness; by Chaoxin Jiang, Shan Jiang.: Taylor and Francis.
Journal of Elder Abuse and Neglect, vol 33, no 5, November-December 2021, pp 351-367.
Elder mistreatment is a risk factor in the life satisfaction of older adults, yet understanding of its underlying mechanisms remains limited. This study investigates the mediating role of emotional closeness and loneliness in the association between elder mistreatment and life satisfaction. A sample of 8,717 Chinese older adults is obtained from the 2018 China Longitudinal Aging Social Survey. Results reveal that emotional mistreatment has a negative effect on the life satisfaction of older adults. Moreover, emotional mistreatment is associated with a low level of emotional closeness and a high degree of loneliness, which further decreases life satisfaction. However, emotional closeness with children did not significantly mediate the association between physical mistreatment and life satisfaction. This study advances the comprehension of the influencing path on how elder mistreatment affects older people's life satisfaction. Implications for policy and intervention programs are discussed. (RH)
ISSN: 08946566 [From : https://doi.org/10.1080/08946566.2021.1980171](https://doi.org/10.1080/08946566.2021.1980171)
- 264/6 Enhancing and evaluating the capacity of elder abuse fatality review teams to assist victim services; by Jason Burnett, Carmel Bitondo Dyer, Candace J Heisler.: Taylor and Francis.
Journal of Elder Abuse and Neglect, vol 33, no 2, March-May 2021, pp 107-122.
Fatality review teams (FRTs) have been historically helpful in identifying systemic issues that may lead to child and domestic violence deaths to improve responses, guide prevention efforts and better serve victims. More recently, these teams have formed to address similar concerns in elder abuse matters. The American Bar Association Commission on Law and Aging received an early grant to study elder abuse fatality review teams (EAFRTs) and in 2005 created its first Replication Guide. The current study reports on a subsequent national survey of EAFRTs, conducted 14 years later to identify important similarities and differences in team operations, impact and sustainability. EAFRTs are growing nationally in numbers, have positive impacts on member elder abuse and victim services knowledge, skills and confidence, but experience challenges to impact evaluability and sustainability due to low funding and membership time, turnover and commitment. Recommendations for supporting newly developing and currently functioning EAFRTs are provided. (RH)
ISSN: 08946566 [From : https://doi.org/10.1080/08946566.2021.1929640](https://doi.org/10.1080/08946566.2021.1929640)
- 264/7 Factors associated with health care providers speaking with older patients about being subjected to abuse; by Atbin Motamedi, Mikael Ludvigsson, Johanna Simmons.: Taylor and Francis.
Journal of Elder Abuse and Neglect, vol 34, no 1, January-February 2022, pp 20-37.
Health care providers have difficulties responding to elder abuse. This study aimed to investigate factors associated with health care providers speaking with older patients about being subjected to abuse, and what facilitating measures staff preferred to help them achieve this. A cross-sectional questionnaire survey was conducted among hospital health care providers (n = 154) in Sweden. Half of the respondents had experience of speaking about elder abuse. A high sense of professional responsibility (OR 3.23) and being less concerned about inflicting damage to the therapeutic relationship (OR 3.97) were associated with having spoken with older patients about being subjected to abuse. Written guidelines about elder abuse and a patient information sheet were the most preferred facilitating measures. The authors' findings indicate that increasing care providers' sense of responsibility and addressing concerns about damaging the therapeutic relationship might be important factors to target in future interventions to improve health care response to elder abuse. (RH)
ISSN: 08946566 [From : https://doi.org/10.1080/08946566.2021.2014378](https://doi.org/10.1080/08946566.2021.2014378)
- 264/8 Invisible and at-risk: older adults during the COVID-19 pandemic; by Susan M Benbow, Samishtha Bhattacharyya, Paul Kingston, Carmelle Peisah.: Taylor and Francis.
Journal of Elder Abuse and Neglect, vol 34, no 1, January-February 2022, pp 70-76.
During the COVID-19 pandemic the risks to older adults of systemic abuse and neglect have become amplified, alongside increasing abuse and neglect in the community. Novel risks have also evolved involving cybercrime and the use of remote technologies in health and social care related to the pandemic. This commentary brings together lessons to be learned from these developments and initial ideas for actions to mitigate future risks. (RH)
ISSN: 08946566 [From : https://doi.org/10.1080/08946566.2021.2016535](https://doi.org/10.1080/08946566.2021.2016535)
- 264/9 Research priorities for elder abuse screening and intervention: a Geriatric Emergency Care Applied Research (GEAR) network scoping review and consensus statement; by Jay Kayser, Nancy Morrow-Howell, Tony E Rosen (et al.): Taylor and Francis.
Journal of Elder Abuse and Neglect, vol 33, no 2, March-May 2021, pp 123-144.
The Geriatric Emergency Care Applied Research (GEAR) Network conducted a scoping review of the current literature on the identification of and interventions to address elder abuse among patients receiving care in emergency departments. The Network used this review to prioritise research questions for knowledge development. Two questions guided the scoping review. First, what is the effect of universal emergency department screening compared to targeted screening or usual practice on cases

of elder abuse identified, safety outcomes, and health care utilisation? Second, what is the safety, health, legal and psychosocial impact of emergency department-based interventions vs usual care for patients experiencing elder abuse? The authors searched five article databases. Additional material was located through reference lists of identified publications, PsychInfo, and Google Scholar. The results were discussed in a consensus conference; and stakeholders voted to prioritise research questions. No studies were identified that directly addressed the first question regarding assessment strategies, but four instruments used for elder abuse screening in the emergency department were identified. For the second question, six articles were found on interventions for elder abuse in the emergency department; however, none directly addressed the question of comparative effectiveness. Based on these findings, GEAR participants identified five questions as priorities for future research - two related to screening, two related to intervention, and one encompassed both. In sum, research to identify best practices for elder abuse assessment and intervention in emergency departments is still needed. Although there are practical and ethical challenges, rigorous experimental studies are needed. (RH)
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- 264/10 Retrospective study of older patient characteristics that increase the likelihood that a fracture was associated with abuse; by Merav Ben Natan, Yaniv Steinfeld, Yaniv Yonai (et al.): Taylor and Francis. *Journal of Elder Abuse and Neglect*, vol 33, no 3, June-July 2021, pp 221-229.
Searching for clinical manifestations of elder abuse may help healthcare professionals identify cases of elder abuse. This study explored those characteristics of older patients with fractures that increase the likelihood that the fracture was associated with abuse. This is a retrospective chart review study of 1,000 patients aged 65 and older who presented to an emergency department in northern-central Israel with a fracture during 2019. The chart review included participant characteristics: sociodemographic data, medical data, data regarding the fracture, and data on the presence of forensic markers of elder abuse in individual patients. Descriptive statistics and regression models were used for the analyses. Older age, presence of dementia, and hand and facial fractures were associated with the presence of forensic markers, and were also found to predict having at least one forensic factor. This study provides further support for the creation of clinical guidelines for identification of elder abuse. (RH)
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- 264/11 Understanding the mechanisms underlying the effects of loneliness on vulnerability to fraud among older adults; by Jing Wen, Hang Yang, Qianhan Zhang (et al.): Taylor and Francis. *Journal of Elder Abuse and Neglect*, vol 34, no 1, January-February 2022, pp 1-19.
The current study aimed to clarify the relationships between loneliness, susceptibility to persuasion, self-control, and vulnerability to fraud among older adults. The authors especially wanted to investigate whether susceptibility to persuasion mediates the association between loneliness and vulnerability to fraud, and whether self-control moderates the relationship in this process. A moderated mediation model was examined with 252 Chinese older adults (mean age = 67.94, SD = 6.27) who completed questionnaires regarding loneliness, susceptibility to persuasion, self-control, and vulnerability to fraud. The results revealed that loneliness significantly predicted older adults' vulnerability to fraud and susceptibility to persuasion partially mediated this relationship. Moreover, this mediating effect was only significant for older adults with low self-control. These findings enrich our understanding of how loneliness affects older adults' vulnerability to fraud and provide practical guidance for establishing protections against fraud targeting older adults. (RH)
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ADVANCE DIRECTIVES

(See 264/25)

AGE-FRIENDLY COMMUNITIES

(See 264/120, 264/122)

AGEING IN PLACE

(See 264/119)

AGEISM AND AGE DISCRIMINATION

- 264/12 'I've never given it a thought': older men's experiences with and perceptions of ageism during interactions with physicians; by Hazel MacRae.: Cambridge University Press. *Ageing and Society*, vol 42, no 6, June 2022, pp 1318-1339.
The subjective experience of ageism among older men has received little research attention. This study examines older Canadian men's experiences with and perceptions of ageism during interactions with physicians. In-depth, face-to-face interviews were conducted with 21 men aged 55 years and over. The findings indicate a seeming lack of awareness of ageism among many, and many did not believe ageism

was likely to occur during patient-physician interaction. Negative stereotyping of older patients was common. A large majority of the participants reported that they had not personally experienced ageism during a medical encounter, nor were they concerned about it. Numerous rationales were proffered as explanations of why a particular participant had not experienced ageism, and who was more likely to be a target. (RH)

ISSN: 0144686X From : <https://doi.org/10.1017/S0144686X20001476>

- 264/13 Age Discrimination and Employability in Healthcare Work: A Double-Edged Sword for Older Workers?; by Karen Pak, Trude Furunes and Annet H De Lange. Sustainability, vol 14, no 9, April 2022.

Due to the ageing workforce, older workers, especially in the healthcare industry, must remain employable. However, older healthcare workers may face age discrimination that can limit their employability chances. This study examined (a) the causal direction of the relationship between age discrimination and internal employability and (b) differences between age groups (young (=30), middle-aged (31-44), and older (>=45) healthcare workers) in this relationship. Based on the Selection Optimisation Compensation theory, the study postulated that (i,ii) internal employability and age discrimination are inversely negatively related to one another over time and that (ii-iv) this relationship would be strongest for older employees compared to other age groups. The authors conducted a two-wave complete panel study among 1478 healthcare professionals to test these hypotheses. The results of the multi-group structural equation modelling analyses suggested that internal employability is a significant negative predictor of age discrimination. Moreover, results suggested that internal employability and age discrimination have a reciprocal relationship among older workers but are unrelated for younger and middle-aged workers. Theoretical and practical implications of the results are discussed. From : <https://doi.org/10.3390/su14095385>

- 264/14 Ageism in Working Life: A Scoping Review on Discursive Approaches; by Federica Previtali, Katri Keskinen, Miira Niska and Pirjo Nikander. The Gerontologist, vol 62, no 2, March 2022, pp e97-e111.

This review investigates the contribution of discursive approaches to the study of ageism in working life. It looks back on the 50 years of research on ageism and the body of research produced by the discursive turn in social science and gerontology.

The study followed the 5-step scoping review protocol to define gaps in the knowledge on ageism in working life from a discursive perspective. About 851 papers were extracted from electronic databases and, according to inclusion and exclusion criteria, 39 papers were included in the final review.

The selected articles were based on discursive approaches and included study participants along the full continuum of working life (workers, retirees, jobseekers, and students in training). Three main themes representing the focal point of research were identified, namely, experiences of ageism, social construction of age and ageism, and strategies to tackle (dilute) ageism.

The study finds that discursive research provides undeniable insights into how participants experience ageism in working life, how ageism is constructed, and how workers create context-based strategies to counteract age stereotypes, prejudice, and discrimination. It also finds that discursive research on ageism in the working life needs further development about the variety of methods and data, the problematization of age-based labelling and grouping of workers, and a focus on the intersection between age and other social categories. Further research in these areas can deepen our understanding of how age and ageism are constructed and can inform policies about ways of disentangling them in working life. From : <https://doi.org/10.1093/geront/gnaa119>

- 264/15 Expanding benevolent ageism: replicating attitudes of overaccommodation to older men; by Jennifer F Sublett, Michael T Vale, Toni L Bisconti.: Taylor and Francis. Experimental Aging Research, vol 48, no 3, May-June 2022, pp 220-233.

Older adults are stereotyped in a paternalistic manner (warm, but incompetent), deserving of assistance regardless of their need; however, little is known about how gender contextualises these attitudes. This study extends previous work that examined the malleability of the paternalistic older adult stereotype. The study uses a two-part experimental vignette, whose goals included: (1) examining attitudes of benevolent ageist behaviour toward a male target; (2) confirming whether attributions made toward an older male target change if they defy or confirm the paternalistic stereotype; and (3) examining the distinct roles of age and gender on an act of benevolent ageism. In previous work, a female target was offered unnecessary assistance, which is replicated in the current study with a male target. The age (young vs old), response (accepting vs declining assistance), and gender (male vs female) of the target were manipulated and then rated by a young adult sample (N = 698).

These findings replicated earlier work, in that over-accommodative behaviours were endorsed more so for the older target than the younger target, which corroborates support for the Stereotype Content Model in that older adults are viewed paternalistically. Additionally, the older male target and the older female target were viewed differently when they respectively defied the paternalistic stereotype, indicating distinctness between benevolent ageism and benevolent sexism.

These findings add to the growing body of benevolent ageism literature and highlight the intersection of gender and age. (RH)

ISSN: 0361073X From : <https://doi.org/10.1080/0361073X.2021.1968666>

264/16 Gendered ageism and gray hair: must older women choose between feeling authentic and looking competent?; by Vanessa Cecil, Louise F Pendry, Jessica Salvatore, Hazel Mycroft, Tim Kurz.: Taylor and Francis.
Journal of Women and Aging, vol 34, no 2, 2022, pp 210-225.
Ageing women frequently use hair dye to disguise their age in order to avoid being stigmatised as 'old'. Recently, however, some have chosen naturally grey hair. Informed by Goffman's theory of stigma, this study investigated why women would do so in the face of age discrimination, and their experiences of the process. The study identified two major, oppositional themes, competence and authenticity. Despite wanting to avoid perceptions of old-thus-incompetent, women risked grey hair in order to feel authentic. However, they employed other beauty practices to mitigate the effects of grey hair, indicating conflict between a (subjectively) authentic appearance and societal perceptions of competence. (NL/RH)
ISSN: 08952841
From : <https://doi.org/10.1080/08952841.2021.1899744> <https://www.tandfonline.com>

264/17 Workplace age discrimination and affecting factors in Turkey: a validation study; by Emine Ozmete, Melike Pak, Serdarhan Dudru.: Taylor and Francis.
Experimental Aging Research, vol 47, no 5, October-December 2021, pp 436-450.
A sample of 465 Turkish women and men (aged 18+) with an active working life participated in this study, which was undertaken to adapt the Workplace Age Discrimination Scale (WADS) to Turkish. Corrected item total correlation and Cronbach's alpha, internal consistency coefficient were calculated for reliability of WADS. High order confirmatory factor analysis was performed to test the theoretical suitability and construct validity for Turkish context. In this study, WADS has one factor construction. Cronbach's Alpha Reliability Coefficient was found to be 0.904 for WADS. Predictors of workplace age discrimination in Turkish population were determined as age, hierarchical structure, job satisfaction and income satisfaction. These results showed that the Turkish version of WADS may be used as a valid and reliable tool in determining workplace age discrimination and in other relevant research. Exploring the validity and reliability of the scale should be repeated in groups which have different socio-demographics and health situations. (RH)
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From : <https://doi.org/10.1080/0361073X.2021.1909967>

ANXIETY

(See 264/140)

ARTS, CRAFT AND MUSIC

264/18 The effect of a performing arts intervention on caregivers of people with mild to moderately severe dementia; by Kim McManus, Hong Tao, Pamela J Jennelle (et al).: Taylor and Francis.
Aging and Mental Health, vol 26, no 4, April 2022, pp 735-744.
In a project supported in part by the US National Endowment for the Arts, this study aimed to determine the feasibility and acceptability of a multi-modal performing arts intervention (MPAI) for caregivers of people with mild to moderately severe dementia. The secondary objective was to examine how MPAI might change caregiver burden, caregiver resilience, and perceived quality of life (QoL) for care recipients. The study used a mixed-methods design, in which 32 Caregivers completed the Zarit Burden Interview (caregiver burden) Brief Resilience Scale (resilience) and Quality of Life-Alzheimer's disease measure (care recipient QoL) at five study timepoints. 15 semi-structured interviews documented the intervention's acceptability and caregivers' subjective experiences. Feasibility was indexed through withdrawal and attendance analysis. Braun and Clarke's (2006) thematic analysis guided the qualitative analysis. Results indicate that caregiver burden significantly declined from baseline to final follow-up. Caregiver resilience and care recipient QoL were not significantly changed, but trended up during the intervention until it dropped at the end of the program. Qualitative data suggest the reversal in resilience and QoL may be explained by caregivers' increased anxiety as the program ended. Acceptability data indicated caregivers were unanimously highly satisfied with the intervention, desiring to continue participation. Feasibility findings provide recommendations for intervention improvements. The study concludes that an MPAI could reduce caregiver burden and increase resilience for informal caregivers of a person with dementia. However, effects drop off quickly at the end of the program, indicating the need for ongoing interventions that provide social support, a respite from the pressures of care recipients' dependency, and the relief that caregivers experience when they perceive benefits to their care recipient's well-being. (RH)
ISSN: 13607863
From : <https://doi.org/10.1080/13607863.2021.1891200>

ASSISTED DYING

- 264/19 Finitude, choice and the right to die: age and the completed life; by Chris Gilleard.: Cambridge University Press.
Ageing and Society, vol 42, no 6, June 2022, pp 1243-1251.
This paper explores the concept of the completed life outlined in recent writing in the Netherlands on euthanasia and assisted suicide and its implications for ageing studies. Central to this theme is the basic right of people to self-determine the length of their later life, linked with the subsidiary right to assistance in achieving such self-determination. Although the notion of weariness with life has a long history, the recent advocacy of a self-limited life seems shaped by the new social movements presaged upon individual rights, together with what might be called a distinctly third-age habitus, giving centre stage to autonomy over the nature and extent of a desired later life, including choice over the manner and timing of a person's ending. In exploring this concept, consideration is given to the notion of a 'right to die', 'rational suicide' and the inclusion of death as a lifestyle choice. While reservations are noted over the unequivocal good attached to such self-determination, including the limits to freedom imposed by the duty to avoid hurt to society, the article concludes by seeing the notion of a completed life as a challenge to traditional ideas about later life. (RH)
ISSN: 0144686X From : <https://doi.org/10.1017/S0144686X2000149X>
- 264/20 Flemish healthcare providers' attitude towards tiredness of life and euthanasia: a survey study; by Liesbeth Van Humbeeck, Ruth Piers, Reine de Bock (et al).: Taylor and Francis.
Aging and Mental Health, vol 26, no 1, January 2022, pp 205-211.
This study explores the legal understanding and attitudes of nurses and physicians in both acute and chronic geriatric care in Flanders (Belgium) regarding euthanasia in the context of older people's tiredness of life. Healthcare providers employed in acute care (59 geriatricians and 75 nurses of acute geriatric wards), as well as chronic care (135 general practitioners (GPs) and 76 nurses employed in nursing homes and home care services) were sent a survey with four case vignettes. For each case vignette, respondents were asked the following questions: (1) 'Does this case fit the due-care criteria of the euthanasia law?', (2) 'Do you consider this person to be tired of life?', and (3) 'Can you comprehend this person's euthanasia request?'. In cases of severe and life-limiting physical suffering, where the patient meets the legal criteria for euthanasia in Belgium, only 50% of physicians and nurses are aware of this legal basis. In case of tiredness of life without underlying pathology, nurses showed more comprehension for the euthanasia request compared to physicians (43.0% vs. 10.8%, p = 0.001). Physicians tend to assess the legal base of an euthanasia request depending on the severity of physical morbidity, whereas nurses show a greater comprehension towards euthanasia requests even in absence of severe illness. Geriatricians are more reserved regarding performing euthanasia themselves as compared to GPs, regardless of underlying pathology or reason for the euthanasia request (p = 0.001). The legal understanding and attitude of Flemish physicians and nurses towards tiredness of life and euthanasia in older patients differed to a great extent. This study showed (1) a lack of awareness of the legal basis for euthanasia in the context of ToL among all HCPs; (2) differences in the extent of comprehension between nurses and physicians; and (3) differences in willingness to actually perform euthanasia between geriatricians and GPs. So even with the formulation of strict due-care criteria there is still room for interpretation. This creates a grey area and a discussion point between healthcare providers. (RH)
ISSN: 13607863 From : <https://doi.org/10.1080/13607863.2020.1870205>

ATTITUDES TO AGEING

(See Also 264/47)

- 264/21 Age-related loss of resources and perceived old age in China; by Huijan Liu, Itu Yang, Zhixin Feng.: Cambridge University Press.
Ageing and Society, vol 42, no 6, June 2022, pp 1280-1298.
Life expectancy in China has increased. This paper explores the age when older adults (aged 60 and above) consider themselves to be an 'older person' and how age-related loss of resources (five dimensions: early cumulative factors, decline and loss of health resources, reduction and loss of economic resources, weakening and loss of social support resources, and personal role transition and experiences of losing family members) could affect their perceived old age. Using two waves of data from the China Longitudinal Ageing Social Survey (CLASS) in 2014 and 2016 (6,244 participants in 2014 and 2,989 participants in both 2014 and 2016), the authors found that the mean perceived old age is around 70 years at baseline (2014). Higher level of educational attainment and occupational types (early cumulative factors), better health condition, receiving support from friends and taking care of grandchildren are significantly associated with the perception that old age begins at an older age at baseline, while being Han-Chinese, being an urban resident (early cumulative factors) and reporting better health condition have significant positive effects on the perception that old age begins at an older age in the later wave. These findings suggest that the age standard of older adults should be adjusted dynamically in response to social development and longevity. the findings also highlight the importance of early cumulative factors in shaping the ageing process besides age-related factors. (RH)
ISSN: 0144686X From : <https://doi.org/10.1017/S0144686X20001440>

- 264/22 Does the effect of stereotypes in older people depend upon task intensity?; by Maxime Deshayes, Raphael Zory, Remi Radel (et al): Sage.
 Research on Aging, vol 44, nos 3-4, March-April 2022, pp 254-264.
 The effect of exposure to ageing stereotypes on older people's physical performance is investigated. Specifically, this French study examined the effect of negative and positive stereotypes on the strength produced by older adults at different perceived effort intensities, reflecting different levels of task difficulty. Fifty older women were randomly assigned to a positive stereotype, a negative stereotype, or a control condition. Before (T1) and after (T2) the stereotype manipulation, they were asked to perform a voluntary isometric contraction at a level of muscular effort that corresponded to four perceived effort intensities ("easy", "moderate", "hard" and "very hard"). Results showed that participants attained greater strength during the easy and hard tasks after exposure to both positive and negative stereotypes. At the moderate and very hard intensities, stereotype induction did not significantly change the strength from the baseline performance. While these results are not fully in line with the stereotype threat theory, they provide evidence that task difficulty could modulate the effect of ageing stereotypes during physical tasks. (RH)
 ISSN: 01640275
 From : <https://doi.org/10.1177/01640275211020680>
- 264/23 Factors associated with attitudes toward older adults in social work students: a systematic review; by Sol Baik, Joan K Davitt.: Taylor and Francis.
 Journal of Gerontological Social Work, vol 65, no 2, February-March 2022, pp 168-187.
 This systematic review examined factors associated with social work students' attitudes to older adults or working with older adults from literature published in the last decade. 12 peer-reviewed empirical studies published between 2011 and 2020 were included for review. Results suggested that both direct and indirect exposures to older adults positively changed social work students' attitudes. While infusing exposure to older adults into courses appeared effective in modifying students' attitudes, inconsistent measurement and lack of information across studies made it impossible to compare the effectiveness of interventions across studies. Implications for gerontological social work education are discussed. (JL)
 ISSN: 01634372
 From : <https://doi.org/10.1080/01634372.2021.1944946>
- 264/24 Perceived barriers and contributors to sense of purpose in life in retirement community residents; by Nathan A Lewis, Naomi Reesor, Patrick L Hill.: Cambridge University Press.
 Ageing and Society, vol 42, no 6, June 2022, pp 1448-1464.
 Despite the growing use of retirement communities and ageing care facilities, little is known about how residing in retirement residences may impact aspects of older adult well-being. Living in these communities may hold particular influence on residents' sense of purpose, if they feel limited in their opportunities for individual action, or could serve to promote purposefulness depending on the social connections available. This study sought to explore contributing factors as well as barriers to purpose in older adults living in three continuing care retirement communities in Ottawa, Canada. Using brief semi-structured interviews, 18 older adults were asked to describe their purpose in life, community-related activities and any perceived challenges limiting their ability to pursue this purpose. Thematic analysis was used to examine themes common across interviews. Interviews presented a mixed picture of the nature of purposefulness in retirement facilities. Residents espoused several benefits of community living such as social and leisure opportunities, while also noting several obstacles to their purpose, including health concerns and the belief that purpose in life was not relevant for older adults. These findings provide insight into how older adults can derive a sense of purpose from activities within their retirement community, and how facilities can better tailor programmes to promote purposefulness and support personally valued roles for residents. (RH)
 ISSN: 0144686X
 From : <https://doi.org/10.1017/S0144686X20001749>

BEREAVEMENT

(See 264/124)

BLACK AND MINORITY ETHNIC GROUPS

- 264/25 "Let's Talk about ACP pilot study": a culturally-responsive approach to advance care planning education in African-American communities; by Gloria T Anderson.: Taylor and Francis.
 Journal of Social Work in End-of-Life and Palliative Care, vol 17, no 4, 2021, pp 267-277.
 The COVID-19 pandemic has emphasised the importance of attending to racial inequality in end-of-life care, as the world has witnessed the disproportionate negative impact on Black and Brown people and communities. Advance care planning (ACP) is of particular concern for this population. This article introduces an ACP toolkit developed as a culturally responsive educational approach to assist African-American faith leaders to inform and educate their congregations on end-of-life care options and the process to complete advance care documents. This article describe the development of the Let's Talk

about ACP toolkit and discusses the results of the pilot study workshop. The pilot study procedures included a critical evaluation of an innovative curriculum and workshop process for engaging African Americans around advocacy for which healthcare experience they prefer. Factors such as cultural, generational, and spiritual beliefs and values influenced decision-making. Distrust was one of the most prominent factors raised by participants. Providing resources and tools that encompass culturally responsive approaches to educate and encourage use can help bridge the gap. The next steps for this innovative practice approach is to refine the practice approach and replicate the findings among larger community settings. (RH)

ISSN: 15524256

From : <https://doi.org/10.1080/15524256.2021.1976354>

264/26 Dismantling systemic racism in long-term services and supports: a call to action for social workers; by Meghan Jenkins Morales, Vivian J Miller, Tyrone Hamler.: Taylor and Francis.

Journal of Gerontological Social Work, vol 65, no 2, February-March 2022, pp 121-128.

Given the rapidly changing Long-Term Services and Supports (LTSS) system in the United States, it is essential for social workers and other health professionals to critically examine how this evolving landscape continues to shape racial inequities in formal LTSS and subsequent health outcomes. This commentary seeks to inform social work education, research and practice by describing how systemic racism impacts the use and quality of formal LTSS. The authors present a call to action for social workers to dismantle systemic racism in LTSS that perpetuates ongoing racial inequities. (JL)

ISSN: 01634372

From : <https://doi.org/10.1080/01634372.2021.1942375>

264/27 Minority stress process among older Black Americans: the role of age, perceived discrimination, and anxiety; by Keisha D Carden, Danielle L McDuffie, Kaleb Murry (et al).: Taylor and Francis.

Aging and Mental Health, vol 26, no 4, April 2022, pp 852-859.

Prolonged experiences of discrimination can be a major source of physical and health-related stress, particularly in older Black Americans. However, there is limited information on the relationship between discrimination and anxiety, particularly within the context of other constructs that influence the manifestation of anxiety symptoms. For example, several studies have suggested that ethnic identification may provide psychological and social resources to deal with the effects of discrimination. This study aims to further understand these processes, by using structural equation modelling (SEM) to examine predictors of anxiety symptom severity in a sample of 1,032 African American and Afro-Caribbean adults aged 55+ from the National Survey of American Life. The final structural regression model revealed acceptable fit indices, and was successful in measuring latent anxiety symptom severity, showing that more experienced discrimination was related to higher anxiety and anxiety was directly related to mental health rating. While higher experience of discrimination was associated with higher anxiety, it was not directly related to mental health rating. However, contrary to expectation, ethnic identification did not serve as a protective factor between experienced discrimination and anxiety. As individuals aged, they experienced less discrimination and reported poorer self-rated mental health. While age served as a protective factor for perceived discrimination and anxiety symptom severity, ethnic identification did not. Implications for those working to reduce anxiety symptoms among Black Americans are discussed. (RH)

ISSN: 13607863

From : <https://doi.org/10.1080/13607863.2021.1904380>

CARE SERVICES

264/28 Approaches to addressing nonmedical services and care coordination needs for older adults; by Jerel M Ezell, Samiha Hamdi, Natasha Borrero.: Sage.

Research on Aging, vol 44, nos 3-4, March-April 2022, pp 323-333.

Non-medical services care coordination for daily activities of living (ADLs) is crucial in improving older adults' health and enabling them to age in place, but little is known about specific practices and barriers in this space. Semi-structured interviews were conducted with 41 professionals serving older adults in greater Chicago, Illinois - which consists of diverse urban, suburban and semi-rural communities - to contextualize non-medical services needs and care coordination processes. In-home care, home-delivered meals, non-emergency transport and housing support were cited as the most commonly needed services, all requiring complex coordination support. Respondents noted a reliance on inefficient phone or fax usage for referral-making, and cited major challenges in inter-professional communication, service funding or reimbursement, and HIPAA (the Health Insurance Portability and Accountability Act 1996). Non-medical services delivery for older adults is severely impacted by general siloing throughout the care continuum. Interventions are needed to enhance communication pathways and improve the salience and interdisciplinarity of non-medical services coordination for this population. (RH)

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CARERS AND CARING

(See Also 264/54, 264/75)

- 264/29 Caregiver status and illness self-efficacy during the COVID-19 pandemic among older adults with chronic conditions; by Courtney A Polenick, Lianlian Lei, Annie N Zhou (et al).: Taylor and Francis. *Aging and Mental Health*, vol 26, no 3, March 2022, pp 563-569.
Older adults providing unpaid care to a relative or friend during the COVID-19 pandemic may have diminished self-efficacy in managing their own chronic illness, especially in the context of more complex self-management. The authors evaluated whether adults aged 50 and older with caregiving roles are more likely to report reduced illness self-efficacy since the pandemic, and whether this link is exacerbated by a higher number of conditions. Participants (105 caregivers and 590 non-caregivers) residing in Michigan (82.6%) and 33 other U.S. states completed one online survey between May 14 and July 9, 2020. Controlling for sociodemographic and health characteristics, stressors related to COVID-19, and behavioural and psychosocial changes since the pandemic, caregivers were more likely than non-caregivers to report reduced illness self-efficacy when they had a higher number of chronic conditions. These findings highlight the importance of maintaining caregivers' self-care during the COVID-19 pandemic and in future public health crises. (RH)
ISSN: 13607863
From : <https://doi.org/10.1080/13607863.2021.1901260>
- 264/30 Cognition in informal caregivers: evidence from an English population study; by F Javier Garcia-Castro, Rebecca Bendayan, Richard J B Dobson, María J Blanca.: Taylor and Francis.
Aging and Mental Health, vol 26, no 3, March 2022, pp 507-518.
The relationship between caregiving and cognition remains unclear. The authors investigate this association, comparing four cognitive tasks and exploring the role of potential explanatory pathways such as healthy behaviours (healthy caregiver hypothesis) and depression (stress process model). Data are for 8910 respondents from the English Longitudinal Study of Ageing (ELSA). Cognitive tasks included immediate and delayed word recall, verbal fluency and serial 7 subtraction. Series of hierarchical linear regressions were performed. Adjustments included socio-demographics, health-related variables, health behaviours and depression. Being a caregiver was positively associated with immediate and delayed recall, verbal fluency but not with serial 7. For immediate and delayed recall, these associations were partially attenuated when adjusting for health behaviours, and depression. For verbal fluency, associations were partially attenuated when adjusting for depression but fully attenuated when adjusting for health behaviours. No associations were found for serial 7. These findings show that caregivers have higher level of memory and executive function compared to non-caregivers. For memory, it was found that although health behaviours and depression can have a role in this association, they do not fully explain it. However, health behaviours seem to have a clear role in the association with executive function. Public health and policy do not need to target specifically cognitive function, but other areas as the promotion of healthy behaviours and psychological adjustment such as preventing depression and promoting physical activity in caregivers. (RH)
ISSN: 13607863
From : <https://doi.org/10.1080/13607863.2021.1893270>
- 264/31 Development of a web-based survey on the financial risks of unpaid caregiving: approach and lessons learned from a Canadian perspective; by Husayn Marani, Sara Allin, Gregory P Marchildon.: Taylor and Francis.
Home Health Care Services Quarterly, vol 40, no 4, October-December 2021, pp 276-301.
Little is known about the financial risks of unpaid caregiving. This is, in part, due to challenges in identifying people who are caregivers and limitations in capturing all aspects of spending related to caregiving in existing approaches to public data collection. To fill these gaps, the authors developed a composite survey informed by validated instruments that assesses the types and magnitude of out-of-pocket expenditures caregivers incur in the provision of home-based care for someone living with a long-term health condition, and their impact across various domains of financial risk. This paper discusses the development of this survey currently in circulation in a Canadian province, and reflects on considerations in the engagement of unpaid caregivers in participatory research. Given its replicability and adaptability, this survey may inform future research in other developed or high-income settings; it may also guide policy attention toward understanding how to protect unpaid caregivers from the financial risks of caring. (RH)
ISSN: 01621424
From : <https://doi.org/10.1080/01621424.2021.1976344>
- 264/32 Downward transfer of support and care: understanding the cultural lag in rural China; by F X Qiu, H J Zhan, J Liu, P M Barrett.: Cambridge University Press.
Ageing and Society, vol 42, no 6, June 2022, pp 1422-1447.
The Chinese culture of filial piety has historically emphasised children's responsibility for their ageing parents. Little is understood regarding the inverse: parents' responsibility and care for their adult children. This paper uses interviews with 50 families living in rural China's Anhui Province to

understand intergenerational support in rural China. Findings indicate that parents in rural China take on large financial burdens, in order to sustain patrilineal traditions by providing housing and child care for their adult sons. These expectations lead some rural elders to become migrant workers in order to support their adult sons, while others provide live-in grandchild-care, moving into their children's urban homes or bringing grandchildren into their own homes. As the oldest rural generations begin to require ageing care of their own, migrant children are unable to provide the sustained care and support expected within the cultural tradition of xiao. This paper adds to the small body of literature that examines the downward transfer of support from parents to their adult children in rural China. The authors argue that there is an emerging cultural rupture in the practice of filial piety - while the older generation is fulfilling their obligations of upbringing and paying for adult children's housing and child care; these adult children are not necessarily available or committed to the return of care for their ageing parents. The authors reveal cultural and structural lags that leave millions of rural ageing adults vulnerable in the process of urbanisation in rural China. (RH)

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From : <https://doi.org/10.1017/S0144686X2000152X>

264/33 Realist evaluation of a pilot intervention implementing interprofessional and interinstitutional processes for transitional care; by Severine Schussele Filliettaz (et al.): Taylor and Francis.

Home Health Care Services Quarterly, vol 40, no 4, October-December 2021, pp 302-323.

In 2016, in Switzerland, the authors implemented transitional interprofessional and interinstitutional shared decision-making processes (IIPs) between a short-stay inpatient care unit (SSU) and primary care professionals.

Between 2018 and 2019, this intervention was evaluated using a realist design to answer the following questions: for whom, with whom, in which context and how have IIPs been implemented? Findings from interviews with patients, primary care professionals and staff from the SSU showed that a patient's stay at the SSU, with actors committed to facilitating IIPs, reinforced the perceived appropriateness and implementation of those IIPs. However, this appropriateness varied according to different contextual elements, such as the complexity of needs, pre-existing collaborative practices and the purpose of the inpatient stay. Since IIPs occurred in a context of fragmented practices, proactive and sustained efforts are required of the actors implementing them and the organizations supporting them. (RH)

ISSN: 01621424

From : <https://doi.org/10.1080/01621424.2021.1989356>

264/34 Strategies to optimize aged care volunteer recruitment and retention: a systematic review; by Marta Woolford, Cathering Joyce, Meg Polacsek.: Taylor and Francis.

Journal of Gerontological Social Work, vol 65, no 1, January 2022, pp 45-62.

Population ageing and resource constraints in aged care indicate an ever increasing need for volunteers in this growing sector. Volunteers in aged care have different expectations and experiences as they typically form longer and closer relationships with residents, and perform important social support functions that may otherwise not be delivered. Tailored strategies to recruit and retain these volunteers are needed. The aims of this review were to identify the motivations and expectations of aged care volunteers, and to examine strategies that foster their recruitment, retention and role satisfaction. A systematic review of MEDLINE, PsycINFO, CINAHL, Embase and Cochrane Library was conducted. Selection criteria included qualitative and quantitative studies published in English, with no date restrictions. Volunteering roles were restricted to residential aged care services. The 18 studies eligible for review presented consistently strong themes across volunteer motivation, recruitment/retention, and satisfaction/involvement. Implications for policy and practice relate to the importance of setting clear role expectations, matching volunteers' skills with roles, ongoing training and support, and the need for operational frameworks that support volunteers with administrative processes, communication and complaint resolution. Improved volunteer management that enables the consistent provision of social support in this setting stands to improve residents' quality of life. (JL)

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From : <https://doi.org/10.1080/01634372.2021.1923605>

CENTENARIANS

264/35 A systematic review of the associations, mediators and moderators of life satisfaction, positive affect and happiness in near-centenarians and centenarians; by Adrian Cheng, Yvonne Leung, Henry Brodaty.: Taylor and Francis.

Aging and Mental Health, vol 26, no 4, April 2022, pp 651-666.

Results from studies investigating life satisfaction, positive affect and happiness of near-centenarians (95+) and centenarians are inconsistent. This is the first systematic review to summarise the extant literature on the subjective well-being of this unique age group.

Seven electronic databases (PubMed, MEDLINE, EMBASE, PsycINFO, CINAHL, Web of Science and the Cochrane database for systematic reviews) were systematically searched. Subjective well-being was defined as life satisfaction, positive affect and happiness. A narrative synthesis of relevant articles was undertaken. Of 28 studies eligible for inclusion in this review, 20 predominantly examined life satisfaction, 11 positive affect and 4 happiness. Sex and other demographic variables were not significant

predictors of subjective well-being. In contrast, greater perceived health was significantly associated with higher levels of life satisfaction and positive affect. Fatigue and visual impairment were significantly correlated with lower levels of life satisfaction and positive affect. However, there was considerable heterogeneity in the findings on physical, cognitive and social associations, mediators and moderators. The large discrepancy of results in the literature may be explained by methodological differences between studies. Centenarian research requires that life satisfaction, positive affect and happiness be more clearly defined, since their operationalisation is inconsistent. An international consortium of centenarian studies could facilitate cross-cultural comparisons on subjective well-being. Future research should be directed towards interventions that promote subjective well-being in the oldest-old. (RH)
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From : <https://doi.org/10.1080/13607863.2021.1891197>

COVID-19

(See Also 264/8, 264/29, 264/70, 264/72, 264/79, 264/116, 264/125, 264/126, 264/129)

- 264/36 Collateral damage of the COVID-19 pandemic: isolation, rapid decision making and multifaceted distress as observed by an inpatient palliative care service; by Alissa Ulanday, Lindsay B Minter.: Taylor and Francis.
Journal of Social Work in End-of-Life and Palliative Care, vol 17, nos 2-3, 2021, pp 164-172.
Whether being treated for COVID-19 related complications or otherwise, patients, families and healthcare providers are all enduring various impacts of the COVID-19 pandemic. The inpatient Palliative Care Service at the University of California, Los Angeles, has observed prevailing themes of isolation, rapid decision making and multifaceted distress during the COVID-19 pandemic. This paper discusses lessons learned and provides resources to mitigate these additional complexities to care being provided. (RH)
ISSN: 15524256
From : <https://doi.org/10.1080/15524256.2021.1894311>
- 264/37 COVID-19 family support team: providing person and family centered care during the COVID-19 pandemic; by Christa Burke, Stephanie Hampel, Katie Gholson (et al).: Taylor and Francis.
Journal of Social Work in End-of-Life and Palliative Care, vol 17, nos 2-3, 2021, pp 158-163.
The arrival of COVID-19 brought about many disruptions to our world and communities. The hospital visiting restrictions were one of the more, if not most, challenging aspects of psychosocial care for patients and families. It was difficult to anticipate the emotional toll that visiting restrictions would take on patients, families and staff. Once hospital visitor restrictions were in place, new strategies for patient and family connection and team communication had to be established. This article outlines how, in Spring 2020, the Palliative Care team at a large, urban, Midwestern academic medical centre created an interprofessional Family Support Team to address the psychosocial needs of the families of critically ill COVID-19 patients. (RH)
ISSN: 15524256
From : <https://doi.org/10.1080/15524256.2021.1922126>
- 264/38 Designing and implementing a COVID language resource guide as a response to an acute need; by Terry Altilio, Anne Kelemen, Vickie Leff.: Taylor and Francis.
Journal of Social Work in End-of-Life and Palliative Care, vol 17, nos 2-3, 2021, pp 146-157.
The rise of COVID-19 in March 2020 led to an urgent and acute need for communication guidelines to help clinicians facing a novel disease - amidst a cacophony of voices and demands - find the words to use in the face of this public health emergency. The authors identified critical topics that arose at the interface of staff, patient and family to guide the structure and content of a guideline. Organised in an easy to read table, the guide was made available to a wide variety of websites, organisations and schools as a free PDF resource across the United States and beyond. (RH)
ISSN: 15524256
From : <https://doi.org/10.1080/15524256.2021.1940420>
- 264/39 Life during COVID-19 lockdown in Italy: the influence of cognitive state on psychosocial, behavioral and lifestyle profiles of older adults; by Arenn Faye Carlos, Tino Emanuele Poloni, Martina Caridi (et al).: Taylor and Francis.
Aging and Mental Health, vol 26, no 3, March 2022, pp 534-543.
Few studies have examined lockdown effects on older people's way of life and well-being stratified by cognitive state. Since cognitive deficits are common in this population, this Italian study investigated how cognition influenced their understanding of the COVID-19 pandemic, socio-behavioral responses and lifestyle adaptations during lockdown, and how these factors affected their mood or memory. The authors conducted a telephone-based survey involving 204 older adults aged 65+ (median: 82) with previous assessments of cognitive state: 164 normal-old (NOLD), 24 mild-neurocognitive disorder (mild-NCD), and 18 mild-moderate dementia. A structured questionnaire was developed to assess psychological and socio-behavioral variables. Logistic regression was used to ascertain their effects on mood and memory. Results indicate that with increasing cognitive deficits, there were decreases in

participants' understanding of the pandemic, the ability to follow lockdown policies, adapting to lifestyle changes, and maintaining remote interactions. Participants with dementia were more depressed; NOLDS remained physically and mentally active but were more bored and anxious. Sleeping and health problems independently increased the likelihood of depression (OR: 2.29; CI: 1.06-4.93; $p = 0.034$ and OR: 2.45; CI: 1.16-5.16; $p = 0.018$, respectively). Regular exercise was protective (OR: 0.30; CI: 0.12-0.72; $p = 0.007$). Worsening subjective memory complaints were associated with dementia ($p = 0.006$) and depression ($p = 0.004$). New-onset sleeping problems raised their odds (OR: 10.26; CI: 1.13-93.41; $p = 0.039$). Finally, >40% with health problems avoided healthcare, mainly due to fear of contagion. NOLD and mild-NCD groups showed similar mood-behavioral profiles, suggesting better tolerance of lockdown. Those with dementia were unable to adapt and suffered from depression and cognitive complaints. The authors conclude that in order to counteract lockdown effects, physical and mental activities and digital literacy should be encouraged. (RH)

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From : <https://doi.org/10.1080/13607863.2020.1870210>

CRIME

(See Also 264/96)

- 264/40 Consumer fraud: older people's perceptions and experiences; by Michal Segal, Israel (Issi) Doron, Sagit Mor.: Taylor and Francis.

Journal of Aging and Social Policy, vol 33, no 1, January-February 2021, pp 1-21.

In view of the growing need to address the rights of older people as consumers, this study captures the perceptions and meanings that older people attribute to their experiences as older consumers, particularly regarding consumer fraud. The study used qualitative-phenomenological methodology based on semi-structured, open-ended interviews with 16 older consumers in Israel. The findings raise distinctive aspects of their experiences, including physical and cognitive characteristics of ageing, social response to ageing, and involvement of family members in decision making and support. The study concludes by offering several sociolegal policy recommendations for protecting older consumers that are directed to them, their family members, professionals interacting with them, and the legal system. (RH)

ISSN: 08959420

From : <https://doi.org/10.1080/08959420.2019.1589896>

- 264/41 Understanding aging and consumer fraud victimization in the Chinese context: a two-stage conceptual approach; by Jessie X Fan, Zhou Yu.: Taylor and Francis.

Journal of Elder Abuse and Neglect, vol 33, no 3, June-July 2021, pp 230-247.

The relationship between ageing and consumer fraud victimisation is mixed in the literature. Most studies based on survey data have found older consumers less likely to be fraud victims, while a few studies have found older consumers more likely to be victimised, especially with certain fraud types. The authors developed a two-stage conceptual framework to differentiate fraud exposure from fraud victimisation once exposed. Using nationally representative Chinese data and controlling for confounders, it was found that consumers aged between 65 and 74 face similar risks of being targeted by perpetrators compared to younger groups, while consumers aged 75+ are less likely to be exposed to fraud. However, once exposed, both groups of older consumers are significantly more likely to become fraud victims. In the Chinese context, these two opposing effects led to an overall higher risk of consumer financial fraud victimisation for older consumers. (RH)

ISSN: 08946566

From : <https://doi.org/10.1080/08946566.2021.1937428>

DEMENTIA

(See Also 264/115, 264/117)

- 264/42 The career development of early-and mid-career researchers in dementia should be a global priority: a call for action; by Deborah Oliveira, Kay Deckers, Lidan Zheng, Helen Macpherson, Wan Syafira, Barbora Silarova.: Taylor and Francis.

Aging and Mental Health, vol 26, no 3, March 2022, pp 439-441.

Improving research capacity is key to the better understanding of dementia globally, and much depends on the investment made on the career development of the early- and mid-career researchers (EMCRs) of today. However, ECMRs currently face uncertainties in employment and the strong competition for funding and resources which is forcing many to leave this research field. The signatories of this editorial propose recommendations for research and academic institutions, governments, funding agencies and senior experts to improve support for EMCRs' career development. They conclude that the employment circumstances for EMCRs must be improved to prevent a 'brain drain' from dementia research. This includes devising strong employment legislation that can protect EMCRs from being at the mercy of short-term contracts, and support from their employers for smooth job transitions. (RH)

ISSN: 13607863

From : <https://doi.org/10.1080/13607863.2021.1875193>

- 264/43 Community makers: report on developing an online toolkit for supporting people with dementia to connect during the pandemic and beyond; by Shirley Evans, Matthew Harrison, Natasha Morgan (et al).: Emerald.
Working with Older People, vol 26, no 2, 2022, pp 140-150.
Community Makers (<https://communitymakers.co>) is an active UK wide network that evolved rapidly in response to COVID-19 and the negative impact of social isolation and distancing on people and families affected by dementia. The network is led by the Alzheimer's Society, UK Dementia Research Institute Care Research and Technology Centre and The Association for Dementia Studies, at the University of Worcester. This study aims to investigate what works for whom and why and in what circumstances as a basis for the development of an online toolkit for people supporting people affected by dementia to connect and reconnect during the pandemic and beyond. The development of the toolkit was informed by an iterative approach of engagement with people affected by dementia, learning from a network of community organisations and a rapid realist literature review. Four common factors that combine to make a successful support intervention, regardless of its type, size or location were identified: relationships, purpose, technology and community. The application of the factors, adopted as principles, is illustrated by applying them to three real-world examples. This report offers new insight, based on identification of four principles, into how people affected by dementia can be supported online and offline during a pandemic and beyond. (JL)
ISSN: 13663666
From : <https://doi.org/10.1108/WWOP-01-2022-0002>
- 264/44 Designing inclusive environments for people living with dementia: how much do we really know?; by Simon Chester Evans, Sarah Waller, Jennifer Bray.: Emerald.
Working with Older People, vol 26, no 2, 2022, pp 89-96.
Recent years have seen a growing interest in and awareness of the importance of environmental design to the wellbeing of people living with dementia, in terms of both policy and practice. This trend has been accompanied by a plethora of advice, guidance and tools that aim to encourage and promote the development of inclusive environments. Not all of these are evidence-based, and even those that claim to be so are limited by a lack of good quality, comprehensive research studies. This paper aimed to consider the current state of knowledge in the field of dementia-friendly design and described a project that refreshed and updated the suite of Environmental Assessment Tools originally developed by The Kings Fund and now managed by the Association for Dementia Studies. The mixed methods project reported on in this paper comprised a review of the literature, a survey of people who have used the five design assessment tools and an iterative process of updating the tools to make them as evidence-based and user-friendly as possible. The suite of five assessment tools was refreshed and updated to reflect the latest evidence and the views of professionals and others who use the tools. The authors conclude that while a focus on dementia-friendly design is to be welcomed, there remains a need for relevant high-quality evidence to inform such work. In particular, there is a lack of research within people's own homes and studies that include the perspectives of people living with dementia. (JL)
ISSN: 13663666
From : <https://doi.org/10.1108/WWOP-09-2021-0049>
- 264/45 Female spouses lived experiences of living with a husband with dementia: a qualitative study on changes in everyday life; by Barbara Egilstrod, Kirsten Schultz Petersen.: Emerald.
Working with Older People, vol 26, no 2, 2022, pp 77-88.
The purpose of this study was to gain a deeper understanding of female spouses' lived experiences of changes in everyday life while living with a husband with dementia. Nine individual interviews of female spouses were conducted in 2017. A phenomenological narrative approach was applied during data collection, and the analysis was inspired by Amedeo Giorgi's analytic steps. Female spouses experienced changes in their marital relationships and found ways of managing these changes, although they realised that life was marked by loneliness and distress. The identified themes revealed how female spouses experienced changes in everyday life as the disease progressed. Everyday routines gradually changed and they actively sought ways to uphold everyday life and a marital relationship. It is argued that future research should focus on developing supportive interventions where the people with lived experiences in relation to dementia are involved in the research process, to better target the needs for support when developing interventions. (JL)
ISSN: 13663666
From : <https://doi.org/10.1108/WWOP-09-2021-0048>
- 264/46 Impact of dementia literacy interventions for non-health-professionals: systematic review and meta-analysis; by Hoang Nguyen, Hoang T Phan, Daniel Terry, Kathleen Doherty, Fran McInerney.: Taylor and Francis.
Aging and Mental Health, vol 26, no 3, March 2022, pp 442-456.
A systematic search for relevant interventions aimed at improving dementia literacy for different groups of non-health-professionals was conducted using the online databases CINAHL, Embase, Medline, ProQuest, and PsycINFO, also hand-searching of reference lists. Eligible interventions were identified based on predefined inclusion/exclusion criteria and methodological quality criteria. Meta analyses were

performed using a random-effects model. The final review included 14 interventions, which were either randomised controlled trials (RCTs) or non-randomised controlled trials. The interventions had varied contents, approaches, settings and outcome measures. Evidence was found of improved dementia literacy in various aspects regarding different groups of non-health professionals: the intervention effects were strongest on knowledge of dementia. Best practices in intervention contents, approaches and outcome measures should be examined to guide future interventions. (RH)

ISSN: 13607863

From : <https://doi.org/10.1080/13607863.2021.1884843>

264/47 Perceived stigma towards Alzheimer's disease and related dementia among Chinese older adults: do social networks matter?; by Xiang Gao, Pei Sun, Lucas Pristo, Vijeth Iyengar.: Cambridge University Press.

Ageing and Society, vol 42, no 5, May 2022, pp 1100-1116.

In mainland China, as the population ages, Alzheimer's disease and related dementia (ADRD) is estimated to increase among Chinese older adults. Chinese older adults tend to hold stigmatising beliefs about ADRD that in turn affect their help-seeking behaviour and receipt of prevention and treatment. The Framework Integrating Normative Influences on Stigma (FINIS) provides a rationale for Chinese older adults' stigma about ADRD. Questionnaires were administered in person to 754 older adults (42% male, mean age = 69.54 years) from two urban communities in mainland China. The authors examined ADRD stigma and the associations with real-life exposure, knowledge of ADRD, health conditions and social networks. This study found that Chinese older adults who had good family quality, lower depression (as measured by the Center for Epidemiological Studies Depression Scale - CES-D) and better cognitive health (as measured by the Montreal Cognitive Assessment) were more likely to have lower perceived stigma. Conversely, those individuals who experienced neglect and had more ADRD knowledge exhibited higher levels of perceived stigma. Social networks moderated the associations between cognitive scores and perceived stigma. This research suggests that the quality of one's social networks is essential to reducing perceived stigma among Chinese older adults. Future research should continue to explore ADRD stigma among Chinese older adults to help guide relevant interventions, services and supports for this population. (RH)

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From : <https://doi.org/10.1017/S0144686X20001294>

DEMENTIA CARE

(See Also 264/18, 264/45, 264/76)

264/48 Caregiver emotions when choosing a living environment for a person with dementia: a qualitative study on social workers' perspectives; by K Gaudet, M Couture, F Ducharme, T Saias.: Taylor and Francis. *Journal of Gerontological Social Work*, vol 65, no 1, January 2022, pp 78-96.

Social workers often address the emotional needs of family caregivers which are particularly salient during the decision-making process regarding the choice of a living environment for a relative with dementia. In most home care settings, an assessment of caregivers' needs is not part of routine practices. This study aimed to describe the intervention strategies adopted by social workers in relation to caregivers' emotions during their decision-making process. A qualitative research design was adopted. Seven social workers were recruited from three health and community service facilities in Montreal, Canada. One group and three individual semi-structured interviews were conducted. Data was analysed using Miles, Huberman and Saldaña's method (2013). Seven intervention strategies were identified: investigating emotions, acknowledging emotions, encouraging caregivers to carry on their role, focusing on the rational aspects of the decision, mitigating prejudices against nursing homes, mediating family dynamics and acting upon families' needs. Some of these strategies were aimed at social workers meeting the demands of their jobs whilst others were centred around soothing caregiver emotions. These results can inform support services and future interventions by grounding them in the realities of service providers. (JL)

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From : <https://doi.org/10.1080/01634372.2021.1936330>

264/49 Dementia-friendly intervention for hospitalized older adults with cognitive impairments: results of the Italian Dementia-Friendly Hospital Trial (IDENTITA); by Nicola Allegri, Alessia Rosi, Federica Del Signore (et al.): Taylor and Francis.

Aging and Mental Health, vol 26, no 4, April 2022, pp 716-724.

The Italian Dementia-Friendly Hospital Trial (IDENTITA) evaluated whether a short training focused on improving dementia care practices of the hospital staff could counteract functional loss and decrease negative outcomes at discharge for hospitalised older people who had cognitive impairment. Sixty-eight hospitalised participants aged 65+ with cognitive impairment were included in the study, 34 allocated to the control group and 34 to the intervention group. The intervention consisted of a short training for the hospital staff aimed at improving the management of patients with cognitive impairment. Participants were evaluated within 48 hours of hospital admission and at discharge using a battery of tests including Barthel Index, Mini-Mental State Examination (MMSE), and Hospital Anxiety and Depression Scale

(HADS). Results indicate that the intervention group demonstrated shorter hospital length of stay and a maintenance of the functional status at discharge compared to the control group. The authors observed no differences in cognitive ability between the two groups: there was a trend towards a decrease of anxious symptoms in the intervention group compared to the control group. The results suggest that an intervention, focused on improving dementia care practices in healthcare staff, has the potential to improve the outcomes for hospitalised older people with cognitive impairment. (RH)

ISSN: 13607863 From : <https://doi.org/10.1080/13607863.2021.1901261>

264/50 Exploratory factor analysis of the caregiver grief inventory in a large UK sample of dementia carers; by Jane Gilson, Colin Gorman, Mark Shevlin.: Taylor and Francis.

Aging and Mental Health, vol 26, no 2, February 2022, pp 320-327.

Anticipatory grief (AG) is the process of experiencing loss prior to the death of a significant person. Coping with this multifaceted experience in the context of dementia caregiving is a relatively novel, yet significant area in caregiving literature. The Marwit-Meuser Caregiver Grief Inventory (MM-CGI) and its abbreviated MM-CGI-Short-Form (MM-CGI-SF) is the most widely used scale measuring AG. This study used contemporary factor analytical techniques to assess the dimensional structure of the MM-CGI/SF.

506 caregivers of people with dementia completed a survey containing MM-CGI/SF and other associated psychological measures. Exploratory factor analysis was employed to compare eight alternative factor analytical models to determine the optimal model. Internal-consistency reliability was assessed by Cronbach's α and construct validity was assessed by Spearman's correlation coefficient. The best fitting model was the MM-CGI-SF three factor model (Personal Sacrifice and Burden, Heartfelt Sadness and Longing and Worry and Felt Isolation). The MM-CGI-SF three factor model demonstrated internal consistency reliability, and factor correlations with associated psychological measures indicated construct validity. The MM-CGI-SF three factor model demonstrated adequate fit and utility, however, the Worry and Felt Isolation subscale needs further replication and revision to assess its dimensionality. The MM-CGI-SF is the more useful tool due to its brevity and better model fit. (RH)

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264/51 In-home dementia caregiving is associated with greater psychological burden and poorer mental health than out-of-home caregiving: a cross-sectional study; by S Brini, A Hodkinson, A Davies (et al).: Taylor and Francis.

Aging and Mental Health, vol 26, no 4, April 2022, pp 709-715.

Caregivers who live with a person with dementia who receives care, compared with those who live elsewhere, are often considered to experience greater levels of psychological and affective burden. However, the evidence for this is limited to studies that use small sample sizes and that failed to examine caregivers' psychological well-being. The authors considered these issues in a large cohort of dementia caregivers. They conducted a cross-sectional study comparing the burden, anxiety and depression of 240 caregivers living with a dementia care recipient and 255 caregivers living elsewhere. It was found that caregivers living with the care recipient relative to those living elsewhere showed significantly greater burden and depression, but no group differences in anxiety were found. This study adds to the evidence by showing that cohabiting with a care recipient with dementia is associated with greater burden and poorer psychological well-being. Strategies aiming to improve caregivers' burden and psychological well-being should take account of caregivers' living arrangements. (RH)

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264/52 Resource allocation in dementia care: comparing the views of people with dementia, carers and health and social care professionals under constrained and unconstrained budget scenarios; by Tom Pierse, Fiona Keogh, David Challis, Eamon O'Shea.: Taylor and Francis.

Aging and Mental Health, vol 26, no 4, April 2022, pp 679-687.

People with dementia and their carers have a wide range of health and social care needs. People with dementia, carers and health and social care professionals (HSCPs) all have different perspectives on dementia care. A mixed-methods approach, which builds on the Balance of Care method, was used to compare the service recommendations of people with dementia and carers with those of HSCPs, under different budgetary conditions in Ireland. Nine workshops were held with 41 participants from three groups: people with dementia, carers and HSCPs. Participants were asked to make decisions on a set of services for case types of dementia under two scenarios: a no budget constraint (NBC) scenario and a budget constraint (BC) scenario. While each group allocated resources in broadly similar overall proportions, important differences in emphasis emerged: (i) people with dementia and carers placed more emphasis on psychosocial supports than HSCPs; (ii) carers put more emphasis on respite opportunities for carers; and (iii) carers identified residential care as the most suitable setting for the person with dementia more frequently than health care professionals. These findings suggest that the importance of psychosocial interventions, including counselling and peer support programmes, are currently underestimated by HSCPs. The provision of in-home respite is highly valued by carers. Even with unconstrained resources, some carers do not judge home care to be a viable option for dementia case types with high-level care needs. (RH)

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- 264/53 Validation of the multidimensional scale of perceived social support (MSPSS) for family caregivers of people with dementia; by Anna V Cartwright, Richard D Pione, Charlotte R Stoner, Aimee Spector.: Taylor and Francis.
Aging and Mental Health, vol 26, no 2, February 2022, pp 286-293.
The Multidimensional Scale of Perceived Social Support (MSPSS) is a measure of perceived adequacy of social support. Whilst this is an important area of research for family caregivers of people with dementia, it is not clear whether the MSPSS retains its psychometric properties when used with this population. The aim was to conduct an in-depth psychometric analysis of the MSPSS to ensure that it remains a psychometrically robust measure for this population. 270 participants completed measures online using a self-complete procedure. A sub-sample of 58 completed the MSPSS twice, within a 4-week period. Properties assessed were internal consistency, floor and ceiling effects, test-retest reliability, convergent validity and factor structure. Internal consistency of the MSPSS was excellent for the total score ($\alpha = 0.92$) and three sub-scales ($\alpha = 0.92-0.94$). Significant correlations were observed in the expected directions with depression ($r = -.48, p = .001$) and mental ($r = 0.32, p = .001$) and physical ($r = 0.17, p = .003$) health-related quality of life. Test re-test reliability was excellent for the total score (ICC = 0.90 95%CI = 0.84, 0.94) and sub-scale scores (ICC = 0.84-0.89). Confirmatory factor analysis indicated acceptable fit indices for the three-factor solution. This analysis finds that MSPSS has robust psychometric properties when used with caregivers of people with dementia and may be recommended for use with this population. Further research is required to establish responsiveness and to determine cross-cultural validity. (RH)
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From : <https://doi.org/10.1080/13607863.2020.1857699>

DEPRESSION

- 264/54 Enhancing care transitions intervention with peer support to improve outcomes among older adults with co-occurring clinical depression: a pilot study; by Kyaieen O Conner, Amber M Gum, Lawrence Schonfield (et al).: Taylor and Francis.
Home Health Care Services Quarterly, vol 40, no 4, October-December 2021, pp 324-339.
The Care Transitions Intervention (CTI) is an evidence-based intervention aimed at supporting the transition from hospital back to the community for patients to ultimately reduce preventable re-hospitalization. In a pilot randomized controlled trial (RCT), the authors examined the preliminary effectiveness of an Enhanced Care Transitions Intervention (ECTI), CTI with the addition of peer support, for a racially and ethnically diverse sample of older adults (age 60+) with co-morbid major depression. The authors observed a significant decline in health-related quality of life (HRQOL) after being discharged from the hospital among those who received CTI. Additionally, those who received ECTI either maintained HRQOL scores, or, saw improvement in HRQOL scores. Findings suggest the Enhanced Care Transitions Intervention can maintain or improve HRQOL and reduce disparities for older participants from diverse racial/ethnic backgrounds with clinical depression. (RH)
ISSN: 01621424
From : <https://doi.org/10.1080/01621424.2021.1967249>
- 264/55 Risk factors for depression in older adults in Bogotá, Colombia; by Ana María Salazar, María Fernanda Reyes, María Paula Gómez (et al).: Emerald.
Working with Older People, vol 26, no 2, 2022, pp 109-119.
This paper aimed to identify psychosocial, demographic and health risk factors associated with depression in older people. A correlational study with 281 independent and autonomous community-dwelling older adults aged over 60 from Bogotá, Colombia, was conducted. The three instruments used to measure the variables included in the data analyses were Demographic and Health Data Questionnaire, Short version of 15 items of Geriatric Depression Scale (GDS) and Montreal Cognitive Assessment Test (MoCA). 15% of the participants presented depression. Depression was associated with different demographic, low social support and health factors in this population group and was particularly high in women. Being a woman with poor social support networks and a previous history of depressive episodes were considered as determining factors within a clinical risk profile for depression in older adulthood. It is essential to design prevention strategies focused on women and on the development of better social support in old age. Depression is a prevalent and highly disabling disease. Furthermore when it is suffered by an older person it is associated with higher mortality, functional dependence, poor physical health, worse quality of life indicators and psychological wellbeing. In older people the clinical diagnosis of depression is difficult as it has a high comorbidity and is often confused with other health conditions prevalent during older adulthood. (JL)
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From : <https://doi.org/10.1108/WWOP-10-2021-0053>

DESIGN

(See 264/44)

DIET AND NUTRITION

(See Also 264/98, 264/111)

- 264/56 'I'm old, but I'm not old-fashioned': mealtimes and cooking practices among Danish widows and widowers; by Sidse Schoubye Andersen.: Cambridge University Press.
Ageing and Society, vol 42, no 6, June 2022, pp 1360-1377.
Existing research on how older adults handle challenges associated with domestic housework, and in particular food work, almost invariably assumes that older people are traditionalist, and that this affects the way they adjust to widowhood. This assumption is problematic, as decades of research have emphasised increasing gender equality in food work. In this paper, the author explores how older adult men and women adjust to food preparation after the loss of a spouse. Interviews with 31 Danish widows and widowers aged between 67 and 86 years old suggest that the men have made culinary progress. However, she also shows that the narratives around domestic food work among the older generations remain gendered: both men and women identify widowed men's domestic food work as something meriting acknowledgement, and men and women draw on traditional masculine and feminine ways of approaching domestic food work. (RH)
ISSN: 0144686X
From : <https://doi.org/10.1017/S0144686X20001543>
- 264/57 Can an ice-cream based supplement help address malnutrition in orthogeriatric patients?; by Adnan Taib, Terence Ong, Emily Mulvaney (et al.): Taylor and Francis.
Journal of Nutrition in Gerontology and Geriatrics, vol 40, no 4, 2021, pp 280-289.
Using a Plan-Do-Study-Act (PDSA) methodology, this article described the first cycle of a project using an ice cream oral nutritional supplement (ONS) to address malnutrition in frail orthopaedic patients, especially those presenting for hip fractures or other emergency surgery. A Scandishake-based (Nutricia) vanilla flavoured ice cream was developed and piloted on a cohort of orthopaedic patients over three days. All suitable patients were offered 100 gram ice cream portions (240 kcal/per portion). Acceptability and energy intake were the primary outcomes. Over three days, the ONS ice-cream was accepted in 77% of the times offered. Among these patients the average energy intake per day including the ONS ice cream was 1006 kcal, a 41% increase in energy intake compared to an initial nutritional survey among the older patients. When surveyed 84% of patients stated they would have the ONS ice-cream again. An ONS ice cream intervention to improve energy intake in older adults is feasible. (JL)
ISSN: 21551197
From : <https://doi.org/10.1080/21551197.2021.1984365>
- 264/58 Changes in self-reported fruit and vegetable intake following nutritional modification in high risk older veterans; by Monica C Serra, Odessa Addison, Jamie Giffuni (et al.): Taylor and Francis.
Journal of Nutrition in Gerontology and Geriatrics, vol 40, no 1, 2021, pp 1-8.
Armed forces veterans may be at greater risk for disability and chronic illness compared with non-veterans as they are likely to have a compromised nutritional status due to a high prevalence of age and service-related physiological, social and economic barriers. This study aimed to determine the feasibility of implementing a dietary intervention in older veterans participating in an exercise and health promotion programme known as Gerofit. In particular the study looked at whether this intervention could improve self-reported fruit and vegetable (F&V) intake measured by BRFSS (Behavioral Risk Factor Surveillance System) and diet quality measured by visual analog scale (0_10 scale). Participation consisted of optional group and individual counselling with a Registered Dietitian (RD). Out of 50 participants approached to take part in the programme, 24 Veterans attended two or more group sessions. There was a reported trend toward increased daily F&V intake and a significant increase in diet quality from baseline compared to the last attended class. These promising preliminary findings can be used to inform efforts to optimise dietary intake in vulnerable veteran populations. (JL)
ISSN: 21551197 From : <https://doi.org/10.1080/21551197.2020.1863892>
- 264/59 Continued participation in congregate meal programs: the role of geographic access to food; by James Mabli, Marisa Shenk.: Taylor and Francis.
Journal of Nutrition in Gerontology and Geriatrics, vol 40, no 1, 2021, pp 9-25.
The Nutrition Services Program is the largest of its kind in the U.S. that provides prepared meals to older adults in need. However little is known about factors associated with participants' continued receipt of such meals. This study used longitudinal nationally representative survey data and residential location information to examine the factors associated with continuing to receive congregate meals. Nearly 400 older people were recruited for the study, and roughly 72% of these continued to receive programme meals in all of the next 12 months. Participants with geographic access to food close to their home were significantly more likely to stop receiving meals than those with more limited access. This was also true among participants who lived alone, were older, had lower income or lived in an urban area. Understanding the factors associated with continuing to receive congregate meals will ensure that older adults can meet their food needs and have a primary access point for community services. (JL)
ISSN: 21551197 From : <https://doi.org/10.1080/21551197.2020.1838397>

- 264/60 Effects of home-delivered meals on older people's protein intake, physical performance, and health-related quality of life: the Power Meals randomized controlled trial; by Susanna Kunvik, Petra Rautakallio-Jarvinen, Marika Laaksonen (et al.): Taylor and Francis.
Journal of Nutrition in Gerontology and Geriatrics, vol 40, nos 2-3, 2021, pp 125-149.
This Finnish study examined the effectiveness of an eight-week home meal service on protein and other nutrient intake, physical performance (PP) and health related quality of life (HRQoL) among older people aged 65 and above living at in the community. Participants were randomised into three groups: (1) protein-rich meal, snack, and bread (INT1), (2) regular meal (INT2) and (3) control group. Nutrient intake was assessed with three-day food diaries, PP with Short Physical Performance Battery (SBBP) and HRQoL with 15 dimensional Health-related quality of life instrument. A total of 67 (59.7% women, mean age 78.2 years) participants completed the trial. At baseline, mean protein intake was 0.92 (SD 0.32) g/kg adjusted body weight (aBW)/d. At eight weeks, protein-rich home meal service in INT1 increased protein intake compared to other groups. It also increased calcium intake and improved results in a Sit-to-Stand Test in INT1 compared to control group. Both home meal services increased saturated fat intake and decreased salt intake compared to control group. There was no effect on overall HRQoL. (JL)
ISSN: 21551197
From : <https://doi.org/10.1080/21551197.2021.1892562>
- 264/61 Encore Café: an innovative and effective Congregate Nutrition Program; by Savannah Schultz, Sarah L Francis, Carlene Russell (et al.): Taylor and Francis.
Journal of Nutrition in Gerontology and Geriatrics, vol 40, no 4, 2021, pp 261-279.
The Congregate Nutrition Program (CNP), as authorised by the Older Americans Act (OAA), is a community nutrition programme the supports the older adult population. This three-part study, from Iowa, examined to what extent an innovative CNP programme known as Encore Café and targeted marketing campaign influenced CNP utilisation, programme satisfaction and overall CNP impact (eg nutritional risk, dietary practices and loneliness). The Encore Café resulted in increases of 386% in meal distribution and 3,164% in CNP participants during a two-year period compared to a 20.8% reduction at traditional meal sites across the state. Total CNP satisfaction (food and dining) was high for both the Encore Café and Traditional CNP. Encore Café participants maintained their nutritional status and experienced significant reductions in emotional loneliness and dietary intake frequencies of processed meat compared to non-CNP participants. Utilising a client-centred approach in marketing and programming for the Encore Café shows promising results for improving the utilisation and effectiveness of the CNP. (JL)
ISSN: 21551197
From : <https://doi.org/10.1080/21551197.2021.1986455>
- 264/62 Food security status among US older adults: functional limitations matter; by Xuyang Tang, L A Blewett.: Taylor and Francis.
Journal of Nutrition in Gerontology and Geriatrics, vol 40, nos 2-3, 2021, pp 108-124.
Food insecurity refers to inadequate access to nutritional food caused by a lack of income or other resources needed to maintain a basic nutritious diet. This study aimed to assess the relationship between food security and health outcomes among older adults aged 65 and above in the U.S. The study used a pooled sample from the National Health Interview Survey (NHIS) and ordered logit models to assess characteristics associated with food security including health conditions (diabetes and hypertension) and functional activity limitations. It was estimated that 1.3 million individuals aged over 65 in the U.S. had low/very low food security. Having at least one functional limitation was significantly associated with low/very low food security. Having fair or poor health status was also a significant factor for food security, while having health insurance coverage was negatively associated with food insecurity. Demographics and socioeconomic characteristics were significantly related to food insecurity among older adults. Seniors with functional limitations and poor health status are at risk for food insecurity. Interventions at the clinical site of care may be useful in addressing food security issues. (JL)
ISSN: 21551197
From : <https://doi.org/10.1080/21551197.2021.1924337>
- 264/63 Habit is the bridge between intention and behavior: a look at fruit and vegetable consumption among low-income older adults; by Seung Eun Jung, Yeon Ho Shin, Seoyoun Kim (et al.): Taylor and Francis.
Journal of Nutrition in Gerontology and Geriatrics, vol 40, no 4, 2021, pp 215-231.
The aim of this study was to examine the influence of habit and theory of planned behaviour (TPB) variables in predicting low income older adults' fruit and vegetable (F&V) consumption. This was a cross-sectional study based in a city in the southeast United States. A total of 372 low income older adults participated in the study. The participants completed a validated survey measuring TPB variables (attitude, subjective norm, perceived behavioural control, and intention), F&V intake using the Block Dietary Fruit-Vegetable Screener, and self-reported habit index to measure F&V consumption. Perceived behavioural control was the largest factor influencing intention to consume F&V, followed by attitude and subjective norm. In addition there was a significant interaction between habit strength and intention, such that intention influenced F&V consumption only among individuals with average or higher habit

strength. Findings from this study suggest that health promotion programmes aimed at increasing F&V intake among low income older adults should focus on establishing F&V intake as a habit so that an individual's intentions to consume F&V can be transformed into actual F&V intake. Also emphasising how to overcome potential barriers would improve low income older adults' actual F&V intake by increasing their sense of control over consuming F&V. (JL)

ISSN: 21551197

From : <https://doi.org/10.1080/21551197.2021.1944423>

264/64 Older adults' and their informal caregivers' experiences and needs regarding nutritional care provided in the periods before, during and after hospitalization: a qualitative study; by Debbie ten Cate, Mattanja Mellema, Roelof G A Ettema (et al.): Taylor and Francis.

Journal of Nutrition in Gerontology and Geriatrics, vol 40, nos 2-3, 2021, pp 80-107.

In order to enhance prevention and treatment of malnutrition in older adults before, during and after hospitalisation, a deeper understanding of older adults' and informal caregivers' perspective on nutritional care is important. In this study one-time in-depth interviews were conducted with 15 older adults who had been discharged from hospital along with seven informal caregivers. The research explored their experiences and needs regarding nutritional care provided in the periods before, during and after hospitalisation. Five themes emerged from the data: (1) dietary intake, (2) food service during hospitalisation, (3) nutrition-related activities, (4) whose job it is to give nutritional care, and (5) competing care priorities. Furthermore several opinions about nutritional issues were identified. It was found that older adults and informal caregivers did not always experience optimal nutritional care. When discussing nutritional care they mainly focused on the in-hospital period. When providing nutritional care and developing guidelines, older adults' and informal caregivers' perspective on nutritional care should be incorporated. Also the periods before, during and after hospitalisation should be taken into account equally. (JL)

ISSN: 21551197

From : <https://doi.org/10.1080/21551197.2021.1906822>

264/65 Prevalence and factors associated with food insecurity among older adults in Sub-Saharan Africa: a systematic review; by Sanjoy Saha, Andrew Behnke, Wilna Oldewage-Theron (et al.): Taylor and Francis.

Journal of Nutrition in Gerontology and Geriatrics, vol 40, no 4, 2021, pp 171-196.

Food insecurity has been undermining the health and wellbeing of a growing number of older adults in Sub-Saharan Africa. This review aimed to examine the prevalence of food insecurity and the related contributing factors of food insecurity among older adults in the region. The study searched across PubMed, Scopus, ScienceDirect, and Web of Science Core Collection and included 22 articles for data extraction. Prevalence of severe and moderate food insecurity in households with older adults ranged from 6.0 to 87.3% and from 8.3 to 48.5%, respectively. Various socio-economic (e.g., low education level, being widowed, low income, lower wealth position of households, living in a rental house, living in rural areas, lack of social grants or pensions), demographic (e.g., female, Black racial group, larger family size), and health and nutrition status-related (e.g., self-reported poor health status, having a functional and mobility-related disability, psychological disorders) factors were found to influence food insecurity in older adults. The findings of this review can help stakeholders to prioritise the issue of food insecurity, design and implement policies and programmes to improve food security among older adults in Sub-Saharan Africa. (JL)

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From : <https://doi.org/10.1080/21551197.2021.1988027>

264/66 Virtual Grocery Store: fostering healthy nutrition among seniors; by Tara Crowell, Anthony Dissen, Elizabeth G Calamidas (et al.): Taylor and Francis.

Journal of Nutrition in Gerontology and Geriatrics, vol 40, no 4, 2021, pp 290-303.

AtlantiCare Health System provides health care services to residents in Atlantic City, an urban food desert in southern New Jersey. The purpose of this study was to explore baseline data on the first four months of the programme to better understand participants' purchasing behaviours. To improve the health of Atlantic City seniors, AltantiCare established a Virtual Grocery Store Program (VGSP). The programme covered fees associated with online grocery shopping for 300 residents in Jeffries Towers, a low-income housing complex. Over the course of four months, 28 participants placed a total of 151 orders, with a range from one to 14 orders each. Out of the 151 orders, that yielded 1,771 items, the top three types of food purchased were fruits and vegetables, dairy and eggs, and meat and fish; one-third of the items were prepared, two-thirds were perishable, and while almost half the items had no nutritional value, out the half that did, the majority had the high nutrition; and less than a third of participants used NJ SNAP funds to purchase their groceries online. From March 2020, the programme was hard hit by the COVID-19 pandemic. Future efforts need to uncover the explanation for these purchases along with identifying potential strategies to increase consumption of healthier food options. (JL)

ISSN: 21551197

From : <https://doi.org/10.1080/21551197.2021.1990818>

EMPLOYMENT

(See Also 264/17)

- 264/67 Do employment opportunities decrease for older workers?; by Kadija Charni. *Applied Economics*, vol 54, No 8, 2022, pp 937-958.
Increasing the labour market participation rates of older workers is a means to secure the sustainability of public finances. However, questions about the effects of job loss of unemployed older workers and their employment prospects remain. This paper investigates why workers, aged 50 and over, have less employment opportunities. Using a competing risks model on British panel data, we examine the chances of re-employment after unemployment spells for older individuals. We find that human capital characteristics and economic incentives play an important role in their chances of getting back to work. We show that the probability of returning to employment after an unemployment spell decreases as workers get older. A decomposition analysis supports the role of age in the unemployment duration gap between 'older' and 'younger' individuals. The duration of leaving unemployment to employment of older workers would be lower if they will be treated in the same way as the younger ones, which is consistent with elderly employment barriers.
From : <https://doi.org/10.1080/00036846.2021.1970711>
- 264/68 Work at age 62: expectations and realisations among recent cohorts of Americans; by Leah R Abrams, Philippa J Clarke, Neil K Mehta.: Cambridge University Press.
Ageing and Society, vol 42, no 5, May 2022, pp 1213-1233.
Much remains unknown about how the 2008 Great Recession, coupled with the ageing baby-boomer cohort, have shaped retirement expectations and realised retirement timing across diverse groups of older Americans. Using the Health and Retirement Study (HRS, 1992-2016), the authors compared expectations about full-time work at age 62 (reported at ages 51-61) with realised labour force status at age 62. Of the 12,049 respondents, 34 per cent reported no chance of working full time at 62 (zero probability) and 21 per cent reported it was very likely (90-100 probability). Among those reporting no chance of working, there was a 0.111 probability of unmet expectations; among those with high expectations of working, there was a 0.430 probability of unmet expectations. Black and Hispanic Americans were more likely than white Americans to have unmet expectations of both types. Educational attainment was associated with higher probability of unexpectedly working and lower probability of unexpectedly not working. Baby-boomers experienced fewer unmet expectations than prior cohorts, but more uncertainty about work status at 62. These findings highlight the unpredictability of retirement timing for significant segments of the US population and the role of the Great Recession in contributing to uncertainty. Given the individual and societal benefits of long work lives, special attention should be paid to the high rates of unexpectedly not working at age 62. (RH)
ISSN: 0144686X From : <https://doi.org/10.1017/S0144686X20001531>

END-OF-LIFE CARE

(See Also 264/125)

- 264/69 Adding ritualized chanting to the palliative care of cancer patients at the end of life: a randomized controlled trial; by Nopbhornphetchara Maungtoug, Pranom Othaganont, Patricia Liehr.: Taylor and Francis.
Journal of Social Work in End-of-Life and Palliative Care, vol 17, no 1, 2021, pp 35-49.
This study examined the changes in comfort when adding ritualised chanting to the palliative care of cancer patients at the end of life. The method was a randomised control trial (RCT) performed with 60 cancer patients in Thailand. Comfort was measured using the End of Life Planning Questionnaire (EOLPQ) with 30 participants in each group [ritualised chanting with palliative care (RCPC) and palliative care alone (PCA)] at baseline (T1), at a 3-week (T2) and the 6-week (T3) time frame. Comfort data were analysed using two (groups) X three (time) repeated measures MANOVA. There were no significant statistical differences between the groups at baseline. Between-group differences indicated that comfort experienced by participants with the addition of ritualised chanting to palliative care significantly increased (p .001) over time. The addition of ritualised chanting to the palliative care for cancer patients at the end of life can create changes in their comfort. (RH)
ISSN: 15524256 From : <https://doi.org/10.1080/15524256.2021.1871703>
- 264/70 Comfort care homes: pressures and protocols in end-of-life care during the COVID-19 pandemic; by Carol S Weisse, Kelly Melekis.: Taylor and Francis.
Journal of Social Work in End-of-Life and Palliative Care, vol 17, nos 2-3, 2021, pp 173-185.
Comfort care homes are community-run, residential homes that provide end-of-life care to terminally ill individuals who lack safe, secure housing and a reliable caregiver system. As non-profit, non-medical facilities, these homes have faced both new and magnified challenges due to the COVID-19 pandemic. This article highlights the value of collaborative interagency partnerships, and shares reflections on the unique pandemic pressures faced by comfort care homes in New York. Innovative ideas for improving community-based end-of-life care and implications for social work practice are included. (RH)
ISSN: 15524256 From : <https://doi.org/10.1080/15524256.2021.1910109>

- 264/71 Positive aspects of family caregiving for older adults at end-of-life: a qualitative examination; by Cynthia A Hovland, Christopher A Mallett.: Taylor and Francis.
Journal of Social Work in End-of-Life and Palliative Care, vol 17, no 1, 2021, pp 64-82.
Family caregivers of older adults with dementia have significant challenges across many domains. While this role has been found to be burdensome on the caregiver, increasingly, though, there are also significant positive aspects reported by caregivers (known as the positive aspects of caregiving - PAC). This participatory qualitative study of 30 United States caregivers of family members age 65 and older who died with a dementia-related diagnoses used in-depth qualitative interviews and directed content analysis to understand the data. The study addressed a gap in the research literature and asked about caregiver's positive experiences during their family members' last weeks of life and investigated what this meant for the caregiver. Three primary themes were identified: (1) The Importance and Impact of Family Traditions and/or Celebrations, (2) Use of Humour in Living and the Difficult Experiences at End-of-Life, and (3) 'The Gift of Caregiving'. These findings are explored and reviewed in light of other research looking at the positive aspects of caregiving for caregivers taking care of people living with dementia, finding concurrence and some uniqueness across the results. Implications of the findings for families and social work professionals are reviewed. (RH)
ISSN: 15524256
From : <https://doi.org/10.1080/15524256.2021.1888845>
- 264/72 Strengths and struggles for families involved in hospice care during the COVID-19 pandemic; by Erika Gergerich, Jason Mallonee, Stacy Gherardi (et al.): Taylor and Francis.
Journal of Social Work in End-of-Life and Palliative Care, vol 17, nos 2-3, 2021, pp 198-217.
The COVID-19 pandemic presented unique health and social challenges for hospice patients, their families and care providers. This qualitative study explored the impact of the pandemic on this population through the experiences and perceptions of social workers in hospice care. A survey was distributed through national and local listservs to social work practitioners throughout the United States between May 15 and June 15, 2020. The study was designed to learn the following: (1) Concerns patients experienced as a result of the pandemic, (2) strengths/resilience factors for patients during the COVID-19 pandemic, and (3) the personal and professional impact of the pandemic on social workers. Themes uncovered in hospice care included isolation, barriers to communication, disruption of systems, issues related to grieving, family and community support, adaptation, and perspective. The authors provide recommendations for social work practice related to virtual communication, emergency planning, and evidence-based intervention for Persistent Complex Bereavement Disorder. Recommendations for policy include uniform essential worker status for social workers, telehealth reimbursement and expanded caregiver respite benefits. (RH)
ISSN: 15524256
From : <https://doi.org/10.1080/15524256.2020.1845907>
- 264/73 Why are dying individuals stigmatized and socially avoided?: Psychological explanations; by Youngjin Kang.: Taylor and Francis.
Journal of Social Work in End-of-Life and Palliative Care, vol 17, no 4, 2021, pp 317-348.
Extant research on the topic of death and dying in modern society frequently includes the observation that death is now rendered invisible, and dying individuals are stigmatised and socially avoided. The current research speculated that lack of contact with a dying individual may promote negative perceptions of the dying, and this may in turn lead to further avoidance of them. Three studies were conducted. The first study examined how frequently the current U.S. participants had social contact with a dying individual. The second study investigated what perceptions they have of the dying. The third study tested for potential causal links between negative perceptions of the dying and social avoidance of them. The results indicated that only a small number of the U.S. participants ever had frequent social contact with a dying person outside their family. Nevertheless, they shared several common negative perceptions of the dying; and those negative perceptions exerted different effects on one's avoidant attitude toward a dying individual only, making males more avoidant, especially in a physically close social relationship. Two concepts, medicalisation and masculinism, were suggested as possible explanations as to why dying individuals are stigmatised and avoided in modern society. (RH)
ISSN: 15524256
From : <https://doi.org/10.1080/15524256.2021.1930330>

FALLS

- 264/74 Falls-efficacy as a multiple dimension construct: the role of post-traumatic symptoms; by Natalia Adamczewska, Samuel R Nyman.: Taylor and Francis.
Aging and Mental Health, vol 26, no 1, January 2022, pp 92-99.
This cross-sectional study aims to provide the basis for a new theoretical understanding of the psychological response to falls. The authors tested a hypothesised model of multiple dimensions of falls-efficacy (FE) in older adults. The model involved two main components of posttraumatic stress disorder (PTSD) - fear and dysphoria - that were hypothesised to be directly associated with FE. The model proposed three pathways related to FE: 'at the moment FE' related to fear, 'constant FE' related to dysphoria and 'elaborated FE' related to fear of falls (FoF). A convenience sample of 119 older adults

hospitalised in Poland due to fall-related injuries completed a survey involving fear of falls, FE and PTSD assessment. All three hypothesised pathways related to FE were supported, which accounted for 61% of the variance in falls efficacy. Very strong relationships were found between FE and dysphoria (.447, 95% CI [.303, .632], $p = .006$), FE and fear (.261, 95% CI [.109, .416], $p = .009$), and FE and FoF (-.286, 95% CI [-.396, -.183], $p = .006$). FE is not a unidimensional concept, but acts differently depending on what influences it. Dysphoria appears to be central to the fall-related constructs of FE and FoF and responsible for their maladaptivity. FoF, which is often misinterpreted as FE, was found to be less prominent in the analyses. Thus, fear of falls may not always be negative, as it is commonly believed, but adaptive and protective. (RH)

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From : <https://doi.org/10.1080/13607863.2021.1913474>

FAMILY AND INFORMAL CARE

(See Also 264/37, 264/45, 264/71)

264/75 The experience of caring for an older relative in Chile: going beyond the burden of care; by Josefa Palacios, Pddro E Perez-Cruz, Andrew Webb.: Cambridge University Press.

Ageing and Society, vol 42, no 6, June 2022, pp 1340-1359 + Erratum p 1488.

As in most Latin American countries, care in Chile remains largely the responsibility of female family members in informal arrangements, with little government support. The analysis of caring for a dependent older person has commonly been approached from the burden of care perspective, focusing on the tasks carried out, the time spent providing care and the negative (burdensome) consequences for the care-giver. This study reveals the daily experiences of family care-givers of older people through a thematic data analysis of 42 interviews with main family carers of an older person, as experienced by the carers themselves. Findings highlight the complex nature of care work. Tasks carried out do not necessarily relate to the intensity of the care experience or a negative experience. Care-givers can work long hours providing care, and still feel comfortable and find the experience emotionally rewarding. Care-givers might also carry out only a few tasks and experience pressure. The broader social and economic context can generate constraints that make a specific set of tasks easier or harder on the carer, but these contextual factors do not fully explain the experience of care. Relations, and particularly those that carry an emotional component such as the carer-older person, carer-siblings and carer-spouse, must be considered alongside the tasks and the difficulties or potential constraints of the context to understand the care experience. (RH)

ISSN: 0144686X

From : <https://doi.org/10.1017/S0144686X20001567>

GARDENING AND HORTICULTURAL THERAPY

264/76 Effect of horticultural therapy on apathy in nursing home residents with dementia: a pilot randomized controlled trial; by Yi Yang, Rick Y C Kwan, Hui-min Zhai (et al.): Taylor and Francis.

Ageing and Mental Health, vol 26, no 4, April 2022, pp 745-753.

The feasibility of this study's procedures (i.e. recruitment, retention, attendance and assessment completion rates) were examined; also the effects of horticultural therapy (HT) on apathy, cognitive ability, quality of life and functional capacity. This was a parallel-group, match-paired, randomised controlled trial (RCT). Thirty-two residents in a nursing home in Guangzhou, China were allocated to either the experimental or the control group. Data were collected at baseline (T0), immediately post-intervention (T1), and 3 months post-intervention (T2). The Apathy Evaluation Scale - informant version (AES-I), Mini-Mental State Examination (MMSE), Quality of Life in Alzheimer's disease (QoL-AD) scale and Barthel index (BI) were used to measure apathy, cognitive ability, quality of life, and functional capacity, respectively. The recruitment, retention, attendance and assessment completion rates were 22.7%, 87.5%, 100% and 100%, respectively. The between-group differences in AES-I ($p = 0.007$) and MMSE ($p = 0.034$) scores were statistically significant at T1. In the experimental group, the AES-I ($p = 0.001$), MMSE ($p = 0.010$), and QoL-AD ($p = 0.017$) scores were significantly different over time. In the post hoc pair-wise analysis, the AES-I scores of the experimental group observed at T1 were significantly lower than that at T0 ($p = 0.032$). In the control group, the MMSE scores ($p = 0.001$) were significantly different over time. The study concludes that HT is feasible for residents with dementia and apathy. The HT program effectively reduced apathy and promoted cognitive function, but its effects on quality of life and functional capacity were not observed. (RH)

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From : <https://doi.org/10.1080/13607863.2021.1907304>

GRANDPARENTS

264/77 Grandparenting, social relations, and mortality in old age; by Heejung Jang, Fengyan Yang, Rachel A Fusco (et al.): Sage.

Research on Aging, vol 44, nos 3-4, March-April 2022, pp 265-275.

Guided by a convoy model of social relations, this study investigates the relationships between grandparenting status, social relations, and mortality among community-dwelling grandparents age 65+

older who are caring for their grandchildren. The data (N = 564) were drawn from the 2008 and 2016 waves of the US Health and Retirement Study (HRS). Latent class analysis was used to identify the social network structure based on six indicators of interpersonal relationships and activities. A series of hierarchical Weibull hazard models estimated the associations between grandparent caregiving, social relations and mortality risk. Results of survival analyses indicate that co-parenting and custodial grandparents had higher all-cause mortality risk than grandparents who babysat occasionally. However, for custodial grandparents, the association was not significant once social relation variables were added to the model. This study suggests that community-based support may be beneficial to older grandparents, and that improved relationship quality is integral to older people's well-being. (RH)

ISSN: 01640275

From : <https://doi.org/10.1177/01640275211015433>

HEALTH AND WELLBEING

264/78 Evaluation of fatigue among older population in Jordan; by Malakeh Z Malak, Mohammed Abu Adas, Rasmieh Al-Amer (et al.): Taylor and Francis.

Experimental Aging Research, vol 47, no 5, October-December 2021, pp 464-477.

Fatigue among older Arabic people has received little attention. This cross-sectional study aimed to assess levels of fatigue and its related psychosocial factors. Predictors of fatigue were examined in a sample of 250 older Jordanians aged 60+ who were receiving health services at comprehensive healthcare centres in Amman, the capital of Jordan. The study used the following scales: Fatigue scale, Rosenberg Self-Esteem Scale, Perceived Stress Scale, Multidimensional Social Support Scale, and sociodemographic and lifestyle behaviours datasheet. The results showed that approximately 57% of the participants experienced severe fatigue. Nearly 90% of the older adults reported having moderate to high levels of stress, around 97% experienced moderate and high levels of social support, and almost 68% had normal self-esteem. The significant predictors of the total fatigue scores were: consuming soft drinks, practising exercise, perceived levels of stress and social support levels. Awareness of the magnitude and factors predicting fatigue among older people in Jordan should inform practice, and encourage clinicians to implement individualised care plans that include fatigue reduction strategies for older people, who should visit healthcare centres. (RH)

ISSN: 0361073X

From : <https://doi.org/10.1080/0361073X.2021.1908764>

264/79 Psychological well-being and coping strategies of elderly people during the COVID-19 pandemic in Hungary; by Beatrix Labadi, Nikolett Arato, Tímea Budai (et al.): Taylor and Francis.

Aging and Mental Health, vol 26, no 3, March 2022, pp 570-577.

During COVID-19 lockdown, the enforced social isolation and other pandemic-related changes greatly increased the risk of mental health problems. The authors aimed to discover how older people coped with psychological burdens and social isolation because of the pandemic in Hungary. To reach as wide population as possible, the authors collected survey data online from 589 (441 females) Hungarians aged 60-83 (M = 68.1, SD = 4.46). Results of hierarchical linear modelling and structural equation modelling (SEM) analyses established how life-changing circumstances at the time - the intolerance of uncertainty, loneliness and social support - influenced older people's mental health (e.g. depression, anxiety, well-being). The model was used to explore how adaptive and maladaptive emotion regulation strategies mediated the effects. Findings showed that perceived changes in mood, social connectedness and quality of life were negatively affected by catastrophising and loneliness, whereas positive refocusing and contamination fear had a positive effect. According to the SEM analysis, intolerance of uncertainty and loneliness directly affected mental health. Further, maladaptive emotion regulation strategies mediated the connection between intolerance of uncertainty, contamination fear, loneliness and mental health. In contrast, adaptive emotion regulation strategy mediated the connection between social support from friends, contamination fear, loneliness and mental health.

Overall, this research might help the understanding of how external and internal factors contributed to older people's well-being during the COVID-19 pandemic. The model can also be translated into professional interventions to develop coping strategies among older people for the challenges of COVID-19 pandemic in their lives. (RH)

ISSN: 13607863

From : <https://doi.org/10.1080/13607863.2021.1902469>

264/80 Relational aspects of meaning in life among older people: a group-interview gerotechnology study; by Suvi-Marie Saarelainen, Anna Maki-Petaja-Leinonen, Reino Poyhia.: Cambridge University Press.

Ageing and Society, vol 42, no 5, May 2022, pp 1035-1053.

As more and more people are living with reduced capacities in their own homes, there is an urgent need to find new ways of promoting holistic well-being of the ageing population. In this Finnish study, the authors analysed data gathered from existential discussion groups on Service TV (STV) to show how strongly relationality and meaning in life are intertwined for older people.

Their findings indicate that respect and support for older people's autonomy is very important. For older people to continue living at home and prepare for a future with reduced capacities, they need family members for support. Autonomy of ageing becomes relational as choices and wishes are negotiated with family members. Relationships also contribute to loss of meaning. When older people felt that they were

not close enough to their family, longed for friends of the same age, were bereaved or widowed, the relational gap caused a violation of meaning. In contrast, participation and activities with peers brought deep joy and connectedness to the lives of the participants. STV provided a new channel for participants to find and form meaningful relationships. Therefore, it is concluded that relationality can be supported by technological means of care. (RH)

ISSN: 0144686X

From : <https://doi.org/10.1017/S0144686X20001300>

264/81 What do knee OA patients perceive about their disorder?: A qualitative study; by Ammar Suhail.: Emerald.

Working with Older People, vol 26, no 2, 2022, pp 130-139.

The purpose of this study, based in India, was to explore the perceptions of patients with knee osteoarthritis (OA) concerning their disorder. The study used a phenomenographical approach within a qualitative research paradigm. A total of 21 patients with knee osteoarthritis (OA) were recruited for the study, and data were collected through open-ended face-to-face interviews. The interviews were transcribed and thematically analysed, and the transcribed verbatim was analysed for themes. The themes developed reflected the patients' perceptions about the disease process. Thematic analysis revealed three themes: knee OA is a degenerative disease, knee OA is an age-related disease and knee OA is caused by certain activities of daily living. The patients' information varied and was limited to what had been provided by the health care practitioner. The knowledge was more biomedical in orientation and was limited and not supported by evidence. There is a need to provide evidence-based information that the patient must understand. Health care providers must use a biopsychosocial framework to discuss the disease knowledge with patients. (JL)

ISSN: 13663666

From : <https://doi.org/10.1108/WWOP-11-2021-0056>

HEALTH CARE

(See Also 264/12, 264/123)

264/82 A comparative case study analysis of barriers and facilitators to implementing the Affordable Care Act's Balancing Incentive Program; by Lisa Kalimon Beauregard, Edward Alan Miller.: Sage.

Research on Aging, vol 44, nos 3-4, March-April 2022, pp 276-285.

In the United States, long-term care services and supports (LTSS) for older people and people with disabilities are primarily paid for through Medicaid. The Affordable Care Act (ACA) included the opportunity for states to increase spending on Medicaid home and community-based services (HCBS) for older adults and persons with disabilities through the Balancing Incentive Program (BIP). This study has used comparative case studies to identify the factors that facilitated or impeded States' implementation of BIP. Findings indicate factors that facilitated the implementation of BIP were communication with the Federal Government and its contractor, merging BIP with existing HCBS programs, and enhanced Federal revenue. On the other hand, the short duration of BIP, State procurement and contracting processes, and the need to incorporate feedback from non-governmental stakeholders, and determining how to spend the enhanced revenue proved challenging for some states. This research suggests ways in which Federal and State officials can implement new initiatives to achieve greater re-balancing of Medicaid long-term services and supports for older adults. (RH)

ISSN: 01640275

From : <https://doi.org/10.1177/01640275211020795>

264/83 Indigenous strengths-based approaches to healthcare and health professions education: recognising the value of Elders' teachings; by Andrea Kennedy, Anika Sehgal, Joanna Szabo (et al.): Sage.

Health Education Journal, vol 81, no 4, June 2022, pp 423-438.

A strengths-based lens is essential for the pursuit of health equity among Indigenous populations. However, health professionals are often taught and supported in practice via deficit-based approaches that perpetuate inequity for Indigenous peoples. Deficit narratives in healthcare and health education are reproduced through practices and policies that ignore Indigenous strengths, disregard human rights, and reproduce structural inequalities. When strengths are recognised, it is possible to build capacities and address challenges, while not losing sight of the structural factors impacting Indigenous peoples' health. The authors of this paper have Cree, Blackfoot, Métis and Settler ancestries, and all share a central commitment to good relations with Indigenous peoples. They examine Indigenous strengths-based approaches to policy and practice in healthcare and health professions education when delivered alongside teachings shared by Elders from the Cree, Blackfoot and Métis Nations of Alberta, Canada. Literature and Elders' teachings were used to shift strengths-based approaches from Western descriptions of what might be done, into concrete actions aligned with Indigenous ways. Four pointers for future action adopting a strengths-based approach are identified: enacting gifts - focusing on positive attributes; upholding relationality - centring good relationships; honouring legacy - restoring self-determination; and reconciling truth - attending to structural determinants of health.

Identified directions and actionable strategies offer a promising means to advance Indigenous health equity through strengths-based actions that change existing narratives and advance health equity. (RH)

ISSN: 00178969 From : <https://journals.sagepub.com/doi/pdf/10.1177/00178969221088921>

HEALTHY AGEING

- 264/84 Determining the importance and feasibility of various aspects of healthy ageing among older adults using concept mapping; by Britenny M Howell, Matriah Seater, Kathryn Davis, David McLinden.: Cambridge University Press.
Ageing and Society, vol 42, no 6, June 2022, pp 1403-1421.
Research shows that healthy ageing is defined differently by older adults and researchers, who may put more or less weight on the physiological, psychological, societal and personal aspects of ageing. Although there is growing interest in the research literature on lay models of healthy ageing in socio-cultural context, little work has been done to determine how important or feasible the various components of healthy ageing are viewed to be by older adults. This study asked a convenience sample of 54 older adults in the circumpolar North (in Anchorage, Alaska) to rate the importance and feasibility of 36 previously identified components of healthy ageing in their community. Results indicate that seniors in the sample place the most importance on aspects of the social and physical environment, while least important concepts included psychological and individual behaviours. However, most feasible aspects were individual behaviours and least feasible were aspects of the social and physical environment. Although older adults are able to construct a model of what healthy ageing should look like in their community, they do not always view the most important aspects of healthy ageing to be the most feasible to achieve, providing ample opportunity for public and social policy change. (RH)
ISSN: 0144686X
From : <https://doi.org/10.1017/S0144686X20001580>
- 264/85 Patterns of older Australians' engagement in health-promoting activities: a latent profile analysis; by Simone Pettigrew, Liyuwork Mitiku Dana, Michelle I Jongenelis, Ben Jackson.: Cambridge University Press.
Ageing and Society, vol 42, no 5, May 2022, pp 1176-1190.
Being active in later life is key to remaining physically and mentally healthy, and health in turn influences individuals' ability to remain active. Activity prevalence figures can disguise the existence of clusters of older people who are very active due to regular participation in multiple categories of activity versus those who are sedentary. The aim of this study was to conduct segmentation analyses based on retired seniors' engagement in various activities (walking, active sport/exercise, gardening and volunteering) to identify groups characterised by varying patterns of participation. The sample comprised 746 Western Australians aged 60+ years (range 60-95 years, average age 71.66 years, standard deviation = 6.57), 61 per cent of whom were female. Using latent profile analysis, four distinct segments emerged. Those respondents classified as belonging to the most active group exhibited moderate to high levels of participation across all four forms of activity, and tended to be older and more educated than other respondents. Those allocated to the least active group had very low levels of participation across most of the assessed activities and the least favourable physical and mental health scores. Overall, the results indicate the existence of highly divergent segments within the older population in terms of participation across various combinations of health-promoting activities. Segment membership appears to be more closely associated with physical and psychological factors than with socio-demographic characteristics. (RH)
ISSN: 0144686X
From : <https://doi.org/10.1017/S0144686X20001397>
- 264/86 A research framework for the United Nations Decade of Healthy Ageing (2021-2030); by Nora Keating. European Journal of Ageing, January 2022.
The mission of UN Decade of Healthy Ageing (2020-2030) is to improve the lives of older people, their families and their communities. In this paper, we create a conceptual framework and research agenda for researchers to knowledge to address the Decade action items. The framework builds on the main components of healthy ageing: Environments (highlighting society and community) across life courses (of work and family) toward wellbeing (of individuals, family members and communities). Knowledge gaps are identified within each area as priority research actions. Within societal environments, interrogating beliefs about ageism and about familism are proposed as a way to illustrate how macro approaches to older people influence their experiences. We need to interrogate the extent to which communities are good places to grow old; and whether they have sufficient resources to be supportive to older residents. Further articulation of trajectories and turning points across the full span of work and of family life courses is proposed to better understand their diversities and the extent to which they lead to adequate financial and social resources in later life. Components of wellbeing are proposed to monitor improvement in the lives of older people, their families and communities. Researcher priorities can be informed by regional and national strategies reflecting Decade actions.
From : <https://doi.org/10.1007/s10433-021-00679-7>

HOME CARE

- 264/87 Caring callers: the impact of the telephone reassurance program on homebound older adults during COVID-19; by Kathy Lee, Noelle Fields, Jessica Cassidy (et al.): Taylor and Francis. Home Health Care Services Quarterly, vol 40, no 4, October-December 2021, pp 247-261. During the COVID-19 pandemic, older people experienced great levels of social isolation and feelings of loneliness. This article's authors developed a telephone reassurance project, Caring Callers (based in Dallas, Texas), to provide a weekly phone call to socially isolated older people. Dyads were created which comprised of a Senior Companion volunteer and a housebound older person. The authors used a mixed methods approach to examine the project's impact on housebound older people. The participants were satisfied with the project and showed a significant increase in overall health. They discussed the project's social and emotional benefits and other benefits that they gained from community resources. Due to the vulnerability of the participants, this telephone-based intervention seemed feasible without technological barriers. It is critical that ageing service providers recognise the resourcefulness and reliability of older volunteers, and encourage them to continue to support socially isolated older people during an unprecedented event affecting people's isolation. (RH)
ISSN: 01621424
From : <https://doi.org/10.1080/01621424.2021.1997861>
- 264/88 Implementing a broad quality of life tool for determining care wishes and needs of older adults living at home; by M S Van Loon, G Widdershoven, K Van Leeuwen (et al.): Taylor and Francis. Home Health Care Services Quarterly, vol 40, no 4, October-December 2021, pp 262-275. The ASCOT (Adult Social Care Outcomes Toolkit) was developed in the UK to measure outcomes of social care in terms of quality of life (QoL) from a broader perspective than health alone. However, a systematic review in the Netherlands by the authors found that there are additional domains that older people living at home deem important. The present study investigated stakeholders' views on the practical relevance of a broad quality of life (QoL) outcome tool for care of older people living at home, the Extended Quality of Life Tool (EQLT). The authors used qualitative methods, including individual interviews and focus groups with a variety of stakeholders, which were analysed using a framework analysis. Stakeholders considered the following as relevant: focus on the client perspective; perspective on QoL broader than health; the possibility to take diversity into account; and the possibility to determine a minimum level of QoL. The EQLT can support conversations with clients about their needs and wishes, thus enabling decisions about care services based on a broad set of domains of QoL. Implementation of the tool should take into account the facilitators and barriers which this study identified. (RH)
ISSN: 01621424
From : <https://doi.org/10.1080/01621424.2021.1968986>

HOMELESSNESS

- 264/89 Creating a sense of place after homelessness: we are not "ready for the shelf"; by Victoria F Burns, Natalie St-Denis, Christine A Walsh, Jennifer Hewson.: Taylor and Francis. Journal of Aging and Environment, vol 36, no 1, January-March 2022, pp 1-15. Increasingly, older adults' perspectives are informing ageing in place and Age-Friendly Cities (AFC) research, policy and practice. However, rarely are the voices of older people who are experiencing or have experienced homelessness included. Guided by the concepts of place and home, this Canadian qualitative study used semi-structured go-along interviews and thematic analysis to explore how seven older people aged 50+ with homeless histories created a sense of place, and the facilitators and barriers they encountered in their place-making process after being housed. The analysis revealed two main themes: home as safety; and sense of place as purpose. Although most expressed gratitude for the safety their housing provided, it was not enough to feel in place. Sense of place was created through engaging in meaningful activities that provided them with a sense of purpose. Sense of place as purpose was facilitated by three sub-themes (self-determination, employment and/or education, and technology), and three barriers (discrimination, transport and income). Recommendations are provided which can inform the development of more inclusive housing design and programming, and foster AFC for all older adults, including people with histories of homelessness. (RH)
ISSN: 26892618
From : <https://doi.org/10.1080/26892618.2020.1858382>

HOSPITAL CARE

(See Also 264/49)

- 264/90 Developing a tool to assess and monitor institutional readiness to address elder mistreatment in hospital emergency departments; by Kim Dash, Risa Breckman, Kristin Lees-Haggerty (et al.): Taylor and Francis. Journal of Elder Abuse and Neglect, vol 33, no 4, August-October 2021, pp 311-326. Hospital emergency departments (EDs) lack the tools and processes required to facilitate consistent screening and intervention in cases of elder abuse and neglect. To address this need, the National

Collaboratory to Address Elder Mistreatment has developed a clinical care model that EDs can implement to improve screening, referral and linkage to coordinated care and support services for older adults who are at risk of mistreatment. To gauge ED readiness to change and facilitate adoption of the care model, the authors developed an organisational assessment tool, the Elder Mistreatment Emergency Department Assessment Profile (EM-EDAP). Development included a phased approach in which: evidence on best practice was reviewed; and the authors consulted with multidisciplinary experts, and sought input from ED staff. Based on this formative research, the authors developed a tool that can be used to guide EDs in focusing on practice improvements for addressing elder mistreatment that are most responsive to local needs and opportunities. (RH)

ISSN: 08946566

From : <https://doi.org/10.1080/08946566.2021.1965930>

HOUSING

(See Also 264/44, 264/121)

- 264/91 Homes too large for household needs?: Under-occupancy as policy problem and lived experience among older social housing tenants; by Lynda Cheshire, Walter Forrest.: Taylor and Francis.
Journal of Aging and Social Policy, vol 33, no 1, January-February 2021, pp 22-50.
Rising demand for social housing has induced housing authorities to find ways to increase the utilisation of existing housing stock, including targeting households thought to be living in homes that are larger than they need. This 'under-occupation' of social housing is common among older tenants who, as with other under-occupiers, have been subject to unpopular measures designed to encourage downsizing. Yet little attention has been given to the housing needs of under-occupying older tenants and the ability of the social housing sector to meet those needs. In reviewing a new housing initiative for older under-occupying social housing tenants in Brisbane, Australia, this paper explores the housing needs and experience of this cohort. It shows that under-occupancy is a lived experience for some tenants, and that downsizing to a smaller property is an attractive, albeit limited option. This suggests that policy prescriptions about the problem of older under-occupiers in the social housing sector should be reframed around the issue of tenants' housing needs as they age. (RH)
ISSN: 08959420
From : <https://doi.org/10.1080/08959420.2019.1626325>

HOUSING WITH CARE

- 264/92 Engagement with life among the oldest-old in assisted living facilities: enriching activities and developmental adaptation to physical loss; by Jordan Boeder, Sarah Hwang, Thomas Chan.: Cambridge University Press.
Ageing and Society, vol 42, no 5, May 2022, pp 1191-1212.
The objective of this study was to examine the activities, motivations, and barriers of activity engagement in the oldest-old residing in assisted living facilities (ALFs). Semi-structured interviews were conducted with 20 participants, aged 80-94 (standard deviation = 4.38), from two ALFs located in suburbs of Los Angeles County, California. Thematic analyses were used to identify and corroborate clusters of experiences. All residents stated that they desired enriching activities, most often in the form of productive work or community events. Although engaging in enriching activities was a universal desire, residents who experienced more functional limitations had an increased difficulty satisfying this need. Participants believed that activities offered by the ALF primarily served those who are cognitively impaired. ALF residents with severe mobility issues were not able to access more enriching activities outside the ALF compared to those with fewer physical limitations. However, the more physically impaired residents used a range of adaptation methods that fit into the selection, optimisation and compensation framework to overcome barriers to participate in meaningful activities. ALF residents who are cognitively fit but experience severe mobility limitations may be the most in need of enriching activities. To help these residents maintain a high quality of life, ALFs need to provide activities that appeal to residents of varying cognitive abilities and provide interventions to help aid their adaptation to physical loss. (RH)
ISSN: 0144686X
From : <https://doi.org/10.1017/S0144686X20001488>

INCOME AND PERSONAL FINANCE

- 264/93 Differential access to transgender inclusive insurance and healthcare in the United States: challenges to health across the life course; by Matthew Bakko, Shanna K Kattari.: Taylor and Francis.
Journal of Aging and Social Policy, vol 33, no 1, January-February 2021, pp 67-81.
This commentary explores how different types of insurance (Medicare, Medicaid, state government, and private insurance) address issues of transgender-related care, and how access to transgender-affirming insurance coverage and healthcare across life stages depends both on type of insurance and geographical location. The authors argue that the current state of transgender health insurance policy and practices are inadequate for achieving goals of continuity of care and positive health outcomes across the life course. Transgender individuals are uninsured at a higher rate than their cisgender (non-transgender)

counterparts, face discrimination or refusal of care from their providers, and, if insured, experience denials of coverage from insurance companies. These ruptures in coverage can be addressed through extending insurance coverage for all treatments necessary to affirm a transgender person's gender identity, training to support transgender affirming healthcare, and research on the health needs of the transgender community across the life course. (RH)

ISSN: 08959420

From : <https://doi.org/10.1080/08959420.2019.1632681>

264/94 Financial preparedness for emergencies: age patterns and multilevel vulnerabilities; by Zhen Cong, Guanggang Feng.: Sage.

Research on Aging, vol 44, nos 3-4, March-April 2022, pp 334-348.

Guided mainly by the social vulnerability perspective and life course perspective, this study examined age patterns of financial preparedness for emergencies and how they were contextualized by vulnerabilities at the individual and community levels. The authors matched data from the US Federal Emergency Management Agency 2018 National Household Survey and 15 indicators of the Social Vulnerability Index at the county level. Two-level logistic regressions were conducted with the working sample, which included 4,623 respondents from 958 counties. The results showed that adults aged 18 to 44 were more likely than those aged 65 to 74 to set aside money for emergencies among Hispanics, those with minor children in the household, and in communities with higher levels of poverty, higher percentages of minorities, and higher percentages of no vehicles, but less likely to do so among the White and those with insurance. The findings are discussed within a multilevel layered vulnerability framework. (RH)

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From : <https://doi.org/10.1177/01640275211034471>

264/95 The role of consumer and mortgage debt for financial stress; by Cazilia Loibl, Stephanie Moulton, Donald Haurin, Chrise Edmunds.: Taylor and Francis.

Aging and Mental Health, vol 26, no 1, January 2022, pp 116-129.

Financial debt held by older adults in the United States has grown over the past two decades. This study examines the extent to which credit cards, other consumer debts and mortgage debt increase financial stress. Outcome measures of financial stress include the material domain ('bill-paying difficulty') and psychological domain ('ongoing financial strain'). The authors analysed adults age 62 and older in the 2004 to 2016 waves of the Health and Retirement Study (HRS) using random-effects logit regressions. Unsecured consumer debt is associated with more financial stress per dollar than mortgage debt. A detailed assessment of mortgage debt finds that greater levels of both first and secondary mortgages are associated with greater bill-paying difficulty and greater ongoing financial strain. An increase in new mortgage debt obtained after age 62 is associated with an increase in bill-paying difficulty, but is not significantly associated with ongoing financial strain. In contrast, a reduction in mortgage debt since age 62 is associated with lower bill-paying difficulty and lower levels of ongoing financial strain. The relationship between consumer debt, mortgages and financial stress is nuanced, and depends on both the type and timing of the debt. (RH)

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From : <https://doi.org/10.1080/13607863.2020.1843000>

INFORMATION AND COMMUNICATION TECHNOLOGY

264/96 Can adults discriminate between fraudulent and legitimate e-mails?: Examining the role of age and prior fraud experience; by Alison M O'Connor, Rebecca A Judges, Kang Lee, Angela D Evans.: Taylor and Francis.

Journal of Elder Abuse and Neglect, vol 33, no 3, June-July 2021, pp 181-205.

This Canadian study assessed how accurate adults are at detecting fraudulent e-mail activity. A total of 100 younger (18-26 years) and 96 older adults (60-90 years) categorized a series of e-mails as legitimate or as fraudulent phishing scams and self-reported their fraud experiences. Younger and older adults did not differ in accuracy rates when categorising the e-mails (72%), but older adults used a "high-suspicion" strategy where they were more likely to mislabel a legitimate e-mail as fraudulent compared to younger adults. Younger adults were less likely to be targeted by fraud than older adults, but the groups were victimised at similar rates. Being a previous victim of fraud negatively related to e-mail detection performance, but this differed across age groups and the extent of fraud experience. Together, these results provide insight into the relation between fraud experience and the ability to detect e-mail scams and can inform fraud prevention and education initiatives. (RH)

ISSN: 08946566

From : <https://doi.org/10.1080/08946566.2021.1934767>

264/97 Technostress in a hostile world: older internet users before and during the COVID-19 pandemic; by Galit Nimrod.: Taylor and Francis.

Aging and Mental Health, vol 26, no 3, March 2022, pp 526-533.

Older people are largely ignored in studies of technostress (stress induced by Information and Communication Technology (ICT) use). This study explored individual and contextual antecedents to technostress among older ICT users. Online surveys with ICT users aged 60 years and above were

conducted in 2016 (N = 537) and during the COVID-19 pandemic of 2020 (N = 407), examining technostress level, internet use patterns and sociodemographic background. The 2020 survey also assessed a COVID-19-related Hostile World Scenario (HWS). The two samples had very similar background characteristics, but participants in 2020 were more experienced and their internet use was significantly more diverse and intense than that of their predecessors. The factors predicting technostress in both samples were poorer health, fewer years of use, fewer hours of use per typical week and smaller use repertoire. The technostress level in 2020 was significantly higher than that of 2016-a finding, explained by the COVID-19-related HWS. Individual antecedents hardly vary in the presence of significant contextual antecedents, but HWS may leave users with fewer resources to cope with the negative effects of technology use. Future research should explore additional contextual factors and interventions that may alleviate technostress among older people. (RH)

ISSN: 13607863

From : <https://doi.org/10.1080/13607863.2020.1861213>

INTERGENERATIONAL ISSUES

(See Also 264/5)

- 264/98 Bringing children and older people together through food: the promotion of intergenerational relationships across preschool, school and care home settings; by Mat Jones, Sanda Umar Ismail.: Emerald.

Working with Older People, vol 26, no 2, 2022, pp 151-161.

This paper aimed to explore how food-focused social activities are a route for promoting intergenerational relationships, wellbeing and dietary benefits among residents in care homes and children in preschool or schools. Using a case study methodology, the study undertook staff-focused research on a 26-month UK programme in 12 partnership clusters, involving a range of growing, cooking, eating and community activities. Staff reported benefits for older people, including improved mood, surfacing positive memories, new personal connections and relief from feelings of boredom and loneliness. Children were reported to develop in-depth relationships, greater empathy and overcame negative preconceptions about older people. Food-based activities enabled all parties to express caring and nurturing in tangible and often non-verbal ways. Food-based activities appear to have specific material and emotive characteristics that resonate with the intergenerational interests of older people and children. Using mainly in-house resources, this study showed that it is feasible to generate novel food-based practices between children's education and care home sectors. A 'test-and-learn' programme model is recommended, given sensitivities and complexity associated with food-based activities and the limited organisational capacity of care home and early education service providers. (JL)

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INTERNATIONAL AND COMPARATIVE

(See Also 264/4, 264/21, 264/32, 264/41, 264/47, 264/55, 264/65, 264/75, 264/78, 264/82, 264/127, 264/128, 264/136, 264/139)

- 264/99 Earlier migration, better cognition?: The role of urbanization in bridging the urban-rural cognition gaps in middle and older age; by Xin Ye, Dawei Zhu, Ping He.: Taylor and Francis.

Aging and Mental Health, vol 26, no 3, March 2022, pp 477-485.

With the process of population ageing and urbanisation, many studies have confirmed increasing urban-rural cognition gaps, while less is known about the extent to which cognition gaps can be explained by urban-rural difference and urbanisation status. This study aimed to examine the role of urbanisation in bridging the cognition gaps for Chinese middle-aged and older adults. Based on the national representative China Health and Retirement Longitudinal Study (CHARLS) 2015, the Blinder-Oaxaca decomposition method was employed. This method uses stratified linear regression to disaggregate cognition gaps into explained and unexplained differences, as well as the absolute and relative attribution of explanatory factors. There were significant cognitive differences between urban and rural samples. Migrating to the urban predicts better cognition among the rural-born. A larger environment-related explained gap existed for those fully urbanised and those migrating earlier, indicating that migration can operate through a beneficial and cumulative change in the environment and bridge the urban-rural cognition gap. Public health actions targeting cognitive disparities can benefit from focusing on the unequal distribution in urban-rural social and economic resources. Areas of priority include promoting their socioeconomic status, physical functioning, social support and lifestyles. (RH)

ISSN: 13607863

From : <https://doi.org/10.1080/13607863.2021.1872490>

- 264/100 Elder abuse and health outcomes among community-dwelling older adults in India: results of a national survey in 2017-2018; by Supa Pengpid, Karl Peltzer.: Taylor and Francis.

Journal of Elder Abuse and Neglect, vol 33, no 4, August-October 2021, pp 327-341.

The study aimed to estimate the associations between elder abuse and poor physical health, poor mental health and health risk behaviours in older adults in a national community-based survey in India. The

study sample included 31,477 older adults (age 60+) from Wave 1 of the Longitudinal Ageing Study in India (LASI, 2017-2018) a cross-sectional national community dwelling survey. Results indicate that the prevalence of elder abuse during that time was 5.2%. In the adjusted logistic regression analysis, elder abuse was significantly positively associated with poor mental health and poor well-being (low life satisfaction, not happy, insomnia symptoms, depressive symptoms, loneliness, neurological or psychiatric problems and lower self-rated health status), poor physical health (bone or joint disease, physical pain, gastrointestinal problems, incontinence, functional disability, underweight and persistent headaches), fall and health care usage. In addition, in unadjusted analysis, elder abuse was associated with poorer cognitive functioning, current tobacco use and dizziness. Elder abuse among older adults in India is associated with poor physical health, poor mental health and health care usage, emphasizing the need to consider elder abuse in various physical and mental health contexts. (RH)

ISSN: 08946566

From : <https://doi.org/10.1080/08946566.2021.1970683>

- 264/101 Elder abuse in life stories: a qualitative study on rural Chinese older people; by Yanping Liu, Fawen Hu.: Taylor and Francis.

Journal of Elder Abuse and Neglect, vol 33, no 3, June-July 2021, pp 206-220.

Holding beliefs such as elder respect seems to make Chinese older adults vulnerable to feel abused. This study investigated how Chinese older people in the countryside perceive abuse and make sense of their abusive experiences while telling their life stories. Using a narrative approach, the authors conducted semi-structured interviews with 17 older people living in a rural village in Yunnan province, China to collect their life stories; special attention was paid to their telling of abuses. Thematic analysis of the data suggests that elder abuse for the participants is a betrayal of trust that is established within Chinese cultural values. Four themes were identified in explaining the participants' experiences of abuse: disrespect, dependency and the down-valued self, disconnection and rejection, and social comparisons in the construction of abuse. Implications for future research and practices in stopping elder abuse are discussed. (RH)

ISSN: 08946566

From : <https://doi.org/10.1080/08946566.2021.1934768>

- 264/102 Elderly smallholder farmers' perceptions of and adaptation to climate variability and change in rural Ghana; by Divine Odame Appiah, Felix Asante, Lois Antwi-Boadi, Richard Serbeh.: Emerald. Working with Older People, vol 26, no 2, 2022, pp 97-108.

This paper aimed to examine older smallholder farmers' perceptions of and adaptation to climate variability and change in the Offinso Municipality, Ghana. The paper used quantitative and qualitative methods. Quantitative data were analysed with frequencies and chi-square tests, whereas qualitative data were thematically analysed. Results showed that older smallholder farmers' knowledge of climate variability and change were based on their gender, level of formal education and experience in farming. The farmers adopted both on-farm and off-farm strategies to cope with climate change and variability. The vulnerability of such farmers to climate change calls for social protection mechanisms such as a pension scheme that guarantees access to monthly cash transfers. Such a scheme will ease constraints to livelihood and ensure improved wellbeing. (JL)

ISSN: 13663666

From : <https://doi.org/10.1108/WWOP-09-2021-0052>

- 264/103 Institutional environment of old age homes and its relation to adjustment of older adults: evidence from Pakistan; by Jawad Tariq, Mohammad Vaqas Ali, Rubeena Zakar, Amal Sajjad, Hamad Tariq.: Taylor and Francis.

Journal of Aging and Environment, vol 36, no 1, January-March 2022, pp 40-51.

The authors investigated the role of institutional environment in older people's adjustment to living in old age homes in Punjab, Pakistan. Their study was conducted on a sample of 270 residents living in 18 old age facilities across Punjab. The data were collected through a structured interview questionnaire and analysed through SPSS (V 22). The multiple regression analyses suggested that institutional environment along with number of children and number of visitors was a significant predictor of older people's adjustment. Interventions such as higher support from staff and residents, autonomy and engagement can help older people to adjust better in old age homes. (RH)

ISSN: 26892618

From : <https://doi.org/10.1080/26892618.2020.1858385>

- 264/104 Missing voices: older people's perspectives on being abused in Uganda; by Charles Kiiza Wamara, Maria Bennich, Thomas Standberg.: Taylor and Francis.

Journal of Elder Abuse and Neglect, vol 33, no 4, August-October 2021, pp 288-310.

Abuse of older people is a major challenge for people who are ageing. Studies into older people's perspectives on abuse focus mainly on developed countries, while the views of those in sub-Saharan Africa remain largely unheard in social research. To address this imbalance, the authors report a qualitative study using in-depth semi-structured interviews and focus group discussions to examine older people's perceptions of abuse in Uganda. Thirty-three participants were selected from four districts of Uganda to reflect different locations, levels of development, cultures and contexts. Behaviours considered abusive were categorized into five themes: economic abuse, harassment and violence,

disrespect, neglect and abandonment, and discrimination. Results showed that participants largely viewed their abuse from a cultural perspective, contrary to the West's perception based on a discourse of human rights. The findings show the need for a broader definition that includes the cultural dimensions of the abuse of older people in developing societies. (RH)

ISSN: 08946566

From : <https://doi.org/10.1080/08946566.2021.1970682>

- 264/105 Perspectives of elder abuse in Lebanon; by Jinan Usta (et al.): Taylor and Francis.
Journal of Elder Abuse and Neglect, vol 33, no 1, January-February 2021, pp 65-81.
Elder abuse is a preventable problem. At present, little is known about this phenomenon in Middle Eastern settings. This study explores elder abuse in Beirut, Lebanon from different stakeholders' points of view, with a focus on identifying behaviours that are considered to be abusive to older adults and predisposing factors. Focus group discussions were carried out with 88 home- and institution-based older adults, their family members and caregivers, and with 49 stakeholders (medical professionals, institution directors, government officials). Results showed that behaviours considered abusive among Lebanese participants were comparable to reports from international studies. The most commonly mentioned risk factors were history of abuse in a seemingly dysfunctional family, followed by caregivers' lack of acceptance of the physical changes that accompany ageing. The response to elder abuse requires a multidimensional approach that spans protective policies to increase care providers' awareness about the physiological changes of ageing, as well as concerted efforts to correct misinformation about the hidden problem of elder abuse. (RH)
ISSN: 08946566
From : <https://doi.org/10.1080/08946566.2021.1881013>

- 264/106 The politics of aging under a hybrid regime: the case of democratization in Hong Kong; by Yu-Cheung Wong, Allan Borowski.: Taylor and Francis.
Journal of Aging and Social Policy, vol 33, no 1, January-February 2021, pp 82-100.
Students of the politics of ageing have mainly focused their research on: older people's voting patterns and other forms of political participation; older people's power and influence as perceived, most notably, by politicians; and the effectiveness of pressure and/or interest groups and lobbyists for older people. Such research has been taking place at a time of growing national fiscal deficits and projected growth in health care, long-term care, and age pension costs arising from population ageing and the consequent calls for welfare state reform. This paper focuses on the politics of ageing in relation to the highly controversial issue of greater democratisation in Hong Kong SAR, China. It seeks to provide some insight into the role played by Hong Kong's elders in shaping politics and policy under a quasi-democratic regime in order to move beyond, on the one hand, the focus by students of the politics of ageing on liberal democracies and, on the other, their hitherto exclusive focus on the politics of ageing in relation to old-age welfare state reform. (RH)
ISSN: 08959420 From : <https://doi.org/10.1080/08959420.2019.1685348>

- 264/107 The under-reporting of elder abuse and neglect: a Malaysian perspective; by Raudah Mohd Yunus.: Taylor and Francis.
Journal of Elder Abuse and Neglect, vol 33, no 2, March-May 2021, pp 145-150.
This commentary highlights the issue of under-reporting of elder abuse and neglect (EAN) in the Malaysian context. It attempts to elucidate the findings of the 2018 National Health and Morbidity Survey (NHMS) related to the trend of reporting among EAN victims, and offers some recommendations. (RH)
ISSN: 08946566 From : <https://doi.org/10.1080/08946566.2021.1919271>

LGBT

- 264/108 Factors associated with self-reported PTSD diagnosis among older lesbian women and gay men; by Beatrice Alba, Anthony Lyons, Andrea Waling (et al.): Taylor and Francis.
Journal of Gerontological Social Work, vol 65, no 2, February-March 2022, pp 129-142.
Lesbian women and gay men are at greater risk of post-traumatic stress disorder (PTSD) than heterosexual people, however few studies have examined PTSD in older lesbian women and gay men. This study examined predictors of having ever been diagnosed with PTSD, as well as relationships to current quality of life, among 756 lesbian women and gay men aged 60 years and older in Australia. Participants were surveyed on their sociodemographic characteristics, experiences of sexual orientation discrimination over their lifetime, whether they had ever been diagnosed with PTSD, whether they were currently receiving treatment for PTSD, and their current quality of life. After adjusting for sociodemographic variables, participants who reported having a PTSD diagnosis (11.2%) had significantly more frequent experiences of discrimination over their lifetime and were significantly less likely to currently be in a relationship. Older lesbian women were significantly more likely than older gay men to report ever having had a PTSD diagnosis. Additionally, having ever been diagnosed with PTSD significantly predicted current poorer quality of life. These findings suggest that a history of PTSD among older lesbian women and gay men is linked to experiences of discrimination and other factors, with associated links to current quality of life. (JL)
ISSN: 01634372 From : <https://doi.org/10.1080/01634372.2021.1939218>

LONELINESS AND SOCIAL ISOLATION

(See Also 264/5, 264/11)

- 264/109 Between loneliness and belonging: narratives of social isolation among immigrant older adults in Canada; by Sharon Koehn, Ilyan Ferrer, Shari Brotman.: Cambridge University Press. *Ageing and Society*, vol 42, no 5, May 2022, pp 1117-1137. Research points to a higher risk for social isolation and loneliness among new immigrant and refugee older adults. This article draws on a research project that explored the everyday stories of ageing among 19 diverse immigrant older adults in Canada. Their experiences of loneliness and social isolation are captured using four illustrative cases derived from a structural approach to life-story narrative. To these, the authors apply the intersectional life-course analytical lens to examine how life events, timing and structural forces shape the four participants' experiences of social isolation and loneliness. The authors further explore the global and linked lives of participants as well as the categories of difference that influence their experiences along the continua of loneliness to belonging, isolation to connection. Finally, the authors discuss how an understanding of sources of domination and expressions of agency and resistance to these forces might lead us to solutions. (RH)
ISSN: 0144686X
From : <https://doi.org/10.1017/S0144686X20001348>
- 264/110 Correlates of emotional and social loneliness among community dwelling older adults in Rotterdam, the Netherlands; by Mireille E G Wolfers, Bianca E Stam, Anja Machielse.: Taylor and Francis. *Aging and Mental Health*, vol 26, no 2, February 2022, pp 355-367. Loneliness is seen as an important problem, contributing to serious health problems. This article describes models and measurement of social and emotional loneliness that were used in an evaluation for a community project aimed at reducing loneliness in Rotterdam. The project was conducted among 3,821 randomly selected community-dwelling citizens aged 65+. Loneliness was measured using the de Jong-Gierveld Loneliness Scale. Demographic, health and psychological and social variables were included as potential correlate. Data were subjected to multiple hierarchical regression analysis. Emotional loneliness was reported by 60% and social loneliness by 47% of the sample. Women were more emotionally lonely than men, while men reported more social loneliness than women. Emotional social support and quality of life were strongest in predicting emotional loneliness and social capital in the neighbourhood, companionship and instrumental support were strongest predictors for social loneliness. Demographic variables predicted variability in emotional loneliness. The strength of the correlates differed between the two dimensions of loneliness. In the design of interventions to prevent and reduce loneliness among older adults, strategies should be developed aimed at the specific dimensions of loneliness. (RH)
ISSN: 13607863
From : <https://doi.org/10.1080/13607863.2021.1875191>
- 264/111 Remaining socially connected at 100 and beyond reduces impact of loneliness on nutritional status; by Seung Eun Jung, Alex Bishop, Seoyoun Kim (et al).: Taylor and Francis. *Journal of Nutrition in Gerontology and Geriatrics*, vol 40, no 4, 2021, pp 249-260. Understanding factors influencing centenarians' nutritional status can offer insight into effective nutrition interventions to improve quality of life among this population. This cross-sectional study was conducted to evaluate the role of social support and loneliness on nutritional status among 151 Oklahoma centenarians. Nutritional status was assessed with the Short Form Mini Nutrition Assessment (MNA-SF). Perceived social support was assessed with the 24-item Social Provisions Scale. Loneliness was examined with the 10-item UCLA loneliness scale. Ordinal logistic regression revealed that those who lacked social support were at increased risk of poor nutritional status. Furthermore the model revealed that centenarians who reported lack of social support and loneliness had almost 2.8 times higher likelihood of being at risk of poor nutritional status compared to their socially connected counterparts. These findings have implications for geriatric dietitians, social workers and clinical counsellors seeking to implement services and programmes aimed at helping long-lived adults feel socially connected and maintain proper nutritional wellbeing. (JL)
ISSN: 21551197
From : <https://doi.org/10.1080/21551197.2021.1988029>
- 264/112 A systematic review of longitudinal risk factors for loneliness in older adults; by Lena Dahlberg, Kevin J McKee, Amanda Frank, Mahwish Naseer.: Taylor and Francis. *Aging and Mental Health*, vol 26, no 2, February 2022, pp 225-249. To effectively reduce loneliness in older adults, interventions should be based on firm evidence regarding risk factors for loneliness. This systematic review aimed to identify, appraise and synthesise longitudinal studies of risk factors for loneliness in older adults. Searches were performed in June 2018 in PsycINFO, Scopus, Sociology Collection and Web of Science. Inclusion criteria were: population of older adults (M = 60+ years at outcome); longitudinal design; study conducted in an OECD country; article published in English in a peer-review journal. Article relevance and quality assessments were made by at least two independent reviewers. The search found 967 unique articles, of which 34 met

relevance and quality criteria. The Netherlands and the United States together contributed 19 articles; 17 analysed national samples while 7 studies provided the data for 19 articles. One of two validated scales was used to measure loneliness in 24 articles, although 10 used a single item. A total of 120 unique risk factors for loneliness were examined. Risk factors with relatively consistent associations with loneliness were: not being married/partnered and partner loss; a limited social network; a low level of social activity; poor self-perceived health; and depression/depressed mood and an increase in depression. Despite the range of factors examined in the reviewed articles, strong evidence for a longitudinal association with loneliness was found for relatively few, while there were surprising omissions from the factors investigated. Future research should explore longitudinal risk factors for emotional and social loneliness. (RH)

ISSN: 13607863 From : <https://doi.org/10.1080/13607863.2021.1876638>

LONG TERM CONDITIONS

(See 264/29)

MENTAL HEALTH

(See Also 264/30, 264/39, 264/97, 264/99, 264/108)

- 264/113 Baseline capacities and motivation in executive control training of healthy older adults; by Maria J Maraver, Carlos J Gomez-Ariza, Erika Borella (et al.): Taylor and Francis.

Aging and Mental Health, vol 26, no 3, March 2022, pp 595-603.

Normal ageing involves progressive prefrontal declines and impairments in executive control. This study examined the efficacy of an executive-control training that focused on working memory and inhibition in healthy older adults. The study also explored the role of individual differences in baseline capacities and motivation in explaining training gains. Forty-four healthy older adults from the Grenada area of Spain were randomly assigned to an experimental (training executive control) or active control group (training processing speed). Participants completed six online training sessions over a 2-week period. Transfer effects to working memory (Operation Span test), response inhibition (Stop-Signal test), processing speed (Pattern Comparison) and reasoning (Raven's Advanced Progressive Matrices and Cattell Culture Fair test) were evaluated. Furthermore, the authors explored individual differences in baseline capacities and assessed motivation during and after the intervention. The experimental group, but not the active control, showed significant transfer to response inhibition. Moreover, a general compensation effect was found: older adults with lower baseline capacities achieved higher levels of training improvement. Motivation was not related to training performance. These results encourage the use of executive control training to improve cognitive functions, reveal the importance of individual differences in training-related gains, and provide further support for cognitive plasticity during healthy ageing. (RH)

ISSN: 13607863 From : <https://doi.org/10.1080/13607863.2020.1858755>

- 264/114 Death of a child, religion, and mental health in later life; by Jong Hyun Jung, Hyo Jung Lee.: Taylor and Francis.

Aging and Mental Health, vol 26, no 3, March 2022, pp 623-630.

The death of a child may be one of the most stressful events for parents to experience. This study aims to assess how the death of a child prior to midlife (age 40) is associated with the mental health of parents in later life, and how this association is contingent on religious belief in a divine plan. Using data from ageing parents (aged 65+) in the six waves (2006-2016) of the US Health and Retirement Study (HRS), the study conducted negative binomial regression analyses to examine the main effects of the death of a child prior to midlife on parents' late-life depressive symptoms, and the buffering effect of religious beliefs on this main effect (N = 8,248). Growth curve modeling was used to analyse the trajectories of depressive symptoms (Obs. = 31,088). Experiencing the death of a child prior to midlife is positively associated with depressive symptoms among older adults. Yet, the association is mitigated among respondents who exhibit a high level of belief in a divine plan at baseline. Further, a gradual decline in the number of depressive symptoms over time was observed among the bereaved parents who reported a high level of belief in a divine plan. The study suggests that belief in a divine plan has a protective effect on older adults who cope with the aftermath of child loss. (RH)

ISSN: 13607863

From : <https://doi.org/10.1080/13607863.2021.1889968>

- 264/115 Implementing the Dementia Early Stage Cognitive Aids New Trial (DESCANT) intervention: mixed-method process evaluation alongside a pragmatic randomised trial; by Helen Chester, Rebecca Beresford, Paul Clarkson (et al), HoSt D (Home Support in Dementia) Programme Management Group.: Taylor and Francis.

Aging and Mental Health, vol 26, no 4, April 2022, pp 667-678.

The DESCANT (Dementia Early Stage Cognitive Aids New Trial) intervention provided a personalised care package designed to improve the cognitive abilities, function and well-being of people with early-stage dementia and their carers, by providing a range of memory aids, together with appropriate training and support. This sub-study aimed to assess implementation and identify contextual factors

potentially associated with participant outcomes. A mixed-methods approach was adopted alongside the pragmatic randomised trial. Data were obtained from intervention records and interviews with five dementia support practitioners across seven National Health Service Trusts in England and Wales. A reporting framework was constructed from available literature, and data were assessed by descriptive statistics and thematic analysis. Participation and engagement was high: 126 out of 128 participants completed the intervention, with packages tailored to individual participants. Misplacing items and poor orientation to date and time were common areas of need. Memory aids frequently supplied included orientation clocks (91%), whiteboards (60%), calendars (43%) and notebooks (32%), plus bespoke items. Intervention duration and timing were broadly consistent with expectations. Variation reflected participants' needs, circumstances and preferences. Qualitative findings suggested a potentially positive impact on the well-being of people with dementia and their carers. Issues associated with successful roll-out of the intervention are explored. Successful implementation increased confidence in future findings of the randomised trial. Depending on these, DESCANT may prove a scalable intervention with potential to improve the function and quality of life of people with dementia and their carers.

The DESCANT research team acknowledges the support of the NIHR Clinical Research Network. The study was funded by the National Institute for Health Research (NIHR) Programme Grants for Applied Research (reference number: DTC-RP-PG-0311-12003). (RH)

ISSN: 13607863

From : <https://doi.org/10.1080/13607863.2020.1870204>

- 264/116 Risk factors affecting mental health during the early states of the Covid-19 pandemic in high-risk 50+ population in the Czech Republic; by Jitka Vaculikova, Magdalena Hankova.: Taylor and Francis. *Journal of Gerontological Social Work*, vol 65, no 2, February-March 2022, pp 143-167.

This study dealt with key factors affecting mental health during the COVID-19 pandemic. The results were based on the longitudinal representative 50+ population-based multi-country panel study Survey of Health, Aging and Retirement in Europe (SHARE) in which representative samples of individuals in European countries plus Israel were collected. The goal was to turn the challenges of ageing into opportunities as well as provide valid and reliable data for evidence-based policies. 2,631 participants were interviewed by telephone in the Czech Republic during the initial stages of the COVID-19 outbreak in 2020. After a descriptive analysis showed that participants complied well with most preventative and protective COVID-19 measures, subsequent modelling using logistic regression analysis and a decision tree algorithm identified key determinants that contributed to an understanding of variation in declared feelings of depression. It was found that nervousness, previously unexperienced trouble with sleep and self-rated health status before the COVID-19 outbreak and gender remained significant predictors of depression, from which statistically significant different categories concerning the percentage of depression could be formed. These identified potential risk factors should be considered in planning further supportive strategies for high-risk 50+ populations. (JL)

ISSN: 01634372

From : <https://doi.org/10.1080/01634372.2021.1939219>

- 264/117 A systematic review and meta-analysis on cognitive frailty in community-dwelling older adults: risk and associated factors; by Izabela Pereira Vatanabe, Rebate Valle Pedroso, Ramon Henderson Gomes Teles (et al): Taylor and Francis.

Aging and Mental Health, vol 26, no 3, March 2022, pp 464-476.

A systematic review with meta-analysis aimed to identify which factors are associated with cognitive frailty (CF), as well as the impact of CF on the incidence of dementia and mortality.

The 558 papers identified enrolled a total of 75,379 participants and were published up to January 2020, of which 28 studies met inclusion criteria and were included in the review. The meta-analysis of cross-sectional studies showed that CF has a significant association of having an older age and a history of falls. In longitudinal studies, the analysis showed a significant increase in risk of mortality and dementia for those with CF. This is the first systematic review and meta-analysis on CF, which addressed a wide variety of factors associated with the theme, and which pointed out some as a potential target for prevention or management with different interventions or treatments, showing the clinical importance of its identification in the most vulnerable and susceptible groups. (RH)

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From : <https://doi.org/10.1080/13607863.2021.1884844>

MIGRATION

- 264/118 Later-life migration in The Netherlands: propensity to move and residential mobility; by Petra A de Jong.: Taylor and Francis.

Journal of Aging and Environment, vol 36, no 1, January-March 2022, pp 16-39.

As populations age, there is a growing potential for later-life migration. In this study, the residential moving behaviour of older people in the Netherlands is examined. On the basis of pooled data from the Housing Research Netherlands (HRN) survey, the study can reveal which factors are likely to influence considerations about moving and actual mobility. The results support the premise that residential mobility decreases with age. The strongest predictors of actual mobility were factors associated with the dwelling, while the neighbourhood, particularly the extent of social cohesiveness, played a substantial role in explaining the older people's propensity to move. (RH)

ISSN: 26892618

From : <https://doi.org/10.1080/26892618.2020.1858384>

NEIGHBOURHOODS AND COMMUNITIES

(See Also 264/43, 264/103)

- 264/119 "They're not leaving their home; this is where they were born, this is where they will die": key informant perspectives from the US counties with the greatest concentration of the oldest old; by Carrie Henning-Smith, Megan Lahr, Jill Tanem.: Sage.
Research on Aging, vol 44, nos 3-4, March-April 2022, pp 312-322.
The "oldest old" (age 85 and older) constitute one of the fastest growing segments of the U.S. population. Yet, surprisingly little is known about the characteristics of U.S. counties with the highest percentage of the oldest old, nearly all of which are rural. The authors used qualitative analysis of key informant interviews (n = 50) with county commissioners and other county-level representatives from rural counties with the highest prevalence of the oldest old, targeting the 54 rural counties with at least 5% of the population age 85+. It was found that the rural counties with the highest proportion of residents age 85+ face unique challenges to supporting successful ageing among the oldest old, including resource constraints, limited services, isolated locations and widespread service areas. Still, interviewees identified particular reasons why the oldest old remain in their counties, with many highlighting positive aspects of rural environments and community. (RH)
ISSN: 01640275
From : <https://doi.org/10.1177/01640275211032387>
- 264/120 Characterising older adults' engagement in age-friendly community initiatives: perspectives from core group leaders in the Northeast United States of America; by Emily A Greenfield, Laurent Reyes.: Cambridge University Press.
Ageing and Society, vol 42, no 6, June 2022, pp 1465-1484.
Researchers and programme champions alike have identified older adults as key contributors to age-friendly community change efforts. There has been very little scholarship, however, to characterise the nature of older adults' engagement in age-friendly community initiatives (AFCIs). To help address this gap, the authors drew on five waves of data from semi-structured interviews with core group members of eight AFCIs in a Northeast region of the United States of America. Interviews were conducted as part of a multi-year, community-engaged study on the development of philanthropically supported AFCIs.
The authors coded segments of the interviews, in which core group members described the involvement of older adults, as well as their efforts to engage older adults in the initiatives. This analysis resulted in an inductive analytic typology with five qualitatively distinct categories, in which older adults are: (a) consumers (receiving information, goods and services through the AFCI); (b) informants (sharing perspectives on ageing in the community with the core group); (c) task assistants (assisting with project-oriented tasks under the direction of the core group); (d) champions (contributing ideas and implementing action on their own initiative); and (e) core group members (holding primary responsibility for driving the work of the AFCI forward). The authors discuss implications of the typology for research on AFCI implementation and evaluation, as well as opportunities for AFCIs to enhance the engagement of older adults from historically marginalised groups. (RH)
ISSN: 0144686X
From : <https://doi.org/10.1017/S0144686X2000166X>
- 264/121 Exploring stakeholder perspectives on the UK's regulatory tools for accessible housing: lessons for Canada; by Katie Vaughan, Mikiko Terashima, Kate Clark, Katherine Deturbide.: Taylor and Francis.
Journal of Aging and Environment, vol 36, no 1, January-March 2022, pp 90-112.
Accessible housing is an urgent issue for countries experiencing rapid population ageing. as leading practices to increase accessible housing stock and allow older adults to stay in their communities, the United Kingdom's (UK) building code (Part M) and Lifetime Homes Standard have been researched for more than 20 years. This review compiles key stakeholder groups' perspectives on these regulatory tools. Five main themes and 'lessons learned' were derived to anticipate potential challenges and to inform proactive response for planners and policy makers in Canada and other countries when developing their own accessible housing regulation. (RH)
ISSN: 26892618
From : <https://doi.org/10.1080/26892618.2021.1877861>
- 264/122 Viewpoints of older people toward the features of age-friendly communities: map for charting progress in Tabriz, Iran; by Siros Samei Sis, Abdolrasoul Safaeeian, Akbar Aziz Zeinalhajlou, Hossein Matlabi.: Taylor and Francis.
Journal of Aging and Environment, vol 36, no 1, January-March 2022, pp 73-89.
The number of older people living in urban environments is growing dramatically. Adhering to a set of standards is essential to achieve a desirable living setting. In order to assess strengths and deficiencies, older people described how the checklist of essential features of age-friendly cities matches their own experiences. This descriptive study was conducted with the participation of 384 older people from Tabriz, Iran, who were selected randomly from all over the city. The degree of conformity of city characteristics was described with the standards with a score of 0-100. The mean age of participants was

68.2 ± 0.35 years. More than half of the respondents (56.5%) were men, approximately one-third of participants were illiterate, and 80% were married. The most satisfying dimension was the outdoor spaces and buildings (32.06 ± 11.94) and the least was communication and information (9 ± 0.27). Fragmented systems and services were a general challenge. Inadequate coordination between the public service organisations and consumers prevented the area's wealth of resources from reaching their full potential. (RH)

ISSN: 26892618

From : <https://doi.org/10.1080/26892618.2020.1859037>

OLDER MEN

- 264/123 Health and health-care utilisation in old age: the case of older men living alone; by Kristian Park Frausing, Michael Smaerup, Per Lindso Larsen (et al.): Cambridge University Press.

Ageing and Society, vol 42, no 6, June 2022, pp 1252-1279.

In Denmark, the context of this study, more than one million of its citizens live in one-person households, including the increasing number of older men living alone and are often referred to as an at-risk group in health-care systems. This article establishes an overview of these Danish men's health and health-care utilisation. The authors use three sources: an online survey with health-care professionals; data from a national self-report health study; and register-based data on health-care utilisation. The results show that older men living alone generally have lower health scores than older men co-habiting and that, among older men living alone, lower educational level is associated with lower health scores but also a greater use of free-of-charge health-care services. Health-care professionals conducting preventive home visits consider older men's social needs the most pronounced problem for the men's well-being and call for new services to be custom-made for them. In this article, the authors discuss differences between older men living in rural and urban areas and between those who are single, divorced or widowed. They conclude that health and social care systems must differentiate between sub-groups of older men living alone when developing new services; and that free-of-charge services, such as general practitioners and home care, should be considered as vehicles for addressing health inequities. (RH)

ISSN: 0144686X

From : <https://doi.org/10.1017/S0144686X20001439>

PALLIATIVE CARE

(See Also 264/36, 264/69, 264/142)

- 264/124 A compassionate communities approach in a grief and bereavement support program: bridging the gap in palliative care; by Gregoria Zuniga-Villanueva, Jose Luis Ramirez-GarciaLuna, Roy Ismael Villafranca-Andino.: Taylor and Francis.

Journal of Social Work in End-of-Life and Palliative Care, vol 17, no 1, 2021, pp 9-18.

Grief and bereavement support is a fundamental component of palliative care, yet there is a gap in practice as not all palliative care services offer it. The compassionate communities (CC) approach aims to build community capacity to address grief as grief support is considered everyone's responsibility. This study describes the characteristics, development, growth and (827 registered) attendees of a grief support programme in San Luis Potosi, Mexico that uses a CC approach to bridge the gap of grief support in palliative care. (RH)

ISSN: 15524256

From : <https://doi.org/10.1080/15524256.2021.1894309>

- 264/125 International collaboration in the time of COVID-19: the World Hospice and Palliative Care Social Work Network; by Carina Oltmann, S Otis-Green, P Blackburn (et al.): Taylor and Francis.

Journal of Social Work in End-of-Life and Palliative Care, vol 17, nos 2-3, 2021, pp 137-145.

In the context of widespread loss, isolation and grief due to COVID-19, palliative social workers came together in Autumn 2020 to form an international group named the World Hospice and Palliative Care Social Work Network (WHPCSW). This emerging global network is committed to amplifying the innovative work, nuanced skills, research, and education and training provided by palliative social workers across different settings around the world. This article highlights some of the novel interventions developed by social workers in response to the pandemic, and describes this coalescing WHPCSW network along with information about its mission and membership. (RH)

ISSN: 15524256

From : <https://doi.org/10.1080/15524256.2021.1896627>

- 264/126 The long shadow: collateral impact and finding resilience amidst a global pandemic pediatric palliative care social work during COVID-19; by Danielle Faye Jonas, Kristin Drouin, Jennifer Greenman (et al.): Taylor and Francis.

Journal of Social Work in End-of-Life and Palliative Care, vol 17, nos 2-3, 2021, pp 218-236.

This manuscript illuminates the nuanced ways in which the COVID-19 pandemic has impacted the paediatric palliative care social work role and clinical care in caring for children with life-limiting illnesses and their families throughout the United States. The authors discuss memorable moments,

logistical impacts, telehealth usage, decision-making experiences, end of life care, bereavement practices, specialised interventions and self-care. The paper concludes with lessons learned and practical recommendations for the future. (RH)

ISSN: 15524256

From : <https://doi.org/10.1080/15524256.2021.1894312>

PENSIONS AND BENEFITS

- 264/127 The impact of old-age pensions on the happiness of elderly people: evidence from China; by Junqiang Han, Xiaodong Zhang, Yingying Meng.: Cambridge University Press.
Ageing and Society, vol 42, no 5, May 2022, pp 1079-1099.

As an important source of income for older people, pensions have a great impact on their well-being. There are three different pension systems in China: the Old-age Insurance System for Government Agencies and Institutions (OISGAI); the Basic Old-age Insurance System for Urban Employees (BOISUE); and the Social Insurance of the Old-age Pension for Urban and Rural Residents (SIOPURR). This study empirically analyses the impact of various pension types on the happiness of older people in China; it further explores the potential impact mechanism using the 2014 China Family Panel Studies data. The study suggests that first, receiving pensions from OISGAI, BOISUE and SIOPURR is positively correlated with the happiness level of older people. Second, the sense of happiness of older people who receive BOISUE is higher than that of those receiving SIOPURR, which is mainly caused by the difference in the level of pension benefits. When the level of benefits is controlled for, there is no significant difference between these two groups. Third, when they have the same level of pension benefits, the happiness of older people who receive OISGAI is significantly higher than that of those who receive pensions from the other two systems, which is possibly related to the hidden 'special' government guarantee and the difference of the growth rate of the benefit level. (RH)

ISSN: 0144686X

From : <https://doi.org/10.1017/S0144686X20001452>

- 264/128 The relation between social pensions and health among poor older individuals in Colombia: a qualitative study; by Philipp Hessel, Laura C Lopez, Ivonne Ordonez Monak, Catalina Gonzalez-Uribe.: Cambridge University Press.

Ageing and Society, vol 42, no 5, May 2022, pp 1159-1175.

The authors assessed the relation between social pension benefits and health among poor older individuals in Colombia based on a qualitative case study (N = 51) using in-depth semi-structured interviews. Participants were beneficiaries of the Colombia Mayor social pension programme, recruited through snowball sampling in one rural and one urban area. Participants reported using cash benefits mainly for purchasing essential foods and medicines, as well as for paying for household utilities and satisfying personal needs. Beneficiaries of the programme view the latter as being positively associated with their health as it not only satisfies material needs but also increases their sense of autonomy, emotional well-being and also promotes a positive and cheerful attitude. Despite most beneficiaries perceiving the programme as positively associated with their health and well-being, results also highlight the importance of the various individual- as well as contextual-level factors in determining the relation between social pensions and health. (RH)

ISSN: 0144686X

From : <https://doi.org/10.1017/S0144686X20001361>

PHYSICAL ACTIVITY

- 264/129 Physical activity and sedentary behavior of elderly populations during confinement: results from the FRENCH COVID-19 ONAPS Survey; by C Chambonniere, C Lambert, M Tardieu (et al): Taylor and Francis.

Experimental Aging Research, vol 47, no 5, October-December 2021, pp 401-413.

A national lockdown for 55 days was imposed in France in March 2020, to prevent the spread of the COVID-19 virus and to protect vulnerable people such as older individuals. This study aimed to describe the movement behaviours, and their determinants, of older people age 65+ during the lockdown. An online survey was conducted from 1st April 2020 to 6th May 2020 by France's National Observatory for Physical Activity and Sedentary behaviours. This study compared participants' level of physical activity (PA), sitting and screen time before and during the lockdown, and identified the impact of initial PA, the sedentary profiles of the participants and their housing conditions. 1,178 people were included in this study. Reaching PA recommendations before lockdown was associated with the change in PA level during lockdown (p .001). Besides, geographical location was associated with the change in PA, sitting time and screen time during lockdown (respectively p = .03, p = .02, p = .02). This study confirms the negative impact of confinement on older people's senior movement behaviours, whether or not they met with public health recommendations prior to the pandemic. Older people's housing conditions must be also taken into account in future public health policies. (RH)

ISSN: 0361073X

From : <https://doi.org/10.1080/0361073X.2021.1908750>

POLITICS AND CAMPAIGNING

(See 264/106)

PROBLEM BEHAVIOUR

- 264/130 Gambling motivation model for older women addicted and not addicted to gambling: a qualitative study; by Bernadeta Lelonek-Kuleta.: Taylor and Francis.
Aging and Mental Health, vol 26, no 3, March 2022, pp 638-649.
As part of a wider project on gambling by older Polish people, this article presents results of an in-depth analysis of older professional women who have retired from work who gamble regularly and their motivations to do so, irrespective of whether or not they are addicted. In-depth interviews were conducted with 34 women aged 55+. Motivation factors for gambling among women addicted to gambling (n = 8) and those not addicted to gambling (n = 26) were subjected to in-depth thematic analysis of the content of the interviews. Five major categories were distinguished: sensations, money, activity, socialisation and escape. The most important factors for the women who were not addicted to gambling were sensations and money, followed by activity and socialisation. Women addicted to gambling, on the other hand, were mostly motivated by sensations, escape and socialisation. The results show the need for an in-depth analysis of the motivational factors in this group. Models built on the basis of adults are not reflected in older women. For example, the financial motive, typical of addicted gamblers, is dominant among non-addicted female seniors. Qualitative analysis helps to understand this specificity. (RH)
ISSN: 13607863
From : <https://doi.org/10.1080/13607863.2021.1895068>

RELATIONSHIPS (PERSONAL)

- 264/131 Relationships in late life from a personal communities approach: perspectives of older people in Chile; by Maria-Jose Torrejon, Anne Martin-Matthews.: Cambridge University Press.
Ageing and Society, vol 42, no 5, May 2022, pp 1138-1158.
Although the literature on social capital, social support and social networks uses the concept of emotional support, studies rarely recognise nuances of the emotional relationships in late life. Using a personal communities framework, the authors examine the subjective meaning of family and friendship ties that form the network of emotionally close relationships of a cohort of Chilean people aged 60-74. Chile is an interesting case to investigate personal communities, as the country is facing both a rapid process of population ageing and the consequences of abrupt socio-cultural changes triggered by a military government. The authors conducted qualitative semi-structured interviews using personal communities diagrams that enabled study participants to reflect on what and how different types of personal ties were important to them. Data analysis included thematic analysis of interview transcripts and classification of identified personal communities using Pahl and Spencer's typology. The personal communities framework proved useful in capturing the composition of older people's networks of close relationships and in reflecting the diverse ways different ties are relevant in late life. A complementary typology based on the distinction between 'clustered' and 'hierarchical' personal communities was further developed. This complementary typology adds a cultural dimension to better understand emotional closeness in late life in a context of rapid socio-cultural changes affecting levels of social trust. (RH)
ISSN: 0144686X
From : <https://doi.org/10.1017/S0144686X20001385>

REMINISCENCE

- 264/132 Adaptation of a short-form nostalgia scale: convergent and divergent validity in a sample of French elders; by Audric Farrie, Valerie Igier, Christine Vanessa Cuervo-Lombard.: Taylor and Francis.
Aging and Mental Health, vol 26, no 2, February 2022, pp 407-412.
Nostalgia is an efficient coping strategy that helps older people overcome major life transitions. To better explore the protective functions of nostalgia, the authors set out to adapt a short-form nostalgia scale to French older people, and to examine its convergent and divergent validity in terms of self-esteem, depression and well-being. Participants were 175 institutionalised French older people. After providing their written informed consent, they were asked to complete a demographic information form and to respond to four questionnaires probing self-esteem, nostalgia, depression and well-being. Principal component analyses and fit indices were used to explore convergent validity. An 8-item version showed acceptable psychometric properties and measured two dimensions of nostalgia. Spearman correlations were conducted to explore divergent validity. In the sample, the first dimension was negatively associated with global cognitive functioning, while the second dimension was positively associated with self-esteem and well-being, and negatively associated with depression. The negative relationship between depression and nostalgia supports the idea that nostalgia is a positive concept. Future research should explore factors that are liable to affect nostalgia, such as cultural differences and reminiscence therapy. (RH)
ISSN: 13607863
From : <https://doi.org/10.1080/13607863.2020.1870208>

RESEARCH

(See Also 264/9, 264/42)

- 264/133 Circles of impacts within and beyond participatory action research with older people; by Elena Bendien, Barbara Groot, Tineke Abma.: Cambridge University Press.
Ageing and Society, vol 42, no 5, May 2022, pp 1014-1034.
Participatory action research (PAR) advocates end-user involvement in various societal domains. This paper aims to identify and analyse impacts of PAR involving older people as co-researchers, and how these impacts spread and are enhanced throughout the research process and after its completion. "Impact", as applied in this article, means transformational change throughout and after a PAR study. The authors present a qualitative community-based research project involving older people who live in sparsely populated areas in the Netherlands. Three types of PAR impact are explored: personal, interpersonal and community impacts. The authors demonstrate how these impacts unfold through expanding circles, from a personal to a community level, and how these circles enhance each other. The project was conducted by a PAR team consisting of one researcher and seven co-researchers. The data were collected from observations, interviews and minutes of meetings, which the team subsequently analysed. The results are presented as a narrative account, whereby four project stages are followed by reflection on the impact it made. The discussion addresses the circles of impact, and whether and how they can strengthen each other in community-based projects involving older people. The concluding remarks address the influence of group dynamics on PAR, whether frail older adults can be expected to take an active part in PAR projects, and the extent to which the results from such community-based PAR projects can be generalised. (RH)
ISSN: 0144686X
From : <https://doi.org/10.1017/S0144686X20001336>

RESIDENTIAL AND NURSING HOME CARE

- 264/134 What kind of home is your care home?: A typology of personalised care provided in residential and nursing homes; by Stefanie Ettelt, Lorraine Williams, Jacqueline Damant (et al).: Cambridge University Press.
Ageing and Society, vol 42, no 5, May 2022, pp 993-1013.
This paper examines how care home managers in England conceptualised the approach to delivering personalised care in the homes they managed. The authors conducted interviews with care home managers and mapped the approaches they described on two distinct characterisations of personalised care prominent in the research and practitioner literature: the importance of close care relationships; and the degree of resident choice and decision-making promoted by the care home. Three 'types' of personalised care in care homes were derived, which conceptualise the care home as an 'institution', a 'family' and a 'hotel'. A fourth type has been added, the 'co-operative', a type that merges proximate care relationships with an emphasis on resident choice and decision-making. The authors conclude that each approach involves trade-offs, and that the 'family' model may be more suitable for people with advanced dementia, given its emphasis on relationships. While the presence of a range of diverse approaches to personalising care in a care home market may be desirable as a matter of choice, access to care homes in England is likely to be constrained by availability and cost. (RH)
ISSN: 0144686X
From : <https://doi.org/10.1017/S0144686X20001142>

RETIREMENT

- 264/135 The intention to paid and/or unpaid activities in retirement: A study of older workers in Germany; by Frank Micheel.: Taylor and Francis.
Journal of Aging and Social Policy, vol 33, no 2, March-April 2021, pp 101-119.
The author discusses whether older people in Germany are willing to be active in retirement, and which factors explain this phenomenon. He uses empirical analyses based on a sample of 1,313 blue and white collar workers born between 1946 and 1958 from the German representative survey, Transitions and Old Age Potentials. Results imply that intended unpaid post-retirement activities are a high priority in older adulthood. Furthermore, retirement planning shows the strongest association between paid and unpaid activities. Aside from actual retirement behaviour, this study underlines the relevance of intended post-retirement work as an important facet in the active ageing discourse. (RH)
ISSN: 08959420
From : <https://doi.org/10.1080/08959420.2019.1685354>
- 264/136 Older adults' accounts of the relationships between retirement timing and health: a descriptive qualitative analysis in Chile; by Robin Shura, Sebastian Opazo, Esteban Calvo.: Cambridge University Press.
Ageing and Society, vol 42, no 5, May 2022, pp 1054-1078 + ERRATUM p 1239.
Retirement timing can have important health implications. However, little is known about older adults' views on this issue: whether they consider it better to retire later, earlier, on time or anytime. This knowledge gap about older adults' views is particularly true outside North America and Europe. This

qualitative study aims to examine older Chileans' ideas about the relationship between retirement timing and health; and to explore gender and class patterns in qualitative themes identified, knowledge which may strengthen quantitative population-based approaches. Framework analysis was conducted on qualitative accounts from a purposive, non-random sample of 40 older Chileans in six focus groups, stratified by gender and class as marked by lifetime occupation. Transcriptions were coded by two independent reviewers (inter-coder reliability = 81%) according to four deductive categories of retirement timing as well as inductive coding of emergent themes. The content and sequence of codes were visually represented in MAXQDA's document portraits and illustrated with descriptive quotes. Results indicate that participants' views about when to retire in order to maximise health did not highlight retirement age or timing (later, earlier, on time, anytime). Instead, these older Chileans emphasised that the optimal retirement age depends on other conditions, such as employment quality, retirement income and gender. These views were patterned: lower occupational-class participants emphasised income and job hazards; higher-class males emphasised job satisfaction; and higher-class females emphasised gendered patterns. Women and lower-class participants were relatively more favourable to earlier retirements than men and higher-class participants. Overall, qualitative analyses of lay perspectives from understudied country contexts complement and extend population-based models focused on timing or retirement age, suggest specific characteristics of retirement transitions that may moderate health consequences, and highlight class and gender differences in views of retirement timing. More research is needed using mixed-methods approaches and by use of both purposive and random samples. (RH) ISSN: 0144686X
 From : <https://doi.org/10.1017/S0144686X20001282>

- 264/137 Reciprocal relationships between subjective age and retirement intentions; by Noémi Nagy, Cort W Rudolph, Hannes Zacher. European Journal of Work and Organizational Psychology, January 2022. Organisational researchers and practitioners have become increasingly interested in how subjective age - employees' perceived age - is related to important work and career outcomes. However, the direction of the relationship between employees' subjective age and retirement intentions remains unclear, thus preventing theoretical advances and effective interventions to potentially delay retirement. We contribute to the literature on work and ageing by investigating the relationship between subjective age and retirement intentions longitudinally, using a sample of n = 337 workers who participated in a study with six measurement waves across 15 months. Results of a random intercept cross-lagged panel model show unique between-person and within-person relationships linking subjective age and retirement intentions. As expected, we found a positive relationship between subjective age and retirement intentions at the between-person level of analysis. At the within-person level of analysis, results suggest that retirement intentions positively predicted subjective age, but not vice versa. Overall, these findings contribute to a better understanding of the role of subjective age in the context of work and retirement.
 From : <https://doi.org/10.1080/1359432X.2021.2016700>

- 264/138 Retirement can wait: a phenomenographic exploration of professional baby-boomer engagement in non-standard employment; by Christoph Nissel, Laurie Buys, Alireza Nili, Evonne Miller.: Cambridge University Press. Ageing and Society, vol 42, no 6, June 2022, pp 1378-1402. This qualitative study explores the experiences of 23 professional baby-boomers in Australia who are challenging the traditional employment and retirement pathway through non-standard employment (NSE). The focus is on professional part-time, casual and self-employed work within the kaleidoscope of various working arrangements that form NSE. Using a phenomenographic approach, the authors identified variations in how these older baby-boomers experience engagement in NSE. Findings revealed five interrelated hierarchical categories of description - financial stability, flexibility, continued activity, social ties and maintaining self-identity - as key conceptions for work engagement, and which posit a generally positive view of NSE. This study suggests that NSE is an important and under-researched part of the labour market for baby-boomer professionals, that it can offer greater opportunities for engagement, and that the traditional hard boundary view of retirement as a defined life-stage is softening. The study extends our understanding of baby-boomer engagement with NSE in the labour market and offers findings that may inform future policy and practice. (RH) ISSN: 0144686X
 From : <https://doi.org/10.1017/S0144686X20001555>

RETIREMENT COMMUNITIES

(See 264/24)

RURAL ISSUES

- 264/139 Rural place attachment and urban community integration of Chinese older adults in rural-to-urban relocation; by Jinfeng Zhang, Bin Wang.: Cambridge University Press. Ageing and Society, vol 42, no 6, June 2022, pp 1299-1317. With China's rapid urbanisation, many residents, especially older adults, are suffering from psychological problems induced by rural-to-urban relocation. This study examines the association

between older adults' rural place attachment and their depression after relocation, as well as the protective roles of neighbourhood social cohesion and sense of community in the relocation place. Chinese older adults (N = 224) who relocated from rural villages to urban communities completed a survey for this study. The results showed that older adults with stronger rural place attachment experienced more depressive symptoms and a lesser sense of community in the relocation place. In addition, the association between rural place attachment and depression was weakened by neighbourhood social cohesion. That is, compared with older adults perceiving low neighbourhood social cohesion, the positive association between rural place attachment and depression was weaker for older adults perceiving high neighbourhood social cohesion. Furthermore, neighbourhood social cohesion's protective role depended on A sense of community. In particular, neighbourhood social cohesion buffered the association between rural place attachment and depression for older adults with a strong sense of community, but not for older adults with a weak sense of community. These results have implications for developing resources within neighbourhoods and communities to promote relocation adjustment for older people. (RH)

ISSN: 0144686X

From : <https://doi.org/10.1017/S0144686X20001464>

SENSORY LOSS

- 264/140 Perceived stress predicts subsequent self-reported problems with vision and hearing: longitudinal findings from the German Ageing Survey; by Markus Wettstein, Hans-Werner Wahl, Vera Heyl.: Sage. *Research on Aging*, vol 44, nos 3-4, March-April 2022, pp 286-300.

Although stress is a risk factor for various diseases in later life, its role for sensory abilities in the second half of life has rarely been empirically addressed. The authors examined if perceived stress at baseline predicts self-reported difficulties with vision and hearing 3 years later. They also explored whether chronological age is a moderator of associations between stress and sensory difficulties. Their sample was derived from the German Ageing Survey and consisted of 5,085 individuals aged 40-95 years (M = 64.01 years, SD = 10.84 years). Controlling for baseline self-reported sensory functioning, socio-demographic indicators, self-rated health and chronic diseases, greater perceived stress at baseline predicted greater self-reported difficulties with vision and hearing 3 years later. The effect of stress did not vary by age. The findings suggest that, from middle adulthood to advanced old age, stress is a risk factor for increases in self-perceived problems with vision and hearing. (RH)

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SLEEP

- 264/141 Marital status, marital transitions, and sleep quality in mid to late life; by Kristin J August.: Sage. *Research on Aging*, vol 44, nos 3-4, March-April 2022, pp 301-311.

Understanding how variations and changes in social context may have implications for sleep quality is important for promoting healthy ageing. This study aimed to understand how marital status and marital transitions were related to sleep quality in mid to late life, and whether these findings differed by gender. Data from 2,872 participants 50-74 years old from the ORANJ BOWL(SM), a longitudinal panel study in New Jersey, were used. Marital status and sleep quality were examined in two waves that were approximately 10 years apart. Individuals in a significant romantic relationship and women had worse sleep quality than those in other marital status groups and men. Compared to individuals who remained married, individuals who remained divorced or widowed or who became widowed had better sleep quality, whereas those who became divorced had worse sleep quality; individuals who transitioned into marriage had better sleep quality than those who remained divorced or widowed. Marital status and gender appear important for at least some indices of sleep quality, an important predictor of late-life health. (RH)

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SOCIAL CARE

(See 264/82)

STROKE

- 264/142 The lived experience of patients suffering from stroke and their perception of palliative care needs: a literature review; by Marwa Halabi, Inaam Khalaf, Salam Bani Hani.: Emerald. *Working with Older People*, vol 26, no 2, 2022, pp 120-129.

Palliative care is a novel approach to care for stroke patients as this approach has been shown to improve poor quality of life in this population. This Jordan-based study aimed to review the lived experience of patients suffering from stroke and to describe their perception of palliative care needs. A literature review search was conducted. Web of Sciences, SAGE, CINAHL, PubMed and Jordanian Database for Nursing Research databases were used to search the literature. The findings of 37 articles were found that addressed palliative care approaches for patients with stroke, the lived experiences of patients

suffering from stroke and the experience, barriers and facilitators related to health care service for stroke survivors. This review indicated the importance of recognising palliative care needs among patients suffering from stroke to improve post-stroke recovery. The study recommends further research, especially in low- and middle-income countries, to understand patients' experiences and recognise the main palliative care needs that can be incorporated into interventions designed to improve the quality of life among them. (JL)

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TRAUMA, CONFLICT AND WAR

264/143 WWII trauma impacts physical and mental health in the oldest old: results from a German population-based study; by Daniel Hauber, Susanne Zank.: Taylor and Francis.
Aging and Mental Health, vol 26, no 4, April 2022, pp 834-842.

Epidemiological studies of different traumatised samples indicate an increased risk for many physical and mental diseases. It is suspected that this is due to chronic changes in fundamental processes in the immune, nervous and endocrine systems, which take years to manifest pathologically. Previous studies have considered intervals of a few decades. However, little is known about whether a link between trauma and physical and mental health can be established over very long periods of time and in the oldest old population. A total of 1,299 German citizens aged 80 and above were interviewed about ongoing suffering from the effects of traumatic World War II (WWII) events as well as about physical and mental health. Multiple linear and logistic regression models were used to assess the impact of suffering from the effects of traumatic events on general health, several medical conditions, multimorbidity, pain and depression. 43.94% of the oldest old were still suffering from the effects of traumatic events in connection with WWII. Participants who were still suffering from the effects of traumatic events were more likely to be treated for heart failure, blood diseases, bladder problems, back pain, respiratory or lung diseases, and sleep disorders. They also had poorer general health, higher multimorbidity, more pain and higher depression scores. Findings suggest that chronic psychological suffering from the effects of traumatic events in early life is associated with impaired physical and mental health even seven decades after the events. (RH)

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VOLUNTEERING AND THE VOLUNTARY SECTOR

(See 264/34)

WELLBEING

(See 264/79, 264/80)