first speaker presents the results of a co-creation approach in developing an intervention aimed at preventing unnecessary care transitions. The second speaker presents an overview of interventions aiming to improve a transition from home to a nursing home, highlighting the clear mismatch between theory and practice. The third speaker presents the impact of the COVID-19 pandemic on transitions into long-term residential care using an ethnographic study in a long-term residential care facility in Switzerland. The final speaker discusses the results of a recent Delphi study on key factors influencing implementing innovations in transitional care. The discussant will relate previous findings on transitional care with a U.S. perspective.

DEVELOPING A REABLEMENT PROGRAM AIMED AT PREVENTING UNNECESSARY CARE TRANSITIONS AFTER GERIATRIC REHABILITATION

Ines Mouchaers,[1] Hilde Verbeek,[1] Gertrudis Kempen,[1] Jolanda van Haastregt,[1] Ellen Vlaeyen,[2] Geert Goderis,[2] and Silke Metzelthin,[1] *1. Maastricht University, Maastricht, Limburg, Netherlands, 2. KU Leuven, Leuven, Vlaams-Brabant, Belgium*

Patients returning home after geriatric rehabilitation may encounter several challenges related to daily functioning, which only manifest after returned home due to the large difference in environment and amount of support provided in both settings. This study aimed to develop an intervention preventing transitional care. A co-creation design was used, including literature research, observations, interviews, and working groups including a variety of stakeholders (n=13), including care professionals, policymakers of the municipality, client representatives, and an expert in the field of geriatric rehabilitation. Results indicated four main causes for transitional care problems: lack of communication between patients and professionals, coordination and continuity of care, patients' limited self-management skills, and insufficient preparation. To solve these problems, an intervention was developed consisting of six intervention components aiming to increase self-management during meaningful daily activities, narrow the gap between the rehabilitation and home setting, and enhance communication and coordination.

A MISMATCH BETWEEN THEORY AND PRACTICE IN THE TRANSITION FROM HOME TO A NURSING HOME: A SCOPING REVIEW

Lindsay Groenvynck,[1] Amal Fakha,[1] Bram de Boer,[1] Jan Hamers,[1] Matheus van Achterberg,[2] Erik van Rossum,[3] and Hilde Verbeek,[1] *1. Maastricht University, Maastricht, Limburg, Netherlands, 2. KU Leuven, Leuven, Vlaams-Brabant, Belgium, 3. Zuyd University of Applied Sciences, Heerlen, Limburg, Netherlands*

The transition from home to a nursing home is a complex process, existing of three transition phases (pre-, mid- and post-transition). It is often fragmented, leading to negative outcomes for older persons and informal caregivers. To prevent these negative outcomes, knowledge of existing transitional care interventions is paramount. Therefore, a scoping review was performed, summarizing current interventions aiming to improve transitional care. The review identified 17 studies, describing eight multi- and five single-component interventions. From the multi-component interventions, seven main components were identified: education, relationships/communication, improving emotional well-being, personalized care, continuity of care, support provision, and ad hoc counseling. This review identified a clear mismatch between theory on optimal transitional care and current transitional care interventions. All interventions focused on either a specific phase or target population throughout the transition process. This inhibits a continuous transition process in which a partnership between all stakeholders involved exists.

TRANSITION INTO LTRC DURING THE COVID-19 PANDEMIC: AN ETHNOGRAPHIC CASE STUDY

Megan Davies,[1] Franziska Zúñiga,[1] Hilde Verbeek,[2] and Sandra Staudacher-Preite,[3] *1. University of Basel, Basel, Basel-Stadt, Switzerland, 2. Maastricht University, Maastricht, Limburg, Netherlands, 3. Nursing Science, Department of Public Health, University of Basel/Basel, Basel-Stadt, Switzerland*

COVID-19 has affected long-term residential care (LTRC) disproportionally due to the high-risk population, lack of resources and insufficient preventative measures. Protective measures, including quarantine and strict visitation restrictions have made transitions into LTRC more challenging. Further insight is needed to understand how residents, relatives and staff have experienced this during the COVID-19 pandemic. During four months of fieldwork in a LTRC facility in Switzerland, a rapid ethnography consisting of interviews, observations, informal conversations and document analysis was conducted. This study included a total of 14 residents, 21 healthcare staff from varying departments and 7 relatives of residents. First results indicate that protective measures interfere with a resident's ability to find meaningful activities and interactions within LTRC as well as the possibility to maintain mobility. This and limited family contact following a move into LTRC prevents a smooth transition from home to LTRC and impacts overall resident quality of life.

IMPLEMENTATION OF TRANSITIONAL CARE INNOVATIONS: CONSIDERING THE ORGANIZATIONAL CONTEXT AND PROCESS IS KEY

Amal Fakha,[1] Bram de Boer,[1] Matheus van Achterberg,[2] Jan Hamers,[1] and Hilde Verbeek,[1] *1. Maastricht University, Maastricht, Limburg, Netherlands, 2. KU Leuven, Leuven, Vlaams-Brabant, Belgium*

Many transitional care innovations (TCI) are implemented to improve long-term care services for older persons during the transition between various care settings. Nevertheless, multiple contextual factors (barriers; facilitators) influence the implementation of TCI at different levels such as but not limited to the organizational environment, outer setting, or innovation's characteristics. By conducting a modified Delphi study involving 29 international experts from 10 countries, eleven influencing factors were prioritized and agreed upon (with ≥ 85% consensus level) as the most important for implementing TCI. These top factors were linked mostly to the organizational setting (e.g. resources, financing) or the implementation process (e.g. engaging key stakeholders). Moreover, the feasibility to address the majority of these factors with implementation strategies was rated as difficult. Our work concludes a compilation of major

factors to be aware of and aim to tackle when preparing to implement a new TCI in any long-term care setting.

Session 2345 (Symposium)

A TOOLKIT FOR ADVANCING AGE INCLUSIVITY IN HIGHER EDUCATION

Chair: Joann Montepare
Co-Chair: Kimberly Farah

The pioneering Age-Friendly University (AFU) initiative, endorsed by GSA's Academy for Gerontology in Higher Education (AGHE), calls for institutions of higher education to respond to shifting demographics and the needs of our aging populations through more age-friendly programs, practices, and partnerships. Over 70 institutions have joined the AFU global network and adopted the 10 AFU guiding principles. In support of the initiative, a GSA-AGHE-AFU workgroup was organized to develop strategies to help GSA members and their campuses explore how they can be more age-inclusive and create pathways to joining the AFU network. One outcome of the workgroup's efforts was the creation "Tools for Advancing Age Inclusivity in Higher Education", designed with support from AARP. In this symposium, workgroup members describe this suite of tools which can be used by faculty, students, administrators, and other campus leaders. Montepare will introduce the symposium with an overview of the AFU network and the workgroup's goals. Morrow-Howell and Schumacher will discuss tools for "Making the Case" with examples from efforts on their campuses. Porter and Bergman will describe tools for "Getting Started" and how campuses can begin to mobilize age-friendly efforts. Andreoletti and June will share tools for "Gaining Momentum" with tips for creating age-friendly campus connections and collaborations. Silverstein and Gugliucci will describe tools for "Assessing and Tracking Success" that can be used at any stage of the process for exploring a campus's age-friendliness. Information about joining the AFU network will be provided.

LEARN, ENGAGE, AND ACT TO ADVANCE AGE INCLUSIVITY IN HIGHER EDUCATION

Joann Montepare, *Lasell University, Newton, Massachusetts, United States*

Shifting age demographics are reshaping our social structures with far-reaching implications for higher education. Aging populations mean more older adults are looking to higher education to meet their professional needs and personal interests, and the longevity economy is calling for a trained workforce to provide services to support the health and functioning of individuals as they age. As well, there is a need to improve students' aging literacy, along with developing synergistic age-friendly campus-community partnerships to address aging issues. How can institutions explore, create, develop, and sustain more age-friendly programs, practices, and partnerships? This presentation will introduce the toolkit specially designed by the GSA-AGHE Workgroup for use by faculty, students, administrators, and other campus leaders, and will provide an overview of the Age-Friendly University (AFU) initiative and its 10 guiding principles for creating more age-inclusive campuses.

MAKING THE CASE FOR ADVANCING AGE INCLUSIVITY

Nancy Morrow-Howell,[1] and John Schumacher,[2]
1. Washington University in St. Louis, Saint Louis, Missouri, United States, 2. University of Maryland, Batlimore County, Baltimore, Maryland, United States

How do you present the most effective case for promoting age-inclusivity to your campus leadership? Educational institutions differ in their missions and resources; and these factors affect their readiness to becoming more age-inclusive. This presentation suggests that the best approaches are tailored to intentionally and robustly advance your institution's values, mission, and strategic plan as demonstrated through your proposed age-inclusivity initiative. We review the persuasive arguments for increasing the focus on age-inclusivity in higher education, including securing increasing external research and development funding, supporting employees and alums exploration of encore careers, attracting more students in light of demographic shifts, contributions to overall campus diversity, etc. Identifying the most compelling arguments for particular institutions, consistent with their missions, is connected to the various resources in the AFU toolkit. Finally, we show examples from a range of institutions who successfully made their cases for embracing age inclusivity and have not looked back.

GAINING MOMENTUM AROUND ADVANCING AGE INCLUSIVITY

Carrie Andreoletti,[1] and Andrea June,[2] *1. Central Connecticut State University, New Britain, Connecticut, United States, 2. Central Connecticut State University, Central Connecticut State University, Connecticut, United States*

Have you already experienced some success with age friendly initiatives at your institution but are wondering how you might broaden your reach? Fostering connections across disciplines and units on your campus as well as with organizations in your community is the key to gaining momentum and advancing age inclusivity. This presentation will discuss strategies for connecting and engaging faculty, staff, students, and community members in age friendly programs and practices. We will share examples and tips for supporting others to be more age inclusive in their teaching, research, and community engagement. We will share ideas from the AFU toolkit for creating learning groups, collaborative community events, and intergenerational exchange as well as our own experience which has demonstrated that many smaller efforts over time can go a long way toward building momentum and creating a more age inclusive campus.

WHERE TO START THE JOURNEY TO ADVANCE AGE INCLUSIVITY AT YOUR INSTITUTION

Michelle Porter,[1] and Elizabeth Bergman,[2] *1. University of Manitoba, Centre on Aging, Winnipeg, Manitoba, Canada, 2. Ithaca College Gerontology Institute, Ithaca, New York, United States*

Each institution's journey to becoming more age inclusive will to depend on its unique characteristics, and be dependent on its strengths and existing gaps. A good place to start is to explore how to build connections and leverage existing initiatives, such as research programs, community connections and importantly the institution's strategic plan.