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Minimal research has investigated disclosure/non-disclosure of abuse of older adults. To address this gap, this exploratory, qualitative study gathered the perspectives on reporting of elder abuse from 10 service providers working with elder abuse survivors across Alberta. Face-to-face and online interviews were conducted, audio-recorded, transcribed, and thematically analyzed. Four major barriers to abuse disclosure for older adults were identified. First, complex parent/adult-child relationships reduce the likelihood of disclosure among older adults who are experiencing abuse perpetrated by a family member; the corollary is that disclosure for non-familial perpetrators results in higher rates of disclosure. Second, older adults residing in rural and remote locations face greater barriers to disclosure compared to those residing in urban/suburban settings. Third, older adults are unlikely to report even if they recognize that they are in a situation of abuse, as a consequence of their internalized ageist beliefs that policing and social services agencies have more pressing needs to address than their well-being. Finally, local policing bodies and legal authorities may inadequately serve older adults facing abuse, particularly in cases of non-physical abuse, due to prioritized client and community needs. This study highlights the need for additional supports and service provision for vulnerable older adults in Alberta, specifically for those residing in rural and remote regions and those dependent on family members. It also points to the critical need for a greater understanding and awareness of violence against older adults among the general public and those tasked with ensuring the safety and well-being of older adults.

CHILD ABUSE AND ADULT MENTAL HEALTH: DOES GENDER MATTER?

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Numerous studies have demonstrated that child abuse is associated with poor adult mental health, but few have investigated the extent to which the frequency of different types of abuse increase mental health conditions, especially at the nexus of gender. The present study examines whether parental abuse frequency and abuse perpetrator have distinct effects for men and women on three mental health outcomes—depressive symptoms, generalized anxiety, and global self-reported mental health. Data came from three waves of the National Survey of Midlife Development in the United States (MIDUS), comprising a baseline sample of 3,032 adults aged 25-74. Estimating a series of mixed effects models revealed that maternal abuse and frequent abuse during childhood were associated with poorer adult mental health during our 20-year observation period, net of childhood and adult risk factors. Specifically, maternal emotional abuse raised the risk of depression, anxiety, and lower self-rated mental health, and was more strongly associated with depression and anxiety for women than men. Compared to

adults who did not experience parental abuse during childhood, adults who experienced frequent emotional and physical abuse by either parent were more likely to experience depression and anxiety and report lower ratings of mental health in adulthood. Frequent child abuse was more strongly associated with anxiety for women than men. These results demonstrate that gender differences in adult mental health have early-life antecedents. Future research investigating the long-term mental health consequences of child abuse should consider the type and magnitude of abuse as well as the perpetrator.

SERVICE PROVIDERS' PERSPECTIVES OF UNDERREPORTING ABUSE OF OLDER ADULTS IN ALBERTA, CANADA

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UPDATING AND TESTING THE PASRR SCREEN IN KANSAS: REAL WORLD IMPLICATIONS

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Kansas is updating the PASRR (Preadmission Screen and Resident Review) Level 1 screen per new guidance from the

PASRR Technical Assistance Committee (PTAC), via a partnership between the State and university researchers. PTAC has directed states to screen for undiagnosed serious and persistent mental illness (SPMI) and also recommends screening for substance related disorders. Stakeholders were engaged through advisory workgroups and a content validity expert panel. These activities led to the creation of a revised PASRR Level-1 screen, but stakeholders also raised several concerns. PASRR law does not require Level-1 assessors to have professional training in mental health diagnoses or treatment, yet new guidelines asks them to screen for undiagnosed SPMI. Further, there are apparent discrepancies between these new guidelines and PASRR Level-2 criteria. Finally, current information management systems are not equipped to handle the higher security protocols associated substance use disorders. The draft instrument was tested with a sample of 103 nursing facility applicants by trained PASRR assessors and inter-rater reliability (IRR) was tested via a standardized vignette with 14 trained PASRR assessors. Only 3% of actual NF applicants were identified as possibly having an undiagnosed SPMI and only 43% of assessors correctly identified symptoms of a suspected SPMI in the standardized vignette, indicating poor validity and reliability in assessing for undiagnosed SPMI during the Level-1 screen. New PASRR guidelines may better ensure that nursing facility residents receive appropriate care for SPMI, however, there are many challenges to ensuring an accurate screen and supporting successful implementation.

DIETARY INTAKE AND SELF-REPORTED NUTRITION CONCERNS OF PEOPLE WITH PARKINSON'S AND THEIR INFORMAL CAREGIVERS

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Dietary recommendations for managing Parkinson's disease (PD) can be confusing for people with PD (PwPD) and their informal caregivers (ICGs) who often have the responsibility to buy and prepare foods. PwPD (63-78 years of age) and their ICGs (39-75 years of age) completed two 24-hour dietary recalls and semi-structured, dyadic interviews which were conducted to gather information about dyads' (n=9) nutrition concerns. Calorie, macro- and micro-nutrient intake were averaged over two days and compared to the National Academy of Sciences' dietary reference intakes. Independent t-tests and the Mann-Whitney U tests compared PwPD and ICG. Interviews were audio-recorded, transcribed verbatim, and analyzed for preliminary themes. Mean calorie intake was 1766.6±658.5 kcal/d; the majority of calories were from carbohydrates. Calorie and nutrient intake between PwPD and ICG did not differ. All participants were below recommendations for fiber (17.2±7.9g/d) and potassium (2213.3±890.0mg/d) and exceeded recommendations for sodium (2741.2±1396.9mg/d) and added-sugars (59.5 ±38.3g/d). More than half of participants (55.6%) agreed an eating plan to manage PD symptoms is important and that a nutrition consultation would be helpful. Emerging themes from qualitative interviews include: nutrition concerns related to PD symptoms, managing other conditions and PD, perceptions regarding diet quality, impact of diet on

PD symptoms, and complementary medicine. In conclusion, there were no differences in dietary intake between PwPD and ICG, and participants presented with lack of adherence to recommended dietary reference intakes. Sub-optimal dietary intake and self-reported nutrition concerns strongly suggest including both nutrition professionals and ICGs when providing care for PwPD.

HAND GRIP STRENGTH ASSESSMENT IN A HOME-DELIVERED MEAL PROGRAM: FEASIBILITY AND PRELIMINARY FINDINGS

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Declining hand grip strength is associated with adverse health outcomes and is a relatively quick and easy-to-administer functional assessment; however, grip strength is not routinely assessed in home-delivered meal (HDM) programs. The purpose of this sub-study was to test if grip strength assessment is feasible and useful in a HDM population. Among HDM clients (n=258) who completed health assessments between 2016 and 2018, a voluntary convenience sample of 34 HDM clients (23 women, 11 men) participated in the grip strength assessment sub-study. Sub-study participants were younger (72.2±7.35 vs. 77.0±10.50 years), with no other significant differences compared to the full sample of HDM participants. The average maximum grip strength was 21.99±6.97 kg for the dominant hand; 16 clients were categorized as having normal, 6 intermediate, and 12 weak grip strength. Normative categories for grip strength vary by gender because men typically have higher grip strength measures than women. In this population, more men were categorized as having weak grip strength compared to women (X (2, 34) =11.44, p=.03). In men, hand grip strength tended to be lower in those who reported a fall in the previous 6 months compared to those who did not report a fall (20.8±7.01 vs 29.3±6.32, p=.079). The gender differences and 8 kg difference in grip strength relative to reported falls are clinically meaningful in this vulnerable population. Future research is needed with a larger sample of HDM clients to confirm these preliminary findings.

THE RELATIONSHIP BETWEEN THE EXPERIENCE OF SIGNIFICANT HISTORICAL EVENTS AND COGNITIVE FUNCTION AMONG OLDER ADULTS

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Research has found relationships between experiencing stressful events and lower cognitive function in late life. However, there is little research about the cumulative experiences of significant historical events and cognitive function. Historical events may be unique compared to other life events due to their potential distal relationship to the individual. This study aims to examine the relationship between experiencing significant historical events and cognitive function among Chinese older adults. Data were drawn from the PINE Study, a cohort study of 3,126 US Chinese older adults collected from 2017-2019. Participants were asked if they experienced the Japanese invasion, famine, Great Leap Forward, Vietnam War, Cultural Revolution, and the