nonprofit stings. Future research could further explore the impact of facility-level factors (e.g., staffing ratios, staff longevity, and job satisfaction) on care interactions.

LAUNCHING THE LIVING ALONE WITH COGNITIVE IMPAIRMENT (LACI) PROJECT: BRIDGING RESEARCH AND POLICY
Carrie Graham,¹ Elena Portacolone,² Julene Johnson,¹ Jacqueline Torres,³ M Maria Glymour,⁷ Sahru Keiser,⁴ and Thi Tran,⁵ ¹ UCSF, University California San Francisco, California, United States, 2. University of California, Berkeley, California, United States, 3. University California San Francisco, San Francisco, California, United States, 4. University of California, San Francisco, San Francisco, California, United States, 5. UCSF/ San Francisco, UCSF Institute of Health and Aging, San Francisco, California, United States

The Living Alone with Cognitive Impairment (LACI) Project bridges research and policy to develop policy recommendations to address the needs of people living alone with cognitive impairment (PLACI) through new expansions of long-term services and supports. There are an estimated 4.3 million PLACI in the United States. Access to formal LTSS is critical to them because they lack cohabitants to assist with activities of daily living and navigating LTSS, especially during the COVID-19 pandemic. To bridge research with policy, seventeen Policy Advisory Group (PAG) members were recruited, including representatives from state and local government, and LTSS policy experts. Between November 2020-January 2021, a total of 17 individual meetings were conducted with PAG members and one webinar convening of the group. The PAG identified preliminary recommendations in three areas, including: 1) important areas of inquiry for qualitative and quantitative research, 2) best practices for addressing equity across diverse racial/ethnic minority groups, and 3) preliminary policy recommendations that leverage existing innovations. The LACI Project team is actively incorporating the PAG feedback by: a) modifying research questions for the quantitative and qualitative research, b) convening a diverse Community Advisory Group, and c) crafting preliminary policy recommendations based on PAG input. To conclude, engaging the expertise of the PAG to develop policy recommendations to increase LTSS for PLACI is a promising method of bridging research and policy. The engagement of policy experts ensures that future research is designed to address the most important policy gaps and all policy recommendations are actionable and timely.

LOWER WAGES OF NURSES IN LONG-TERM CARE: DOES RACIAL AND ETHNIC DIVERSITY EXPLAIN THE DIFFERENCE?
Joanne Spetz, Laura Wagner, and Timothy Bates, University of California, San Francisco, San Francisco, California, United States

Registered nurses (RNs) are a key component of the long-term care (LTC) workforce and prior research demonstrates their importance to ensuring patient safety in LTC settings. RNs who work in LTC settings earn less than those who work in hospitals and also are more likely to be from racial and ethnic minority groups. This study seeks to measure wage differences between Registered Nurses (RNs) working in LTC and other settings (e.g., hospitals) and whether differences are associated with the characteristics of the RN workforce between and within settings. We used the 2018 National Sample Survey of Registered Nurses (NSSRN) public-use file to examine RN employment and earnings. Our study population included a sample of 1,373 employed RNs who provided patient care. Characteristics such as race/ethnicity, type of RN degree completed, census region, and union status were included in bivariate analyses and multiple regression analyses to examine the effect of these characteristics on wages. Logistic regression was used to predict RN employment in LTC settings. We found that RNs in LTC experienced lower wages compared to those in non-LTC settings, yet this difference was not associated with racial/ethnic or international educational differences. LTC nurses were also significantly less likely to be represented by a labor union, and there was not a statistically significant wage difference for LTC RNs who were unionized. Because RNs in LTC earn lower wages than RNs in other settings, policies to minimize pay inequities are needed to support the RN workforce caring for frail older adults.

WHOLE TEAM, WHOLE PERSON HIGH-INvolvement QUALITY IMPROVEMENT TRAINING FOR VA COMMUNITY LIVING CENTER LEADERS
A. Lynn Snow,¹ Valerie Clark,² Shibei Zhao,² Ryann Engle,¹ Corilyn Ott,¹ Princess Nash,¹ Lisa Minor,³ and Christine Hartmann,¹ ¹ University of Alabama, Tuscaloosa, Alabama, United States, 2. VA Bedford Healthcare System, Bedford, Massachusetts, United States, 3. VA Boston Healthcare Center, CHOIR, VA Boston Healthcare Center, CHOIR, Massachusetts, United States, 4. Birmingham VA Medical Center, Birmingham VA Medical Center, Alabama, United States, 5. Tuscaloosa VA Medical Center, Tuscaloosa, Alabama, United States, 6. Geriatrics and Extended Care, Washington, District of Columbia, United States, 7. VA Bedford Healthcare System, VA Bedford Healthcare System, Massachusetts, United States

Long-term care is a challenging environment for quality improvement due to the high resident acuity, wide variation in resident needs, and wide variation in types and backgrounds of the large staff across three daily shifts. We report results from a learning collaborative undertaken to improve care quality and staff quality improvement skills in the VA CLCs through development of high functioning relationally coordinated teams operating in accord with person-centered care principles. The collaborative included 27 CLCs. Over 9 months leadership teams completed action assignments supported by 5 workshops and regular group coaching calls. Evaluation included fidelity monitoring (attendance, mid- and final progress reports), satisfaction questionnaires, and review of the VA quality measures (CLC Compare). Post participant evaluations revealed a significant increase in positive responses to the question “to what extent do you think applying these new skills/knowledge will improve quality in your CLC?” and positive responses trending toward significance in ratings of abilities to apply new skills. Open-ended survey comments were positive and indicated
change in understanding and practice: “utilizing the daily huddle to facilitate real time communication afforded the team a proactive approach to providing care and reducing acute exacerbations. We are able to avert, evaluate as a real time team and make it happen in the now not as a look back.”; “definitely unified front-line staff and CLC leadership.” Some changes were achieved in CLC Compare quality scores (e.g., falls with major injury rate had a 9.6 reduction (average rate = 3.39 pre, 3.07 post)).

Session 1275 (Paper)

LONG-TERM CARE I (SRPP PAPER)

NURSING HOME SATISFACTION SURVEYS: DIFFERENCES BY RACE, AGE, AND GENDER
Nicholas Castle,1 John Harris,2 and David Wolf,3 1. West Virginia University, Allison Park, Pennsylvania, United States, 2. University of Pittsburgh, Pittsburgh, Pennsylvania, United States, 3. Bellarmine, Louisville, Kentucky, United States

Nursing home satisfaction information has gained substantial traction as a quality indicator representing the consumers perspective. However, very little research has examined differences in satisfaction related to race, age and gender. As a quality metric, satisfaction measures are variously used for quality improvement, benchmarking, public reporting, and for adjustment to payments. As such, valid comparisons among facilities are important. To our knowledge, no adjustment to satisfaction scores are currently used for nursing homes. However, in many other settings this is a common practice. In this research, nursing home resident, family, and discharge satisfaction scores were examined from >4,000 participants. The data were collected in 2020 and come from 420 facilities. Satisfaction information came from the CoreQ surveys, which include 23 individual questions four of which can be combined to produce an overall satisfaction score. These CoreQ nursing home surveys are endorsed by NQF. Generally lower overall satisfaction scores were found for family members compared to current residents or discharged residents. Minorities (Black, Asian, Hispanic) had lower overall satisfaction scores compared to whites; however, the differences were not significant at conventional levels. Participants of the lowest age (<65 years) were significantly (p<.05) less satisfied than older participants (>75 years) and males were significantly (p<.05) less satisfied than females. The findings indicate that some case-mix adjustment may be applicable for nursing home satisfaction scores.

QUALITY-OF-LIFE SCORES FOR NURSING HOME RESIDENTS ARE STABLE OVER TIME: EVIDENCE FROM MINNESOTA
Weiven Ng,1 Tetyana Shippee,2 John Bowblis,3 Odichinma Akosionu,1 Mark Woodhouse,1 and Yinfei Duan,1 1. University of Minnesota, Minneapolis, Minnesota, United States, 2. University of Minnesota, University of Minnesota, Minneapolis, Minnesota, United States, 3. Miami University, Oxford, Ohio, United States

Objective: Quality of life (QoL) is a multidimensional construct that assesses the quality of lived experience in nursing homes (NHs). QoL is directly important to NH residents. However, QoL is only publicly reported in a few states, partly because of concerns regarding measure stability. To address these concerns, we tested the stability of Minnesota’s NH QoL measure over one year.

Study Design: A pair of two-year cohorts of Minnesota NH residents who responded to the 2012-2013 (N = 4,448) or 2014-2015 (N = 4,644) QoL survey in consecutive years. Stability was measured using the intra-class correlation (ICC) from hierarchical linear models. Models were fit without any covariates, then individual and facility-level characteristics were added. Principal Findings: Overall QoL had ICCs of 0.602 and 0.614 in the earlier and later cohort respectively. Domain-level ICCs were lower, ranging from 0.374 (positive mood) to 0.571 (lack of negative mood) in the 2012-2013 cohort, with similar trends for the later cohort. Adjusting for important covariates reduces the ICCs slightly, but they remained at 0.565 or higher for the summary score.

Conclusions: Person-reported summary QoL has adequate stability over a period of one year. Our results provide impetus to assess and report NH QoL on a national level. Consumers can be confident that if an NH’s QoL scores improve from year to year, that represents a real improvement, and not just the scores varying due to which residents were sampled. Some caution, however, is warranted when presenting facility-level domain scores, as these are less stable.

Session 1280 (Paper)

MOBILITY II

MOBILITY AND MUSCLE STRENGTH TRAJECTORIES: THE EFFECT OF MEDITERRANEAN DIET, PHYSICAL ACTIVITY, AND SOCIAL SUPPORT

Decline in physical function varies substantially across older individuals due to several biological and extrinsic factors. We aimed to determine the effect of modifiable factors -such as dietary patterns, physical activity and social support- and their interaction with mobility and muscle strength decline after age 60. We analyzed data from 1686 individuals aged 60+ from the population-based Swedish National study on Aging and Care in Kungsholmen. The Mediterranean Diet Score was calculated based on a validated food frequency questionnaire. Physical activity was categorized based on current recommendations, and social support was measured according to participants’ perceived material and