

provides person-centered care, to whom and how its receipt affects satisfaction levels and service utilization. About one-third of individuals' report that their preferences were only rarely or sometimes taken account. Results vary greatly by race, highlighting great disparities in person-centered care. One in four Hispanics and one in six Blacks report never having their preferences taken into account compared to roughly one in ten Whites. When people report that their preferences are ignored, they are more likely to forgo medical care and report lower satisfaction with the system. Strategies exist to strengthen and assure advancements in person-centered care, something particularly needed for people of color and low-income populations.

#### VIRTUAL INTERDISCIPLINARY COLLABORATION IN STATEWIDE IMPLEMENTATION OF THE MIND AT HOME DEMENTIA CARE PROGRAM

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MIND at Home, a well-researched holistic, family-centered dementia care coordination program, provides collaborative support to community-dwelling persons living with dementia (PLWD) and their informal care partners (CP). Through comprehensive home-based assessment of 13 memory-care domains covering PLWD and CPs, individualized care plans are created, implemented, monitored, and revised over the course of the illness. Non-clinical Memory Care Coordinators (MCCs) working with an interdisciplinary team provide education and coaching to PLWD and their identified CP, and serve as a critical liaison and resource and between families, medical professional, and formal and informal community resources. This paper will describe a statewide pilot implementation of the program within a health plan across diverse sites in Texas and will present qualitative and quantitative descriptions of a key component of the program's effective translation to practice, the virtual collaborative case-based learning sessions. Health plan teams completed online interactive training modules and an intensive in-person case-based training with the Johns Hopkins team prior to program launch, and then engaged in weekly, hour-long virtual collaborative sessions that included health plan teams (site-based field teams, health plan clinical supervisory and specialty personnel [RNs, pharmacists, a geriatric psychiatrist, behavioral health specialists] and Johns Hopkins MIND program experts and geriatric psychiatrists. To date, the program has enrolled 350 health plan members, conducted 65 virtual collaborative sessions, and provided 423 CME/CEU units to team members. We will provide an overview of virtual collaborative session structure, participant contributions and discussion topics, case complexity, as well as didactic learning topics covered.

#### Session 4455 (Symposium)

##### STAKEHOLDER-DRIVEN METHODS CAN ENHANCE CARE DELIVERY FOR NURSING HOME RESIDENTS WITH DEMENTIA

Chair: Natalie Leland Co-Chair: Felicia Chew

Discussant: Jenny Martínez

The ongoing COVID-19 pandemic has underscored the need to optimize care for one of the most affected sectors: older adults in nursing homes and more specifically highly vulnerable populations such as residents with dementia. Research developed in collaboration with stakeholders can optimize impact, relevance, and trustworthiness of study findings thereby informing advances in care. Yet, evidence on stakeholder driven research for enhancing dementia care is limited. This symposium will provide examples of stakeholder-driven research questions that were addressed with stakeholder engagement. First, we will present current evidence about the perspectives of caregivers, including those from communities of color. The second presentation will discuss the perspective of clinical training stakeholders responsible for supporting system-wide clinical program implementation and their experiences with early and later adopter nursing homes within the context of a clinical trial. The third presentation will address the perspective of policy makers and payers via the effect of state-mandated dementia training on resident outcomes. The fourth and final present the findings from a study that examined how nursing home stakeholders responded to a payor requirements for pharmacy services and the relationship between that response and patient outcomes. We will conclude the session with a discussion of stakeholder-engagement methods and recommendations for future nursing home research, which champions stakeholder collaboration.

##### EXPLORING INFORMAL CAREGIVERS' PRIORITIES OF NURSING HOME DEMENTIA CARE FROM COMMUNITIES OF COLOR

Marybeth Moscirella,<sup>1</sup> Alexandra Harper,<sup>1</sup> Cara Lekovitch,<sup>1</sup> Rose Turner,<sup>2</sup> Catherine Piersol,<sup>3</sup> Natalie Leland,<sup>1</sup> and Stephanie Rouch,<sup>1</sup> 1. *University of Pittsburgh, Pittsburgh, Pennsylvania, United States*, 2. *University of Pittsburgh, Pittsburgh, Pennsylvania, United States*, 3. *Thomas Jefferson University, Philadelphia, Pennsylvania, United States*

Informal caregivers are critical stakeholders in nursing home (NH) care for individuals with dementia. Given racial and ethnic disparities in United States NHs, there is a need to understand informal caregivers' perspectives, particularly among those that identify as members of a community of color. We conducted a scoping review of informal caregiver priorities of nursing home dementia care. Included studies exclusively examined priorities of informal caregivers identifying as Black, Indigenous, or people of color. The final sample (n=12) included two United States studies representing African American and Korean informal caregivers. The remaining studies were conducted in other countries. Informal caregivers expressed a desire for professional support during the nursing home transition, increased staff knowledge of dementia, and improved resident engagement.