recommendations for educators to create opportunities for students, especially from social work or other helping professions who traditionally have shown a lack of interest in working with older adults, to meet and interact with older adults, and to further enhance students’ competencies and interests in the fields of senior care.

TRANSFORMING AN INTERGENERATIONAL SERVICE-LEARNING PROJECT DURING THE COVID-19 PANDEMIC

Renee’ Zuccheri, and Annaliet Delgado-Rodriguez, Xavier University, Cincinnati, Ohio, United States

The COVID-19 pandemic has required transformation in the delivery of higher education and pedagogy that is used. The Co-Mentoring Project links undergraduate Psychology of Aging students with older adult volunteers for an intergenerational service-learning experience. Prior to the pandemic, the Project was delivered via an in-person format. During the pandemic, the Project transitioned to a virtual format. Self-reported postproject evaluations from undergraduate students (n=30) and older adults (n=27) during the two academic years prior to the pandemic were compared to evaluations from students (n=26) and older adults (n=28) during two years of the pandemic. Mann-Whitney U Tests revealed no significant differences in older adult and student postproject evaluation outcomes between in-person and virtual formats. For example, there were no differences in older adult level of enjoyment between the in-person (Md=5, n=27) and virtual formats (Md=5, n=28), U=405.00, z=.02, p=.99. Likewise, there were no differences in student level of comfort interacting with older adults between in-person (Md=5, n=30) and virtual formats (Md=5, n=26), U=389.00, z=.02, p=.99. Qualitative information from the postproject evaluations indicated participants were glad to have had the opportunity to meet virtually during the pandemic, however they preferred an in-person format. These results support the conclusion that intergenerational service-learning can be successfully implemented virtually. This paper will describe the transformation of the Project from an in-person to virtual format, and advantages and disadvantages of both formats.

SESSION 4760 (SYMPOSIUM)

FUNCTION FOCUSED CARE FOR ACUTE CARE: OVERCOMING RECRUITMENT, MEASUREMENT, AND IMPLEMENTATION POST-COVID-19

Chair: Barbara Resnick

To help patients spend more time engaged in physical activities and avoid the complications that occur Function Focused Care for Acute Care was developed (FFC-AC-EIT). FFC-AC-EIT includes the implementation of four steps: (1) Environment and policy assessments; (2) Education of staff; (3) Establishing patient goals; and (4) Mentoring and motivating of staff, patients, and families. A total of 600 patients from 12 hospitals will be included. Eligibility of patients is based on being 55 years of age and older, admitted for a medical reasons excluding COVID-19, and demonstrating evidence of dementia. Outcome measures are obtained at baseline, discharge, 1, 6 and 12 months post discharge and include physical function, physical activity, pain and pain management, psychological and behavioral symptoms associated with dementia, delirium and adverse events (falls, rehospitalizations, nursing home admissions). Due to COVID-19 innovative approaches were implemented to be able to initiate and continue with the study. These included: identifying potential participants that were COVID-19 free off site; transitioning some intervention activities with staff to online; completing verbal consent with proxies versus face to face; adjusting follow up MotionWatch 8 deliveries and placements to be done without face to face interaction; and adjusting recruitment time periods and intervention activities to fit with intermittently high periods of COVID-19. This symposium will describe intervention challenges, solutions and lessons learned, describe an effective process and measurement model for identification of participants with dementia; and provide optimal ways to measure pain and physical activity among older adults with dementia.

OVERCOMING RECRUITMENT APPROACHES TO IDENTIFY PARTICIPANTS WITH DEMENTIA

Elizabeth Galik, University of Maryland, Baltimore, Baltimore, Maryland, United States

Clinically the work up for dementia often includes a history and physical, neuropsychiatric screening measures and neuroimaging. These assessments are neither practical nor realistic when identifying participants for research studies. To confirm a diagnosis of dementia for study participants in the FFC-AC-EIT study we developed a measurement model. The model included four measures: the AD8, the Functional Activities Questionnaire, the Clinical Dementia Rating Scale, and the Saint Louis University Mental Status Examination. In the first 346 patients consented, 176 were enrolled and 158 were ineligible. The mean age of the participants was 80.70 (SD=9.60) and the majority were female (64%) and white (66%). There was evidence of reliability based on internal consistency and construct validity based on model fit using Rasch analysis and Structural Equation Modeling. All four measures are recommended as a pragmatic way in which to comprehensively determine evidence of dementia for research studies.

OVERCOMING CHALLENGES TO PAIN ASSESSMENT AND FACTORS THAT INFLUENCE PAIN IN PATIENTS WITH DEMENTIA

Ashley Kuzmik, Penn State University, University Park, Pennsylvania, United States

The purpose of this study was to describe the optimal way to measure pain among older hospitalized patients with dementia and evaluate the factors that influence pain. The PAINAD is described as a reliable and valid observation measure of pain in this population based on Rasch analysis and was invariant to gender or racial biases. Using this measure and a protocol for observation of pain, pain and associated factors were obtained on the first 112 participants from 6 hospitals in the FFC-AC-EIT study. For descriptive purposes and to guide interventions, factors that
were associated with pain were tested. The following factors explained 61% of the variance: functional focused care activities performed, delirium, and quality of care interactions. Those that performed more functional activities, had less delirium, and had higher (more positive) quality of care interactions were less likely to have pain. The findings also supported the use of the PAINAD.

MEASUREMENT CHALLENGES AND SOLUTIONS WHEN EVALUATING PHYSICAL ACTIVITY AMONG HOSPITALIZED PATIENTS WITH DEMENTIA
Brittany Drazich, University of Maryland, Baltimore, Maryland, United States

Obtaining subjective reports of physical activity from individuals is known to be biased. With increased creation, dissemination, and use of technology, approaches for objective measurement have improved. Although actigraphy is increasingly used, challenges include a lack of clearly established cut off levels for vigorous, moderate, and low level activity in older individuals, decreased arm movement with walking, and the impact of comorbidities (e.g., Parkinson’s Disease) on actigraphy readings. The advantages of the MotionWatch 8 over other devices will be discussed and our protocol for use shared. The findings from the first 200 participants will be described and challenges to interpretation addressed. The majority of the study participants were willing to wear the MotionWatch 8 during hospitalization. Using innovative approaches to avoid direct patient contact due to concerns related to COVID-19, follow up activity was obtained at 1 month post discharge. Lastly, recommendations for interpretation of findings will be provided.

IMPLEMENTING FUNCTION-FOCUSED CARE IN THE HOSPITAL: LESSONS LEARNED
Marlene Boltz, Penn State, Pennsylvania State University, Pennsylvania, United States

The mentorship provided by the nurse interventionist is an important implementation strategy to support Function-focused care adoption in hospitalized older adults with dementia. The nurse interventionist works with unit champions and interdisciplinary stakeholder teams over a 12 month period. The first interaction includes using a brainstorming approach to develop unit-specific goals to support the integration of function-focused care into routine care delivery. Implementation strategies at the unit level include flexible staff training, involving staff in evaluations of care interactions, targeting pragmatic measures, and a feedback loop. Based on content analysis of field notes we will describe stakeholder goals established, action plans, and barriers and facilitators to meet goals in four hospital units. Key findings include the influence of leadership support, communication strategies, engagement of direct care staff, interdisciplinary collaboration, access to human and material resources, and contextual factors within the hospital setting (including pandemic-related challenges).

SESSION 4770 (PAPER)

HEALTH AND SOCIAL SERVICES: FROM COMMUNITY AND POST-ACUTE CARE INTERVENTIONS TO TRAUMA-INFORMED CARE SURVEY RESEARCH
A CITATION REVIEW OF DISSEMINATION AND IMPLEMENTATION MODELS UTILIZED IN AGING RESEARCH WITHIN THE UNITED STATES
Jennifer Sullivan1, Anna Rae Montano2, Heather Davila3, Marlena Shin4, Chelsea Hawley1, Jaime Hughes5, Kelly O’Malley6, and Camilla Pimentel1, 1. VA LTSS COIN / Brown University, Providence, Rhode Island, United States, 2. VA Providence Healthcare System, Providence, Rhode Island, United States, 3. VA Iowa, Iowa City, Iowa, United States, 4. VA Boston Healthcare System, Boston, Massachusetts, United States, 5. VA Bedford Healthcare System, Bedford, Massachusetts, United States, 6. Wake Forest, Wake Forest, North Carolina, United States

The application of implementation science in aging research has been growing. To our knowledge, there has been no study detailing the Dissemination and Implementation (D&I) Models utilized in aging research. The goal of this citation review is to further understand D&I models frequency and nature of their use in aging research. We identified 111 Dissemination and Implementation (D&I) Models compiled on the dissemination-implementation.org website. We then conducted a citation analysis on them, searching Web of Science and PubMed databases. We extracted key data from identified articles up to January 28, 2022. Search terms were broad and included aging, older, elderly and geriatric. To be included, articles had to be in peer-reviewed journals, in English, and occur in the United States. We identified 297 articles meeting our eligibility criteria. The nature of the way D&I models used to advance evidence-based practice in aging research and practice varied as did the number of citations over time. Of the D&I models included in this review, only one (4E Framework) was developed within the aging research field. The top five models included: CFIR, RE-AIM 1.0, Behavior Change Wheel, Greenhalgh Diffusion of innovation in Service Organization and CBPR. Citations were distributed across many frameworks and yet only totaled less than 1% of all D&I Model citations suggesting there are many ways the field can grow in the future.

COMPLEXITY IN PSYCHOSOCIAL INTERVENTIONS: CASE STUDIES FROM A STROKE TRANSITIONS TRIAL
Emmanuel Chima1, Amanda Woodward2, Anne Hughes3, Michele Fritz4, Paul Freedolino4, Sarah Swierenga1, Constantinos Coursaris1, and Mathew Reeves1, 1. Michigan State University, East Lansing, Michigan, United States, 2. Michigan State University, Ann Arbor, Michigan, United States, 3. HEC Montreal, Montreal, Quebec, Canada

The Michigan Stroke Transitions Trial (MISTT) tested whether in-home social work case management (SWCM) or SWCM combined with access to a website providing stroke-related information improved outcomes relative to usual care for patients discharged home post-stroke and their caregivers. The aims of this secondary analysis are 1) to describe the actual support social work case managers (SWCM) provided to MISTT participants and 2) use select case studies to illustrate the relationship between SWCM and quantitative patient and caregiver outcomes. Data for the study were derived from SWCM case notes on 137