

family-based interventions. Interventions include a Teach-Back Clinic, Family Care Planning sessions, and Goals of Medical Care meetings, all held on an outpatient basis either in person or virtually. Outcomes include decreased caregiver depression and anxiety, and increased caregiving self-efficacy. This presentation will discuss creating system level change and providing customized caregiver interventions, including how the Rush-CGI can be modified to fit a variety of patient populations.

RUSH@HOME: HOME-BASED PRIMARY CARE FOCUSED ON UNDERSERVED COMMUNITIES AND HEALTH EQUITY

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Homebound patients are often medically complex and are among those in greatest need of care and services. This is especially true for those that reside in underserved communities, where they face the added risk stemming from scarce community resources. Often these patients are only able to access health care for emergencies, which is ineffective and high cost. Rush@Home is a home-based primary care program that exemplifies the Age-Friendly Health System mission with a focus on the 4Ms, incorporating navigation and social work. Patients reflect the West Side of Chicago, with 80% of patients identifying as Black and/or Latino. During the first two years, Rush@Home demonstrated better care at a lower cost with readmission rates decreased by 11.8%, hospitalizations by 17.5%, length of stay by 8.7%, ED visits by 17.9%, and missed appointments by 72%. This presentation will highlight outcomes and discuss key issues in home-based primary care.

Session 3010 (Symposium)

BRIDGING THE FAMILY CARE GAP

Chair: Joseph Gaugler

Discussant: Richard Schulz

This symposium aims to create a scientific and policy roadmap to offset the impending shortage of family caregivers available to assist older adults in the U.S. (i.e., the “family care gap”). Drawing on public health, cultural frameworks, family care science, and policy analysis, this symposium will orient future research, intervention development, dissemination and implementation, and policy innovation to more effectively address the family care gap. The selected presentations will include the need to apply and understand cultural adaptation and humility to support a rapidly diversifying older population (Drs. Nkimbeng and Parker). In addition, systematic review methodology will be applied to obtain insights as to what intervention models/strategies actually reduce caregiving time (Drs. Baker, Jutkowitz, and Gaugler). The next presentation will leverage the existing evidence base of translational efforts that aim to disseminate and implement dementia caregiver interventions into practice (Drs. Hodgson and Gitlin). The final presentation of our symposium will focus in-depth on a potential solution to the family care gap: more systematic approaches to identifying and assessing family caregivers in healthcare systems (Drs. Riffin and Wolff). Our discussant, Dr. Richard Schulz, will

bring his extensive and renowned experience in caregiving to summarize the public health and policy implications of the family care gap.

DIVERSE, CULTURALLY RICH APPROACHES TO FAMILY CARE IN THE UNITED STATES

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Despite the projected rise in the diversity of caregivers and caregiving in the US, the health system is not prepared to accommodate this growth. Interventions and supports often are not adequately tailored to meet the cultural needs of older adults. Additionally, the limited interventions available for racial/ethnic minority populations frequently fail to capture and report culturally tailored perspectives. Therefore, the purpose of this presentation is to describe how culture influences caregiving in the US. Specifically, it will: (1) provide a contemporary definition of culture; (2) identify cultural domains that impact caregiving; (3) offer examples of how caregiving is influenced by different cultural/demographic backgrounds; (4) provide examples of culturally tailored caregiving programs, and (5) discuss how to approach cultural needs that may not be addressed by current interventions.

A SYSTEMATIC REVIEW OF INTERVENTIONS THAT REDUCE FAMILY CAREGIVING TIME

Zachary Baker,¹ Eric Jutkowitz,² and Joseph Gaugler,³ *1. University of Minnesota, University of Minnesota/Minneapolis, Minnesota, United States, 2. Brown University, Brown University, Rhode Island, United States, 3. University of Minnesota, Minneapolis, Minnesota, United States*

Due to multiple long-term sociodemographic and health trends contributing to the impending family care gap, there likely is no single policy or intervention that could increase the number of family caregivers in the U.S. to the levels required to fill such a gap. However, the amount of time that a family caregiver spends providing assistance is potentially mutable. Given the pressing concerns of the family care gap, identifying interventions or approaches that could reduce existing caregiving time is of considerable importance. This presentation provides the results of a systematic review of published research to identify the effects of interventions on the amount of time family caregivers spend on their caregiving tasks. Pharmaceutical approaches directed to care recipients, technology interventions, case management, multicomponent interventions, and care settings all appeared to reduce caregiving time. Improved operationalization, study design, and similar factors will help guide future intervention research to reduce caregiving time.

IMPLEMENTING AND SUSTAINING FAMILY CARE PROGRAMS IN REAL-WORLD SETTINGS: BARRIERS AND FACILITATORS

Nancy Hodgson, *University of Pennsylvania, School of Nursing, Philadelphia, Pennsylvania, United States*

This presentation will summarize the extant published studies on the translation of proven family care programs for dementia in different care settings. This review is the

first to our knowledge to examine the specific implementation efforts deployed in care settings for different family caregiver programs. In this review, we sought to answer three basic questions: (1) What theory base(s) or conceptual framework(s) guided the implementation of evidence-based family care programs?; (2) What implementation strategies were used to support translation into practice?; and (3) What were the identified drivers of and barriers to organizational change required for adoption of an evidence-based program? Understanding the frameworks and strategies deployed in translational studies published to date can help guide future translation efforts, inform the design of new family caregiver support programs that optimize their implementation potential, and ultimately help to minimize the “family care gap.”

IDENTIFYING, ASSESSING, AND SUPPORTING FAMILY CAREGIVERS IN HEALTH AND LONG-TERM CARE: PROGRESS AND OPPORTUNITIES

Catherine Riffin,¹ and Jennifer Wolff,² 1. *Weill Cornell Medicine, New York, New York, United States*, 2. *Johns Hopkins Bloomberg School of Public Health, Baltimore, Maryland, United States*

Family caregivers are a largely hidden but vital workforce within medical and long-term care settings. Family caregivers are actively involved throughout care delivery systems and provide crucial assistance to people with chronic conditions. Building on the person- and family-centered care approach and recent recommendations from national organizations, this presentation sets forth a roadmap for research, policy, and practice that outlines practical solutions and opportunities to address existing barriers to systematic assessment and support of family caregivers in clinical practice. With the impending family care gap and projections for a steep decline in the availability of family caregivers in the coming decades, it is more important than ever to prepare health care systems for this shift. If put into action, the recommendations of this presentation can help to bridge the care gap by promoting sustainable solutions and infrastructure to ensure that families are recognized and adequately supported in care delivery settings.

Session 3015 (Symposium)

DELIVERING PERSON-CENTERED CARE DURING A PANDEMIC: STAKEHOLDER PERSPECTIVES

Chair: Katherine Abbott

Discussant: Kirsten Corazzini

Person-centered care (PCC) is an approach to care that both nursing homes (NH) and assisted living (AL) communities strive to provide. PCC is a philosophy that recognizes knowing the person and honoring individual preferences. However, when COVID-19 emerged, the NH and AL environments were ground zero for infection spread and disproportionate numbers of deaths among residents. As a result, many practices changed dramatically in efforts to reduce the transmission of COVID-19 in these communities. The purpose of this symposium is to discuss several projects that can speak to the impact of the pandemic on stakeholder efforts to provide PCC. First, Dr. Roberts presents feedback from residents and family members on the challenges COVID-19 created for family involvement in care conferences. In the

second study, Dr. Behrens examines focus group data from direct-care nurses on their perceptions of delivering PCC related to risk of harm to staff and residents. The third study presents the voices of activities professionals who were implementing a PCC quality improvement project to communicate resident preferences, which illustrates both the importance of PCC during the pandemic, but also the challenges implementing during the pandemic. Fourth, the Kansas PEAK 2.0 program used provider feedback to direct and inform program responses through components such as consistent staffing. Finally, Dr. Zimmerman presents qualitative data from over 100 AL administrators, medical, and mental health care providers on their experiences pivoting during COVID-19. Our discussant will explore the implications of these studies in terms of the future of PCC in residential settings.

WE'RE STILL VERY MUCH IN LIMBO: PROVIDERS' PERSPECTIVES ON IMPLEMENTING A PERSON-CENTERED PROJECT

Miranda Corpora,¹ Megan Kelley,¹ Alex Heppner,² Kimberly Van Haitmsma,³ and Katherine Abbott,¹ 1. *Miami University, Oxford, Ohio, United States*, 2. *Scripps Gerontology Center, Oxford, Ohio, United States*, 3. *The Pennsylvania State University, University Park, Pennsylvania, United States*

Background: The Preferences for Everyday Living Inventory assists nursing home (NH) providers in assessing residents' preferences and can be used to make Preferences for Activity and Leisure (PAL) Cards, which are personalized 5x7 laminated cards that reflect a resident's recreation and leisure preferences. We sought to understand the barriers and facilitators to implementing PAL Cards in NH communities during COVID-19. Methods: NH providers from five states (n=29) were recruited to create PAL Cards in their communities. Monthly coaching calls with project champions assessed the implementation process. Calls were recorded, transcribed verbatim, checked for accuracy, and coded via thematic analysis. Results: Four themes emerged: Adapting to COVID, Preoccupied with COVID, Future Thinking, and PAL Cards Filling the Gaps. Conclusion: Some providers were successful adapting to COVID, while others struggled to implement a new program during the pandemic. Those that were successful expressed how PAL Cards helped promote person-centered care.

NURSING STAFF PERCEPTIONS OF RISK OUTCOMES IN DELIVERING PREFERENCE-BASED PERSON-CENTERED CARE

Liza Behrens,¹ Marie Boltz,² Ann Kolanowski,³ Mark Sciegaj,⁴ Katherine Abbott,⁵ Caroline Madrigal,⁶ and Kimberly Van Haitmsma,⁷ 1. *Ross and Carol Nese College of Nursing, Pennsylvania State University, University Park, Pennsylvania, United States*, 2. *Pennsylvania State University, University Park, Pennsylvania, United States*, 3. *Penn State, University Park, Pennsylvania, United States*, 4. *Penn State University, University Park, Pennsylvania, United States*, 5. *Miami University, Oxford, Ohio, United States*, 6. *Providence VA Medical Center, Providence VA Medical Center, Rhode Island, United States*, 7. *The Pennsylvania State University, University Park, Pennsylvania, United States*