

## Abstracts

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### EXAMINING THE ASSOCIATIONS BETWEEN ORAL HEALTH AND SOCIAL ISOLATION: A CROSS-NATIONAL COMPARATIVE STUDY BETWEEN JAPAN AND ENGLAND

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**Background** In Western countries, the most important part of the face in communication is the mouth, whereas it is the eyes in Asian countries; thus oral health could be more important in social interactions in Western countries. Our aim was to examine differences in the association between oral health status and social isolation among older people by comparing Japan and England.

**Methods** We used cross-sectional information obtained from adults aged 65+ in two ongoing prospective cohort studies: The Japan Gerontological Evaluation Study (JAGES, N=120,195) and the English Longitudinal Study of Ageing (ELSA, N=3,958). The dependent variable, social isolation score (SIS) was calculated from five factors (marital status, social support from children, social support from family, social support from friends, and social participation). The independent variables were self-reported number of remaining teeth (0, 1–9, 10–19, ≥20) and denture use (≥20 teeth, ≤19 teeth with denture, ≤19 teeth without denture), while the covariates in the model were: sex, age, educational attainment, self-rated health, number of comorbidities, household annual equivalized income, mental health status, daily living activities, and smoking status. We examined associations between oral health status and SIS by applying an ordered logit model by country.

**Results** Compared to England, more Japanese participants were socially isolated (1.4% vs. 5.8%), but fewer were edentulous (13.1% vs. 7.7%). In both countries, poorer oral health further increased the odds of being socially isolated. Pooled analysis of the ordered logit model with an interaction term showed that the association of number of remaining teeth with SIS was stronger in edentulous participants and in England (odds ratio=1.50, 95% Confidence interval:1.26–1.80).

**Conclusion** In both countries, having fewer remaining teeth and not using dentures were associated with greater social isolation but the association was higher in England, as we hypothesized. Furthermore, even if they use dentures, participants in England could be more isolated. Our results suggest that higher social impact can be placed on maintaining teeth in Western culture than in Eastern culture.

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### CAPTURING PATIENT REPORTED OUTCOME MEASURES (PROMS) AND HEALTH DATA FROM SMART DEVICES: ATTITUDES OF THE GENERAL PUBLIC

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**Background** HDR UK Scotland has proposed to set up an electronic data resource, the '*Scottish birth e-cohort*', which links existing survey and healthcare datasets for everyone born in Scotland since 1975. Adding PROMs and health data from smart devices to this resource would provide a holistic picture of population health. We conducted a qualitative study to investigate the general public's willingness to share PROMs and health data from smart devices with researchers and what facilitators and barriers exist for doing so.

**Methods** We carried out a literature review on existing knowledge and developed a schedule for semi-structured interviews. Eighteen respondents were recruited through the Scottish Health Research Register; the purpose was to recruit a representative sample of the Scottish birth e-cohort by age, gender and the Scottish Index of Multiple deprivation. We applied framework analysis to allow for inductive coding of open-ended accounts and deductive coding of pre-defined themes using NVivo 12 Pro software and manual coding.

**Results** We developed nine themes that summarise facilitators and barriers of data sharing. 1) 'Researchers are trusted partners' refers to the prevailing views that research is beneficial for everyone; people trust universities' research governance and are therefore willing to share their data. 2) Trust is conditional on data security and research transparency. Clear communication about research processes and data security facilitates the willingness to share the data. 3) Vagueness around data security and research transparency is a barrier. 4) Data collection by smart devices was mainly perceived as a facilitator. Smartphones are a normal part of everyday life and can make data sharing quick and easy. 5) Lack of technology and special needs are the barriers for vulnerable population groups. 6) Perceived usefulness is a facilitator of data sharing. 6) Lack of usefulness is a barrier because it contributes to demotivation. 8) Respondents discussed the willingness to share the data in the context of data sharing norms and culture, and 9) Perceived contextual threats. Younger generations already use smart devices to share personal information; however, they acknowledge potential data breaches.

**Conclusion** Respondents viewed university researchers as trusted partners and expressed willingness to share the data because of perceived public benefit. The critical issues to address are: 1) ensuring transparent communication of research processes, 2) how to maximise the perceived usefulness of data sharing, and 3) how to include all population groups in public health research which utilises smart devices and standardised questionnaires.

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### USING EHEALTH SYMPTOM MANAGEMENT TECHNOLOGY DURING CANCER TREATMENT: THE LIVED EXPERIENCES OF PEOPLE WITH COLORECTAL CANCER AND THEIR FAMILY CAREGIVERS

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**Background** eHealth technology has been valued as a means to improve the health outcomes of people with cancer and their family caregivers. Although the evidence on effectiveness of eHealth is promising, a gap in the knowledge-base exists