

characteristics and remained significant after further adjustments for other psychosocial, health, behavioral, and economic covariates.

Session 2215 (Paper)

Education and Training in Topics on Aging

DEPLOYING IMPLEMENTATION STRATEGIES TO FACILITATE PROFESSIONALS' USE OF THE HOME CARE FRAILTY SCALE

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Home- and community-based service (HCBS) organizations play an instrumental role in maximizing the independence of older adults, ages 60 and over. HCBS clients typically have multiple health complications, placing them at great risk of frailty—a complex condition associated with health decline and institutionalization. However, despite their frequent contact with older adults, HCBS professionals are not required to assess the frailty levels of their clients, creating a missed opportunity to monitor the needs of this at-risk population. The purpose of this quality improvement study was to test a package of five implementation strategies designed to support HCBS professionals' use of the evidence-based Home Care Frailty Scale (i.e., Frailty Scale) with all new clients at one large HCBS organization. Implementation strategies included (a) selecting one professional to serve as the organization's Frailty Scale "champion," (b) holding three training sessions with 25 HCBS professionals, (c) modifying client charts to allow professionals to document Frailty Scale results, (d) pilot testing the Frailty Scale with a small group of clients, and (e) completing monthly chart audits to monitor rates of Frailty Scale implementation. During the first three months of Frailty Scale use, HCBS professionals administered the Frailty Scale to 414 out of 467 eligible clients (88.6%). For Month 1, 87.4% of eligible clients were administered the Frailty Scale, followed by 90.8% in Month 2, and 85.6% in Month 3. This quality improvement study suggests that a multifaceted package of implementation strategies can support professionals' use of an evidence-based frailty instrument in the HCBS setting.

LESSONS ON LEARNING IN LATER LIFE WITH THE MIT AGELAB 85+ LIFESTYLE LEADERS

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Previous research has established the role of lifelong learning in promoting psychological wellbeing and active aging. Population aging necessitates an understanding of the unique opportunities and challenges around formal and informal learning in later life. This paper will share findings from a mixed methods study with the MIT AgeLab 85+ Lifestyle Leaders, a panel comprised of octogenarians and nonagenarians from across the United States. Drawing on

an online survey and virtual focus groups with 29 Lifestyle Leaders from January 2021, findings suggest the Lifestyle Leaders most often learned new things from talking with others (46%) and reading print (54%) or online (54%) sources. The majority were familiar with attending in-person lectures or classes (89.7%) and were now using videoconferencing to do these (78.6%). A majority (56.7%) had or are currently participating in a lifelong learning program. Most consider themselves lifelong learners and described this around remaining curious and engaged with life, choices around what one learns, and greater enjoyment of learning. In the survey, a plurality of Lifestyle Leaders indicated the top two challenges affecting their ability to learn were sensory burdens (e.g., hearing loss, declining eyesight) (35%) and their energy level (32.4%); focus group data revealed that recall also is a barrier. Focus group data further highlighted generational experiences around early life learning and career paths, specifically how gender roles, diagnoses of learning disabilities, and evolving digital technology have affected these and changed over the course of their lifetimes.

RESOLVING DILEMMAS IN ICT-ENHANCED INTERVENTIONS: A CROSS-PLATFORM-MEDIATED STRATEGY

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Face-to-face interventions in social care settings are severely disrupted under COVID-19. Previous studies support Information and communication technology (ICT) enhanced intervention as an effective alternative. While difficulties older adults experienced in using ICT were examined extensively, there are fewer discussions on how innate medium characteristics of the delivery mode influence therapeutic interactions. This study explored these embedded challenges in ICT-enhanced psychosocial interventions and possible solutions. We conducted on-site observations and focus groups with 12 participants from two teleconferencing-aided intervention groups for chronic pain with exercise and psychotherapy elements. Observation notes and transcriptions of focus groups recordings were analyzed using thematic analysis. We identified three overarching themes: empowerment, dilemmas, and cross-platform mediated strategy. ICT empowered participants by promoting autonomy and self-management, yet two dilemmas that stemmed from technological affordances undermined the quality of communication. A screen-camera dilemma occurred when participants tried to observe instructions from interventionists while demonstrating their posture in front of the camera for guidance. The blurring boundary between therapy and home settings presented another dilemma. Although teleconferencing increased flexibility and comfort in participation, interruptions from the background environment and intersections of family living spaces disrupted audio-visual communication and jeopardized the sense of security. As a solution, interventionists adopted a cross-platform mediated strategy to bypass the dilemmas. They communicated and delivered supplementary materials through different media, including printed materials and video streamings. Interventionists could consider the unique structural features