Administration (HRSA)-funded Geriatric Workforce Enhancement Program (GWEP). GWEP goals include the promotion of Age-Friendly Health Systems by focusing on the 4 Ms: What Matters Most, Medication, Mentation and Mobility. GWEPs commonly operationalize the Mobility component via falls risk screening and prevention programs. Though CBOs are well suited to deliver falls prevention programs, implementing, disseminating and sustaining community-based falls prevention programs in an environment of cost containment, limited funds for community-based services and workforce issues is challenging. Previous Administration for Community Living (ACL) grant funding enabled us to develop the Dartmouth Falls Prevention Training Center (D-TC) using our expertise in training and community-based implementation of evidence-based interventions. The D-TC offers training and implementation support to primary care and CBOs on screening, referring and capacity-building for falls prevention programs. We will discuss challenges and successes implementing the Dartmouth falls prevention model with two additional GWEP grantees, Baystate and the University of Rhode Island. Benefits of leveraging ACL and HRSA funding to achieve synergistic goals to reduce falls in older adults will be explored.

THE DARTMOUTH FALLS PREVENTION TRAINING PROGRAM: PRIMARY CARE AND COMMUNITY-BASED ORGANIZATION COLLABORATION

Dawn Pidgeon, Dartmouth Centers for Health and Aging, Lebanon, New Hampshire, United States

Falls are a leading cause of fatal and non-fatal injuries in older adults. Older adult participation in community-based falls prevention programs can significantly reduce falls risk, however, identifying and referring individuals to appropriate programs can be challenging. Through Administration for Community Living (ACL) funding, we have developed a comprehensive Dartmouth Falls Prevention Training Program for healthcare and community based organizations that includes (1) Falls screening in primary care; (2) “Balance Days”, a community-based education and balance screening event encompassing falls risk stratification and coaching into programs; (3) Instructor Training for Tai Ji Quan: Moving for Better Balance®, a highly effective falls prevention program; and (4) Implementation Training, a research informed workshop shown to enhance community-based program sustainability through participant retention. We will share strategies for sustainable collaborations between primary care and CBOs to reach at-risk individuals and improve lives and decrease costs associated with falls.

ADOPTING AND ADAPTING A FALLS PREVENTION PROGRAM: LESSONS LEARNED FROM IMPLEMENTING A MODEL FROM A DIFFERENT CONTEXT

Alexandra Morelli, Carol Petrie, Christine Ferrone, and Phillip Clark, University of Rhode Island, Kingston, Rhode Island, United States

Geriatric Workforce Enhancement Programs (GWEPs) are ideally suited to develop and implement educational programs to transform the geriatric care system. They link academic programs, clinical partners, and community-based organizations to bridge care system gaps to improve the health and social care of older adults. Such a collaboration is especially important in falls prevention, where primary care assessments generate referrals to community programs that enroll older adults to reduce their risk of falling. However, exporting an evidence-based model developed in one context for implementation in another is not without its perils and pitfalls. This paper explores the challenges of applying a model developed elsewhere to the Rhode Island context, including the need to understand how structural differences in academic, primary care, and community-based systems require flexibility, innovation, and persistence in overcoming the networking challenges in these different settings. Recommendations for implementing program models in a variety of settings are explored.

ADAPTING TO CREATE INNOVATIVE VIRTUAL FALLS PREVENTION PROGRAMS FOR AT RISK OLDER ADULTS DURING A GLOBAL PANDEMIC

Dawna Pidgeon, Rebecca Dobert, and Maura Brennan, 1. Dartmouth Centers for Health and Aging, Lebanon, New Hampshire, United States, 2. Baystate Health, Springfield, Massachusetts, United States

Baystate Health’s Geriatrics Workforce Enhancement Program (GWEP) postponed implementation of Group Medical Visits focused on falls reduction for older adults in Springfield, Massachusetts due to COVID-19 and quickly shifted efforts to participate in Dartmouth’s Falls Prevention Training Program. Long standing GWEP Community Based Organizations (CBOs) were consulted, and all believed that the virtual Tai Ji Quan Moving for Better Balance® (TJQMBB) program would combat social isolation and improve older adults’ comfort with technology in addition to reducing falls during the COVID-19 pandemic. Baystate’s GWEP was able to reallocate grant dollars to support the purchase of equipment for CBOs to deliver TJQMBB virtually. While many challenges continue to arise, the innovative and collaborative approach between the two GWEPs and Baystate’s CBOs leveraging Administration for Community Living falls prevention funding has led to high level engagement and rapid implementation. Dartmouth’s model capitalizes on and strengthens existing GWEP partnerships with its CBOs.

Session 3425 (Symposium)

LEVERAGING PROMISING POLICIES TO SUPPORT LONG-TERM CARE RESIDENTS’ QUALITY OF LIFE POST-PANDEMIC

Chair: Deanne Taylor
Co-Chair: Janice Keefe
Discussant: Heather Cook

Long-term care (LTC) is highly regulated and often the policy language is complex and in tension with residents’ quality of life goals. Prior to COVID-19, LTC policy levered prioritized safety over other quality domains such as privacy, dignity, spirituality, and comfort. During the pandemic, this focus on safety regulations, while important, intensified in ways that often negatively impacted residents’ overall quality of life. In this symposium, we share findings from a five-year research project where we conducted a unique and expansive review of regulatory policy across four Canadian
jurisdictions. We highlight how 11 different quality of life domains are supported and which texts offering promising policy language to enhance a well-rounded quality of life for residents. These are timely insights to offer as policy-makers look to the future and consider the lessons learned from the pandemic. We contend that creating more LTC policy is not a timely pathway forward to LTC reform. Instead, we suggest that existing policy can be leveraged when applied within a resident-centred quality of life lens. We will guide attendees through examples of existing promising policies highlighting how they might leveraged in planning for a better LTC system. The discussion will be rooted in our unique resident-centred approach to policy analysis using specific domains of quality of life and then applied to four different perspectives: residents, families, staff and volunteers. Our discussant a Ministry of Health decision-maker will address the implications of our research for post-pandemic planning to improve resident quality of life.

FAMILIES AS VALUED CONTRIBUTORS TO LTC RESIDENTS’ QUALITY OF LIFE: POLICY PERSPECTIVES
Janice Keefe, Mount Saint Vincent University, Halifax, Nova Scotia, Canada

Family members are essential contributors to QoL of LTC residents. This paper analyzes how the system views family’s role in residents’ QoL and enables or inhibits family involvement. Our analysis of 21 policies that regulate LTC in four Canadian Provinces reveal differences in their portrayal of residents’ families. In many policies, family roles are characterized procedurally (task-oriented) or relationally (interactive) by policy type. Operational standards (regulatory policies) linked to licensing employ more formal terminology, while LTC program guidelines use facilitative language to engage families and build relationships through voluntary means. Specific examples of orientation and admission procedures, care protocols including use of restraints, right to live at risk, and end-of-life care are presented to reveal inter-provincial variations. We argue there are opportunities to further engage families within the current regulatory framework.

PROMISING LONG-TERM RESIDENTIAL CARE POLICY GUIDANCE FOR STAFF TO SUPPORT RESIDENT QUALITY OF LIFE
Mary Jean Hande, Mount Saint Vincent University, Halifax, Nova Scotia, Canada

This paper reviews 63 policy documents in four Canadian jurisdictions that guide long term residential care staff on how to enhance 11 resident quality of life in Canada. We found guidance in each jurisdiction that provide clear language to support staff discretion and flexibility to navigate regulatory tensions and enhance resident quality of life. Newer policies tend to reflect more interpretive approaches to staff flexibility and broader quality of life concepts. We argue that if interpreted through a resident quality of life lens and with the right structural supports, these promising texts offer important counters to the rigidity of long term residential care policy landscape and can be leveraged to effectively broaden and enhance quality of life for residents in long term residential care.

TRACING THE EXPRESSION OF RESIDENT QUALITY OF LIFE POLICIES IN CANADIAN LONG-TERM CARE SETTINGS
Janice Keefe, and Pamela Irwin, Mount Saint Vincent University, Halifax, Nova Scotia, Canada

Policies favouring safety, security, and order are expressed in preference to those oriented towards person-centred resident quality of life in Canadian long-term care settings. Factors impacting the expression of these latent (under-utilised) rules were uncovered through an analysis of long-term care related policies in four provinces. 84 policies relating to resident quality of life in long-term care were analysed in three sequences, incorporating jurisdictions, policy types, and quality of life domains, over time. The analysis revealed three policy levers: situations–providing explicit and implicit examples of resident oriented quality of life policy suppression in each jurisdiction; structures–identifying which types of policy and quality of life expressions are more vulnerable to dominance by others; and trajectories–confirming the cultural shift towards more person-centredness in Canadian long-term care related policies over time. Although these policies exist, their potentiality remains dormant in the dominant policy discourse, thereby signaling a positive post-pandemic possibility.

DOES LONG-TERM CARE POLICY ENABLE OR LIMIT VOLUNTEERS’ ROLES IN ENHANCING RESIDENT QUALITY OF LIFE?
Emily Hubley, and Mary Jean Hande, Mount Saint Vincent University, Halifax, Nova Scotia, Canada

This paper examines how volunteer roles are represented in Canadian long term care (LTC) policy in four Canadian jurisdictions, attending to how these regulated roles might impact resident quality of life. Overall, we found that policies define volunteer roles narrowly, which may limit residents’ quality of life. This happens through (1) omitting volunteers from most regulatory policy, (2) likening volunteers to supplementary staff rather than caregivers with unique roles, and (3) over-emphasizing residents’ safety, security and order. We offer insights into promising provincial policy directions for LTC volunteers, yet we caution against further regulating volunteers. Instead, we argue, addressing the cultural, social and structural changes required for volunteers to enhance LTC residents’ quality of life effectively.

MAINTAINING ENERGY: A POTENTIAL TRANSFORMATIVE POWER TO ADAPT TO THE CHALLENGES OF OLDER AGE?
Chair: Rebecca Ehrenkranz

Reduced energy is a hallmark feature of aging. Maintaining higher energy late in life may be a key adaptive strategy to the challenges that accompany older age and ultimately promote resilience. Perceived lack of energy is often construed as synonymous with fatigue, and energy and fatigue are frequently considered opposite aspects of the same phenomenon. However, evidence suggests that energy and fatigue have distinct underlying neurobiology. Further exploration of the energy/fatigue dichotomy is needed in community-dwelling