included caregiver assessments, multicultural considerations, communication, care plan development and risk screening. Education outcomes primarily focused on assessment of participants’ confidence and knowledge. The summit highlighted that the topic of family caregiving is included in clinical education inconsistently, if at all. The summit helped identify gaps in education, curriculum development, and the need for common learning outcomes to strengthen a clinician’s ability to support family caregivers as part of the care team.

Session 3560 (Symposium)

INTERGENERATIONAL PROGRAMMING DURING THE PANDEMIC: TRANSFORMATION DURING (CONSTANTLY) CHANGING TIMES
Chair: Shannon Jarrott Co-Chair: Skye Leedahl
Discussant: Donna Butts

Implementing intergenerational programming amidst the COVID-19 pandemic has required creativity, partnership, and dedication to the work. Most intergenerational programs involving in-person meetings or events are accompanied by guidelines to protect participant health and safety. Programming is routinely cancelled or postponed due to poor weather or contagious illness, particularly when a vulnerable population is involved. The needs for safety precautions and continued intergenerational contact were both amplified during the pandemic, leading many to modify or innovate ways to engage generations rather than eliminate contact for extended periods. Technology has afforded new approaches to engage young people and older people with each other; non-technological ways have also proven effective. This symposium will address strategies used to implement intergenerational programs during the pandemic. Authors will highlight lessons learned and strategies they expect to retain in the future. The first paper describes a pivot in nutrition programming designed for a shared site with preschool children and frail older adults. In paper two, authors discuss their partnership-based approach shifting to remote offerings of Cyber-Seniors programming. Paper three addresses how MentorUp Service-Learning expanded its reach by adaptations to virtual programming for older adults in retirement communities. The final paper presents evaluation data comparing arts programming delivered in-person pre-pandemic and again virtually during the pandemic. In each case, researchers and community partners learned techniques to maintain their programmatic foci. Some projects developed strategies they plan to maintain post-pandemic. Donna Butts, Executive Director of Generations United serves as the symposium discussant.

RESPONDING TO INTERGENERATIONAL FOOD SECURITY AND NUTRITION EDUCATION NEEDS WITH REMOTE PROGRAMMING
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In-person intergenerational programming focused on nutrition education and healthy food access among older adults and preschool children in care settings was abandoned last year when COVID forced center closures. Food for a Long Life (FFLL), a 5-year community-based participatory research (CBPR) project, re-oriented programming in response to heightened community food insecurity and social isolation during COVID. With county Extension agents, FFLL modified and initiated new partnerships to expand food pantry services for several hundred families and deliver nutrition programming to youth (n=28) and older adult (n=130) participants in two states. In this presentation we share how the CBPR method supported adaptive programming and evaluation while continuing to advance project goals, including to promote the sustainability of an intergenerational food pantry and nutrition programming delivery after funding ends in summer 2021.

KEEPING INTERGENERATIONAL PROGRAMMING ALIVE DURING THE PANDEMIC THROUGH COLLABORATION AND TECHNOLOGY
Erica Estus,1 Catherine Taylor,2 and Skye Leedahl,1, 1. University of Rhode Island, Kingston, Rhode Island, United States, 2. Age-Friendly Rhode Island, Providence, Rhode Island, United States

The University of Rhode Island Cyber-Seniors’ in-person intergenerational programming was quickly shut down during the Spring 2020 semester due to the pandemic. Since then, we have worked diligently and collaboratively with partners to offer creative intergenerational options for university students and older adults living in the community. We partnered with Age-Friendly RI and the Census Outreach to provide phone-based wellness checks to 11,500 older adults, and this evolved into a statewide weekly call with partners (n=34 calls) focused on reducing social isolation for older adults. Our students moved to offering phone or Zoom-based appointments with 21 community organizations across Rhode Island and became mentors for the new Cyber-Seniors ® organization digital offerings (n=90 students). In this presentation, we will share our experiences with the pivot from in-person to mostly technology-based interactions. We will discuss challenges and lessons learned, some of which will be retained regardless of the pandemic situation.

INTERGENERATIONAL SERVICE-LEARNING DURING COVID-19
Tamar Shovali, Eckerd College, Eckerd College, Florida, United States

Mentor Up is a technology training program designed to reduce loneliness through technology training and intergenerational relationships. The program, which has similarities to Cyber Seniors, has been held at Eckerd College for four years and has traditionally been held in-person at a local Continuing Care Retirement Community (CCRC). During the pandemic we partnered with AARP to re-think the program and offer a modified version of Mentor Up on Zoom. Five one-hour one-on-one virtual technology training sessions led by 16 students were scheduled. Participants joined to ask questions about how to use features on their smartphones or how to navigate the Zoom virtual platform more effectively. The remote nature of programming allows for expanded 2021 participation, including AARP members across Florida and all three Westminster Communities of Florida in the area (CCRC, ALF, SNF). Participation rates, strategies to
implement intergenerational programs on a virtual platform, and lessons learned will be highlighted.

THE PHOTOGRAPHY AND MEMORY PROJECT: ADAPTING AN INTERGENERATIONAL PROGRAM DURING A GLOBAL PANDEMIC
Roddy MacInnes,1 Anne Walker,1 Amy DelPo,2 Leslie Hasche,1 Andrew Steward,3 Matthew Schilz,1 and Carson De Fries,1, 1. University of Denver, Denver, Colorado, United States, 2. Denver Public Library, Denver, Colorado, United States, 3. University of Denver, Lone Tree, Colorado, United States

Since 2019, a university-community partnership has connected undergraduate students with older adults from independent living and community-based settings (i.e., library, art museum) for a photography-based intergenerational program. This study compares the implementation and impacts of this photography-based intergenerational program both in an in-person format before the COVID-19 pandemic (n=34) and an online format during the COVID-19 pandemic (n=25). Pre- and post- results from older adult and undergraduate student participants regarding social connection and evaluation comments from program participants and staff were compared between the pre-pandemic, in-person format, and the same program’s offering the next year in a virtual format. Results indicate that the benefits of this intergenerational photography program were experienced at a similar level during and before COVID-19. Findings demonstrate that intergenerational programs could effectively continue in remote formats, while also identifying potential challenges in implementation for staff regarding managing logistics and maintaining engagement among participants.

Session 3565 (Paper)

INTERVENTIONS WITH PERSONS WITH DEMENTIA AND THEIR CAREGIVERS

INTERVENTION DESIGN WITH COGNITIVELY IMPAIRED POPULATIONS: THE OPTIMIZE DEPRESCRIBING INTERVENTION
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Older adults with cognitive impairment and multiple other chronic conditions often have polypharmacy which increases their risks of medication related cognitive effects, adverse drug events, hospitalization and death and leads to higher health care costs. Deprescribing, the process of reducing or stopping potentially inappropriate medications may improve outcomes for those older adults with cognitive impairment and multiple chronic conditions. The OPTIMIZE trial examined whether a primary care-based, patient- and family-centered intervention educating and activating patients, family members, and clinicians about deprescribing reduces numbers of chronic medications and potentially inappropriate medications for older adults with dementia or mild cognitive impairment and multiple chronic conditions. We explored the mechanisms of intervention effectiveness through post hoc qualitative stakeholder interviews and surveys with 15 patients, 7 family caregivers, and 28 clinicians. All stakeholder groups endorsed the acceptability of the intervention. Success of the intervention was affected by contextual factors including prior knowledge and openness to deprescribing, cognition and prognosis. Positive outcomes included patients and care partners scheduling specific appointments to discuss deprescribing and providers remembering to consider deprescribing in cognitively impaired older adults. Recollection of intervention materials was inconsistent over time but highest shortly after intervention delivery. The time required to mail intervention materials to patients prior to a scheduled appointment limited the reach of the intervention by excluding persons with rapidly scheduled appointments. Our work identifies key learnings in intervention roll out which can guide future translation of our intervention to other settings and other pragmatic intervention studies in this vulnerable population.

PERSON- AND TASK-CENTERED MEALTIME CARE: IMPACT ON POSITIVE, NEUTRAL, AND CHALLENGING BEHAVIORS IN PEOPLE WITH DEMENTIA
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Mealtime is an important daily activity to ensure intake. Person-centered and task-centered care may influence individual positive, neutral, and challenging mealtime behaviors. Yet, little work has fully examined their relationships. This study aimed to examine the association between person-centered and task-centered care approaches and individuals’ positive, neutral, and challenging mealtime behaviors. This secondary analysis of 110 videotaped mealtime observations involved 29 staff and 25 residents with dementia (42 unique staff-resident dyads) in 9 nursing homes. Videos were coded using the refined Cue Utilization and Engagement in Dementia mealtime video-coding scheme. Logistic regression models were fit to four dependent variables representing resident mealtime behaviors: 1) positive/neutral behaviors (nonverbal), 2) positive utterances (verbal), 3) functional impairments (nonverbal), and 4) resistive behaviors (verbal and nonverbal). Independent variables were staff person-centered care modifications (nonverbal), person-centered utterances (verbal), and task-centered behaviors (verbal and nonverbal). Covariates included resident age, gender, eating function, and video duration. Resident positive utterances were associated with staff person-centered care utterances (OR =1.38, 95% CI = 1.09,1.76). Resident functional impairments were associated with staff person-centered care modifications (OR=1.33, 95% CI=1.02, 1.74) and fewer staff