

and whether/where they remember being counseled in PA. Ten CHF patients and 6 supporting caregivers have completed the study to-date. Patients' mean age was 72.8 years \pm SD 8.6 years. Themes arising from the focus groups included "insurmountable" fatigue preventing exercise, perseverance needed to exercise despite fatigue, frustration with inability to be as active as they were prior to symptom onset, "embarrassing" lifestyle changes such as utilizing electric scooters, acceptance of physical limitations required to improve outlook and fatalism about CHF-related death. The above themes identify a complex web of patient and caregiver perceptions and expectations that influences patient PA levels. Having a better understanding of perceived barriers in obtaining recommended PA levels will allow targeting of these perceptions in future interventions.

PATIENTS USED THE OUR VOICE CITIZEN SCIENCE FRAMEWORK TO IMPROVE A GERIATRIC REHABILITATION UNIT

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With a move towards patient centred care, it is important to understand and improve the features of geriatric rehabilitation units that enhance or detract patients' experiences. Ten rehabilitation unit patients (eight in wheelchairs) used the Our Voice Citizen Science Framework to discover, discuss, advocate and change. In the discovery phase, ten citizen scientists used a mobile application (Discovery Tool app) on a tablet to record photos and audio to document features that helped or hindered their rehabilitation. In the discuss phase, seven citizen scientists met and shared their findings, identify issues and brainstorm solutions. In the advocate phase, two citizen scientists presented their findings and advocated for improvements to senior staff. Staff communicated changes to the unit that occurred in the change phase. 33 images were allocated into themes: facilities/equipment - seven positive and six negative; wheelchair access - one positive and nine negative; cleanliness - one negative; food - three positive; staff - one positive; and, nature - six positive. The majority of issues requiring intervention were related to wheelchair access or the facilities. The citizen scientists recommended simple solutions such as modifications to furniture as well as identifying potential sources of funding. New curtains have been installed and the patient kitchen moved to a more accessible area, with further modifications to the unit planned. Patients acting as citizen scientists were able to improve a rehabilitation unit. Recommendations for rehabilitation units from the citizen scientists included: conduct audits for wheelchair accessibility and incorporate green space or views.

PEER EDUCATION AND SUPPORT FOR HEALTHY AGING – A COMMUNITY BASED PARTICIPATORY APPROACH

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The number of people aged 65 years and older in the population is on the rise. Older adults, even those with good health, are more likely to have one or more chronic condition(s) and complex physical and social needs. Community Based Participatory Research (CBPR) offers a means to address the needs of older adults and include their

perspectives and experiences in the research process. In this paper, we will share the lessons learned by researchers in employing a community based participatory approach in a mixed methods quantitative dominant, stepped-wedge cluster randomized trial that aims to assess the impact of trained peer health coaches on healthy aging behaviours, health literacy and health care seeking in community dwelling seniors. The SHAPES trial engaged seniors' activity centres from the onset in the planning and study design. Drawing upon partnership and feedback from community organizations, a one hour workshop and three facilitated discussion sessions in the areas of healthy brain, healthy heart and healthy bones were developed for delivery to the participants. Based on health coaches' feedback, the modules were modified to include more resources, simplify language and provide clarification where needed. The effects on recruitment and retention, practical constraints, methodological issues and other benefits and challenges of participatory approach involving older adults in the trial are discussed. It is possible to employ community based participatory approaches in robust clinical trials, however, there are certain limitations and challenges of which researchers should be aware and take measures to overcome.

PEER: PHYSIO-FEEDBACK AND EXERCISE PROGRAM LED BY A TRAINED PEER COACH FOR DIVERSE OLDER ADULTS

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Promising new physio-feedback technology, which is portable, cost-effective, and easy to use may provide rapid feedback to older adults on their physical abilities and possibly encourage them to participate in an exercise program. The purpose of this study was to examine the efficacy of a Physio-feedback and Exercise pRogram (PEER) that led by a trained older adult peer coach for ethnically diverse community-dwelling older adults. PEER is a fall prevention program that included physio-feedback technology, the BTrackS Balance System, that allows instant playback showing older adults' static balance capacity and alter perception of fall risk appraisal. In addition, PEER combined the advantages of group-based exercise program with tailored home-based exercise and support from a peer coach. The research design was a quasi-experimental intervention trial with a control group performed at two sites. The 8-week intervention group (n=19) met weekly for 60 minutes and included pre-test, physio-feedback and post-test. This intervention group also completed a 30-minute, home-based exercise at least two days a week. The control group (n=22) was asked to continue their normal activities. Results indicated that the PEER program significantly improved postural sway measured by BTrackS balance test. The intervention group had slightly reduced BTrackS balance score (29.79 ± 15.74 to 26.84 ± 12.21) while the control group had a significant increase in BTrackS balance score (31.77 ± 11.42 to 39.68 ± 10.34). There was no gender and ethnicity effect to the PEER intervention.

PERCEPTIONS OF CARE COORDINATION AMONG OLDER ADULTS: RESULTS FROM THE HEALTH AND RETIREMENT STUDY

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