time. This study adds to the literature on stress-related biological mechanisms of health and identifies a potential clinical indicator of enduring health problems. It also suggests that while inflammatory burden may demonstrate consistent relationships with physical health over time, other mechanisms may account for health changes and deterioration.

SESSION 4300 (SYMPOSIUM)

INNOVATIVE CARE ENVIRONMENTS FOR PEOPLE WITH DEMENTIA
Chair: Hilde Verbeek Co-Chair: Bram de Boer Discussant: Marie Boltz

As part of the ongoing culture movement within long-term care several innovative care concepts for people with dementia are developing. These concepts radically change their physical, social and/or organizational environment in order to align care services with needs and demands of people with dementia, and providing meaningful activities. The current symposium will discuss the effects and possible working mechanisms of innovative caring environments for people with dementia across three European countries and the US. The symposium will start with a presentation describing the Homestead care model in the Netherlands, which is a care model that was developed following a co-creation study focused on translating scientific knowledge on nursing home care environments into practice. This is followed by three presentations about the effects of three types of innovative care environments for people with dementia: (1) farm based day care in Norway, (2) shared housing arrangements in Germany, (3) green care farms providing 24-hour nursing care in the Netherlands. The three studies on the effects of innovative care environments present a variety of designs (case study, cluster randomized controlled multi-center intervention study, and a qualitative study with semi-structured interviews) to study the effects on various outcomes (activities, physical effort, social interaction, mood, the number of hospital admissions for people with dementia, quality of life, challenging behavior, risk of falls, stabilization of cognitive abilities, daily life). The symposium will conclude with a reflection on these innovative care concepts from a US perspective.

TRANSLATING SCIENCE INTO PRACTICE TO DEVELOP AN INNOVATIVE DEMENTIA CARE MODEL: THE HOMESTEAD CARE MODEL
Bram de Boer, Maastricht University, Maastricht, Limburg, Netherlands

This study reports on a participatory research approach to translate a scientific conceptual framework on innovative dementia care into practice. This led to the development of the Homestead care model. Results indicate that achieving positive outcomes for people with dementia, (in)formal caregivers, and the community is dependent on how well the physical, social and organizational environment are congruently designed. Physical aspects are related to interior design, outdoor areas, architecture and sensory elements. Social aspects include interactions with others in the environment, such as residents, staff, family, and the wider community (local entrepreneurs, societies, schools). Organizational aspects are related to the organizational culture and leadership of a care facility. These theoretical underpinnings of the conceptual model have been translated into three main pillars of the Homestead care model: activation, freedom, and relationships. The Homestead care model has a unique physical, social and organizational environment, which can affect daily life of residents.

TURNING THE ORDINARY INTO THE EXTRAORDINARY: EXPERIENCES OF PROVIDING FARM-BASED DAYCARE FOR PEOPLE WITH DEMENTIA
Ingeborg Pedersen, Norwegian University of Life Sciences, Ås, Akershus, Norway

This study gives a deeper understanding of how service providers think and work when offering farm-based day care (FDC) services for people with dementia. Seven semi-structured interviews with service providers, analyzed using text condensation, resulted in the five main themes; “On fertile ground”; “The foundation”; “Activities with rippling effects”, “Positive social and emotional environment” and, “Making room”. The theme “On fertile ground”, reflects the ordinary aspect of the farm context; closeness to nature and the home-like atmosphere. “The foundation” describes the extraordinary aspect of FDC; the service providers relentless effort to tailor all aspects of the service to the attendees. These two themes lay the foundation for the activities, the social setting, and possibilities for having a personal focus, reflected in the three remaining themes. The study gives an enhanced understanding of the key role of the service provider and how they offer person-center care in the farm context.

RISK REDUCTION OF HOSPITAL ADMISSIONS FOR PEOPLE WITH DEMENTIA IN SHARED-HOUSING ARRANGEMENTS: THE DEMWG STUDY
Karim Wolf-Ostermann1, Susanne Stiefler2,1, AnniKarina Schmidt2, Anna-Carina Friedrich2, Elmar Grässel1, Carolin Donath2,1, Jennifer Scheel2,1, and André Kratzer1, 1. University of Bremen, Bremen, Bremen, Germany, 2. Institute of Public Health and Nursing Research, University of Bremen, Germany, Bremen, Bremen, Germany, 3. Universitätsklinikum Erlangen, Department of Psychiatry and Psychotherapy, Center for Health Services Research, Erlangen, Bayern, Germany

People living with dementia (PlwD) have an increased risk of hospital admission which may result in severe consequences. The DemWG-study therefore aims to investigate whether a complex intervention in shared housing arrangements (SHA) for PlwD reduces the number of hospital admissions. Furthermore, quality of life, risk of falls, and stabilization of cognitive abilities are assessed. The intervention includes motor and cognitive training for PlwD and education of caregivers and general practitioners. The study is conducted in 88 SHA in Germany with a total of 330 PlwD and a 6 months intervention. Data are collected up to 18 months after baseline, including quantitative and qualitative data. Results from caregivers’ perspectives on the intervention designate a perceived improved social interaction, which in turn
has a positive effect on living together in the SHA. Based also on the results of the ongoing quantitative assessments recommendations for better care and support will be derived.

HOW DO GREEN CARE FARMS FOR PEOPLE LIVING WITH DEMENTIA SUCCESSFULLY INTEGRATE OUTDOOR SPACES?
Katharina Rosteius, Bram de Boer, and Hilde Verbeek, Maastricht University, Maastricht, Limburg, Netherlands

Green Care Farms (GCFs) are an innovative care environment for vulnerable groups. This study explores the design, and the successful integration of the natural environments of GCFs. By actively integrating outdoor spaces into daily care, they may encourage residents to participate in meaningful activities. A case study was conducted on a Dutch GCF using mixed ethnographic methods, 129 hours of observations of daily life were combined with 24 semi-structured interviews with residents, family, volunteers, staff and management, and a focus group with staff. The physical environment was assessed quantitatively. Data was analyzed thematically and triangulated. Results indicate that some factors supported the integration of the outdoor spaces into daily care. First, the physical environment was specifically designed to stimulate residents. Second, the outdoors was easily and openly accessible for residents. Third, residents’ security was supported in several ways. Lastly, staff members creatively motivated residents to use the outside spaces.

SESSION 4310 (SYMPOSIUM)
LENS FROM CAPABLE: DRIVERS, IMPLEMENTATION EXPERIENCE, AND MARKET READINESS CONSIDERATIONS
Chair: Deborah Paone Co-Chair: Sarah Szanton

External, organizational, and individual factors which drive or restrain adoption, implementation, and scaling of CAPABLE provide lessons for other programs to move from research to practice and promote sustainability. Lessons are offered for policymakers, payers, consumers, and communities to support evidence-based programs that improve function and reduce disability for older adults. This symposium presents results from a 3-year study of implementation of CAPABLE by 40 organizations, an analysis of the drivers and restrainers of CAPABLE dissemination, and a 1-year pilot study on engaging unpaid care partners in CAPABLE. We will explore the lessons from each—finding synergy and unique insights. CAPABLE is a case example to guide efforts at the organizational, system, and societal levels.

CAPABLE IMPLEMENTATION: PROGRESS AND BARRIERS
Deborah Paone1, and Sarah Szanton2, 1. Johns Hopkins University School of Nursing, Baltimore, Maryland, United States, 2. Johns Hopkins University, Baltimore, Maryland, United States

CAPABLE is an evidence-based 4-to-6-month program that improves daily function and the home environment based on the older adult’s goals. Study aims were to: (1) understand context and readiness factors in implementation, (2) identify barriers and facilitators, and (3) examine the utility of two frameworks. The unit of analysis was the organization. We employed the CFIR and RE-AIM frameworks for this qualitative study, using multiple data sources and traced the implementation of 40 organizations over 3 years. Leadership support, perceived value of the program, initial funding, strategic importance, and program champion were common supportive factors. Common challenges included difficulty with recruitment, staffing and infrastructure readiness and sustainability of funding. This study indicates readiness, technical support, and resources needed for implementation and sustainability of CAPABLE and suggests external environmental supports needed. It offers a practical way to monitor, evaluate, and report on ongoing implementation of evidence-based programs.

DRIVERS AND RESTRAINERS OF CAPABLE DISSEMINATION
Sarah Szanton1, and Deborah Paone2, 1. Johns Hopkins University School of Nursing, Baltimore, Maryland, United States, 2. Johns Hopkins University, Baltimore, Maryland, United States

Using the technique of Force Field Analysis, the co-developer of CAPABLE examined drivers and restrainers of dissemination for the CAPABLE program. This generated 19 distinct drivers including robust research findings, demonstrated clinical and economic utility, and high value to older adults. The environmental shift toward value-based approaches in Medicare and Medicaid also increased the perceived value of CAPABLE. In addition, there were 8 restrainers, including component complexity, siloed health and housing sectors, and the operational lift needed to build the program. Lessons are offered from this case study to move from research to embedded practice.

UNDERSTANDING POTENTIAL INVOLVEMENT OF CARE PARTNERS IN CAPABLE
Beth Fields1, and Pamela Toto2, 1. University of Wisconsin-Madison, Madison, Wisconsin, United States, 2. University of Pittsburgh, Pittsburgh, Pennsylvania, United States

This qualitative study focused on understanding how to involve unpaid care partners (‘family members or friends’) of older adults who are participating in CAPABLE. Using field notes, focus groups, and key informant interviews, the study revealed considerations for involving care partners, including providing choices, defining roles, sharing information in a collaborative manner, and reinforcing knowledge and skills training. These findings can help guide organizations interested in involving care partners in their older adult programs.