

and museum—objects come and go, but there is mainly keeping. The difference lies in the capacity to keep things indefinitely: it is virtue for museums but a predicament for households of aging adults. Museums model ideals of permanence and responsibility toward things, ideals that, in the long run, households can only faintly attain. For older adults and for gerontologists, preservation is the wrong lesson to take away from the galleries. Rather, what we can learn there is how single, selected things can show, in a thoughtful way, an entire world of ideas and universe of meaning. No need to keep it all—and forever—but we can honor things while we can.

## SESSION 1495 (SYMPOSIUM)

### INTEREST GROUP SESSION—ALZHEIMER'S DISEASE AND RELATED DIMENTIAS: OPPORTUNITIES AND CHALLENGES TO DEVELOPING AND TESTING PRAGMATIC ADRD INTERVENTIONS

Chair: Abraham A. Brody, *NYU Rory Meyers College of Nursing, New York, United States*

Discussant: Laura N. Gitlin, *Drexel University, Philadelphia, Pennsylvania, United States*

Many clinical trials have been performed to develop the evidence for caring for persons with Alzheimer's Disease and Related Disorders (ADRD) in tightly controlled settings. These trials have found efficacy of a wide spectrum of interventions to address issues from advanced care planning to behavioral and psychological symptoms of dementia (BPSD). However, few ADRD interventions have been tested in wide-scale pragmatic fashion in long term supportive settings (LTSS) such as nursing homes, primary care clinics, hospices, or community based organizations. This is due to a variety factors, principle amongst them are the difficulty in implementing pragmatic trials, and that many of the interventions developed in tightly controlled settings are not directly translatable to real-world settings. Without translating and testing interventions in real world settings, the evidence base remains largely inaccessible to the end user, the persons with ADRD and their caregivers. Moreover, effectiveness remains unclear. The lack of pragmatic trials in ADRD exists despite significant recent investment from the NIH Office of the Director in a health systems collaboratory to support pragmatic clinical trials. In 2018, NIA therefore released a call for 2-phase intervention development and pragmatic trial testing via an R61-R33 mechanism (PAR-18-585). Four proposals were funded in September 2018 from this PAR. This symposium will explore the opportunities and challenges present in developing and testing pragmatic interventions in ADRD in LTSS. The speakers will also share specific scientific methodological and implementation questions that need to be addressed in applying for pragmatic trial awards.

### DEVELOPING AND IMPLEMENTING ALIVIADO DEMENTIA CARE IN HOSPICES: CHALLENGES ENCOUNTERED AND LESSONS LEARNED

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Hospice was originally developed to care for individuals with metastatic, solid-tumor cancers. While advanced ADRD is now the primary illness in approximately 19% of the hospice population and presents as a co-morbid condition in many more, little evidence-based work has been performed to retool hospice to care for persons with ADRD and their caregivers. Aliviado Dementia Care-Hospice Edition is a systems level change program consisting of hospice workforce training, an implementation toolbox, and agency-wide workflow changes. Aliviado seeks to improve the quality of life for persons with ADRD and their caregivers receiving hospice, focused specifically on BPSD and pain assessment and management. In developing a coalition of hospice agencies and implementing this pragmatic intervention, we discuss our solutions to overcoming a number of barriers, including varying electronic health records, performing culture change with a disseminated workforce, scaling to 25 hospices, and working with some hospices who lack experience performing research.

### THE PORCHLIGHT PROJECT: COLLABORATING TO ENHANCE THE DEMENTIA CAPABILITY OF COMMUNITY-BASED VOLUNTEERS

Joseph E. Gaugler,<sup>1</sup> Gabriela Bustamante,<sup>2</sup> Christina Rosebush,<sup>2</sup> Jeri Schoonover,<sup>3</sup> Roxanne Jenkins,<sup>3</sup> Nicole Bauer,<sup>3</sup> Lisa Beardsley,<sup>3</sup> and Laura Rowe,<sup>3</sup> 1. *University of Minnesota - School of Public Health, Division of Health Policy and Management, Minneapolis, Minnesota, United States, 2. University of Minnesota, Minneapolis, Minnesota, United States, 3. Lutheran Social Service of Minnesota, Saint Paul, Minnesota, United States*

Public health efforts to address Alzheimer' disease and related dementias (ADRD) are limited. Utilization of lay/peer intervention providers in the community to reach older persons and their families may offer a novel method to reach those in need. Such an approach may also serve as a fulcrum around which formal healthcare delivery and community-based LTSS are better integrated. This pragmatic trial, the Porchlight Project, aims to refine a multicomponent training approach for lay volunteers in Minnesota (i.e., Senior Companions) that enhances their capability to deliver dementia care and support to underserved older persons in need. This presentation will highlight the development and collaboration with Lutheran Social Services of Minnesota to refine and deliver a useful and feasible training program to enhance Senior Companions (n = 20) dementia care capability, as well as the potential and challenges of delivering a pragmatic trial of this type across the state of Minnesota.

### CHALLENGES FOR IMPLEMENTING PRAGMATIC COMMUNICATION INTERVENTIONS IN NURSING HOME SETTINGS

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