THE IMPACT OF COVID-19 AND ASSOCIATED RESTRICTIONS ON PHYSICAL ACTIVITY AMONG ASSISTED LIVING RESIDENTS
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COVID-19 and associated restrictions significantly impacted residents in assisted living (AL) communities. This was a descriptive study of 35 AL communities that were participating in an implementation trial of Function Focused Care for Assisted Living Residents with Dementia during the COVID-19 pandemic. Within twelve months of the COVID-19 pandemic, 18% of the AL communities had at least one resident who was positive for COVID-19. Almost half of the ALs allowed health care providers into the setting. All of the ALs facilitated family visits outside and by telephone and technology, but only 11% allowed visitors inside the community. Over 50% stopped using recreational supplies to encourage physical activity and 28% reported that residents experienced more behavioral and psychological symptoms of dementia. Restrictions designed to prevent the spread of COVID-19 may have negatively impacted resident behavior and the AL staff’s engagement of residents in physical and recreational activities during the pandemic.

FUNDING INFLUENCING PRACTICE AND OUTCOMES IN REABLEMENT
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Internationally, Home Care is invariably funded through fee-per-service, e.g., if an hour of care is delivered, the provider receives an associated amount of funding. However, the funding model discourages reductions in packages-of-care when a client’s functional capacity improves, and further disincentivises providers to discharge clients. Similarly, staff income is often directly associated to the delivered hours-of-care and if a client’s hours are reduced, so is their income; again, discouraging the right behaviour, such as reporting improvements in independence levels. In 2008 in New Zealand, we developed a case-mix funding methodology and have been progressively implementing the new model since that time. This presentation highlights the findings in relation to how Home Care service hour allocations titrate against needs following implementation of the model as well as a number of other key quality outcomes that have been observed as a result of the case-mix model.

FEASIBILITY OF A GENERIC FFC INTERVENTION FOR LONG-TERM CARE: EVIDENCE FROM INTERVENTIONS IN VARIOUS CARE SETTINGS
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Function Focused Care (FFC) interventions support nurses to adapt their level of care to the capabilities of older people and to optimize their self-reliance. Recently, three FFC-interventions were implemented in various Dutch care settings. Lessons learned and implications were synthesized and an advanced FFC-program ‘SELF’ was developed for wide application. SELF comprises interactive and multidisciplinary sessions, is theoretically grounded, primarily focuses on behavior change in nurses, and is tailored to the team’s needs. It also includes policy and environment review, goal-setting, and coaching-on-the-job. SELF was tested in one Dutch psychogeriatric ward. Afterwards, focus groups were conducted with nurses, trainers, manager and coaches. The interactive content, mutual discussions, and practice-based working methods were highly valued. SELF increased awareness and willingness to practice FFC and was considered feasible in practice. Increased involvement and support of allied health professionals and the manager was preferred. A nationwide effectiveness trial is planned after refining SELF.

RURAL RESILIENCE THROUGH COVID-19
Chair: Shannon Freeman
Co-Chair: Raven Weaver
Discussant: Shannon Freeman

The effects of the COVID-19 pandemic have been felt globally affecting everyone, but have disproportionately harmed some of the most vulnerable and marginalized including individuals residing in rural and remote areas. The geographic isolation initially thought to protect rural and remote communities from the pandemic soon became a disadvantage, requiring individuals to navigate long-standing systemic barriers (e.g., lack of transportation issues, limited access to healthcare resources, and fragmented accessibility to vaccines), alongside the new challenges posed by COVID-19 restrictions to mitigate the spread of disease. The purpose of this symposium is to showcase examples of rural resiliency in the face of significant struggle. Taking a strength-based approach, the papers discuss efforts to identify healthy coping and positive aspects of physical distancing (Paper 1; Weaver), explore social support and psychological mindset (Paper 2; Fuller), inform successful strategies to pivot programming to remote coalition engagement for obesity prevention (Paper 3; Buys), implement a peer mentoring program to spur development of new strategies to build community resilience (Paper 4; Oh), and review elements of rurality that empower or exclude older people and the implications for a post-COVID world (Paper 5; Curreri). As we continue to uncover and learn about the short and long-term implications of living through the pandemic, these papers describe ways in which rural communities demonstrate resilience in the face of adversity. Our presenters will showcase a range of US and international perspectives and offer policy and program recommendations for building resilience in the longer term.

ADAPTATION AND COPING AMONG RURAL OLDER ADULTS THROUGHOUT THE COVID-19 PANDEMIC
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In the past year, older adults have faced challenges due to COVID-19, yet many have also shown great resilience. This qualitative study explores older adults’ experiences and perceptions of adaptation, social connection, and coping across the first six months of the COVID-19 pandemic, with a particular focus on unique resilience factors among rural older adults. A Midwestern sample (35% rural) of 70 older adults aged 70-97 completed three phone interviews (April, June, and October 2020) about their experiences with social distancing due to COVID-19. Thematic analysis of qualitative responses identified themes of resilience including: 1) purposeful and flexible social connections, 2) positive psychological mindset, and 3) hardness and life experience. Strains related to the loss of community connections were evident, yet older adults demonstrated signs of adaptability and coping as compensation. Implications and future directions will be discussed in the context of change over time and geographic variation.

EXPERIENCES WITH PHYSICAL DISTANCING: COPING STRATEGIES AND POSITIVE EXPERIENCES
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A representative U.S. sample of adults completed an online survey (N=360) about perceived changes in social health and wellbeing since the implementation of physical distancing restrictions in April. Analyses are conducted on a subsample of adults aged 60+ (n=93; m=65.7 years; SD=4.7). Baseline bivariate descriptive analyses showed no geographic-based differences in self-rated health, resilience, perceived financial wellbeing, or family/friend support measures. Content analysis of rural residents’ (n=20) responses about coping strategies and positive experiences across three time points (April/July/November) revealed aspects of resilience. Individuals coped via acceptance and planning; engaging in activities; and keeping with routines. Positive experiences were relatively stable over time, with individuals describing improved health habits and enhanced social connectedness with family/neighbors. Individuals identified societal betterment and saving money as unintended benefits of the efforts to mitigate the spread of COVID-19. When faced with adversity, identifying positive experiences may help individuals cope with challenges in the long-term.

COMMUNITY-ENGAGED OLDER ADULT-LED POLICY, SYSTEMS, AND ENVIRONMENT INTERVENTIONS IN THE MS HIGH OBESITY PROGRAM
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Older adults in rural areas are at unique risk for poor outcomes due to social isolation and limited access to resources. The Mississippi High Obesity Program (HOP) aims to enhance access to social connections and resources like community gardens, food pantries, and physical activity as part of its broader objective to prevent and reduce obesity. Through policy, systems and environment strategies, development of Memoranda of Understanding (MOUs) between aforementioned entities, and community based participatory research approaches, Mississippi HOP efforts enhance food systems improvement efforts; grow multi-sectoral collaboration; and evaluate the effectiveness of new policies, and specifically MOUs, in reaching these goals. Older adults represent more than 40% (n=27) of all coalition members and stakeholder leaders (n=61); they are essential for the success of these initiatives. This presentation will highlight the work done during the COVID-19 pandemic and the role of and benefits to older adults, especially ones in rural communities.

PEER MENTORING TO FOSTER RESILIENT AGE-FRIENDLY RURAL COMMUNITIES IN MAINE
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Maine has a growing number of age-friendly community initiatives (AFCIs); 116 communities are actively working to adapt the social, service, and built environments for aging and 71 have formally joined the AARP Network of Age-Friendly States and Communities. During COVID, rural municipalities were faced with dynamic changes that limited older resident’s access to services and social engagement. To overcome these limitations, it is critical for emergent AFCIs to have tools and strategies to maintain and further enhance healthy environments and resilient communities. This study uses group interviews with 6 leaders of established AFCIs and 6 leaders of emergent AFCIs to explore how the Lifelong Fellows Program, a peer mentoring model that matches experienced leaders with newly formed initiatives, was able to spur development of new strategies to build community resilience. Prominent themes were (1) engaging new local and regional partners; (2) intergenerational volunteerism; (3) fun and flexibility; and (4) relationship-building.

FEATURES OF RURAL COMMUNITIES IN LATIN AMERICA AND SUB-SAHARAN AFRICA THAT INFLUENCE WELL-BEING OF OLDER PERSONS
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In their recent volume, Critical Rural Gerontology, Skinner et al (2021) challenge us to set aside unidimensional notions of rural communities as bypassed vs very supportive; and to identify the elements of rurality that empower or exclude older people and how these differ across cultures and settings. Covid-19 has highlighted the need for safe and inclusive communities. Given that LMIC will be home to the majority of older adults (Gonzales et al. 2015), we undertook a scoping review of features of rural communities that influence wellbeing of older people in countries across Latin America and Sub-Saharan Africa. The review included literature in English, French, Spanish and Portuguese, using