THE IMPACT OF COVID-19 AND ASSOCIATED RESTRICTIONS ON PHYSICAL ACTIVITY AMONG ASSISTED LIVING RESIDENTS
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COVID-19 and associated restrictions significantly impacted residents in assisted living (AL) communities. This was a descriptive study of 35 AL communities that were participating in an implementation trial of Function Focused Care for Assisted Living Residents with Dementia during the COVID-19 pandemic. Within twelve months of the COVID-19 pandemic, 18% of the AL communities had at least one resident who was positive for COVID-19. Almost half of the ALs allowed health care providers into the setting. All of the ALs facilitated family visits outside and by telephone and technology, but only 11% allowed visitors inside the community. Over 50% stopped using recreational supplies to encourage physical activity and 28% reported that residents experienced more behavioral and psychological symptoms of dementia. Restrictions designed to prevent the spread of COVID-19 may have negatively impacted resident behavior and the AL staff’s engagement of residents in physical and recreational activities during the pandemic.

FUNDING INFLUENCING PRACTICE AND OUTCOMES IN REABLEMEN
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Internationally, Home Care is invariably funded through fee-per-service, e.g., if an hour of care is delivered, the provider receives an associated amount of funding. However, the funding model discourages reductions in packages-of-care when a client’s functional capacity improves, and further disincentivises providers to discharge clients. Similarly, staff income is often directly associated to the delivered hours-of-care and if a client’s hours are reduced, so is their income; again, discouraging the right behaviour, such as reporting improvements in independence levels. In 2008 in New Zealand, we developed a case-mix funding method for building resilience in the face of adversity. Our presenters will showcase examples of rural resiliency in the face of significant struggle. Taking a strength-based approach, the papers discuss efforts to identify healthy coping and positive aspects of physical distancing (Paper 1; Weaver), explore social support and psychological mindset (Paper 2; Fuller), inform successful strategies to pivot programming to remote coalition engagement for obesity prevention (Paper 3; Buys), implement a peer mentoring program to spur development of new strategies to build community resilience (Paper 4; Oh), and review elements of rural resiliency in the face of adversity. Our presenters will showcase a range of US and international perspectives and offer policy and program recommendations for building resilience in the longer term.

FEASIBILITY OF A GENERIC FFC INTERVENTION FOR LONG-TERM CARE: EVIDENCE FROM INTERVENTIONS IN VARIOUS CARE SETTINGS
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Function Focused Care (FFC) interventions support nurses to adapt their level of care to the capabilities of older people and to optimize their self-reliance. Recently, three FFC-interventions were implemented in various Dutch care settings. Lessons learned and implications were synthesized and an advanced FFC-program ‘SELF’ was developed for wide application. SELF comprises interactive and multidisciplinary sessions, is theoretically grounded, primarily focuses on behavior change in nurses, and is tailored to the team’s needs. It also includes policy and environment review, goal-setting, and coaching-on-the-job. SELF was tested in one Dutch psychogeriatric ward. Afterwards, focus groups were conducted with nurses, trainers, manager and coaches. The interactive content, mutual discussions, and practice-based working methods were highly valued. SELF increased awareness and willingness to practice FFC and was considered feasible in practice. Increased involvement and support of allied health professionals and the manager was preferred. A nationwide effectiveness trial is planned after refining SELF.

ADAPTATION AND COPING AMONG RURAL OLDER ADULTS THROUGHOUT THE COVID-19 PANDEMIC
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The effects of the COVID-19 pandemic have been felt globally affecting everyone, but have disproportionately harmed some of the most vulnerable and marginalized including individuals residing in rural and remote areas. The geographic isolation initially thought to protect rural and remote communities from the pandemic soon became a disadvantage, requiring individuals to navigate long-standing systemic barriers (e.g., lack of transportation issues, limited access to healthcare resources, and fragmented accessibility to vaccines), alongside the new challenges posed by COVID-19 restrictions to mitigate the spread of disease. The purpose of this symposium is to showcase examples of rural resiliency in the face of significant struggle. Taking a strength-based approach, the papers discuss efforts to identify healthy coping and positive aspects of physical distancing (Paper 1; Weaver), explore social support and psychological mindset (Paper 2; Fuller), inform successful strategies to pivot programming to remote coalition engagement for obesity prevention (Paper 3; Buys), implement a peer mentoring program to spur development of new strategies to build community resilience (Paper 4; Oh), and review elements of rural resiliency in the face of adversity. Our presenters will showcase a range of US and international perspectives and offer policy and program recommendations for building resilience in the longer term.

Session 3630 (Symposium)

RURAL RESILIENCE THROUGH COVID-19
Chair: Shannon Freeman
Co-Chair: Raven Weaver
Discussant: Shannon Freeman

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