BIOLOGICAL MEASURES IN THE WLS: GENETIC AND MICROBIOME DATA
Kamil Scinski, University of Wisconsin-Madison, Madison, Wisconsin, United States

Ever since releasing genotype data in 2017, the WLS continually expands resources available to users interested in genetic research. Key advantages to the WLS data for genetics research include its sibling sample and nearly full life course longitudinal study design. In 2021, we now have state-of-the-art polygenic scores available in multiple domains, such as health, cognition, fertility, personality, risk behaviors and attitudes, and life satisfaction. The scores cover phenotypes spanning from adventurousness, through educational attainment, to age at which voice deepened. Additionally, the genotype data was re-imputed in 2021 to the superior Haplotype Reference Consortium reference panel and the WLS expects to obtain copy number variants data next year. In addition to genetic data, we have a set of novel microbiome data on a subset of participants that allows researchers to study relationships between environments and gut microbial composition.

HOW TO ACCESS AND USE DATA FROM THE WISCONSIN LONGITUDINAL STUDY
Carol Roan, University of Wisconsin - Madison, Madison, Wisconsin, United States

With over 27,000 analysis variables covering more than 60 years of participants' lives, the WLS data can be overwhelming to new users who are looking for the measures they need to answer their research questions. Core WLS survey data is free and easy to download from our website. As we add new types of measures and new waves of data, we refine our data sharing methods to balance our need to make the data easily available with the need to protect the confidentiality of participants. This presentation will teach users how to access the data files they need for their research and how to use our online documentation of survey instruments and data files. Symposium attendees will also receive a USB drive with the publicly available data and complete documentation.

Session 2340 (Symposium)

TRANSITIONS TO LONG-TERM RESIDENTIAL CARE SETTINGS
Chair: Bram de Boer Co-Chair: Hilde Verbeek Discussant: Joseph Gaugler

During their life course, many older adults encounter a transition between care settings, for example, a permanent move into long-term residential care. This care transition is a complex and often fragmented process, which is associated with an increased risk of negative health outcomes, rehospitalisation, and even mortality. Therefore, care transitions should be avoided where possible and the process for necessary transitions should be optimised to ensure continuity of care. Transitional care is therefore a key research topic. The TRANS-SENIOR European Joint Doctorate (EJD) network builds capacity for tackling a major challenge facing European long-term care systems: the need to improve care for an increasing number of care-dependent older adults by avoiding unnecessary transitions and optimising necessary care transitions. During this symposium, four presenters from the Netherlands and Switzerland will present different aspects of transitions into long-term residential care. The first speaker presents the results of a co-creation approach in developing an intervention aimed at preventing unnecessary care transitions. The second speaker presents an overview of interventions aiming to improve a transition from home to a nursing home, highlighting the clear mismatch between theory and practice. The third speaker presents the impact of the COVID-19 pandemic on transitions into long-term residential care using an ethnographic study in a long-term residential care facility in Switzerland. The final speaker discusses the results of a recent Delphi study on key factors influencing implementing innovations in transitional care. The discussant will relate previous findings on transitional care with a U.S. perspective.

DEVELOPING A REABEMENT PROGRAM AIMED AT PREVENTING UNNECESSARY CARE TRANSITIONS AFTER GERIATRIC REHABILITATION
Hilde Verbeek,1 Gertrudis Kempen,1 Jolanda van Haastregt,1 Ellen Vlaeyen,2 Geert Goderis,2 Silke Metzelthin,1 and Ines Mouchaers,1 1. Maastricht University, Maastricht, Limburg, Netherlands, 2. KU Leuven, Leuven, Vlaams-Brabant, Belgium

Patients returning home after geriatric rehabilitation may encounter several challenges related to daily functioning, which only manifest after returned home due to the large difference in environment and amount of support provided in both settings. This study aimed to develop an intervention preventing transitional care. A co-creation design was used, including literature research, observations, interviews, and working groups including a variety of stakeholders (n=13), including care professionals, policymakers of the municipality, client representatives, and an expert in the field of geriatric rehabilitation. Results indicated four main causes for transitional care problems: lack of communication between patients and professionals, coordination and continuity of care, patients’ limited self-management skills, and insufficient preparation. To solve these problems, an intervention was developed consisting of six intervention components aiming to increase self-management during meaningful daily activities, narrow the gap between the rehabilitation and home setting, and enhance communication and coordination.

A MISMATCH BETWEEN THEORY AND PRACTICE IN THE TRANSITION FROM HOME TO A NURSING HOME: A SCOPING REVIEW
Amal Fakha,1 Bram de Boer,1 Jan Hamers,1 Matheus van Achterberg,2 Erik van Rossum,3 Hilde Verbeek,1 and Lindsay Groenvynck,1 1. Maastricht University, Maastricht, Limburg, Netherlands, 2. KU Leuven, Leuven, Vlaams-Brabant, Belgium, 3. Zuyd University of Applied Sciences, Heerlen, Limburg, Netherlands

The transition from home to a nursing home is a complex process, existing of three transition phases (pre-, mid- and post-transition). It is often fragmented, leading to negative outcomes for older persons and informal caregivers. To
prevent these negative outcomes, knowledge of existing transitional care interventions is paramount. Therefore, a scoping review was performed, summarizing current interventions aiming to improve transitional care. The review identified 17 studies, describing eight multi- and five single-component interventions. From the multi-component interventions, seven main components were identified: education, relationships/communication, improving emotional well-being, personalized care, continuity of care, support provision, and ad hoc counseling. This review identified a clear mismatch between theory on optimal transitional care and current transitional care interventions. All interventions focused on either a specific phase or target population throughout the transition process. This inhibits a continuous transition process in which a partnership between all stakeholders involved exists.

**TRANSITION INTO LTRC DURING THE COVID-19 PANDEMIC: AN ETHNOGRAPHIC CASE STUDY**
Franziska Zúñiga,¹ Hilde Verbeek,² Sandra Staudacher-Preite,¹ and Megan Davies,¹
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2. Maastricht University, Maastricht, Limburg, Netherlands,
3. Nursing Science, Department of Public Health, University of Basel/Basel-Stadt, Switzerland

COVID-19 has affected long-term residential care (LTRC) disproportionally due to the high-risk population, lack of resources and insufficient preventative measures. Protective measures, including quarantine and strict visitation restrictions have made transitions into LTRC more challenging. Further insight is needed to understand how residents, relatives and staff have experienced this during the COVID-19 pandemic. During four months of fieldwork in a LTRC facility in Switzerland, a rapid ethnography consisting of interviews, observations, informal conversations and document analysis was conducted. This study included a total of 14 residents, 21 healthcare staff from varying departments and 7 relatives of residents. First results indicate that protective measures interfere with a resident’s ability to find meaningful activities and interactions within LTRC as well as the possibility to maintain mobility. This and limited family contact following a move into LTRC prevents a smooth transition from home to LTRC and impacts overall resident quality of life.

**IMPLEMENTATION OF TRANSITIONAL CARE INNOVATIONS: CONSIDERING THE ORGANIZATIONAL CONTEXT AND PROCESS IS KEY**
Bram de Boer,¹ Mathieu van Achterberg,² Jan Hamers,¹ Hilde Verbeek,¹ and Amal Fakha,¹ 1. Maastricht University, Maastricht, Limburg, Netherlands, 2. KU Leuven, Leuven, Vlaams-Brabant, Belgium

Many transitional care innovations (TCI) are implemented to improve long-term care services for older persons during the transition between various care settings. Nevertheless, multiple contextual factors (barriers; facilitators) influence the implementation of TCI at different levels such as but not limited to the organizational environment, outer setting, or innovation’s characteristics. By conducting a modified Delphi study involving 29 international experts from 10 countries, eleven influencing factors were prioritized and agreed upon (with ≥ 85% consensus level) as the most important for implementing TCI. These top factors were linked mostly to the organizational setting (e.g. resources, financing) or the implementation process (e.g. engaging key stakeholders). Moreover, the feasibility to address the majority of these factors with implementation strategies was rated as difficult. Our work concludes a compilation of major factors to be aware of and aim to tackle when preparing to implement a new TCI in any long-term care setting.

**SESSION 2345 (SYMPOSIUM)**

**A TOOLKIT FOR ADVANCING AGE INCLUSIVITY IN HIGHER EDUCATION**
Chair: Joann Montepare Co-Chair: Kimberly Farah

The pioneering Age-Friendly University (AFU) initiative, endorsed by GSA’s Academy for Gerontology in Higher Education (AGHE), calls for institutions of higher education to respond to shifting demographics and the needs of our aging populations through more age-friendly programs, practices, and partnerships. Over 70 institutions have joined the AFU global network and adopted the 10 AFU guiding principles. In support of the initiative, a GSA-AGHE-AFU workgroup was organized to develop strategies to help GSA members and their campuses explore how they can be more age-inclusive and create pathways to joining the AFU network. One outcome of the workgroup’s efforts was the creation “Tools for Advancing Age Inclusivity in Higher Education”, designed with support from AARP. In this symposium, workgroup members describe this suite of tools which can be used by faculty, students, administrators, and other campus leaders. Montepare will introduce the symposium with an overview of the AFU network and the workgroup’s goals. Morrow-Howell and Schumacher will discuss tools for “Making the Case” with examples from efforts on their campuses. Porter and Bergman will describe tools for “Getting Started” and how campuses can begin to mobilize age-friendly efforts. Andreoletti and June will share tools for “Gaining Momentum” with tips for creating age-friendly campus connections and collaborations. Silverstein and Gugliucci will describe tools for “Assessing and Tracking Success” that can be used at any stage of the process for exploring a campus’s age-friendliness. Information about joining the AFU network will be provided.

**LEARN, ENGAGE, AND ACT TO ADVANCE AGE INCLUSIVITY IN HIGHER EDUCATION**
Joann Montepare, Lasell University, Newton, Massachusetts, United States

Shifting age demographics are reshaping our social structures with far-reaching implications for higher education. Aging populations mean more older adults are looking to higher education to meet their professional needs and personal interests, and the longevity economy is calling for a trained workforce to provide services to support the health and functioning of individuals as they age. As well, there is a need to improve students’ aging literacy, along with developing synergistic age-friendly campus-community partnerships to address aging issues. How can institutions explore, create, develop, and sustain more age-friendly programs, practices, and partnerships? This presentation will introduce the toolkit specially designed by the GSA-AGHE Workgroup for use by faculty, students, administrators, and other campus leaders, and will provide an overview of the