Technological advances, such as telehealth, have been used to manage the multiple chronic conditions that impact over 25% of the US adult population. Technology-assisted communication (TAC) can help to bridge the gap in effective management of health conditions in the community by patients, informal caregivers, and healthcare providers, while emphasizing person-centered care. The purpose of this project was to develop a new theoretically-derived and evidence based subscale for the Preferences for Everyday Living Inventory (PELI) that addresses preferred TAC approaches for community-dwelling adults over the age of 50 years in the context of multiple chronic conditions (N=297). Results indicated that over 60% of older adults are satisfied with technology-based healthcare communications. In general, older adults in the sample are satisfied with all domains of technology-assisted communication that are asked within P-TAC, including timing, sending and receiving of information, and content of communications. Almost 80% (N=234) indicate that they are satisfied with the content of TAC. This research has lead to the development of assessment items that will allow providers to better assess and then integrate patient preferences for technology communication strategies into plans of care. Potential benefits of understanding preferences for TAC include alignment of chronic care management with preferred strategies which may lead to improvement care congruence and improved healthcare outcomes for the older adult.

HEALTH LITERACY AMONG OLDER ADULTS IN SWITZERLAND: CROSS-SECTIONAL EVIDENCE

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Despite being widely regarded as a major cause of health inequalities, little is known regarding levels of health literacy among older adults in Switzerland. To fill this gap, this study assesses health literacy and its associations with individuals' social, regional, and health characteristics in a nationally representative sample of adults aged 58 years and older in Switzerland. We use data of 1'625 respondents from a paper-and-pencil self-completion questionnaire that was administered as part of wave 8 (2019/2020) of SHARE in Switzerland. Health literacy is measured using the short version of the European Health Literacy Survey questionnaire (HLS-EU-Q16). We use multivariable regressions to explore how respondents' sociodemographic characteristics are independently associated with health literacy. Overall, 6,8% of the respondents had inadequate health literacy, 24,6% problematic health literacy, and 68,6% sufficient health literacy. There were significant associations between health literacy and individuals' gender, education, economic situation, and self-rated health. Women had higher levels of health literacy than men ($p < 0,001$). Moreover, a higher education level ($p < 0,001$), fewer financial difficulties ($p< 0.01$), and higher self-rated health ($p < 0,001$) were positively correlated with adequate/higher levels of health literacy. One-third of older citizens have difficulties managing health-related issues in Switzerland. These findings call for targeted interventions, such as using simplified health or eHealth information tools, improved patient-provider communication, and shared decision-making, promoting lifelong learnings activities and health literacy screening for older patients to increase low health literacy and mitigate its consequences, thereby alleviating remaining social health inequalities in the Swiss population.

MULTILINGUAL THEMATIC ANALYSIS USING VARIED TRANSLATIONS AND LINGUISTIC VALIDATION OF CODES: ADVANCING INCLUSION

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Despite the widely acknowledged cultural diversity among older adults and family caregivers, the representation of people from different linguistic backgrounds in a single study is rare. Single language is a common inclusion criterion, limiting the diversity of samples. Performing cross-cultural qualitative research using several languages within a study requires a systematic data harmonization approach to assure the trustworthiness of the analysis. This paper describes strategies used to establish trustworthiness in the multi-lingual thematic analysis of a dyadic qualitative descriptive study of older adults hospitalized in general hospitals and family members who accompanied them during the hospitalization. Participant interviews (n=22) were conducted in English, Hebrew, and Russian according to individual preferences. Four of the dyads (8 participants) were interviewed in different languages. Based on the template analysis approach, we performed multiple multi-lingual translations and linguistic validation of an inductively identified high-level coding scheme. Each linguistic validation process included a reconciliation of two forward translations and harmonization using back translation, performed for each pair of languages. We describe the rationale for decisions regarding the translation process (the timing of translation after establishing a high-level coding scheme, using a hermeneutic translation approach to achieve conceptual equivalence, variability in the socio-demographic context of the translators, recruitment of both translators and linguists). This study provides principles of a feasible systematic approach to overcome linguistic barriers in caregiving research, providing an avenue for inclusive research among multi-cultural and multi-lingual study samples.

OLDER ADULTS' PERSPECTIVES OF INDEPENDENCE THROUGH TIME: RESULTS OF A LONGITUDINAL INTERVIEW STUDY

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Understanding how older people experience, and adapt to maintain, independence through time has implications for person-centred care. Quantifiable measures can provide a gauge of change in practice. However, little is known about how older people themselves perceive independence through time, or whether measures used are commensurate with what matters to older people. This study aimed to identify whether and how older adults assimilate their perceptions of independence in response to change through time. Two semi-structured interviews were conducted longitudinally, one year apart, to explore the views of 12 community-dwelling older adults, aged 76-85 years. A constructionist approach using dramaturgical and descriptive codes, facilitated the data interpretation. Sixteen analytical questions guided exploration of participants' perceptions of independence through time. Interview participants felt that common interpretations of independence underestimated, and omitted, important aspects of their experience through time. Some participants questioned the value of instruments that were insensitive to individual values and context. Changes in life trajectories required participants to adapt the form, or means of obtaining independence. The impact of change on participants' sense of independence was value-dependent, informed by the function a participant ascribed to maintaining independence. This study builds on the understanding of independence as a complex and multifaceted construct. The findings challenge the congruence of common interpretations of independence with older people's views, showing areas of commonality and discrepancy. Exploration of independence in terms of form and function provides important understanding about how continuity of function takes precedence to form in determining the maintenance of independence through time.

RE-EXAMINING PATIENT-CENTERED CARE THROUGH DESIGN PROCESS

Kristine Mulhorn[1], and Shushi Yoshinaga[2], *1. Drexel University, Wallingford, Pennsylvania, United States, 2. Drexel University, Philadelphia, Pennsylvania, United States*

Service design is the adoption of design process to healthcare and other service sectors. This was a transdisciplinary research project in which investigators were faculty members from Graphic Design and Health Administration. In addition, two student research assistants were recruited from undergraduate Graphic Design and Health Science majors. The objective of service design is to involve consumers, designers, and businesspeople in an integrative process, which can be applied to post-acute rehabilitation hospital settings focusing specifically on the experience of those who are 65 and older. The aim of this pilot study was to explore "designing with people rather than just for them", an approach to improve the patient experience. Our first step involved on-site interviews. The patient narratives raised challenges and positive aspects of their interactions with the facility. On our initial site visit, we interviewed five members of clinicians and administrative staff. During the two follow-up visits, our student research assistants interviewed seven patients. Based on our staff member interview findings, we developed a revised set of questions for patients. The questionnaire was divided into three sections related to appointments: pre-arrival, during the visit, and after their appointments. Interview results were summarized in a visual data format and collaborative recommendations were made during the final presentation such as interior layout, wayfinding, online portal and their functionalities. Our findings also confirmed that the interior signage created confusion, promoting frequent questions to staff. These results will engage stakeholders and contribute to a co-designing process that will ultimately improve the patient journey.

SESSION 2690 (SYMPOSIUM)

TALKING ABOUT LONELINESS: QUALITATIVE INSIGHTS FROM OLDER ADULTS: IMPLICATIONS FOR RESEARCH, POLICY, AND SERVICES

Chair: Roger O'Sullivan Discussant: Gerry Leavey

The very personal and complex nature of loneliness is too rarely articulated in research papers. Each presenter in this interdisciplinary and international symposium presents insights into loneliness and /or social isolation that can help bridge this gap. Victor (Social Gerontology) using open ended responses from the 2018 BBC Loneliness Experiment, presents how 1480 older people describe loneliness and highlights the need to give more attention to existential loneliness. O'Sullivan (Public Health) presents the results of 18 life story interviews with older adults attending a mental health service. The analysis identified three different typologies of loneliness with specific recommendations for training and services. Phone-based support programs are increasingly being used as a solution for those experiencing loneliness. However, less is known about what aspects are most helpful. Perissinotto (Geriatrics and Palliative care) presents results from 38 qualitative interviews with a focus on barriers and facilitators to implementing a phone-based support intervention, particularly for older adults experiencing loneliness. Cudjoe (Medicine) presents qualitative data from older adults (English, Spanish and Mandarin speaking), living in non-profit affordable housing in 22 different states. Drawing on experiences of their social connections during the COVID-19 pandemic, the paper gives voice to the implications of the loss of common facilities, and opportunities to socialize with other residents, and the increased role technology plays in staying connected. Our discussant, Prof Leavey, a leader in the field of mental health, will reflect on the major themes emerging from these multidisciplinary perspectives, especially what they mean for public health and services.

LONELINESS ACROSS THE LIFE COURSE; LIFE STORY INTERVIEWS WITH MENTAL HEALTH SERVICES USERS

Roger O'Sullivan[1], Annette Burns[2], Gerry Leavey[3], Jeannette Golden[4], Dermot Reilly[4], and Brian Lawlor[5], *1. Institute of Public Health in Ireland, Belfast/Dublin, Ireland, 2. Institute of Public Health, Dublin, Dublin, Ireland, 3. Ulster University, Belfast, Northern Ireland, United Kingdom, 4. Saint James' Hospital, Dublin, Dublin, Ireland, 5. Trinity College Dublin, Dublin, Dublin, Ireland*

Introduction: The complexity of loneliness and its negative impact on our health and wellbeing is well established. However, the qualitative experience of loneliness over the