

Specialized care for younger nursing home (NH) residents may be necessary to meet their unique health and quality of life needs; however, key attributes of younger NH residents are poorly understood and limit the development of effective, tailored interventions. This study described differences in clinical and nonclinical characteristics of younger vs. older nursing NH residents. In a retrospective cohort study, we used SPSS and analyzed comprehensive Resident Assessment Instrument – Minimum Data Set (RAI-MDS 2.0) data from NHs in Western Canada, for the period from January 2016 to December 2017. We included all assessments (full and abbreviated) performed quarterly. These findings indicated that younger (age 18–64) vs. older (age  $\geq 65$ ) NH residents differed considerably: younger residents were predominately male, single, more obese, more depressed, had higher prevalence of depression, cerebral vascular accident, and hemi- or quadriplegia, and required more assistance in activities of daily living than older residents. The findings will contribute a better comprehension of the characteristics of the younger NH population and how they differ from other residents. The study provides useful information to policymakers, providers, and researchers to guide them in developing tailored policies, programs, and interventions. Also, findings may guide consumers as they plan for long-term care needs of loved ones. Finally, the findings provide a baseline estimate as researchers continue to track the growth of and changes in, the populations served in nursing homes.

#### ACUITY DIFFERENCES AMONG NEWLY ADMITTED MEDICARE RESIDENTS IN RURAL AND URBAN SKILLED NURSING FACILITIES

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Using the 2015 national Minimum Data Set Version 3.0, the Area Health Resources Files, the 2015 Provider of Services File, and the Rural-Urban Commuting Area codes, this study assessed rural-urban differences in newly admitted, Medicare skilled nursing facility (SNF) residents' functional status, cognitive performance, and behavioral issues using self-performance, early loss, and late loss Activities of Daily Living (ADLs); the Cognitive Function Scale (CFS); and indicators of aggression, psychosis, or wandering, respectively. The study evaluated 686,881 unique patient assessments for newly admitted Medicare SNF residents across 15,157 facilities in 47 states. Negative binomial and generalized linear models with state fixed effects and clustering by SNFs were used to evaluate rural-urban acuity differences before and after adjusting for socio-economic factors; admission source, and market area characteristics. Compared to urban SNF residents, rural residents were more likely to be cognitively impaired (45% Isolated Small Rural, 44.5% Small Rural, 41% Large Rural, 38.8% Urban), and have behavioral issues (6.7% rural, 4.8% urban). Unadjusted and adjusted regression models confirmed bivariate findings that rural SNF residents were less functionally impaired (IRR range: 0.974–.987), but had more cognitive and behavioral issues in more remote rural locations than urban. The (unadjusted) odds of cognitive impairment were 1.1–1.3 times higher for residents

of rural vs urban SNFs; while the odds of having any one of the behavioral issues were 1.2–1.6 times higher in more remote rural locations. The capacity of rural SNFs to manage complex cognitive and behavioral problems deserves further research.

#### FACTORS AFFECTING THE SUSTAINMENT, SUSTAINABILITY, AND SPREAD OF PRACTICE CHANGES IN CANADIAN LONG-TERM CARE HOMES

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Our understanding of the post-implementation sustainability, sustainability, and spread (SSS) of complex quality improvement interventions is limited. We explored factors that influenced the SSS of a care aide-led quality improvement initiative (Safer Care for Older Persons (in residential) Environments [SCOPE]) implemented in 6 Manitoba long-term care homes two years after the conclusion of SCOPE in 2017. We analyzed small group interview data collected from all unit- and facility-level managers who participated in SCOPE and were still working in these facilities. We asked about SCOPE implementation, post-SCOPE quality improvement activities, factors that influenced them, and about inter-unit spread of SCOPE following the project's conclusion. The interviews were audio-recorded, transcribed verbatim, de-identified, and analyzed using thematic analysis. Five of the 6 facilities reported sustained SCOPE quality improvement activities, tools, and facilitative structures. In the same 5 facilities, SCOPE benefits (e.g., increases in care aide empowerment and self-efficacy, manager belief in care aide capacity) continued post-implementation. Spread beyond the original SCOPE units had occurred in 3 facilities. Factors that influenced the SSS of SCOPE were related to the team (e.g., care aides' quality improvement capacity), to the unit and facility (e.g., culture of innovation and change), and to the long-term care system (e.g., competing imperatives). Some factors influencing SSS differ from factors known to influence implementation. The identified factors affecting SSS highlight the influence of social dynamics (i.e., interactions, communication, relationships) among staff on SSS. Further research is warranted to explore interactions among these influencing factors and how they lead to SSS.

#### FEASIBILITY OF ROUTINE QUALITY-OF-LIFE ASSESSMENT IN LONG-TERM CARE HOMES

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Maximizing long-term care (LTC) residents' quality of life (QoL) is the primary goal of care. However, most residents have cognitive impairment and care staff time is severely limited, leading to various complexities in measuring QoL. This study developed and assessed the feasibility of an approach to routinely measuring QoL in LTC residents. We used the DEMQOL-CH, a practical, reliable, valid tool, developed in the UK to be completed by care aides to assess QoL in residents with moderate to severe dementia. We recruited 45 care aides in 10 LTC homes in Alberta, Canada who we surveyed on the QoL of 263 residents via video calls. We assessed time to complete; care aide and manager perceived feasibility of completing the DEMQOL-CH; internal consistency and inter-rater reliability of DEMQOL-CH scores; and we conducted cognitive interviews with 7 care aides to assess care aide comprehension of the tool. Time to complete was on average 4 minutes with little variation. Care aides and managers rated using the DEMQOL-CH as highly feasible and valuable. The internal consistency of the DEMQOL-CH score was 0.80. The DEMQOL-CH score inter-rater agreement was 0.73. Cognitive interviews suggested good comprehension overall with some comprehension problems especially in care aides who speak English as a second language. Asking care aides to complete the DEMQOL-CH is highly feasible, requires minor resources, and reliability is high. However, some items caused comprehension and reliability problems. Reasons and possible solutions will be subject to further investigations.

#### IMPACT OF RACE ON DECISION MAKING FOR NURSING HOME RESIDENTS WITH ADVANCED DEMENTIA: CAN WE DISRUPT AND TRANSFORM?

Ruth Lopez,<sup>1</sup> Ashley Roach,<sup>2</sup> Meghan Hendricksen,<sup>3</sup> Anita Rogers,<sup>4</sup> Fayron Epps,<sup>5</sup> and Ellen McCarthy,<sup>6</sup> 1. MGH Institute of Health Professions, Boston, Massachusetts, United States, 2. OHSU, Portland, Oregon, United States, 3. Hinda and Arthur Marcus Institute for Aging Research, Boston, Massachusetts, United States, 4. University of Tennessee at Martin, Parsons, Tennessee, United States, 5. Emory University, Atlanta, Georgia, United States, 6. Marcus Institute for Aging Research, Hebrew SeniorLife, Boston, Massachusetts, United States

Despite 20 years of research and numerous experts and associations advocating a palliative approach to care for nursing home (NH) residents with advanced dementia, research consistently demonstrate striking and persistent racial differences in the use of burdensome interventions such as feeding tubes and hospital transfer. Most notable is that Black NH residents experience more burdensome interventions at the end of life. The reasons for these differences are poorly understood. The purpose of this study was to examine NH staff members' perceptions of advance care planning with proxies of Black and White residents. We conducted thematic analysis of semi-structured interviews with 158 NH staff members gathered as part of the ADVANCE study. This is a large qualitative study in 13 NHs in 4 regions of the country aimed at explaining regional and racial factors influencing feeding tube and hospital transfer rates. We found that NH staff, regardless of region of the country,

held several assumptions about Black proxies including: being attached or not wanting to let go; not wanting to talk about death, believing everything must be done; not wanting to play God; having large conflicted families, not trusting; putting on attitude, and tending not to use NHs. We found that these assumptions led some NH staff to feel that rather than engaging in shared decision making, they were engaged in a battle with proxies leading them to pick and choose their battles and at times even giving up trying. Whether these assumptions can be disrupted and transformed will be discussed.

### Session 3610 (Symposium)

#### ORAL HEALTH IN LATE LIFE: CHALLENGES AND SOLUTIONS

Chair: Xi Chen

Co-Chair: Bei Wu

Discussant: Stephen Shuman

Older adults face a unique challenge in maintaining their oral health due to an increased disease burden, polypharmacy, functional impairment and other reasons. The five papers in this symposium describe the oral health issues in various groups of older adults and discuss different approaches to improve oral health for older adults. Using data from the Population Study of Chinese Elderly in Chicago, the first paper examined the relationship between self-reported discrimination and oral health related quality of life and investigated how resilience mediated such a relationship among foreign-born older Chinese Americans. The second paper described the oral health concerns and related treatment needs in older adults receiving palliative care using a mixed method design. The third paper demonstrated how to use behavior change techniques to improve oral self-care skills of individuals with mild dementia and support their family caregivers. The fourth paper described a project that integrates the age-friendly health system's principles into specialty dental care to address healthy aging and oral health. This initiative helped prevent and change the false belief that aging inevitably involves deterioration in oral health. The fifth paper described the impact of COVID-19 on the management of oral health problems and access to dental care in older adults. Transformative changes in care delivery and the impact of vaccination on access to care was also explored. This symposium helps better understand the oral health needs in older adults and provides new evidence to improve oral health for these individuals.

#### ORAL HEALTH IN ADULT PATIENTS RECEIVING PALLIATIVE CARE: A MIXED METHOD STUDY

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