

of collective impact, this paper reviews a framework that explicates public health activities in collaboration across a range of stakeholders in age-friendly communities. Metrics demonstrating evidence of five categorical roles, processes and outcomes will be presented including: 1) Connecting and Convening; 2) Coordinating; 3) Collecting and Disseminating Data; 4) Communicating; and 5) Complementing and Supplementing. Examples that illustrate evidence vis-à-vis the components and phases of collective impact will be presented.

## SESSION 6160 (SYMPOSIUM)

### LESSONS LEARNED IN RESEARCH TO ADDRESS WICKED PROBLEMS FACING THE CARE OF OLDER ADULTS ACROSS THE CARE CONTINUUM

Chair: Debra Dobbs

Discussant: Sheryl Zimmerman

A wicked problem, by definition, has innumerable causes, is tough to describe, and doesn't necessarily have a right answer. This describes today's health care for older adults across the long-term care continuum. Our interdisciplinary group has almost as many years (n=70) of experience as GSA conducting research in community-based groups across the continuum of care from skilled nursing facilities, assisted living communities, adult day care, to independent living. In this symposium we will discuss lessons learned in recruitment, intervention delivery, and unexpected outcomes. Peterson will discuss lessons learned in using large data sets to derive actionable information on staff license mix and SNF complaints. Dobbs will discuss the utility of using hospice nurses to train ALC nurses in delivering palliative care. Lee will discuss lessons in engaging direct care workers in their need for sleep. Meng will discuss learning to embrace an unexpected finding that friendships developed in a dementia family caregiver music and mindfulness intervention were as meaningful as positive health outcomes. Buck will discuss lessons learned in recruiting a hidden group – informal caregivers with complicated grief. Finally, Zimmerman, as expert long-term services and support discussant, will pull the pieces together across the studies to facilitate discussion. Enrich your future research related to addressing wicked problems in health care for older adults by learning from our experiences.

### THE INTEGRAL ROLE OF HOSPICE NURSE EDUCATORS IN A PALLIATIVE CARE EDUCATION PROGRAM FOR NURSES IN ASSISTED LIVING

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Persons with dementia (PWD) are increasingly cared for in assisted living (AL) settings with an annual mortality rate of close to 20%. Palliative care (PC) for PWD in ALs can improve end-of-life care. From May, 2019 to February, 2020 a 4-week PC education in AL (PCEAL) program for nurses who provide care to PWD, facilitated by hospice nurses in Florida, was tested in a sample of nurses (N=20) in a cluster randomized trial (9 ALs, 4 treatment/5 control). We examined if PC knowledge increased from pre to post-intervention using a validated measure (Thompson, 2011).

All intervention nurses (N=10) completed all four sessions of the PCEAL. While the baseline score was lower for the intervention group compared to the control group, the intervention group improved (M=2.20 to 2.37) compared to the control group (M=2.83 to 2.75) post-intervention. Two-month booster sessions indicate nurses have integrated PC care learned in the PCEAL program.

### LESSONS LEARNED IN A COMMUNITY-BASED, RANDOMIZED CONTROLLED TRIAL OF A COMPLICATED GRIEF INTERVENTION

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Complicated grief (CG), severe, prolonged (>12 months) grieving, disproportionately affects older adults. A prospective two-group, waitlisted RCT examined whether four sessions of Accelerated Resolution Therapy (ART) was effective in informal caregivers by comparing pre-to-post ART changes and investigating variation in treatment response by baseline CG levels. Inclusion: ≥60 years, Inventory of Complicated Grief >25. Paired t-tests of mean (SD) differences compared pre- to post-ART; pre-ART to 8-week follow-up, and post-ART to 8-week follow-up; then stratified by median baseline level of CG. Mean (SD) age of 54 participants was 68.7 (7.2) years, 85% female, and 93% white. Significantly greater CG reduction (-22.8 (10.3)) vs. waitlist (-4.3 (6.0)) was found. Within-participant effect sizes from baseline to 8-weeks post treatment were 1.96 (95% CI: 1.45, 2.47; p<0.0001). Treatment effects did not substantially differ by baseline levels. Lesson learned was that it was possible to successfully recruit and treat CG in the community.

### THE ASSOCIATION OF NURSING HOME STAFFING LEVELS WITH CONSUMER COMPLAINTS

Lindsay Peterson,<sup>1</sup> John Bowblis,<sup>2</sup> Dylan Jester,<sup>1</sup> and Kathryn Hyer,<sup>1</sup> *1. University of South Florida, Tampa, Florida, United States, 2. Miami University, Oxford, Ohio, United States*

Nursing homes (NH) are inspected annually, however, residents and others can file complaints any time. Complaints are critical to NH oversight. Another important quality factor is staffing. Our objective was to examine the association of complaints and staffing levels in a 2017 sample of 14,194 freestanding NHs. We used federal data on NH complaints, quality, staffing, and other characteristics. The outcomes were having received at least one complaint (or not) and numbers of complaints. Using logit and negative binomial regression, controlling for facility and resident characteristics, we found greater registered nurse, nursing assistant, and social services staffing were associated with fewer complaints. Interestingly, licensed practical nurse (LPN) staffing was associated with a higher likelihood of receiving a complaint. Results are consistent with literature on nurse staffing and quality. LPN results raise questions about substituting LPNs for RNs. The social services results show social services staffing may be important for quality.