

first to our knowledge to examine the specific implementation efforts deployed in care settings for different family caregiver programs. In this review, we sought to answer three basic questions: (1) What theory base(s) or conceptual framework(s) guided the implementation of evidence-based family care programs?; (2) What implementation strategies were used to support translation into practice?; and (3) What were the identified drivers of and barriers to organizational change required for adoption of an evidence-based program? Understanding the frameworks and strategies deployed in translational studies published to date can help guide future translation efforts, inform the design of new family caregiver support programs that optimize their implementation potential, and ultimately help to minimize the “family care gap.”

#### IDENTIFYING, ASSESSING, AND SUPPORTING FAMILY CAREGIVERS IN HEALTH AND LONG-TERM CARE: PROGRESS AND OPPORTUNITIES

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Family caregivers are a largely hidden but vital workforce within medical and long-term care settings. Family caregivers are actively involved throughout care delivery systems and provide crucial assistance to people with chronic conditions. Building on the person- and family-centered care approach and recent recommendations from national organizations, this presentation sets forth a roadmap for research, policy, and practice that outlines practical solutions and opportunities to address existing barriers to systematic assessment and support of family caregivers in clinical practice. With the impending family care gap and projections for a steep decline in the availability of family caregivers in the coming decades, it is more important than ever to prepare health care systems for this shift. If put into action, the recommendations of this presentation can help to bridge the care gap by promoting sustainable solutions and infrastructure to ensure that families are recognized and adequately supported in care delivery settings.

### Session 3015 (Symposium)

#### DELIVERING PERSON-CENTERED CARE DURING A PANDEMIC: STAKEHOLDER PERSPECTIVES

Chair: Katherine Abbott

Discussant: Kirsten Corazzini

Person-centered care (PCC) is an approach to care that both nursing homes (NH) and assisted living (AL) communities strive to provide. PCC is a philosophy that recognizes knowing the person and honoring individual preferences. However, when COVID-19 emerged, the NH and AL environments were ground zero for infection spread and disproportionate numbers of deaths among residents. As a result, many practices changed dramatically in efforts to reduce the transmission of COVID-19 in these communities. The purpose of this symposium is to discuss several projects that can speak to the impact of the pandemic on stakeholder efforts to provide PCC. First, Dr. Roberts presents feedback from residents and family members on the challenges COVID-19 created for family involvement in care conferences. In the

second study, Dr. Behrens examines focus group data from direct-care nurses on their perceptions of delivering PCC related to risk of harm to staff and residents. The third study presents the voices of activities professionals who were implementing a PCC quality improvement project to communicate resident preferences, which illustrates both the importance of PCC during the pandemic, but also the challenges implementing during the pandemic. Fourth, the Kansas PEAK 2.0 program used provider feedback to direct and inform program responses through components such as consistent staffing. Finally, Dr. Zimmerman presents qualitative data from over 100 AL administrators, medical, and mental health care providers on their experiences pivoting during COVID-19. Our discussant will explore the implications of these studies in terms of the future of PCC in residential settings.

#### WE'RE STILL VERY MUCH IN LIMBO: PROVIDERS' PERSPECTIVES ON IMPLEMENTING A PERSON-CENTERED PROJECT

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Background: The Preferences for Everyday Living Inventory assists nursing home (NH) providers in assessing residents' preferences and can be used to make Preferences for Activity and Leisure (PAL) Cards, which are personalized 5x7 laminated cards that reflect a resident's recreation and leisure preferences. We sought to understand the barriers and facilitators to implementing PAL Cards in NH communities during COVID-19. Methods: NH providers from five states (n=29) were recruited to create PAL Cards in their communities. Monthly coaching calls with project champions assessed the implementation process. Calls were recorded, transcribed verbatim, checked for accuracy, and coded via thematic analysis. Results: Four themes emerged: Adapting to COVID, Preoccupied with COVID, Future Thinking, and PAL Cards Filling the Gaps. Conclusion: Some providers were successful adapting to COVID, while others struggled to implement a new program during the pandemic. Those that were successful expressed how PAL Cards helped promote person-centered care.

#### NURSING STAFF PERCEPTIONS OF RISK OUTCOMES IN DELIVERING PREFERENCE-BASED PERSON-CENTERED CARE

Liza Behrens,<sup>1</sup> Marie Boltz,<sup>2</sup> Ann Kolanowski,<sup>3</sup> Mark Sciegaj,<sup>4</sup> Katherine Abbott,<sup>5</sup> Caroline Madrigal,<sup>6</sup> and Kimberly Van Haitmsma,<sup>7</sup> 1. *Ross and Carol Nese College of Nursing, Pennsylvania State University, University Park, Pennsylvania, United States*, 2. *Pennsylvania State University, University Park, Pennsylvania, United States*, 3. *Penn State, University Park, Pennsylvania, United States*, 4. *Penn State University, University Park, Pennsylvania, United States*, 5. *Miami University, Oxford, Ohio, United States*, 6. *Providence VA Medical Center, Providence VA Medical Center, Rhode Island, United States*, 7. *The Pennsylvania State University, University Park, Pennsylvania, United States*

Effective management of the perceived risks associated with delivering preference-based person-centered care (PBPC) is historically challenging for nursing home staff. Existing research lacks the granularity needed to guide clinicians who fear negative health and safety outcomes for residents. This study examined direct-care nursing staff perceptions of outcomes associated with delivering PBPC. Participants (N=27) worked in NHs experiencing 6-12 health citations, were mostly female (85%), and represented diverse ages, race, education, and collective work experience in NHs. Content analysis of verbatim transcripts from 12 focus groups identified an overarching theme of: “person-centered outcomes related to risk engagement”; and sub-themes of: harms to staff (e.g. fear, frustration, guilt); harms to residents (e.g. negative moods and behaviors, physical discomfort); and positive shared outcomes (e.g. building nurse-resident relationships, positive care environment). Implications for risk management that improves quality of care and life outcomes in a post-COVID era will be discussed.

#### RESIDENT AND FAMILY ENGAGEMENT IN CARE CONFERENCES: IMPORTANT PROCESSES AND SUPPORTING STRATEGIES

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Self-determination is a core value of person-centered care. Research has shown residents and families want to be involved in decisions about care. Care conferences are one existing structure where residents and families can engage in decision-making about care goals. However, there are few tools to support effective engagement. To inform future tool development, this study sought to understand what resident and family stakeholders value about engaging in care conferences. In virtual meetings, 16 stakeholders identified 3 key areas of engagement: being informed about health/well-being, influencing care goals, and advocating for needs. They indicated current approaches do not achieve these engagement goals, which is particularly problematic during COVID when families cannot engage in person. Stakeholders offered ideas for supporting engagement such as provision of data before the conference. The study has implications for individualizing care conferences and encouraging resident and family engagement in decision-making both during and beyond COVID.

#### COVID-19 AND PERSON-CENTERED CARE: LESSONS LEARNED THROUGH A STATEWIDE PROGRAM FOR NURSING HOMES

Laci Cornelison, and Migette Kaup, *Kansas State University, Manhattan, Kansas, United States*

Frail elders in nursing homes are the highest risk group for developing complications of COVID-19. This led to a response from CMS and state regulators that was heavily focused on protection and safety through segregation and infection control. The purpose of this study was to gather the narrative of this pandemic response and understand the impact on person-centered care and be able to address provider needs in real-time. This qualitative method focused on nursing home providers who are a part of PEAK 2.0, a Medicaid pay-for-performance program in Kansas.

Interviews with nursing home staff (n=168) revealed two critical themes of need; mandated responses disregarded elders' autonomy and self-determination in decision making, and infection control strategies required new approaches to facets of resident care that still maintained dignity. This data, along with COVID-19 guidance were then used to inform feasible resource development and education to maintain PCC practices during the pandemic.

#### COVID-19 PERSPECTIVES OF ASSISTED LIVING AND HEALTH CARE PROVIDERS IN SEVEN STATES

Sheryl Zimmerman,<sup>1</sup> Philip Sloane,<sup>2</sup> Johanna Hickey,<sup>3</sup> Kali Thomas,<sup>4</sup> Julia Thorp,<sup>3</sup> Meredith Poole,<sup>3</sup> Aisha Chaudhry,<sup>3</sup> and Paula Carder,<sup>5</sup> 1. *Cecil G. Sheps Center for Health Services Research, Chapel Hill, North Carolina, United States*, 2. *UNC Medical School, Sheps Center, Chapel Hill, North Carolina, United States*, 3. *University of North Carolina at Chapel Hill School, Chapel Hill, North Carolina, United States*, 4. *Brown University, Brown University/Providence, Rhode Island, United States*, 5. *OHSU-PSU School of Public Health, Portland, Oregon, United States*

Thirty percent of COVID-19 deaths in long-term care were in assisted living (AL), indicating challenges providing care. This project recruited AL administrators and medical and mental health care providers in a seven-state stratified random sample of 250 communities; it asked what was most challenging responding to COVID-19, what was successful, how to have better dealt with COVID-19, and how others could have helped. The most common challenge was addressing residents' psychosocial needs, explained as “No contact - no hugging. The seniors require touch. It's something we've always done, and we can't do; we're required not to do it.” Successes included infection prevention, and in hindsight, administrators discussed staffing. Related to external entities, one commented, “Come in the building and see what we're doing. Don't sit behind a freaking screen and act like you know what we're doing.” Providers stressed patient access to care and social isolation. Implications will be discussed.

#### Session 3020 (Symposium)

##### DISRUPTION TO TRANSFORMATION: AGING IN THE NEW NORMAL: A CHAT WITH NIA SENIOR LEADERSHIP

Chair: Melinda Kelley

Discussant: Melinda Kelley

The National Institute on Aging (NIA) at the National Institutes of Health, Department of Health and Human Services, is the federally designated lead agency on aging research and supports significant research on aging as a life-long process. In the last six years, NIA has experienced a tripling of its budget. Although much of this funding is targeted to Alzheimer's disease (AD) and AD-related dementias research, there has been an increase in funds allocated to non-AD research in keeping with the overall growth of NIH. This symposium will provide a forum for exploration of the implications of the budget increases for the general research community. NIA's senior staff will discuss research priorities and programs supported by the Institute. A question-and-answer session will follow these remarks on current funding and future priorities and research directions of NIA.