## SESSION 6155 (SYMPOSIUM)

### LEARNING WHILE DOING: COMMUNITY-ENGAGED ACTION RESEARCH WITH AGE-FRIENDLY COMMUNITY LEADERS

Chair: Althea Pestine-Stevens
Co-Chair: Emily Greenfield
Discussant: Stephanie Firestone

Age-Friendly Community Initiatives (AFCIs) are expanding throughout the United States to make social and built environments within local communities more responsive to population aging. With over 450 initiatives affiliated with the AARP Network of Age-Friendly Communities, Cities, and States (125 of which began in 2019-early 2020), rapid growth on the ground necessitates that theory and research develop alongside practice innovations. This symposium showcases the intersection of cutting-edge scholarship with community-based efforts to generate knowledge of community change processes that is immediately actionable by community leaders. Collectively, these papers emphasize the benefits of action research and developmental evaluation in community gerontology towards building the theories of age-friendly change that will set the stage for outcomes research. The first paper will present on work with 83 AFCIs in rural Maine involving interviews with organizational leaders to inform which types of supports could stimulate age-friendly changes to communities' built and social environments. The second paper will share a mixed-methods approach used to develop a global toolkit for dementia-friendly communities. The third presenter will describe the collaborative development and utilization of social network analysis to help age-friendly leaders plan their work, while simultaneously advancing research on variation in AFCI implementation. The final paper will present an evaluative framework that identifies roles and outcome measures for collective impact at the intersection of public health and age-friendly communities.

### UNIVERSITY-COMMUNITY PARTNERSHIPS TO DEVELOP A MUTUALLY BENEFICIAL TOOL TO MEASURE AGE-FRIENDLY COLLABORATION

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Age-friendly community initiatives (AFCIs) are frequently described as community collaborations; the AARP program model encourages diverse stakeholder engagement to achieve its aims of improving the social and built environments for long lives. However, little is known empirically about how AFCIs function as collaborations and how these relationships and activities lead to community changes. This paper presents how we developed a social network analysis tool to measure collaboration in AFCIs, which emerged from multi-year, university-community partnerships on AFCIs in western New York and northern New Jersey. Iterative processes, including inductive analysis of qualitative interviews and facilitated meetings with local AFCI work-groups, provided opportunities to create survey items on collaboration with meaning specific to AFCIs. We describe this tool's application as part of a survey of AFCI stakeholders, demonstrating how findings contribute both to advancing knowledge on AFCIs in general and directly informing the efforts of AFCI actors on the ground.

### BUILDING SUSTAINABLE RURAL AGE-FRIENDLY COMMUNITIES: GRASSROOTS PERSPECTIVES

Patricia Oh, *AARP, Bowdoinham, Maine, United States*

Joining the AARP Network of Age-Friendly States and Communities does not make a community age-friendly; the age-friendly team must cultivate community engagement, develop collaborations with diverse stakeholders, mobilize resources, and document achievements. Little research describes the tools age-friendly rural communities use to effect change and develop sustainability. Thematic content analysis of 67 interviews conducted between December 09, 2018 and January 24, 2020 with age-friendly leaders in rural Maine communities suggested that peer-to-peer networking, privileging local knowledge, engaging local and regional partners, technical advice from a trusted source, and fun were among the tools used to move age-friendly rural work forward.

### THE PROCESS OF DEVELOPING A WHO DEMENTIA-FRIENDLY COMMUNITY GLOBAL TOOLKIT: INPUT FROM MULTIPLE STAKEHOLDERS

Fei Sun,[1] katrin Seeher,[2] Stéfanie Fréel,[2] and Tarun Dua,[2] *1. Michigan State University, East Lansing, Michigan, United States, 2. WHO, Geneva, Geneve, Switzerland*

This study examined the process that the Department of Mental Health and Substance Abuse of WHO used to develop a global toolkit for dementia friendly initiatives (DFI). Data were collected through a mix-method approach consisting of individual interviews of 20 DFI leaders, four focus group interviews of persons living with dementia (PWD), three group interviews of professionals, and an online survey of 129 participants from 46 countries. Data from multiple sources were examined. The meaning of DFIs centered on the needs of PWD, multi-sector collaboration, and physical and social environmental changes. Over 70% participants in the survey reported their DFIs targeted PWD and included PWD as important partners. The EASTT model can be used to summarize DFI strategies including Education, Advocacy, Support, Training and Transforming environment. Countries advanced in DFI tended to focus on enhancing professional capacity and environmental adaptation, while countries launching DFI appeared to prioritize dementia awareness campaigns.

### EVALUATING COLLECTIVE IMPACT FOR HEALTHY AGING AT THE INTERSECTION OF PUBLIC HEALTH AND AGE-FRIENDLY COMMUNITIES

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There is mounting interest in promoting - and evaluating efforts that improve healthy aging in age-friendly communities. Additionally, there is increasing recognition that multi-sectoral engagement beyond the aging network is needed to maximize impact and sustainability. Within the context

of collective impact, this paper reviews a framework that explicates public health activities in collaboration across a range of stakeholders in age-friendly communities. Metrics demonstrating evidence of five categorical roles, processes and outcomes will be presented including: 1) Connecting and Convening; 2) Coordinating; 3) Collecting and Disseminating Data; 4) Communicating; and 5) Complementing and Supplementing. Examples that illustrate evidence vis-à-vis the components and phases of collective impact will be presented.

## SESSION 6160 (SYMPOSIUM)

### LESSONS LEARNED IN RESEARCH TO ADDRESS WICKED PROBLEMS FACING THE CARE OF OLDER ADULTS ACROSS THE CARE CONTINUUM

Chair: Debra Dobbs
Discussant: Sheryl Zimmerman

A wicked problem, by definition, has innumerable causes, is tough to describe, and doesn't necessarily have a right answer. This describes today's health care for older adults across the long-term care continuum. Our interdisciplinary group has almost as many years (n=70) of experience as GSA conducting research in community-based groups across the continuum of care from skilled nursing facilities, assisted living communities, adult day care, to independent living. In this symposium we will discuss lessons learned in recruitment, intervention delivery, and unexpected outcomes. Peterson will discuss lessons learned in using large data sets to derive actionable information on staff license mix and SNF complaints. Dobbs will discuss the utility of using hospice nurses to train ALC nurses in delivering palliative care. Lee will discuss lessons in engaging direct care workers in their need for sleep. Meng will discuss learning to embrace an unexpected finding that friendships developed in a dementia family caregiver music and mindfulness intervention were as meaningful as positive health outcomes. Buck will discuss lessons learned in recruiting a hidden group – informal caregivers with complicated grief. Finally, Zimmerman, as expert long-term services and support discussant, will pull the pieces together across the studies to facilitate discussion. Enrich your future research related to addressing wicked problems in health care for older adults by learning from our experiences.

### THE INTEGRAL ROLE OF HOSPICE NURSE EDUCATORS IN A PALLIATIVE CARE EDUCATION PROGRAM FOR NURSES IN ASSISTED LIVING

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Persons with dementia (PWD) are increasingly cared for in assisted living (AL) settings with an annual mortality rate of close to 20%. Palliative care (PC) for PWD in ALs can improve end-of-life care. From May, 2019 to February, 2020 a 4-week PC education in AL (PCEAL) program for nurses who provide care to PWD, facilitated by hospice nurses in Florida, was tested in a sample of nurses (N=20) in a cluster randomized trial (9 ALs, 4 treatment/5 control). We examined if PC knowledge increased from pre to post-intervention using a validated measure (Thompson, 2011). All intervention nurses (N=10) completed all four sessions of the PCEAL. While the baseline score was lower for the intervention group compared to the control group, the intervention group improved (M=2.20 to 2.37) compared to the control group (M=2.83 to 2.75) post-intervention. Two-month booster sessions indicate nurses have integrated PC care learned in the PCEAL program.

### LESSONS LEARNED IN A COMMUNITY-BASED, RANDOMIZED CONTROLLED TRIAL OF A COMPLICATED GRIEF INTERVENTION

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Complicated grief (CG), severe, prolonged (>12 months) grieving, disproportionately affects older adults. A prospective two-group, waitlisted RCT examined whether four sessions of Accelerated Resolution Therapy (ART) was effective in informal caregivers by comparing pre-to-post ART changes and investigating variation in treatment response by baseline CG levels. Inclusion: ≥60 years, Inventory of Complicated Grief >25. Paired t-tests of mean (SD) differences compared pre- to post-ART; pre-ART to 8-week follow-up, and post-ART to 8-week follow-up; then stratified by median baseline level of CG. Mean (SD) age of 54 participants was 68.7 (7.2) years, 85% female, and 93% white. Significantly greater CG reduction (-22.8 (10.3)) vs. waitlist (-4.3 (6.0)) was found. Within-participant effect sizes from baseline to 8-weeks post treatment were 1.96 (95% CI: 1.45, 2.47; $p<0.0001$). Treatment effects did not substantially differ by baseline levels. Lesson learned was that it was possible to successfully recruit and treat CG in the community.

### THE ASSOCIATION OF NURSING HOME STAFFING LEVELS WITH CONSUMER COMPLAINTS

Lindsay Peterson,[1] John Bowblis,[2] Dylan Jester,[1] and Kathryn Hyer,[1] *1. University of South Florida, Tampa, Florida, United States, 2. Miami University, Oxford, Ohio, United States*

Nursing homes (NH) are inspected annually, however, residents and others can file complaints any time. Complaints are critical to NH oversight. Another important quality factor is staffing. Our objective was to examine the association of complaints and staffing levels in a 2017 sample of 14,194 freestanding NHs. We used federal data on NH complaints, quality, staffing, and other characteristics. The outcomes were having received at least one complaint (or not) and numbers of complaints. Using logit and negative binomial regression, controlling for facility and resident characteristics, we found greater registered nurse, nursing assistant, and social services staffing were associated with fewer complaints. Interestingly, licensed practical nurse (LPN) staffing was associated with a higher likelihood of receiving a complaint. Results are consistent with literature on nurse staffing and quality. LPN results raise questions about substituting LPNs for RNs. The social services results show social services staffing may be important for quality.