

implement intergenerational programs on a virtual platform, and lessons learned will be highlighted.

THE PHOTOGRAPHY AND MEMORY PROJECT: ADAPTING AN INTERGENERATIONAL PROGRAM DURING A GLOBAL PANDEMIC

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Since 2019, a university-community partnership has connected undergraduate students with older adults from independent living and community-based settings (i.e., library, art museum) for a photography-based intergenerational program. This study compares the implementation and impacts of this photography-based intergenerational program both in an in-person format before the COVID-19 pandemic (n=34) and an online format during the COVID-19 pandemic (n=25). Pre- and post- results from older adult and undergraduate student participants regarding social connection and evaluation comments from program participants and staff were compared between the pre-pandemic, in-person format, and the same program's offering the next year in a virtual format. Results indicate that the benefits of this intergenerational photography program were experienced at a similar level during and before COVID-19. Findings demonstrate that intergenerational programs could effectively continue in remote formats, while also identifying potential challenges in implementation for staff regarding managing logistics and maintaining engagement among participants.

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INTERVENTIONS WITH PERSONS WITH DEMENTIA AND THEIR CAREGIVERS

INTERVENTION DESIGN WITH COGNITIVELY IMPAIRED POPULATIONS: THE OPTIMIZE DEPRESCRIBING INTERVENTION

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Older adults with cognitive impairment and multiple other chronic conditions often have polypharmacy which increases their risks of medication related cognitive effects, adverse drug events, hospitalization and death and leads to higher health care costs. Deprescribing, the process of reducing or stopping potentially inappropriate medications may improve outcomes for those older adults with cognitive impairment and multiple chronic conditions. The OPTIMIZE trial examined whether

a primary care-based, patient- and family-centered intervention educating and activating patients, family members, and clinicians about deprescribing reduces numbers of chronic medications and potentially inappropriate medications for older adults with dementia or mild cognitive impairment and multiple chronic conditions. We explored the mechanisms of intervention effectiveness through post hoc qualitative stakeholder interviews and surveys with 15 patients, 7 family caregivers, and 28 clinicians. All stakeholder groups endorsed the acceptability of the intervention. Success of the intervention was affected by contextual factors including prior knowledge and openness to deprescribing, cognition and prognosis. Positive outcomes included patients and care partners scheduling specific appointments to discuss deprescribing and providers remembering to consider deprescribing in cognitively impaired older adults. Recollection of intervention materials was inconsistent over time but highest shortly after intervention delivery. The time required to mail intervention materials to patients prior to a scheduled appointment limited the reach of the intervention by excluding persons with rapidly scheduled appointments. Our work identifies key learnings in intervention roll out which can guide future translation of our intervention to other settings and other pragmatic intervention studies in this vulnerable population.

PERSON- AND TASK-CENTERED MEALTIME CARE: IMPACT ON POSITIVE, NEUTRAL, AND CHALLENGING BEHAVIORS IN PEOPLE WITH DEMENTIA

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Mealtime is an important daily activity to ensure intake. Person-centered and task-centered care may influence individual positive, neutral, and challenging mealtime behaviors. Yet, little work has fully examined their relationships. This study aimed to examine the association between person-centered and task-centered care approaches and individuals' positive, neutral, and challenging mealtime behaviors. This secondary analysis of 110 videotaped mealtime observations involved 29 staff and 25 residents with dementia (42 unique staff-resident dyads) in 9 nursing homes. Videos were coded using the refined Cue Utilization and Engagement in Dementia mealtime video-coding scheme. Logistic regression models were fit to four dependent variables representing resident mealtime behaviors: 1) positive/neutral behaviors (nonverbal), 2) positive utterances (verbal), 3) functional impairments (nonverbal), and 4) resistive behaviors (verbal and nonverbal). Independent variables were staff person-centered care modifications (nonverbal), person-centered utterances (verbal), and task-centered behaviors (verbal and nonverbal). Covariates included resident age, gender, eating function, and video duration. Resident positive utterances were associated with staff person-centered care utterances (OR =1.38, 95% CI = 1.09,1.76). Resident functional impairments were associated with staff person-centered care modifications (OR=1.33, 95% CI=1.02, 1.74) and fewer staff