

residential care communities (RCCs). Estimates are from the 2016 wave of the National Study of Long-Term Care Providers conducted by the National Center for Health Statistics. Chronic conditions were measured by whether the RCC reported having at least one resident with any of the most common chronic conditions: dementia, diabetes, depression, or heart disease. Services included were mental health, social work, therapeutic, dietary, and skilled nursing. Each service type was categorized by provision method (provided by employees, arrangement or referral only, or not provided). Among RCCs, 63% had all four conditions among residents, 23% had three, 12% had one to two, and 1% had none. About 66% of RCCs provided all five services, 16% provided four, 15% provided 1-3, and 3% provided none. Of the 63% of RCCs that had all four conditions among residents, 69% provided all five services, 29% provided 1-4, and 2% provided none. In these RCCs, a greater percentage provided dietary (69%) and skilled nursing services (33%) with employees compared to the other methods; a greater percentage provided therapeutic (85%) and mental health services (83%) solely through arrangement or referral compared to the other methods. This study found that, in 2016, RCCs with multiple selected conditions among their residents tended to provide a greater number of services for managing chronic conditions. How these RCCs provide services varied based on service type.

#### PREDICTORS OF EVERYDAY CARE PREFERENCE IMPORTANCE RATINGS FOR VETERANS LIVING IN THE NURSING HOME SETTING

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Preference-based care is required by the Centers for Medicare and Medicaid Services and is linked to improved quality of nursing home care. The federally mandated Minimum Data Set (3.0) Preference Assessment Tool (PAT) is a 16-item standardized measure used to facilitate preference-based care through rating how important residents' daily and activity preferences are. Little work has explored how Veterans' unique demographic backgrounds and functional/cognitive abilities may influence how they rate their preferences (compared to general nursing home residents). Therefore, the purpose of this retrospective study was to explore the relationships between Veterans' demographic/clinical characteristics and number of preference importance ratings. Our sample (n=194,068) consisted of Veterans admitted to community nursing homes after hospitalization at a Veterans Affairs facility for heart failure between 2010-2015. We used ordinal regression to explore predictors of preference importance ratings. Veterans were, on average, 78-years-old (SD=10.42) and mostly male (95%), white (81%), married (46%), cognitively intact (74%) with extensive functional impairment (60%) and minimal depressive symptoms (74%). Veterans rated an average of 12.47

preferences as important (SD=2.86; range=0-16). Veterans living with cognitive impairment, depression, and extensive functional impairment who were not married or separated had a lower number of important preferences (all  $p < 0.0001$ ). Veterans that were female, under the age of 85, and any race but white had a higher number of important preferences (all  $p < 0.0001$ ). Discussion will include implications for planning and delivering preference-based care for Veterans as well as next steps in research and practice to better understand and fulfill Veterans' everyday care preferences.

#### REHABILITATION THERAPY STAFFING COMPOSITION AND POST-ACUTE CARE QUALITY IN SKILLED NURSING FACILITIES

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Rehabilitation therapy staffing is crucial in achieving high quality of post-acute care (PAC) in skilled nursing facilities (SNFs), but few studies have explored therapy staffing composition and how it relates to SNFs' PAC quality. This study describes SNFs' therapy staffing composition and its association with facility-level PAC fall rates. Our study was a cross-sectional study using facility-level data (Q3 2017-Q2 2018). Data sources include Nursing Home Compare, Payroll-Based Journal data, Area Health Resource File and LTCFOCUS.org. The first independent variable was the share of total therapy staff in the direct care team, a ratio between total therapy staffing hours and total direct care hours (includes nursing). To further understand the composition of therapy staff with different qualifications within the therapy team, two variables were generated: 1) proportion of higher skilled therapy staff (i.e. assistant, therapist) hours of total therapy hours; and 2) assistant to therapist ratio. Multivariate linear regression modeling was used, controlling for other characteristics and state fixed effects. Our results show SNF therapy staffing compositions varied significantly by profit status, chain affiliation, and urban/rural location. Further, SNFs with higher shares of therapy staff and higher skilled staff had significantly lower fall rates. However, SNFs with higher assistant-to-therapist ratios had higher fall rates. Our results demonstrated the value of having a multidisciplinary team with higher skilled staff. The results also supported researchers' concerns that recent Medicare payment change (i.e. the Patient Driven Payment Model) may negatively impact quality by reinforcing providers' incentives of reducing rehabilitation staffing and/or using lower-skilled staff.

#### SAVE-CLC: AN INTERVENTION TO REDUCE SUICIDE RISK IN VETERANS WHO DISCHARGE FROM VA NURSING HOMES

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Prior research has established transitions into and out of nursing homes as periods of suicide risk for older adults. Deaths by suicide were found to be 2.4 times as likely among Veterans within six months of discharge from US Veterans Health Administration (VA) nursing homes when compared with gender and age-matched Veterans from the general VA patient population (McCarthy, Szymanski, Karlin, & Katz, 2013). Despite these trends, suicide prevention interventions implemented during nursing home and post-acute care transitions, including those taking place from Centers for Medicare and Medicaid Services regulated nursing homes, are lacking. Suicide Awareness for Veterans Exiting the Community Living Center (SAVE-CLC) was piloted as a quality improvement intervention to reduce suicide risk for older Veterans discharging from VA nursing homes. VA clinicians from three sites provided a friendly contact by phone after discharge ( $n = 66$ ) to screen for depression, facilitate a strengths-based discussion about service needs, and provide service referrals. Compared to a group of patients discharged prior to the start of the intervention (matched on location, age range, and Care Assessment Need scores), SAVE-CLC patients received more depression screening within 30 days after discharge ( $\chi^2 = 38.7, p < .001$ ) and were seen more quickly for mental health care ( $t = 3.1, p = .005$ ) when indicated. Implications for suicide prevention with older Veterans and for the general population of older adults receiving short stay services in US nursing homes will be addressed.

#### WORK OF ART, ART OF WORK: ARTISTIC LITERACY AND QUALITY IN LONG-TERM DEMENTIA CARE

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This paper shares results from a thematic analysis (Braun & Clarke, 2006) of semi-structured interviews with a purposive snowball sample of 15 leaders in dementia arts education and praxis from Canada, the United States and United Kingdom. Interviews were conducted as part of a multi-phased collaborative, interdisciplinary arts-informed research project that aimed to operationalize quality mental health and dementia care in long-term care (LTC) from a relational perspective, with a focus on LTC staff literacy. Artistic literacy that is cultivated through creative arts-making and public exhibiting was described by participants as crucial to supporting and promoting quality within long-term care. Quality was imagined as a work of art and operationalized in terms of artist competencies, capacities and conditions. Artists included LTC staff, residents and their family and friends. Our analysis identified five themes related to artistic literacy: space-making, validation, fostering community, means of engagement, vulnerability and resilience. Drawing on cultural sociology (Bourdieu, 1993, 1984) and aging studies theory (Basting, 2018), we consider and discuss the role of the arts in disrupting unexamined assumptions about

quality in LTC and advancing innovation in LTC staff mental health and dementia care.

## SESSION 2863 (POSTER)

### MENTAL HEALTH

#### “ME CUIDO ACTIVO MANIZALES”: A COMMUNITY CARE MODEL BASED ON AN ACTIVE AGING FRAMEWORK FOR ELDERLY PEOPLE IN COLOMBIA

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Colombia, as other countries in the Latin American region has aged at a higher rate than countries from developed ones. This challenges the way these countries decide how to attend the ageing of their population. “Me cuido activo Manizales” is a community care model based on an active ageing framework developed in Manizales, Colombia in 2017. It is based on collaborative and experiential learning activities for elderly people and their caregivers in the areas of care and self-care, writing and memory, healthy habits, physical activity, resilience and rights, and economic productivity. A before and after analysis of the 88% of enrolled subjects that participated through 2017-2019 (Median age = 70; IQR = 76 years) show stable results in independency (Barthel before = 97,23 Vs Barthel after = 94,68;  $t = 1,48; p = 0,14$ ), instrumental activities of daily living (Lawton-Brody before = 3,63 Vs Lawton-Brody after = 3,58;  $t = 0,748; p = 0,47$ ), resilience (CD-RISC10 before = 28,61 Vs CD-RISC10 after = 28,28;  $t = 0,40; p = 0,69$ ) and MMSE scores (before = 25,72 Vs after = 24,62;  $t = 1,67; p = 0,10$ ). Qualitative analysis evidenced increased awareness of self-care lifestyles and active ageing, and the need for institutional presence providing logistic and personnel support and better ways to engage groups rather than the individual. We believe this is a holistic approach that focuses on key aspects of the current perception of elderly functionality and that it engages individuals and communities along in a self-aware healthy ageing.

#### ADULT CHILDREN'S MIGRATION AND HEALTH-RELATED QUALITY OF LIFE AMONG OLDER NEPALESE ADULTS

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Traditionally, adult children have served as primary caretakers and providers for older Nepalese adults. However, out-migration of adult children for employment and other opportunities is increasing. Health-related quality of life (HRQOL) in older Nepalese adults in general and in the context of adult children's migration is poorly understood.