important for implementing TCI. These top factors were from 10 countries, eleven influencing factors were prioritized outer setting, or innovation’s characteristics. By conducting such as but not limited to the organizational environment, implemented to improve long-term care services for older per

Hilde

ORGANIZATIONAL CONTEXT AND PROCESS IS KEY

CARE INNOVATIONS: CONSIDERING THE IMPLEMENTATION OF TRANSITIONAL LTRC and impacts overall resident quality of life. This move into LTRC prevents a smooth transition from home to maintain mobility. This and limited family contact following a interfere with a resident’s ability to find meaningful activities and residents. First results indicate that protective measures inter the pandemic. During four months of fieldwork in a LTRC facility in Switzerland, a rapid ethnography consisting of interviews, observations, informal conversations and document analysis was conducted. This study included a total of 14 residents, 21 healthcare staff from varying departments and 7 relatives of residents. First results indicate that protective measures interfere with a resident’s ability to find meaningful activities and interactions within LTRC as well as the possibility to maintain mobility. This and limited family contact following a move into LTRC prevents a smooth transition from home to LTRC and impacts overall resident quality of life.

TRANSITION INTO LTRC DURING THE COVID-19 PANDEMIC: AN ETHNOGRAPHIC CASE STUDY

Franziska Zúñiga,1 Hilde Verbeek,2 Sandra Staudacher-Preite,1 and Megan Davies,1
1. University of Basel, Basel, Basel-Stadt, Switzerland,
2. Maastricht University, Maastricht, Limburg, Netherlands,
3. Nursing Science, Department of Public Health, University of Basel/Basel-Stadt, Switzerland

COVID-19 has affected long-term residential care (LTRC) disproportionately due to the high-risk population, lack of resources and insufficient preventative measures. Protective measures, including quarantine and strict visitation restrictions have made transitions into LTRC more challenging. Further insight is needed to understand how residents, relatives and staff have experienced this during the COVID-19 pandemic. During four months of fieldwork in a LTRC facility in Switzerland, a rapid ethnography consisting of interviews, observations, informal conversations and document analysis was conducted. This study included a total of 14 residents, 21 healthcare staff from varying departments and 7 relatives of residents. First results indicate that protective measures interfere with a resident’s ability to find meaningful activities and interactions within LTRC as well as the possibility to maintain mobility. This and limited family contact following a move into LTRC prevents a smooth transition from home to LTRC and impacts overall resident quality of life.

IMPLEMENTATION OF TRANSITIONAL CARE INNOVATIONS: CONSIDERING THE ORGANIZATIONAL CONTEXT AND PROCESS IS KEY

Bram de Boer,1 Matheus van Achterberg,2 Jan Hamers,1 Hilde Verbeek,1 and Amal Fakha,1 1. Maastricht University, Maastricht, Limburg, Netherlands, 2. KU Leuven, Leuven, Vlaams-Brabant, Belgium

Many transitional care innovations (TCI) are implemented to improve long-term care services for older persons during the transition between various care settings. Nevertheless, multiple contextual factors (barriers; facilitators) influence the implementation of TCI at different levels such as but not limited to the organizational environment, outer setting, or innovation’s characteristics. By conducting a modified Delphi study involving 29 international experts from 10 countries, eleven influencing factors were prioritized and agreed upon (with ≥ 85% consensus level) as the most important for implementing TCI. These top factors were linked mostly to the organizational setting (e.g., resources, financing) or the implementation process (e.g., engaging key stakeholders). Moreover, the feasibility to address the majority of these factors with implementation strategies was rated as difficult. Our work concludes a compilation of major factors to be aware of and aim to tackle when preparing to implement a new TCI in any long-term care setting.

Session 2345 (Symposium)

A TOOLKIT FOR ADVANCING AGE INCLUSIVITY IN HIGHER EDUCATION

Chair: Joann Montepare Co-Chair: Kimberly Farah

The pioneering Age-Friendly University (AFU) initiative, endorsed by GSA’s Academy for Gerontology in Higher Education (AGHE), calls for institutions of higher education to respond to shifting demographics and the needs of our aging populations through more age-friendly programs, practices, and partnerships. Over 70 institutions have joined the AFU global network and adopted the 10 AFU guiding principles. In support of the initiative, a GSA-AGHE-AFU workgroup was organized to develop strategies to help GSA members and their campuses explore how they can be more age-inclusive and create pathways to joining the AFU network. One outcome of the workgroup’s efforts was the creation “Tools for Advancing Age Inclusivity in Higher Education”, designed with support from AARP. In this symposium, workgroup members describe this suite of tools which can be used by faculty, students, administrators, and other campus leaders. Montepare will introduce the symposium with an overview of the AFU network and the workgroup’s goals. Morrow-Howell and Schumacher will discuss tools for “Making the Case” with examples from efforts on their campuses. Porter and Bergman will describe tools for “Getting Started” and how campuses can begin to mobilize age-friendly efforts. Andreoletti and June will share tools for “Gaining Momentum” with tips for creating age-friendly campus connections and collaborations. Silverstein and Gugliucci will describe tools for “Assessing and Tracking Success” that can be used at any stage of the process for exploring a campus’s age-friendliness. Information about joining the AFU network will be provided.

LEARN, ENGAGE, AND ACT TO ADVANCE AGE INCLUSIVITY IN HIGHER EDUCATION

Joann Montepare, Lasell University, Newton, Massachusetts, United States

Shifting age demographics are reshaping our social structures with far-reaching implications for higher education. Aging populations mean more older adults are looking to higher education to meet their professional needs and personal interests, and the longevity economy is calling for a trained workforce to provide services to support the health and functioning of individuals as they age. As well, there is a need to improve students’ aging literacy, along with developing synergistic age-friendly campus-community partnerships to address aging issues. How can institutions explore, create, develop, and sustain more age-friendly programs, practices, and partnerships? This presentation will introduce the toolkit specially designed by the GSA-AGHE Workgroup for use by faculty, students, administrators, and other campus leaders, and will provide an overview of the
Age-Friendly University (AFU) initiative and its 10 guiding principles for creating more age-inclusive campuses.

MAKING THE CASE FOR ADVANCEING AGE INCLUSIVITY
John Schumacher,1 and Nancy Morrow-Howell,2
1. University of Maryland, Baltimore County, Baltimore, Maryland, United States, 2. Washington University in St. Louis, Saint Louis, Missouri, United States

How do you present the most effective case for promoting age-inclusivity to your campus leadership? Educational institutions differ in their missions and resources; and these factors affect their readiness to becoming more age-inclusive. This presentation suggests that the best approaches are tailored to intentionally and robustly advance your institution's values, mission, and strategic plan as demonstrated through your proposed age-inclusivity initiative. We review the persuasive arguments for increasing the focus on age-inclusivity in higher education, including securing increasing external research and development funding, supporting employees and alums exploration of encore careers, attracting more students in light of demographic shifts, contributions to overall campus diversity, etc. Identifying the most compelling arguments for particular institutions, consistent with their missions, is connected to the various resources in the AFU toolkit. Finally, we show examples from a range of institutions who successfully made their cases for embracing age inclusivity and have not looked back.

GAINING MOMENTUM AROUND ADVANCEING AGE INCLUSIVITY
Andrea June,1 and Carrie Andreoletti,2 1. Central Connecticut State University, Central Connecticut State University, Connecticut, United States, 2. Central Connecticut State University, New Britain, Connecticut, United States

Have you already experienced some success with age friendly initiatives at your institution but are wondering how you might broaden your reach? Fostering connections across disciplines and units on your campus as well as with organizations in your community is the key to gaining momentum and advancing age inclusivity. This presentation will discuss strategies for connecting and engaging faculty, staff, students, and community members in age friendly programs and practices. We will share examples and tips for supporting others to be more age inclusive in their teaching, research, and community engagement. We will share ideas from the AFU toolkit for creating learning groups, collaborative community events, and intergenerational exchange as well as our own experience which has demonstrated that many smaller efforts over time can go a long way toward building momentum and creating a more age inclusive campus.

WHERE TO START THE JOURNEY TO ADVANCE AGE INCLUSIVITY AT YOUR INSTITUTION
Elizabeth Bergman,1 and Michelle Porter,2 1. Ithaca College Gerontology Institute, Ithaca, New York, United States, 2. University of Manitoba, Centre on Aging, Winnipeg, Manitoba, Canada

Each institution’s journey to becoming more age inclusive will depend on its unique characteristics, and be dependent on its strengths and existing gaps. A good place to start is to explore how to build connections and leverage existing initiatives, such as research programs, community connections and importantly the institution’s strategic plan. At this point, elements to consider include coalition building, identifying strengths and gaps, and reframing aging. Because ageism can be a hindrance in many ways, strategies to address ageism should be included. GSA initiatives and tools such as the Reframing Aging Initiative, Ageism First Aid and AARPs Disrupt Aging will be highlighted in our presentation. Examples of how several universities have charted their course to becoming more age-inclusive and age-friendly will be outlined.

ASSESSING AND TRACKING SUCCESS OF ADVANCEING AGE INCLUSIVITY
Marilyn Gugliucci,1 and Nina Silverstein,2 1. University of New England College of Osteopathic Medicine, Kennebunk, Maine, United States, 2. University of Massachusetts Boston, Boston, Massachusetts, United States

Assessment is an important component of advancing age inclusivity on your campus, and the AFU Principles are a useful guiding framework. Assessment helps move the campus from making a commitment to endorse the principles to actually taking stock of current campus practices and movement toward achieving the vision of an age-friendly institution of higher education. To establish a baseline of campus practices, assessment can be done before or after an institution joins the AFU Global Network. Evaluation also follows periodically to assess how well a campus is adhering to the AFU Principles once measurable goals are established and priorities are integrated within an institution's strategic plan. The toolkit contains examples from multiple campuses of mapping the principles, conducting an audit, doing a photovoice evaluation, holding listening tours, and using the newly developed AFU Inventory and Campus Climate Survey (ICCS).

Session 2350 (Symposium)

AGING WITH INTELLECTUAL AND DEVELOPMENTAL DISABILITIES: A CRITICAL EXAMINATION OF SUPPORTS FOR HEALTHY AGING
Chair: Lieke van Heumen Co-Chair: Kelly Munly
Discussant: Patricia Heyn

The number of older adults with intellectual and developmental disabilities (IDD) in the U.S. is expected to double and potentially triple by 2030. Despite this demographic urgency, there continues to be a lack of research directly addressing aging of people with IDD. Individuals with IDD have on average twice as many health problems than others without IDD, experience earlier age-related declines in health and function than the general population and are more likely to develop secondary conditions as they age. The increase in the number of people aging with IDD and the challenges experienced by this population have demanded new directions for research, practice and policy that promote social justice and improve this population’s health and well-being. This symposium brings together research that critically examines and calls for a “new normal” of supports for healthy aging provided to the population aging with IDD. The first presentation consists of a systematic review of healthy aging interventions for adults with IDD. The authors conclude