

Co-Chair: Pamela Nadash, *University of Massachusetts Boston, Boston, Massachusetts, United States*

Discussant: Alisha Sanders, *LeadingAge, Washington, D.C., United States*

Older people living in congregate environments are obvious beneficiaries of supportive services. The potential for prevention is clear, particularly among low-income elders living in subsidized housing; it is this group that is at high risk for significant healthcare and other costs, and it is this group that suffers considerably from a fragmented healthcare system. Policymakers have long seen the advantages of reaching this population, but most existing housing with services programs have focused more on social than health-related supports. The Right Care, Right Place, Right Time initiative (R3) was launched in July 2017 to demonstrate the value of supportive services to seniors living independently in affordable housing in the Greater Boston area, while reducing health care costs. The R3 program consists of two on-site wellness teams, including a wellness nurse and wellness coordinator. Each team is responsible for about 200 participants across two housing sites. The R3 evaluation included both quantitative and qualitative components. The quantitative component entails pre/post comparison as well as a control group analysis, focusing on various health and health utilization outcomes. The qualitative component includes key informant interviews examining program development and implementation and focus groups capturing the resident experience. The purpose of this symposium is for evaluation team members to report on the experiences of program participants, administrators/staff, housing managers/staff, and community partners with the R3 program, and to assess program impact. Edward Miller and Pamela Nadash will serve as chair and co-chair, respectively; Alisha Sanders as the discussant.

LESSONS FROM THE RESIDENT EXPERIENCE WITH THE R3 PROGRAM

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Understanding the resident experience is a critical step to creating a sustainable and replicable model of affordable resident-centered housing with supportive services programs. This study thus draws lessons from focus groups with participants in the R3 program for designing and implementing such initiatives in affordable senior housing. Findings indicate that the R3 program brings value to residents: they benefit from reliable information on health-related issues, as well as emotional support and assistance with accessing appropriate care. By focusing on prevention and ensuring timely access to services, findings suggest how the intervention could promote seniors living independently longer and lower health system costs. Results also suggest ways to improve the effectiveness of housing with services programs, including providing clarity regarding the purpose of the program, its components and staffing, building trust between program staff and residents, addressing concerns about privacy and confidentiality, and implementing a multipronged marketing and promotion strategy.

R3 PROGRAM MANAGEMENT AND WELLNESS TEAM VIEWS ON BARRIERS AND FACILITATORS TO IMPLEMENTING THE R3 PROGRAM

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Implementing programs such as R3, which adds health-focused supportive services into senior housing sites, can be complicated. This study aimed to understand program management and wellness team views on barriers and facilitators to implementation. Semi-structured interviews were conducted with managers, social workers, and wellness nurses who implemented the R3 program. Facilitating factors included monthly phone calls between wellness team members and program participants, which strengthened relationships and provided valuable information; top-level management support, which was critical in building community partnerships; and daily ambulance reports from local emergency responders, which provided actionable information about participants. Barriers included the need for more wellness team time at individual intervention sites, challenges connecting R3 staff with participants' hospitals and insurance companies, and refining the technological approach used to facilitate work flow and information exchange. Although obstacles were encountered during implementation, the findings provide support for the beneficial effects of enhanced services within senior housing.

THE ROLE OF HOUSING MANAGEMENT AND STAFF IN ADMINISTERING THE R3 PROGRAM

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Existing staff and management are central players in integrating enhanced services into affordable senior housing. This study describes the experience of housing providers in the implementation and operations of the R3 program. Semi-structured interviews were conducted with executives and direct service staff across the four intervention sites. Results indicate that staff served an important role in facilitating resident recruitment by operating as trusted sources of information about the R3 program. Top-level support for R3, acculturating R3 staff to the housing site, developing communication and data systems, and integrating new and existing staff were seen as crucial to the success of the program. Benefits noted by housing staff included freedom to redirect one's energies/focus, production of actionable data/insights, reductions in resident turnover, and the addition of a nurse to the onsite services team. Housing management/staff experience with R3 can serve as a guide to moving to an enhanced services model.

COLLABORATION WITH FIRST RESPONDERS IN R3: THE CRITICAL ROLE OF COMMUNITY PARTNERS IN HOUSING WITH SERVICES

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Because seniors represent a rising proportion of Emergency Medical Services (EMS) provider activity, there is a growing focus on determining how EMS providers can better serve

the aging population. Multifamily senior housing properties benefit from reductions in resident turnover; EMS providers aim to improve community health and minimize unnecessary and low-priority callouts. Developing partnerships between the two service sectors can help both meet their individual goals while reducing health system costs. Drawing on experience with the R3 initiative, this study describes how a partnership between EMS providers and supported housing sites has led to reductions in ambulance transfers to hospitals and reinforced falls reduction programs within senior housing. The R3 program represented an effort to work closely with EMS providers and, by doing so, provides an example of how collaboration between the two sectors can work to the advantage of both parties by identifying residents who would benefit from intervention.

THE IMPACT OF THE R3 PROGRAM ON SERVICE UTILIZATION, COSTS, AND QUALITY OF LIFE

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Relatively few housing with services evaluations employ rigorous multiple group quasi-experimental designs rather than simple before/after research designs. This study employs a pre-post experimental design with a comparison group to analyze whether the R3 program led to reductions in certain key utilization measures, including emergency department visits, inpatient hospitalizations, ambulance usage, and skilled nursing facility admissions, over 18 months. Also examined is whether resident quality of life indicators changed over the period. Data derive from assessments with 410 residents in four intervention sites and 227 residents in five comparison group sites. Also obtained was data on emergency department transfers from first responder services and Medicare fee-for-service data from the local quality improvement organization. Results suggest that the program has positive implications for service utilization, costs, and quality of life. Early detection and intervention inherent in the R3 program may improve resident quality of life while lowering service utilization and costs.

SESSION 3575 (SYMPOSIUM)

PERSONALITY AND COGNITIVE AGING

Chair: Eileen K. Graham, *Northwestern University, Chicago, Illinois, United States*

Co-Chair: Stacey B. Scott, *Stony Brook University, Stony Brook, New York, United States*

Discussant: Avron Spiro III, *Boston University, Boston, Massachusetts, United States*

Understanding when, how, and for who, cognitive decline occurs is essential to understanding how to optimize quality of life among aging adults. It is well known that there is large variation in cognitive change: the pace and direction of change differs greatly across individuals. Personality traits are one key factor that account for some of these individual differences. Individuals with high levels of certain

characteristics are more or less likely to engage in lifestyle behaviors that may put them at greater or less risk of decline over time. The goal of our symposium is to present novel research in this area and discuss the implications for understanding personality and cognitive decline. First, Scott and colleagues will demonstrate a novel approach to personality measurement, and the extent to which there is longitudinal measurement invariance in these measures. This is an important first step in the study of change processes. Second, Terracciano and Sutin will test associations between personality traits and verbal fluency in aging adults, and whether these associations replicate across multiple large panel studies. Third, Graham and colleagues will investigate trajectories of cognitive decline, specifically whether personality is associated with decline both before and after a diagnosis of dementia. Fourth, James and colleagues will discuss the extent to which personality is associated with discordances between dementia diagnosis and neuropathology. All talks will focus on open science, reproducibility, replicability, and generalizability, consistent with GSA's efforts toward these goals. Discussant Avron Spiro will contextualize these new findings and propose next steps.

EVERYDAY MARKERS OF PERSONALITY IN ADULTHOOD

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Personality should manifest everyday as behaviors, affective states, and thoughts. Trait personality measures require retrospection and appraisal, processes affected by cognitive changes. Ecological momentary assessments (EMA), however, may identify sensitive everyday personality markers. We analyzed data from 178 individuals aged 20-79 who completed 3 EMA measurement bursts. Each burst, participants rated positive affect (PA), negative affect (NA), negative thoughts (URT), total social interactions, and interaction pleasantness up to 5x daily for 7 days. We tested for measurement invariance across bursts in a confirmatory factor analysis using 4 indicators of Neuroticism (N; a trait measure of N from BFI and 3 EMA-based indicators: mean NA, standard deviation NA, mean URT) and 4 indicators of Extraversion (E; trait E from BFI and mean PA, mean interactions, mean pleasantness). Strict measurement invariance held, indicating that the association among these indicators remained stable across the 18 month observation period.

PERSONALITY TRAITS AND VERBAL FLUENCY IN 10 COHORTS

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Personality traits are associated with cognitive outcomes across the lifespan, including cognitive function in young adulthood and risk of cognitive impairment and dementia in old age. This study examined the association between the Five Factor Model personality traits and verbal fluency in 10 cohorts (11 samples) that totaled more than 90,000 participants (age range 16-101). Meta-analysis indicated that