nonwhite, while mid- and executive-level managers and board members are predominately white. Research has identified this lack of diversity in management and leadership as a major contributor to turnover and recruitment challenges among frontline staff. We will summarize the findings from three applied research activities: 1) DEI survey of chief executive officers (CEOs) of multi-setting LTSS organizations; 2) interviews with chief diversity officers and CEOs on current workplace DEI efforts and the challenges; and 3) interviews with leaders of color who have had experience with the LTSS sector. Not-for-profit multisite organizations and life plan communities lack diversity among the senior leadership team and board members (12% are people of color). A DEI initiative is more likely to be successful if it has buy-in from the CEO and board members, aligns with the organization’s strategic plan and mission, is integrated into the organizational culture, and is assessed regularly to measure its impact and identify needed adjustments. Leaders of color in aging services acknowledge the barriers – lack of diversity among leaders and residents and the microaggressions that people of color experience - that make it challenging for people of color to work in the field. They recommend increasing diversity among senior leaders, investing in enhancing DEI, and spreading awareness of the LTSS field and its career opportunities to communities of color.

AGE-RELATED DIFFERENCES IN HEALTH-RELATED QUALITY OF LIFE AMONG WESTERN CANADIAN NURSING HOME RESIDENTS
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Nursing homes (NHs) typically focus on health-related quality of life (HRQoL) among residents aged 65 and over despite approximately 7% of NH residents are younger (aged 18-64). Research suggests that the needs of younger NH residents are not being met and they may have low HRQoL. However, differences in HRQoL of younger and older NH residents may not be apparent in studies that use HRQoL measures designed for research with older NH residents. We hypothesized that the younger residents would have lower HRQoL mean scores than the older (aged ≥ 65) residents using a HRQoL measure based on the HRQoL score derived from Resident Assessment Instrument – Minimum Data Set 2.0 items. The measure uses items that emphasize physical aspects of quality of life rather than social aspects. In a sample of 21,129 residents from 94 NHs in Western Canada, we performed descriptive analyses, t-test, chi-square test, and an adjusted propensity score (PS) analysis through retrospective cohort study from years 2016 to 2017. The HRQoL index score ranged from -.351 to .996 (Mean= 0.693, SD=.265). In the PS model, the adjusted mean score for younger was higher than for older adults with a mean difference at 0.061 (95% CI 0.031, 0.091) (p<.001). Other domains such as mental health condition of quality of life must be examined in younger NH residents because it is a crucial factor influencing their daily lives, thereby we can explore a more complete set of HRQoL domains of them and redesign care for their unique needs.

PERCEPTIONS OF NURSES DELIVERING NURSING HOME VIRTUAL CARE SUPPORT: A QUALITATIVE PILOT STUDY
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Avoidable hospitalizations among nursing home residents result in poorer health outcomes and excess costs. Consequently, efforts to reduce avoidable hospitalizations have been a priority over the recent decade. However, many potential interventions are time-intensive, require dedicated clinical staff, and nursing homes are chronically understaffed. The Optimizing Patient Transfers, Impacting Medical Quality, and Improving Symptoms: Transforming Institutional Care (OPTIMISTIC) project was one of seven sites selected by CMS as “enhanced care & coordination providers” and was implemented from 2012 to 2020. A virtual program based on the principles of OPTIMISTIC was developed in the spring of 2020 with the goal of expanding the reach of the program’s services. This qualitative study explores the perceptions and experiences of the nurses that piloted a virtual care support project in 11 nursing homes in a midwestern state, and identified the nurses’ perceived facilitators of, and barriers to, the effectiveness of delivering a novel virtual care support program. A key finding from this analysis is that relationships, communication, and access to information were identified as common themes facilitating or impeding the perceived effectiveness of implementation of virtual care support programs within nursing homes, from the perspective of the nurses delivering the services. The experiences and recommendations of the program nurses