models show that intervening on well-being causes a greater as well as by education and income subgroups. Simulation 50%, and 100% increase in well-being/literacy from base
lated the effects of interventions of varying degrees -- 10%, among older adults alive over a seven year period. We simu
eracy. Interventions designed to enhance well-being and/or
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**SIMULATING WELL-BEING AND LITERACY INTERVENTIONS TO REDUCE ELDER SCAM SUSCEPTIBILITY**

Marguerite DeLiema¹, and Aparajita Sur², ¹ University of Minnesota, Twin Cities, Minneapolis, Minnesota, United
States, ² University of Minnesota, Minneapolis, Minnesota, United States

Financial fraud targeting older adults is on the rise, with annual losses in the billions of dollars. There is little lon-
gitudinal research on the causal relationships between known risk factors and scam susceptibility, including poor
psychological well-being and poor health and financial liter-
acy. Interventions designed to enhance well-being and/or
literacy may reduce scam susceptibility among older adults. In
this study, we use repeated measures from the Rush Memory
and Aging Project to simulate how different trajectories in
well-being and literacy might impact scam susceptibility
among older adults alive over a seven year period. We simu-
lated the effects of interventions of varying degrees -- 10%, 50%, and 100% increase in well-being/literacy from base-
line scores. Simulations were performed for all participants
as well as by education and income subgroups. Simulation
models show that intervening on well-being causes a greater
reduction in average scam susceptibility over time compared
to intervening on total literacy. Even a 10% increase in base-
line well-being significantly reduces scam susceptibility over
time, regardless of participants’ baseline income or educa-
tional attainment. Both interventions caused slightly greater
reductions in susceptibility for those who are not college
educated and those with an annual household income of less
than $30,000. This study suggests that interventions that
target self-efficacy and sense of purpose may help reduce
older adults’ scam susceptibility even more than interven-
tions that improve health and financial literacy, but that both
are promising targets for intervention.

**SESSION 3170 (SYMPOSIUM)**

**PRESIDENTIAL SYMPOSIUM: REIMAGINING AGING AND LONG-TERM CARE FOR HEALTH EQUITY DURING AND POST-COVID-19: A HEALTH SCIENCES FOCUS**

Chair: Kirsten Corazzini Discussant: Deb Bakerjian

In line with the theme of the conference, this symposi-
umn highlights exemplars of health sciences scholars who
are identifying key issues and opportunities to re-imagine
aging and long-term care, through a health equity lens, as
highlighted by COVID-19. This lens is inclusive of the wide
range of long-term care stakeholders whose well-being and
health outcomes have been affected throughout the COVID-
19 pandemic, including older adults, family caregivers, and
the healthcare workforce. We focus in particular on vulner-
able aging populations, such as older adults who are living
with neurocognitive disorders, racial/ethnic minority older
adults, and older adults receiving palliative care. Finally, we
consider these issues at both individual and systems-levels.
Our first presenter examines person and family engagement
in assisted living for older adults living with ADRD and the
impact of COVID-19. The second presenter provides insights
into palliative care needs in nursing homes, and the impli-
cations for transition to an endemic. The third presenter exam-
ines long-term care needs in the community, with a focus on
the consequences of unmet needs for racial/ethnic minority
older adults. The fourth presenter highlights the role and
capacity of the nurse practitioner in nursing homes during
COVID. Our final presenters provide a systems-level look at
the COVID-19 response, focusing on self-organizing com-
unity coalitions to support nursing homes. Presentations
reveal how re-imaging aging and long-term care in health
sciences, requires consideration of health inequities experi-
enced throughout COVID-19, whether newly emerging in-
equities, or long-standing challenges and inequities that have
been exacerbated by COVID-19.

**IMPACT OF COVID ON PERSON AND FAMILY ENGAGEMENT IN ASSISTED LIVING**

Anna Beeber, Johns Hopkins University, Baltimore, Maryland, United States

Advancing person-centered care in assisted living (AL),
while minimizing safety risks (e.g., injury, elopement, or
medication errors), requires effective partnerships among
residents, family members, and staff. The COVID-19
pandemic adversely affected capacity across and within AL settings to establish and nurture these relationships, ultimately affecting and changing person and family engagement in care. Using data from qualitative interviews, we will report findings about person and family engagement in the safety of AL from the perspectives of 104 residents, families, and staff. Particular attention will be given to examining the effect of COVID-19 on person and family engagement for residents at increased risk for disparities in assisted living, including residents who are living with mild cognitive impairment or dementia. The presentation highlights both challenges and promising practices that emerged from the COVID-19 pandemic. Implications for AL are presented to support the transition from pandemic to endemic.

PALLIATIVE CARE FOR NURSING HOME RESIDENTS: APPLYING LESSONS LEARNED FROM COVID-19
Kathleen Unroe, Indiana University Center for Aging Research, Regenstrief Institute, Inc., Indianapolis, Indiana, United States

Many people receive care near or at the end of life in nursing homes, including 70% of people with Alzheimer’s Disease and Related Dementias (ADRD). Studies have documented unmet needs for symptom management and frequent transitions of care for nursing home residents. Despite this, access to palliative care for nursing home residents is inconsistent. The COVID-19 pandemic both highlighted and exacerbated inequities in access to care, including in US-based nursing homes, as well as globally. COVID-19 specific guidance for nursing homes at state and federal levels, while designed to protect residents, contributed to increased social isolation and functional decline. Drawing upon data from an ongoing study to advance palliative care for residents living with ADRD, this presentation will highlight promising practices and opportunities to deliver palliative care in this setting.

ADDRESSING UNMET LONG-TERM SERVICES AND SUPPORTS NEEDS FOR RACIAL/ETHNIC MINORITY OLDER ADULTS
Jasmine Travers, NYU, New York City, New York, United States

The COVID-19 pandemic magnified several long-standing problems with the delivery of long-term services and supports, including access to care in the community setting. A disproportionate rise in nursing home use among Black and Latino older adults reflects the inadequacy of existing programs and policies to support aging in place for these most at-risk populations. Enabling aging in the community and preventing avoidable nursing home placements is widely considered a priority by federal, state, and local entities along with families and older adults. Yet, it is unclear what is needed to support Black and Latino older adults to remain in the community. In this presentation, Dr. Travers will discuss unmet long-term services and supports needs among the Black and Latino population, issues particularly faced by these populations during COVID-19, and opportunities to move forward as we transition to an 'endemic' COVID-19 landscape.

THE LONG-TERM CARE STAFFING CRISIS AND COVID-19: ROLE OF THE NURSE PRACTITIONER
Katherine McGilton, KITE Research Institute: Toronto Rehabilitation Institute-UHN, Toronto, Ontario, Canada

The residential long-term care sector has historically suffered from seemingly intractable staffing challenges in terms of ensuring adequate clinical expertise and a supportive work environment to address the complex health care needs of residents. Considerable evidence has demonstrated the devastating effect of COVID-19 on this fragile residential long-term care staffing structure, resulting in adverse outcomes among staff and residents alike, with the potential for permanent devastation without directed intervention. Drawing upon data from an Ontario-based study of nurse practitioner deployment during COVID-19, this talk will share an emergent approach to re-shaping expertise and capacity in Ontario, Canada through embedding nurse practitioners in residential long-term care homes. Results of this work helped to inform health policy action in the province to scale-up the use of nurse practitioners in long-term care homes, in order to enhance staff expertise and tackle the significant inequities of access to care among nursing home residents.

A LOOK INSIDE THE MISSOURI NURSING HOME COVID-19 EXPERIENCE
Amy Vogelsmeier, and Lori Popejoy, University of Missouri, Columbia, Missouri, United States

The COVID-19 pandemic exposed the vulnerabilities of US nursing homes to manage widespread viral outbreaks including an ill prepared/under-resourced workforce, a physical environment not conducive to infection prevention or management, and isolation from community emergency response planning. In this session, we will share real-life, real-time experiences of diverse Missouri nursing homes as they responded to the COVID-19 pandemic. We will also report on emerging data about the impact of nursing homes’ pandemic response on resident outcomes. Strategies such as community-based efforts to respond to resource scarcity, and creative workforce solutions to address staffing needs, will be shared. Critical next steps should focus on the implementation of community coalitions to create sustainable healthcare partnerships at the local and state level and enhanced workforce solutions that include registered nurses and advanced practice registered nurses working within nursing homes to guide clinical care and infection prevention and management strategies.

SESSION 3180 (SYMPOSIUM)

READY, FIRE, AIM: DOES INTEGRATING ACUTE AND LONG-TERM SERVICES WORK?
Chair: Robert Applebaum Discussant: Richard Browdie

Due to the increasing costs of Medicaid and Medicare and concerns about how these two programs fail to work together to deliver quality care, there has been a growing enthusiasm for integrated care programs. The Financial Alignment Initiatives (FAI), implemented by the Centers for Medicare and Medicaid Services (CMS) in 2011 and tested...