represent efforts across long-term care settings to improve access and quality of care in the context of diverse older adults aging in the U.S.

ADDRESSING NEEDS OF OLDER ADULTS IN LOW-INCOME INDEPENDENT LIVING FACILITIES IN COMMUNITY HEALTH

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Access to quality care in long-term care settings including independent living facilities is needed for a diverse high-risk aging U.S. population. There is an urgent need to assess and address complex care needs of older adults living longer with chronic conditions and serious illness. However, a system to assess and identify health problems, intervene, and evaluate outcomes is lacking. This session presents learnings from a pilot study developed in collaboration with Nurse Managed Centers at low-income independent living facilities for older adults and undergraduate nursing students in community health practice. We will discuss the adaptation of the Omaha System for provision of care in independent living facilities to address complex care needs. Finally, we will discuss the impact of this project and its potential for healthcare transformation in independent living facilities and transformation of education in undergraduate nursing programs.

REFRAMING OLDER ADULTS' VIOLENCE TOWARD STAFF AS SELF-PROTECTION

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One of the first studies on workplace violence in nursing homes was published in 1985. Forty-five (45) years later, resident violence against staff continues to increase in incidence and severity. At the request of a state senator, a New Hampshire psychiatrist formed a research group to conduct the first New Hampshire survey on staff experience of workplace violence. Study questions focused on experiences of workplace violence and incident reporting, and the availability and benefit of workplace violence training programs. Results were consistent with recently published literature: violence is an expected, normalized element when providing care; potential repercussions and perceived resident lack of intent were major reasons for incident non-reporting. Analysis of study results and review of the literature led to the question: Are older residents' violent behaviors towards staff an act of self-protection?

IMPROVING POLICY AND LEGISLATION RELATED TO HEALTHCARE WORKPLACE VIOLENCE

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Our group conducted the first known New Hampshire survey on healthcare staff experience of workplace violence. Study questions focused on experiences of workplace violence, incident reporting mechanisms, and the availability and benefit of workplace violence training programs. Results were consistent with recently published literature: violence against healthcare workers remains a serious public health problem that is under-reported, understudied, "tolerated and largely ignored." We will discuss the aspects of policy and legislative responses to workplace violence that have been insufficient to address this problem. We also will present some strategies that, if implemented, could lead to improved policy and legislation that may be more proactive in reducing such violence.

Session 3260 (Symposium)

INEQUITIES IN PALLIATIVE AND DEMENTIA CARE AND HEALTH IN LONG-TERM SUPPORTIVE SERVICES SETTINGS

Chair: Abraham Brody

Most older adults with serious illness, including Alzheimer's Disease and Related Dementias (ADRD) reside in community-based settings. These individuals and their care partners rely on Long Term Supportive Services (LTSS) including nursing home, home health, hospice, and adult day centers to provide support. LTSS are often under-resourced and reimbursed however, with significant regulatory restrictions on the care they can provide. These issues combined with other systemic factors in our healthcare system and society, including racism and poverty, lead to substantial inequities. Even preceding the use of LTSS, ADRD is diagnosed later in non-white individuals and access to high-quality services, including palliative care is severely limited. Moreover, few palliative care interventions address ADRD and even fewer have been specifically tailored to address the needs of our multi-cultural, racially and ethnically diverse society. This symposium will therefore utilize data from several nationwide data sets collected as part of routine care for clinical, billing, and/or regulatory purposes to assess inequities that exist across LTSS sites related to ADRD and palliative care. The individual abstracts show a clear pattern of inequities that stem from endemic systems failures towards people of color in the United States that must be addressed through a multipronged approach. This research shows that policies must be changed to require adequate collection of social determinants of health, to target policies that allow sub-standard or limited access to care, and research and clinical reform to produce a more culturally sensitive approach to care for those with ADRD and other serious illnesses.

ASSOCIATIONS BETWEEN DEMENTIA, RACE-ETHNICITY, AND INTENSIVE AND PATIENT-CENTERED END-OF-LIFE CARE

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