

programs in health care settings. Lastly, Dr. David Coon will present two different approaches to translation of evidence-based programs through community-based organizations, with CarePRO embedded after completion of a clinical trial and EPIC embedded from the program's initial pilot phase. The discussant, Dr. Alan Stevens, will highlight the needs of caregivers and support services recognized by all key stakeholders.

COMMUNITY-BASED IMPLEMENTATION OF A CAREGIVER EDUCATION PROGRAM, REACH-TX: RACIAL-ETHNIC GROUP COMPARISON

Jinmyoung Cho,¹ Donald R. Smith,² and Alan B. Stevens³, 1. *Baylor Scott & White Health, Temple, Texas, United States*, 2. *Area Agency on Aging/Community Investment United Way of Tarrant County, Fort Worth, Texas, United States*, 3. *Baylor Scott & White Health, Temple, Texas, United States*

We present the effect of racial/ethnic group difference on the impact of REACH TX on measures of quality of life as implemented by the Alzheimer's Association North Central Texas Chapter. Five dimensions of quality of life (burden, depression, social support, self-care, and problem behaviors) were assessed at baseline and 6-month follow-up among three racial/ethnic groups of caregivers (White: 1,050; African American: 269; Hispanic: 176). Generalized estimating equations (GEEs) were used to assess racial/ethnic differences in the changes of quality of life after adjusting covariates. Significant interaction effects between racial/ethnic group and time (from baseline to follow-up) were found in burden, depression, and social support. White and Hispanic caregivers showed significant improvements, while the improvement among African American Caregivers was not statistically significant. The disparity in outcomes among diverse racial/ethnic groups in the program suggests the REACH TX intervention would benefit from tailoring interventions for African American caregivers.

EVIDENCE-DRIVEN PROGRAMS IN THE HEALTHCARE SETTING: HOW CAREGIVERS CAN BENEFIT

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How do family caregivers who interface with the healthcare system benefit from evidence-driven programs designed to support them? Education, training, and care coordination programs have all been found to significantly improve the well-being of caregivers. These programs include Operation Family Caregiver; Caring For You, Caring For Me; BRI Care Consultation; the New York University Caregiver Intervention; and patient and family advisory councils. Healthcare systems that host, translate and scale these programs make them more readily accessible for patients and their families, staff, and the larger community. Further, there is legislation, including the CARE Act, which recognizes the key role a family caregiver provides as a partner in their loved one's care. The CARE Act, now enacted in 36 states, states that family caregivers must be identified in the medical record and provided with the necessary resources to be able to care for their loved one after a hospital stay.

IMPLEMENTATION OF A MINDFULNESS BASED DEMENTIA-CARE PROGRAM WITHIN A HEALTHCARE SYSTEM

Leah Hanson,¹ Bhavani Kashyap,¹ and Michelle P. Barclay², 1. *HealthPartners Institute, St. Paul, Minnesota, United States*, 2. *The Barclay Group, LLC, Minneapolis, Minnesota, United States*

The stress associated with caring for a loved one with Alzheimer's disease or a related dementia can negatively affect mental and physical health. Mindfulness-based stress reduction (MBSR), teaching caregivers to focus on the present moment with non-judgmental awareness, has been shown to improve overall mental health, reduce perceived stress, and decrease depression. At HealthPartners, we implemented the Mindfulness Based Dementia-Care (MBDC) program, an 8-week program designed for family caregivers for those living with dementia. MBDC combines teaching of MBSR skills along with essential education for this chronic disease. Participants attend a 1-hour orientation session, 2-hour classes each week for 8 weeks, at-home practice between classes, and a 6-hour Saturday retreat. Secure electronic surveys are administered at baseline, program completion and follow-up for evaluation of the program. We will discuss barriers and learnings of implementation as well as preliminary results from the evaluation.

TWO TALES OF TRANSLATION: EVIDENCE-BASED CAREGIVER PROGRAMS THROUGH COMMUNITY-BASED ORGANIZATIONS

DAVID Coon,¹ and Carol Whitlatch², 1. *Arizona State University, Phoenix, Arizona, United States*, 2. *Benjamin Rose Institute, Cleveland, Ohio, United States*

This presentation reports findings from on different translation approaches that embedded into the community two evidence-based interventions for family caregivers of people with dementia. CarePRO was embedded into the community after completion of a clinical trial, whereas EPIC was embedded from the program's inception. CarePRO is a group and telephone coach call intervention targeting family caregivers and EPIC is a group dyadic intervention for both early-stage people and their care partners. Available in English and Spanish, these programs are still being delivered across two states through community-based organizations. Findings from both CarePRO and EPIC demonstrate significant levels of participant benefit (e.g., reduced negative mood states, negative coping strategies, and negative network interactions as well as increased positive mood states, self-efficacy, care preparedness). Presenters will share lessons learned from the translation process regarding design modifications, training and supervision of interventionists, participant recruitment and retention, and adaptation of outcome assessments.

SESSION 2305 (SYMPOSIUM)

THE IMPORTANCE OF THE LONG-TERM CARE WORKFORCE ON QUALITY OUTCOMES FOR INDIVIDUALS RECEIVING SERVICES

Chair: Lindsay Schwartz, *American Health Care Association/National Center for Assisted Living, Washington, District of Columbia, United States*