During the initial stages of the pandemic, 96% of all senior centers ceased in-person programming, leaving many older adults without resources for meals, socialization, and critical services (NCOA, 2020). As a result of this shutdown, risk factors such as being a member of the underserved LGBTQ+ community, identifying as part of a racial or ethnic minoritized group, and/or experiencing poverty contributed to an increased likelihood of experiencing difficulties in meeting basic needs, reduced immunity to COVID and experiencing isolation (Berg-Weger and Morley, 2020; Kuehn, 2021). Despite the closure of many senior centers, some organizations were well positioned to strategically utilize pre-existing resources to help the community (Fendergrast, 2021). One organization, SAGE Advocacy and Services for LGBTQ+ Elders, the first publicly funded senior advocacy organization for LGBTQ+ older adults in the US, was one of the first to effectively transition to becoming a virtual senior center within days after the start of the pandemic (NYC DOA, 2020). Having a group of front-line workers who were highly embedded in their community, helped facilitate effective organizational adaptation and transition to a virtual senior center. This presentation seeks to describe how staff and program facilitators became vital resources for maintaining connection to the community of LGBTQ+ older adults. Focus groups with SAGE senior center employees and program facilitators were conducted in summer of 2021. Data identified resiliencies and barriers for maintaining community, providing vital services, and mitigating isolation with LGBTQ+ elders. Lessons learned and implications for organizations facing crises will be shared.

SESSION 3300 (SYMPOSIUM)

GSA’S CONGRESSIONAL UPDATE

Chair: Brian Lindberg

This popular annual session will provide cutting-edge information on what the 117th Congress has and has not accomplished to date, and what may be left for the lame duck session to address. Speakers will discuss key issues such as Social Security, Medicare, Medicaid, Older Americans Act, Build Back Better Act, social isolation, serious illness care, and funding. Predictions for the 118th Congress may be provided.

SESSION 3310 (SYMPOSIUM)

IMPLEMENTATION SCIENCE IN DEMENTIA CARE: METHODOLOGICAL, CULTURAL, AND SOCIODEMOGRAPHIC CONSIDERATIONS

Chair: Joseph Gaugler Co-Chair: Laura Gitlin Discussant: Beth Prusaczyk

The gap between aging science and practice persists. Getting the best possible evidence into the real world is a particular challenge in gerontology because of the complex needs of older persons, the family caregiving experience, the workforce shortage, and underlying structural concerns with how services for older people are regulated, paid for, and valued. The purpose of this symposium is to consider contextual dimensions to facilitate implementation, methodological considerations, strategies to inform cultural adaptation of evidence-based innovations, and how creativity and innovation in low- and middle-income countries can better inform implementation practices in resource rich countries and vice-versa. Specifically, Dr. Marie Boltz and colleagues will examine the conceptual and theoretical underpinnings of organizational readiness for implementation and the operationalization of the construct. Dr. Joseph Gaugler and co-authors will provide case examples of three “hybrid effectiveness” trials in dementia care in different care settings including community-based and residential long-term care settings, each of which incorporate implementation methods alongside traditional evaluations of effectiveness. Dr. Lauren Parker and her team will demonstrate how cultural adaptation strategies were applied to facilitate the implementation of a community-based, evidence-based dementia care intervention. Dr. Baker and colleagues consider implementation issues and innovations in low- and middle-income countries. Dr. Beth Prusaczyk, an implementation expert, will serve as Discussant and highlight future implementation issues to advance best practices that facilitate and expedite the translation of aging science.

USING HYBRID EFFECTIVENESS DESIGNS TO FACILITATE IMPLEMENTATION: THREE CASE STUDIES IN DEMENTIA CARE RESEARCH


This individual symposium presentation will provide case examples of three “hybrid effectiveness” trials in dementia care in different care settings including community-based and residential long-term care settings, each of which incorporate implementation methods alongside traditional evaluations of effectiveness. We offer considerations related to conceptualization, study design, sampling, data collection, and analysis that may guide gerontologists who aspire to adopt hybrid effectiveness designs in their own work. We conclude with methodological recommendations to incorporate an implementation science lens throughout the lifecycle of gerontological (and/or dementia care) intervention development. By applying key principles from implementation science throughout the intervention development process, a truncated and more efficient implementation pipeline may be achievable in gerontological research. Moreover, incorporation of implementation science methods into standard intervention development and testing methodologies will result in older persons, their families, healthcare providers, and communities having the best evidence available at their disposal.

A CONCEPTUAL MODEL OF ORGANIZATIONAL READINESS FOR IMPLEMENTATION OF EMBEDDED PRAGMATIC DEMENTIA RESEARCH

Marie Boltz1, Kimberly Van Haitsma2, Rosa Baier3, Justine Sefcik1, Nancy Hodgson1, and Ann Kolanowski6. 1. Penn State, Pennsylvania State University, Pennsylvania, United States, 2. Pennsylvania State University, University Park, Pennsylvania, United States, 3. School of Public
**CULTURAL ADAPTATION OF THE ADULT DAY SERVICE PLUS PROGRAM FOR HISPANIC/LATINO DEMENTIA CAREGIVERS**

Lauren Parker1, Katherine Marx2, manka Knimbeng3, Elma Johnson4, Sokha Koeuth5, Joseph Gaugler1, and Laura Gitlin1
1. Johns Hopkins Bloomberg School of Public Health, Baltimore, Maryland, United States
2. Johns Hopkins School of Nursing, Baltimore, Maryland, United States
3. University of Minnesota, Minneapolis, Minnesota, United States
4. University of Minnesota School of Public Health, Minneapolis, Minnesota, United States
5. Drexel University, Philadelphia, Pennsylvania, United States

Although Hispanic/Latinos are at disproportionate and increased risk for Alzheimer’s disease and related dementias, few evidence-based supportive care interventions have been specifically developed for or adapted for this population. Adapting a supportive care intervention requires more than Spanish language translation and necessitates an understanding of cultural nuances and care preferences of Hispanic/Latino families and staff who implement the intervention. This paper reports on the cultural adaptation of the Adult Day Service Plus (ADS Plus) intervention for delivery by staff to Hispanic/Latino caregivers which was guided by the Cultural Adaptation Process Model. Also, using the Framework for Reporting Adaptations and Modifications-Enhanced (FRAME), we discuss: 1) when modifications were made, 2) who determined modifications needed, 3) what aspects of the intervention were modified, 4) the relationship to fidelity and how fidelity was maintained, and 5) reasons for modifications. Modifications to the delivery and content were changed to reflect values and norms of both the Hispanic/Latino staff and the caregivers they serve. As supportive interventions for dementia caregivers are developed and implemented into real-world settings, inclusion of cultural elements may enhance research participation from Hispanic/Latino provider sites and caregivers. We suggest in this paper that cultural adaptation is an essential consideration in developing an intervention as well as adapting evidence-based previously tested interventions, and in implementation science. Cultural adaptation offers an important lens by which to identify contextual factors impacting intervention adoption interventions and needed adaptations to assure equity in the reach of evidence-based programs.

**DESIGNING INTERVENTIONS FOR OLDER ADULTS WITH LOW- AND MIDDLE-INCOME COUNTRIES SETTINGS IN MIND**

Zachary Baker1, Manka Knimbeng2, Pearl G. Cuevas3, Ana Quiiones4, Karmeet Kang5, Joseph Gaugler2, Ladson Hinton6, and Tetyana Shippee7
1. Arizona State University, Tempe, Arizona, United States
2. University of Minnesota, Minneapolis, Minnesota, United States
3. Centro Escolar University, Manila, Sta Rosa City, Laguna, Philippines
4. Oregon Health and Science University, Portland, Oregon, United States
5. Chitkara University, Rajpura, Punjab, India
6. University of California Davis, Sacramento, California, United States

Most people living with dementia (PLWD) live in low-and middle-income countries (LMIC) and the proportion in LMICs is poised to continue growing. But 99.9% of dementia funding is awarded to researchers in high-income countries (HIC). Our team of scientists from India, Cameroon, the Philippines, the USA, Ukraine, and Germany draw on our involvement in interventions in 12 countries to suggest one way to help meet the needs of PLWD living in LMICs. We suggest that researchers in HICs who are developing new interventions might consider the needs of LMICs during intervention development. By thinking through implementation scenarios in different settings or countries where barriers and facilitators to implementation vary in type, or in importance, it might speed future adaptation of those interventions to LMICs. We outline anticipated challenges, case studies from our own work, benefits for individual researchers, benefits for public health, and recommendations for employing this strategy.

**INTEGRATING HOUSING, HEALTH, AND SUPPORTIVE CARE IN AFFORDABLE SENIOR HOUSING: EVALUATION OF THE R3 PROGRAM**

Chair: Edward Miller Co-Chair: Marc Cohen

This symposium reports evaluation findings from the Right Care, Right Place, Right Time (R3) program. The initiative is designed to integrate housing, health, and supportive care to residents of affordable senior housing using a wellness team (nurse and social worker). The embedded team works directly with residents to address health-related, educational, and informational needs and access to services - focusing on proactive outreach and prevention, coordination with providers, constant contact with residents, and targeting high-risk residents. The initiative aims to create a replicable, scalable, and sustainable model of housing with supportive services that enables independent living while reducing health care costs. Two wellness teams served approximately 400 participants at seven Boston-area buildings. The R3 program was implemented in two phases. The 18-month pre-intervention period was January 2016-March 2018.