

programs in health care settings. Lastly, Dr. David Coon will present two different approaches to translation of evidence-based programs through community-based organizations, with CarePRO embedded after completion of a clinical trial and EPIC embedded from the program's initial pilot phase. The discussant, Dr. Alan Stevens, will highlight the needs of caregivers and support services recognized by all key stakeholders.

COMMUNITY-BASED IMPLEMENTATION OF A CAREGIVER EDUCATION PROGRAM, REACH-TX: RACIAL-ETHNIC GROUP COMPARISON

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We present the effect of racial/ethnic group difference on the impact of REACH TX on measures of quality of life as implemented by the Alzheimer's Association North Central Texas Chapter. Five dimensions of quality of life (burden, depression, social support, self-care, and problem behaviors) were assessed at baseline and 6-month follow-up among three racial/ethnic groups of caregivers (White: 1,050; African American: 269; Hispanic: 176). Generalized estimating equations (GEEs) were used to assess racial/ethnic differences in the changes of quality of life after adjusting covariates. Significant interaction effects between racial/ethnic group and time (from baseline to follow-up) were found in burden, depression, and social support. White and Hispanic caregivers showed significant improvements, while the improvement among African American Caregivers was not statistically significant. The disparity in outcomes among diverse racial/ethnic groups in the program suggests the REACH TX intervention would benefit from tailoring interventions for African American caregivers.

EVIDENCE-DRIVEN PROGRAMS IN THE HEALTHCARE SETTING: HOW CAREGIVERS CAN BENEFIT

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How do family caregivers who interface with the healthcare system benefit from evidence-driven programs designed to support them? Education, training, and care coordination programs have all been found to significantly improve the well-being of caregivers. These programs include Operation Family Caregiver; Caring For You, Caring For Me; BRI Care Consultation; the New York University Caregiver Intervention; and patient and family advisory councils. Healthcare systems that host, translate and scale these programs make them more readily accessible for patients and their families, staff, and the larger community. Further, there is legislation, including the CARE Act, which recognizes the key role a family caregiver provides as a partner in their loved one's care. The CARE Act, now enacted in 36 states, states that family caregivers must be identified in the medical record and provided with the necessary resources to be able to care for their loved one after a hospital stay.

IMPLEMENTATION OF A MINDFULNESS BASED DEMENTIA-CARE PROGRAM WITHIN A HEALTHCARE SYSTEM

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The stress associated with caring for a loved one with Alzheimer's disease or a related dementia can negatively affect mental and physical health. Mindfulness-based stress reduction (MBSR), teaching caregivers to focus on the present moment with non-judgmental awareness, has been shown to improve overall mental health, reduce perceived stress, and decrease depression. At HealthPartners, we implemented the Mindfulness Based Dementia-Care (MBDC) program, an 8-week program designed for family caregivers for those living with dementia. MBDC combines teaching of MBSR skills along with essential education for this chronic disease. Participants attend a 1-hour orientation session, 2-hour classes each week for 8 weeks, at-home practice between classes, and a 6-hour Saturday retreat. Secure electronic surveys are administered at baseline, program completion and follow-up for evaluation of the program. We will discuss barriers and learnings of implementation as well as preliminary results from the evaluation.

TWO TALES OF TRANSLATION: EVIDENCE-BASED CAREGIVER PROGRAMS THROUGH COMMUNITY-BASED ORGANIZATIONS

DAVID Coon,¹ and Carol Whitlatch², 1. *Arizona State University, Phoenix, Arizona, United States*, 2. *Benjamin Rose Institute, Cleveland, Ohio, United States*

This presentation reports findings from on different translation approaches that embedded into the community two evidence-based interventions for family caregivers of people with dementia. CarePRO was embedded into the community after completion of a clinical trial, whereas EPIC was embedded from the program's inception. CarePRO is a group and telephone coach call intervention targeting family caregivers and EPIC is a group dyadic intervention for both early-stage people and their care partners. Available in English and Spanish, these programs are still being delivered across two states through community-based organizations. Findings from both CarePRO and EPIC demonstrate significant levels of participant benefit (e.g., reduced negative mood states, negative coping strategies, and negative network interactions as well as increased positive mood states, self-efficacy, care preparedness). Presenters will share lessons learned from the translation process regarding design modifications, training and supervision of interventionists, participant recruitment and retention, and adaptation of outcome assessments.

SESSION 2305 (SYMPOSIUM)

THE IMPORTANCE OF THE LONG-TERM CARE WORKFORCE ON QUALITY OUTCOMES FOR INDIVIDUALS RECEIVING SERVICES

Chair: Lindsay Schwartz, *American Health Care Association/National Center for Assisted Living, Washington, District of Columbia, United States*

Co-Chair: Howard Degenholtz, *University of Pittsburgh, Pittsburgh, Pennsylvania, United States*

Discussant: Amy M. York, *Eldercare Workforce Alliance, Washington, District of Columbia, United States*

A strong, supported long-term care (LTC) workforce is vital to quality outcomes of individuals receiving LTC. With the sector facing issues around recruitment and retention, it is important to understand factors impacting the workforce. This symposium includes four presentations, a mix of both quantitative and qualitative research. First, Scales and colleagues will provide an overview of the workforce crisis using extensive policy analysis of home and community-based services (HCBS) in the US. Factors impacting the HCBS direct care workforce (DCW), including training, supply and demand, models of care and compensation, will be addressed. Next, Carder et al. will compare workforce recommendations from the 2003 Assisted Living Workgroup (ALW) report to current regulations. Many states have incorporated recommendations including criminal background checks and training while few have required staff performance evaluations and policies to improve retention. Morgan et al. examine AL residents' care convoys' impact on resident outcomes utilizing data from interviews with AL staff, external health care professionals, residents and family members (n=219). Policies, practices, work overload, time constraints, lack of training and turnover impacted DCW involvement in care convoys. Bender et al. analyze data from 14 DCWs and 16 executive directors from 4 ALs to examine how staff implement and understands end-of-life care policies and procedures. Limited training and communication around death present opportunities for improvement to support DCWs experiencing grief and bereavement. The discussant will address the importance of workforce as part of the network providing quality of care and improving quality of life of individuals receiving LTC.

HOW STATES CHANGED REGULATORY REQUIREMENTS FOR ASSISTED LIVING STAFF SINCE 2003

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In 2003, the Assisted Living Workgroup (ALW) published quality improvement recommendations for states' regulations, including 26 regarding staffing/workforce. We reviewed states' 2003 and current regulations to identify the presence of ALW standards. Over half of states' regulations reflect 7 of the 26 staffing/workforce recommendations. Those most often added after 2003 concern criminal background checks, with a 58.8 percent increase in states that added federal background checks and use of criminal background checks to inform hiring. At least 40 states' regulations reflect the ALW recommendations for administrator and direct care staff training. Very few states require staff performance evaluations (n=13), human resource policies to improve retention (n=1), or management practices to improve retention (0). The 10 ALW recommendations concerning staff who administer medications have been adopted by fewer than 23 states. These findings can inform future policy analysis and research on staffing/workforce in assisted living communities.

HOME AND COMMUNITY-BASED CARE FOR A DIVERSE AND GROWING POPULATION: WORKFORCE POLICY AND PRACTICE IMPLICATIONS

Kezia Scales,¹ Jodi M. Sturgeon,¹ Lisa I. Iezzoni,² Robert Espinoza,¹ Stephen Campbell,³ Allison Cook,¹ and Naomi I. Gallopyn,² *1. PHI, Bronx, New York, United States, 2. Health Policy Research Center, Mongan Institute, Massachusetts General Hospital, Boston, Massachusetts, United States, 3. PHI (Paraprofessional Healthcare Institute), Bronx, New York, United States*

Most Americans would prefer to continue living in their homes and communities as they age, even when they require support with daily activities due to illness or disability. Much of this support is provided by unpaid caregivers, but the paid home care workforce also plays an essential role. Due to demographic changes and poor job quality, however, the home and community-based services (HCBS) sector is struggling to attract and retain enough workers to meet demand. Drawing from an extensive analysis of HCBS in the United States, this paper examines key factors impacting the home care workforce, including: supply and demand trends; financing policies; service-delivery models; and policies and practices defining workers' compensation, training, and career development. From these findings, we provide recommendations for addressing the home care workforce crisis and maximizing home care workers' contribution to the delivery of high-quality supports for a growing and evolving population of HCBS consumers.

WE'RE NEVER TALKING ABOUT IT: POLICY AND PRACTICE ABOUT END OF LIFE IN ASSISTED LIVING

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Increasing numbers of people are aging in place and dying in assisted living (AL) and AL is increasingly becoming a site of end-of-life care in the US. Consequently, AL staff frequently experience death and decline of the residents they care for. Using data from ethnographic observations and in-depth qualitative interviews with 14 direct care workers and 16 administrators participating in a 5-year NIA-funded study (R01AG047048) examining end-of-life care in four diverse ALs, we used thematic analysis to examine how AL administrators and staff implement and understand policies and norms around death and dying (e.g., training or use of advance care directives). We found there is limited training regarding death and bereavement and limited formal grief support for staff. These findings identify gaps in communication between administrators and direct care workers with implications for increasing communication about death and dying and improving support for direct care workers experiencing grief and bereavement.

BUILDING COHESIVE CONVOYS: IMPROVING STABILITY AND PREPAREDNESS OF DIRECT CARE WORKERS IN ASSISTED LIVING

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