This study focuses on long-term care (LTC) state Medicaid policy and its impact on caregiver decisions and experiences. It examines respondents’ general knowledge of LTC state policies and services, challenges with navigating LTC policies and services, and decision-making pathways based on these factors. Using purposive sampling, 63 family caregivers across eight states participated in open-ended qualitative interviews (2019-2020) until thematic saturation was reached. Questions broadly examined caregivers’ experiences and decisions, focusing on decisions made around type of care setting and experiences with LTC state policy. States were selected to represent variation in Home and Community Based Service (HCBS) expenditures as a percentage of total Medicaid long-term services and support expenditures. While LTC policies and services vary significantly by state, we identified many parallels in caregiver experiences and perceptions across states, as respondents often lacked specific knowledge about LTC policies and services and how to access them. Overarching themes include LTC policy navigation challenges, distrust in state-funded LTC services and supports, and moral expectations of caregiving. To manage these challenges, caregivers employed coping strategies such as utilizing informal support networks, hiring care coordination assistance, and “stretching things thin” to fill the policy and service gaps. Study findings highlight potential strategies to improve LTC services across states. There is a need to improve community trust with state services by employing transparent regulatory and evaluation procedures for LTC. Wider access to case management may improve communication and knowledge of available services to maximize benefit from HCBS expansions.

TIMING AND SUPPORT MATTER: CAREGIVING DEMANDS AT THE INTERSECTION OF STRESS PROCESS AND LIFE COURSE PERSPECTIVES

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Extensive research documents the outcomes of family caregiving. However, perspectives differ, with some suggesting that caregiving provides psychological rewards and others suggesting that the stress of caregiving carries psychological costs. We argue that both of these perspectives are correct, but their applicability will differ based on the timing of caregiving and the availability of social support. A life course perspective suggests that the timing of a stressor in the life course will create variations in its mental health impacts, whereas a stress process perspective suggests that the consequences of a given stressor for mental health will vary based on the availability of social support. A synthesis of these two perspectives then suggests that social support will act as a stress buffer differently depending on the age of caregiver. To examine these questions, we use a subsample of respondents who reported caregiving (N=20,441) in the 1st wave of the Canadian Longitudinal Study on Aging. Analyses provide evidence of different outcomes of caregiving, according to both the timing of caregiving and the availability of support.

In particular, a high level of caregiving demands are associated with greater depression and lower life satisfaction. Social support inhibits both associations, and the association between high demands and life satisfaction is stronger in older caregivers. Social support does not buffer high caregiving demands more strongly at older ages, though, showing two distinct process. Demanding caregiving appears particularly detrimental for psychological well-being as people age, and the efficacy of social support resources do not increase to compensate.

Session 1400 (Symposium)

FOUR APPROACHES FOR IMPLEMENTING INTERPROFESSIONAL EDUCATION

Chair: Jennifer Mendez
Discussant: Jennifer Mendez

Using Microsoft Teams, the students from Psychology and marketing at Upper Iowa University, create a marketing plan focused on proposing a product or service targeting older adults. The Michigan LEND program, engages a minimum of 4 disciplines in practice online simulation approaches to respond to a case study. At Wayne State University and University of Detroit Mercy, during a zoom visit with community dwelling 50+ old adults, students from 9 disciplines collaborate on recommendations, referrals, and resources to improve health and/or quality of life. Marquette University students from 10 health professions participate in a series of four half-day workshops, designed in alignment with the Interprofessional Education Collaborative (IPEC) core competencies.

MARKETING AND PSYCHOLOGY: AN INTERDISCIPLINARY PARTNERSHIP

Melinda Heinz, and Summer Zwanziger Elsinger, Upper Iowa University, Fayette, Iowa, United States

Students enrolled in Psychology of Aging and Consumer Behavior combined efforts during an 8-week course to create marketing plans focused on proposing a product or service targeting older adults. The goal of the project was to 1) infuse aging content into the curriculum 2) increase awareness of older adult consumers and 3) decrease aging stereotypes. Student teams were engaged in this project one day each week over 8 weeks. Instructors created weekly tasks to break down components of the project and each student group was required to turn in evidence of their completed task. During the 2020-2021 academic year, participants used Microsoft Teams and recorded their tasks for instructors to grade. A rubric was used to facilitate grading of weekly team tasks and similar weights/points were used in both classes to create similar levels of student “buy in.” Suggested implementation tips for both face-to-face and online modalities will be discussed.

SIMULATION APPROACH TO INTERPROFESSIONAL EDUCATION

Margaret Greenwald,1 and Jennifer Mendez,2 1. Wayne State University, Wayne State University - , Michigan, United States, 2. Wayne State University, Detroit, Michigan, United States

A team practice simulation approach to interprofessional education is presented. Participants (79 trainees over 4 years)
were assigned to one of six teams representing clinical services for a client with complex clinical needs (medical care, outpatient therapy, dental, nutrition, speech and hearing, leadership). Each student within the team was assigned a specific role (e.g., primary care, policy maker, family member). A critical component of this activity is that each participant adopted the role and perspective of an individual in a different clinical area than their own. In preparation for a live discussion by all participants, each team met to study their assigned clinical roles and to prepare a one-page slide addressing specific questions given only to their team. At the live session, the overall goal was to develop a coherent clinical plan for the client. This is an effective approach for IPE in care of clients across the lifespan.

**USING CANVAS FOR AN INTERPROFESSIONAL VIRTUAL TEAM VISIT**  
Ashley Reed, and Jennifer Mendez, Wayne State University, Detroit, Michigan, United States  

The session will demonstrate how to use the Canvas learning management system (LMS) to organize and facilitate interprofessional education experiences (IPE) amongst students and faculty. Emphasis will be placed on the use of modules as a way to organize content and facilitate requirements associated with IPE. In addition, the session will include demonstration on how to assign disciplines to sections to aide in faculty abilities to review of student submissions.

**CURRICULAR APPROACH TO IPE: PREPARING HEALTH PROFESSIONS STUDENTS TO DELIVER TEAM-BASED CARE**  
Stacy Barnes, and Kelly Horton, Marquette University, Milwaukee, Wisconsin, United States  

Interprofessional education (IPE) is essential to prepare students for future healthcare careers and to meet accreditation requirements for health profession schools. After surveying successful IPE programs across the country, Marquette University developed a curricular approach. Over 1,500 students from 10 health professions (Athletic Training, Medical Laboratory Science, Counseling Psychology, Dentistry, Medicine, Nursing, Occupational Therapy, Physical Therapy, Physician Assistant Studies, Speech-Language Pathology) currently participate in a series of four interactive, half-day courses which are aligned with the Interprofessional Education Collaborative (IPEC) core competencies. Courses currently delivered using Microsoft Teams. Feedback from learners and faculty is gathered using post-event surveys and has been overwhelmingly positive. Learner outcomes are measured using the Interprofessional Collaborative Competencies Attainment Survey. Overall, this approach has proven to be an effective and efficient model for delivering IPE to large numbers of students.

**Session 1405 (Symposium)**

**GOING VIRTUAL WHEN THE DOORS CLOSE: ADDRESSING GERIATRIC WORKFORCE TRAINING NEEDS DURING A PANDEMIC**  
Chair: Linda Edelman  
Co-Chair: Gail Towsley  
Discussant: Timothy Farrell  

The focus of our Geriatric Workforce Enhancement Program (GWEP) is to enhance long-term services and support (LTSS) and primary care healthcare workforce capacity through interprofessional education (IPE) and to increase patient, family, and caregiver engagement. When it became evident that LTSS settings, schools, and communities were going to be adversely impacted by the COVID-19 pandemic for the unforeseeable future, our GWEP quickly pivoted to address new challenges and initiate technology to continue our programs. In this symposium, we describe four programs implemented or revised during the COVID-19 pandemic. We utilized CARES (Coronavirus Aid, Relief and Economic Security) funding to develop a 3-part Project ECHO on utilizing telehealth in LTSS settings. We pivoted quarterly Fireside Chats – community-based educational programs held at partnering LTSS settings for older adults and caregivers – to bi-weekly and now monthly webinars addressing topics relevant to COVID-19 and combatting social isolation. Because students could no longer attend an in-person IPE course introducing them to long-term care, we revised the course to be online with a partnering nursing home participating in an interactive mock care conference. Finally, a 2-semester undergraduate Honors College project-based course introducing students to successful aging utilized virtual activities to expose students to the challenges of hospice care during a pandemic. With these adaptations, as well as activities that advocated for, and supported, LTSS settings and older adults, our GWEP program was able to continue to provide education and support to the setting and individuals most impacted by COVID-19.

**VIRTUAL TRANSITIONS AND OPPORTUNITIES IN LTSS EDUCATION POST-PANDEMIC**  
Gail Towsley,1 Jacqueline Telomidi,2 Cherie Brunker,3 and Linda Edelman,4 1. University of Utah College of Nursing, Salt Lake City, Utah, United States, 2. University of Utah College of Nursing, Salt Lake City, Utah, United States, 3. University of Utah School of medicine, Salt Lake City, Utah, United States  

The Utah Geriatric Education Consortium Learning Community transitioned to the Age-Friendly Long-Term Services and Support (LTSS) ECHO with support from Comagine Health, our local QIN-QIO. ECHO sessions utilize case-based learning and mentorship to help community providers gain the expertise required to provide needed care and/or services to older adults. Since March 2020, and in response to the needs of our partners, four ECHO sessions (average of 47 attendees per session) have focused on COVID-19 training including COVID-19 briefings, infection prevention, positive thinking and coping with stress. With our partners, we also co-created a 3-part LTSS telehealth ECHO series to illustrate how telehealth can address the unique challenges of COVID-19. We will discuss 1) how we met the educational needs of our partners during a health crisis 2) the process we took to develop the LTSS telehealth ECHO series, and 3) opportunities for continued virtual education application.