LEVERAGING TECHNOLOGY TO OPTIMIZE THE ENGAGEMENT OF VIRTUAL PARTICIPANTS IN A NATIONAL CONSSENSUS CONFERENCE
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The COVID-19 pandemic has accelerated the uptake and use of technology in hosting virtual and hybrid (combining virtual and in-person) meetings and events. In this presentation, Dr. Falzarano will describe the ways in which the 2021 Conference on Engaging Family and Other Unpaid Caregivers of Persons with Dementia in Healthcare Delivery leveraged videoconferencing systems (e.g., Zoom) and other web-based platforms (e.g., Qualtrics) to enact a hybrid event. Specifically, she will discuss the various components involved in the event’s planning and execution, including the appointment of a virtual liaison and audiovisual technicians to enable seamless integration and participation of both in-person and virtual attendees. She will also discuss how videoconferencing technology was used to facilitate the delivery of virtual panel presentations; strategies for immersing virtual attendees in both large group discussions and small group breakout sessions; and the process by which virtual attendees participated in the priority vote.

ENGAGING AND SUPPORTING FAMILY CAREGIVERS IN CARE DELIVERY: RECOMMENDATIONS FROM A NATIONAL CONSSENSUS CONFERENCE
Catherine Riffin, Weill Cornell Medical College, New York, New York, United States

This presentation, by Consensus Conference Director, Dr. Riffin, will describe the major priorities identified by the 2021 Conference on Engaging Family Caregivers of Persons with Dementia in Healthcare Delivery. Recommendations centered on the need for multidisciplinary collaborations that attend to (1) Identification and assessment of dementia caregivers in care delivery settings, (2) Reimbursement and financing for caregiver assessment and support, (3) Caregiver training and support across the care continuum, (4) Healthcare provider education on family-centered care, and (5) Technology innovations that support dementia caregivers. Across all areas, there was consensus regarding the need to leverage implementation science to promote the uptake of evidence-based interventions in clinical practice and use community-driven approaches to engage stakeholders from traditionally marginalized groups in future and ongoing initiatives. Findings are being used to inform federal agencies and foundations about high-priority areas, provide guidance to national committees, and accelerate programmatic research on caregiver engagement and support.

SESSION 2010 (SYMPOSIUM)

ADVANCING COMMUNITY-BASED SOCIAL INNOVATIONS FOR AGING THROUGH ENGAGED RESEARCH
Chair: Emily Greenfield Discussant: Suzanne Kunkel

Community-based social innovations (CBSIs) for aging are programs, initiatives, and other structures that support healthy aging and aging in community in ways that complement traditional health and human service systems. This symposium features research on several manifestations of CBSIs in the US. The first paper orients to innovation among aging services agencies, drawing on data from local Councils on Aging in Massachusetts to examine variation in their levels of engagement with age-friendly community (AFC) work. Findings elucidate the importance of community context and organizational capacity for deepening involvement in AFC work over time. Addressing innovation within communities as a whole, the second paper applies social network analytic methods to examine the constellations of connections among AFC core teams and their key partners across nine localities in New Jersey. Focusing on housing, the third paper presents findings from an evaluation of a national demonstration program to enhance the capacity of service coordinators within senior housing communities. This paper implicates the important role of services staff in systems innovation. Finally, with attention to creating age-friendly communities, the fourth paper presents findings from a project in Ohio that equipped older adults with a tablet-based transportation “diary” app. The findings demonstrate ways in which this technology facilitated deeper insight on users’ experiences in terms of their mood, with implications for transit design and programs. Collectively, the studies make evident the importance of leveraging the tools of research alongside engaged partnerships to strengthen the knowledge base for continued innovation in community supports for aging.

EVALUATING AGE-FRIENDLY COMMUNITY INITIATIVES FROM A SOCIAL NETWORK PERSPECTIVE
Emily Greenfield, and Althea Pestine-Stevens, Rutgers, The State University of New Jersey, New Brunswick, New Jersey, United States

Age-friendly community initiatives (AFCIs) as community interventions systematically cultivate inter-organizational partnerships toward making policies, systems, and environments more supportive of healthy aging, aging in community, and aging equity. Building from a multi-year, university-community partnership to spur the development of AFCIs in New Jersey, we drew on social network theory and research methods to examine the networks of AFC core teams and their key partners across diverse community settings. Data collection involved administering questionnaires to both AFC core teams and their key organizational partners. We report on the presence and strengths of dyadic relationships that comprise the networks, analyzed by sector, organizational function, and geographic service area of each network node. We discuss implications of the findings concerning policies and practices around sustainability planning for AFCIs as well as future directions for using network theory to understand AFC progress at various levels of geographic scope.

AGE-FRIENDLY TRANSFORMATION: AN EXAMINATION OF COMMUNITY MECHANISMS INFLUENCING INVOLVEMENT
Caitlin Coyle, and Ceara Somerville, University of Massachusetts Boston, Boston, Massachusetts, United States

Age-friendly community initiatives (AFCIs) have become key policy efforts aimed at improving quality of life
for older residents, but there is limited evidence about the process. This mixed methods study draws on survey and demographic data from 350 municipalities in Massachusetts to characterize communities by these categories: 1) not interested in AFCIs (n=109); 2) interested in learning more about AFCIs (n=84); 3) planning for age-friendly action (n=71); and 4) maintaining an AFCI (n=86). Interview data from key-informants contextualize the process of developing an AFCI. Thematic analyses suggest that progression through AFCIs is self-defined by the accumulation of momentum. Communities committed to AFCIs have higher proportions of vulnerable residents (e.g., living with disability, living alone, non-English speaking). Municipal resources (e.g., budget, aging services) correlate with more advanced stages of AFCIs. Implications of the variability across AFCIs, including the effort required for moving from concept to execution of AFCIs, will be discussed.

LESSONS LEARNED FROM AN ENHANCED SERVICE COORDINATION MODEL IN SENIOR HOUSING
Alexandra Hennessa, and Robyn Stone, LeadingAge, Washington, District of Columbia, United States

Residents of affordable housing communities are growing older, and new residents are moving in at older ages. As these residents age, their need for services and supports increase. Approximately 5,200 housing communities subsidized by the U.S. Department of Housing and Urban Development (HUD) have a service coordinator on-site to help connect residents with needed services and resources. In 2021, the LeadingAge LTSS Center @UMass Boston (LTSS Center) conducted a process evaluation of the LSA Senior Connect Model, which was designed to build the capacity of service coordinators to better meet the needs of aging residents. The study activities included a review of program-related documents, analysis of resident assessments, interviews with staff, resident focus groups, and cost analysis. We will summarize the model’s framework and tools, and discuss lessons learned from the process evaluation. Lessons for policy and practice will also be discussed.

TRANSPORTATION AND MOOD: THE ROLE OF TRIP CHARACTERISTICS
Holly Dabelko-Schoeny1, Noelle Field2, Anthony Traver3, Ian Murphy1, and Katie White1. 1. Ohio State University, Columbus, Ohio, United States, 2. University of Texas -- Arlington, Arlington, Texas, United States, 3. The Ohio State University, Columbus, Ohio, United States

Safe and affordable transportation has a positive impact on the health and well-being of older adults. What is less understood are which factors influence these outcomes. To examine the impact of trip characteristics on the mood of older adults, residents in three neighborhoods in Franklin County, Ohio (n = 32) were provided tablets and used an app (MyAmble) to document their travel. During a 14-day period, 1,190 trips were recorded; 71% of which were completed by car. Participants reported 72% of the trips improved their mood. Perceived importance of the trip, challenges associated with the trip, and trip destinations to social activities and to employment/education explained 33% of the variance in mood. Challenges associated with the trip was the strongest predictor of impact on mood. Identifying trip characteristics that impact mood provides new insights for the design and implementation of travel interventions for older persons.

SESSION 2020 (SYMPOSIUM)

BEFORE IT WAS COOL: THE AGING NETWORK’S ROLE IN ADDRESSING SOCIAL NEEDS AND REDUCING DISPARITIES
Chair: Traci Wilson Discussant: Suzanne Kunkel

Decades before social determinants of health (SDOH) became such a focus of attention across health and social care, Area Agencies on Aging (AAAs), Title VI Native American Aging Programs, and their Aging Network partners had developed local systems of coordinated services and supports to assess and address health-related social needs. Every service and program provided by an AAA or Title VI program addresses a need related to SDOH risks. The Older Americans Act mandates that funded services such as congregate and home-delivered meals, support for caregivers, transportation, and housing supports are targeted to older adults with the greatest economic or social need. Using the foundational study on “ACL’s Impact on the Social Determinants of Health” as a framework, this symposium will demonstrate how OAA-funded programs map to SDOH pathways. Presenters will describe specific programs and new practices within the Aging Network that identify and address social needs of older adults from historically marginalized and underserved communities. These initiatives, many of which were born through COVID response, include analyses and partnerships to advance health equity and care integration. Presenters will discuss how Aging Network practices and partnerships have altered community environments to make community living accessible to older adults who have been traditionally underserved, and current workforce challenges that threaten continued progress. The session will conclude with an interactive discussion about gaps, strategies, and next steps to reinforce, articulate and demonstrate the value of Aging Network services in addressing SDOH risks and needs.

"NO TIME TO OVERTHINK IT, JUST DO IT!": AREA AGENCIES ON AGING AND INCLUSIVE COMMUNITY ENGAGEMENT
Traci Wilson, and Elizabeth Blair, USAging, Washington, District of Columbia, United States

AAAs have always been deeply engaged in addressing the health-related social needs of older adults from historically marginalized and underserved communities. As a confluence of COVID and social injustices moved issues of racial equity and inclusion to the forefront of national conversation, AAAs refocused their efforts to identify and address health inequities related to the social determinants of health (SDOH). One result of the COVID-19 pandemic and the urgency to reach and vaccinate older adults was that AAAs quickly formed new partnerships with culturally specific organizations. These relationships have developed and resulted in expanding culturally responsive service delivery. Presenters will describe this and other findings from a mixed methods study about AAA initiatives that seek to improve access and equity, such as inclusive community needs assessments,