

Poster Session

“JUST A MOMENT” MUSICAL THEATER FOR PERSONS WITH DEMENTIA AND THEIR CARE-PARTNERS

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Purpose/Objective: To develop a musical theater experience for persons with dementia and their care-partners.

Methods or Components: Collaborative discussions between Seattle’s 5th Avenue Theater, the University of Washington’s Musical Theater Program and The University of Washington’s Department of Geriatrics and Gerontology were held to determine necessary components of a musical theater program for persons with dementia and their care-partners. The syllabus for Dance 371, Choreography Workshop was developed. Eight musical theater students (juniors and seniors) enrolled in the class for the Spring 2017 quarter.

Readings and discussions were held regarding various aspects of dementia with particular focus on the arts and dementia. An advisory board composed of persons with dementia and their care partners were present for several of the classes and provided input and feedback for the students. The students were also able to meet with residents of a local memory care unit.

Outcomes or Stage of Development: The class experience provided a unique educational experience within musical theater at the University of Washington. The students learned about interacting and performing for persons with dementia. They were also able to tailor their significant musical theater knowledge and experience towards developing a unique program. Specific elements of music, movement, content, and audience participation were discussed, practiced and refined for the final product.

Conclusions/Implications: The “Just a Moment” project provided a unique and invaluable educational experience for the students within the musical theater program. It also provided a framework from which the University of Washington’s musical theater program and the 5th Avenue Theater can collaborate to expand such experiences to the greater Seattle community and beyond.

Funding Acknowledgement: Funding for this project was provided by a private donation managed through the 5th Avenue Theater

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THE DE TORNYAY CENTER WELLNESS NETWORK: ENHANCING THE WELLNESS OF ELDERS IN OUR COMMUNITY

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Purpose/Objective: As the elder population continues to expand and diversify, it is important to address factors contributing to wellness. The de Tornyay Center for Healthy Aging at the UW School of Nursing is launching a Wellness Network (WN)—an innovative collaboration and data-driven approach to support aging well. A pilot study will soon test the feasibility and acceptability of WN protocols, laying a foundation for faculty/student engagement and targeted wellness services for community-dwelling elders.

Methods or Components: The WN was conceptualized as an academic-community partnership to promote healthy aging. Infrastructure and models for collaboration were developed, and initial community partners were invited to participate. A timeline for launching the network in Fall 2017 was established, and common data elements related to healthy aging were identified based on research literature and input from focus groups with community professionals. Baseline data collection protocols for multiple sites have been developed, and student involvement in recruitment and data collection will occur through an independent research course. Health education presentations are being piloted with one network partner.

Outcomes or Stage of Development: Enthusiasm for the WN has been high, resulting in new synergies to inform healthy aging in diverse populations. Strategic planning has ensured that Center activities and resources continue during network expansion.

Conclusions/Implications: The WN serves as an innovative model for understanding and promoting aging well. Resources created by the network can support advances in scientific knowledge; enrich faculty/student research and clinical experience; inform wellness programs for community-dwelling elders; and lay a foundation for health policy change.

Funding Acknowledgement: The de Tornyay Center for Healthy Aging.

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DESIGNING ACTION BRIEFS FOR ASIAN-AMERICAN CAREGIVERS TO ENCOURAGE EARLY IDENTIFICATION OF DEMENTIA

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Purpose/Objective: The prevalence of age-related diseases such as dementia is expected to increase with US older adults. A higher proportion of Asian American and Pacific Islanders (AAPI) report providing care or financial support for older relatives than other racial/ethnic groups, so supporting caregivers through early dementia diagnosis and connection to culturally-appropriate services becomes increasingly important. This project developed action briefs to translate public health message study findings into recommendations for policy and practice.

Methods or Components: We analyzed transcripts from six focus groups with Japanese and Chinese Americans to get feedback on messages that encourage adult children to accompany their parents for cognitive evaluation. In partnership with the National Asian Pacific Center on Aging (NAPCA), we produced one action brief for social service providers and one for policymakers. With feedback from the Washington Dementia Action Collaborative and focus group participants, we are currently revising the briefs before nationwide dissemination in Fall 2017.

Outcomes or Stage of Development: The action brief for social service providers includes AAPI-specific resources to address gaps identified by focus group participants, including what, when, how and why adult AAPI caregivers should accompany their older loved one to a memory specialist for a cognitive evaluation. The action brief for policy makers outlines how they can help by increasing funding for research, collecting disaggregated race and ethnicity data, and facilitating access to culturally and linguistically appropriate services.

Conclusions/Implications: The action briefs provide social service providers and policy makers with resources and encouragement to improve dementia recognition and treatment among AAPI populations via adult children caregivers.

Funding Acknowledgement: The CDC Healthy Brain Research Network is a Prevention Research Centers program funded by the Healthy Aging Program-Healthy Brain Initiative through a cooperative agreement from CDC's Prevention Research Center U48 DP 005013. This study also received support from an Alzheimer's Association grant to the Washington State Department of Health and from the National Asian Pacific Center on Aging (NAPCA).

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DEMONSTRATING SAFETY BENEFITS AND COST SAVINGS OF DEPRESCRIBING INSULIN IN GERIATRIC PATIENT WITH TYPE-TWO DIABETES

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Purpose/Objective: We will define the “model geriatric patient” with diabetes who would be eligible for deprescribing insulin therapy. Then we will use this “model patient” to describe safety benefits and the cost savings that are the result of deprescribing insulin. The overall goal is to demonstrate a decreased financial burden of geriatric diabetes care without compromising patient care.

Methods or Components: A literature review will identify a group of older adults most likely to benefit from deprescribing of insulin. In addition, the literature search will support the efficacy and safety of deprescribing insulin in terms of major hypoglycemic events avoided. Medicare data will be used to generate cost-per-event. Insulin costs will be determined by average wholesale price (AWP).

Outcomes or Stage of Development: We will report hypoglycemic events avoided over a year for both Emergency Department (ED) visits and hospitalizations. Cost savings will be depicted from both the patient and health plan perspective, as one event avoided per year in addition to insulin costs.

Conclusions/Implications: We will aim to show that insulin is safe and appropriate to deprescribe for certain geriatric patients. There is significant potential value to be gained by better managing insulin use in geriatric patients. This value has the opportunity to be realized both by health plans and patients. This projects hopes to be a model for health plans in improved geriatric care, both for physical and financial health.

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NURSE DELEGATION: PERSPECTIVES OF DELEGATORS AND CAREGIVERS IN HOME CARE AND ADULT FAMILY HOMES

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Purpose/Objective: Community-based nurse delegation in Washington is regulated by state law through the Department of Social and Health Services to ensure that delegation by registered nurses to direct caregivers (nursing assistants, home care aides) follows consistent standards of practice. This qualitative study explored perspectives on nurse delegation among nurse delegators and delegated caregivers.

Methods or Components: Regulations and literature involving nurse delegation were reviewed to develop a semi-structured, role-specific questionnaire and background form for nurse delegators and delegated caregivers. After obtaining informed consent, one-on-one interviews were conducted with four nurse delegators and three delegated caregivers in home care and adult family home settings. Interviews lasted 30-40 minutes and focused on reasons for getting involved in nurse delegation, delegator and caregiver characteristics, training, situations that were and were not appropriate for delegation, and medication administration emphasizing insulin and other critical medications. Interviews were professionally transcribed verbatim and then content analyzed to identify relevant themes and categories.

Outcomes or Stage of Development: Four themes, representing the perspectives of both nurse delegators and delegated caregivers, were identified: (1) Training and Resources—Regulated, Supplemental, and Desirable; (2) Exercising Judgment and Discretion; (3) Personal Attributes for Effective Delegation; and (4) Communicating and Monitoring for Safety and Support. Specific categories within these themes were nuanced by the participant's role in the delegation process and the healthcare setting.

Conclusions/Implications: Future implications include developing measures to assess patient stability and/or a test to assess caregiver post-training knowledge.

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ASSOCIATION BETWEEN CENTRAL NERVOUS SYSTEM-ACTIVE MEDICATION USE AND FALL-RELATED INJURY IN OLDER ADULTS WITH DEMENTIA

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Purpose/Objective: We evaluated the association between CNS-active medication use and fall-related injury in community-dwelling older adults with newly diagnosed dementia.

Methods or Components: The population was community-dwelling older adults aged ≥ 65 years with a research quality dementia diagnosis participating in the Adult Changes in Thought study. From automated pharmacy data, we created a time-varying composite measure of CNS-active medication use, including benzodiazepines/sedatives, anticholinergics, antidepressants, antipsychotics, opioids, and skeletal muscle relaxants. CNS use was classified as: current (≤ 30 days before fall-related injury), recent (31-90 days before), past (91-365 days before), and non-use. The outcome was fall-related injury based on inpatient and outpatient diagnosis (ICD-9) and injury (E) codes. We calculated standardized daily doses (SDDs) for each CNS-active medication and summed the SDDs across medications. We estimated hazard ratios (HR) with 95% confidence intervals (CI) from Cox models using time since dementia onset as the time axis and adjusting for health and functional characteristics.

Outcomes or Stage of Development: Among 793 subjects with dementia, there were 303 fall-related injuries over a mean follow-up of 3.7 years (2,907 total person-years). Relative to non-use, the fall risk (hazard) was significantly higher for current use (HR 1.59; 95% CI 1.19-2.12), but not for past use (HR 0.84; 95% CI 0.55-1.29) or recent use (HR 0.94; 95% CI 0.59-1.69). We did not observe significant differences by dose.

Conclusions/Implications: Current use of CNS-active medications, but not total dose, was associated with fall-related injuries in community-dwelling older adults with newly diagnosed dementia.

Funding Acknowledgement: This analysis was supported by grant funding from the American College of Clinical Pharmacy Research Institute (Futures Grant Junior Investigator Award), and the National Institute on Aging (U01AG00678).

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ITERATIVE EVALUATION OF THE “MEMORY FITNESS PROGRAM:” IMBEDDING BEST PRACTICES IN A SPECIALIZED ACTIVITY PROGRAM

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Purpose/Objectives: Era Living started the Memory Fitness Program (MFP) in 2004 offering specialized small group activities to support residents experiencing isolation social isolation, caregiver stress, or need for a higher level of care due to challenges associated with cognitive impairment.

In 2013, we initiated an iterative program review process to identify current evidence based practices in memory care and incorporate these practices in a standardized core program across each of our eight communities. This report summarizes our findings over the subsequent four years.

Methods or Components: The authors and MFP staff conduct an ongoing literature review, practice inventory, and anonymous family surveys to identify best practice in memory care programming as well as current strengths and challenges of the program in bi-annual reviews.

Outcome or Stage of Development: The resulting core Memory Fitness Program includes:

- Consistent participation in small group activities based on participants’ interests and abilities that incorporate physical activity, cognitive enhancement tasks, language skills, art and music therapy, and emotional support.
- Personalized calendars and cuing to support resident’s engagement in the full community activities
- Increased collaboration with family, nursing, social work, and other support services
- Enhanced training and support for MFP staff
- Ongoing input from program stakeholders

Conclusions/Implications: Memory Fitness Program participants, families and staff identified increasing physical activity, cognitive stimulation, social engagement, and caregiver respite as primary supports needed for aging in place while living with cognitive impairment. The ability to incorporate best practices to ongoing programs allows these benefits to be seen across the broader community.

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BUILDING COMMUNITY-CLINICAL LINKAGES: PHYSICAL THERAPIST FEEDBACK ON BUILDING LINKAGES WITH A PHYSICAL ACTIVITY PROGRAM

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Purpose/Objective: Community-clinical linkages are formalized partnerships between clinical systems and community-based programs. These linkages can support continuity of care as patients complete episodes of clinical care and need community-based support to maintain health and function. The PT-REFER Study builds capacity for YMCAs to create linkages with physical therapists, who can then refer their older adult patients to EnhanceFitness—an evidence-based physical activity program—at the YMCA. Our objective is to learn about physical therapists' experience receiving outreach from the YMCA.

Methods or Components: Semi-structured interviews with 10 physical therapists receiving outreach from YMCAs regarding EnhanceFitness. Codebooks include both a priori themes based on primary research questions and emergent themes identified through content analysis.

Outcomes or Stage of Development: Physical therapists want to build linkages with the YMCA and have a community resource to recommend to their patients transitioning out of clinical care. They consider the YMCA a general resource for programming, rather than a resource for EnhanceFitness specifically. Existing relationships between physical therapists and YMCAs facilitate patient referrals to YMCA programs. Physical therapists are busy and feel that better linkages could be established with more in-person contact from YMCAs, rather than email or phone contact

Conclusions/Implications: Physical therapists are promising clinical partners for community-clinical linkages. However, forging successful linkages with clinical systems may require a high-touch, in-person approach from community organizations. These findings will help improve capacity-building in community organizations to form clinical linkages, inform adaptations, and translate lessons learned to settings beyond the present study

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2017 Elder Friendly Futures – The Essential Work of Caregiving Across Communities

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FOSTERING DEMENTIA FRIENDLY COMMUNITIES AND PROGRAMS IN WASHINGTON STATE

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Dementia Action Collaborative/ Public Awareness and Community Readiness Subcommittee

Dementia Friendly Communities Project Team: Marigrace Becker, Carla Calogero, Hilarie Hauptman, Cathy Knight, Lynne Korte, Cathy MacCaul, Marty Richards

Purpose/Objective: For many people with memory loss, social stigma and inclusion barriers can lead to fear and isolation. It doesn't have to be this way. The Washington State Plan to Address Alzheimer's Disease and Other Dementias calls us to action – to create more “dementia friendly” (DF) communities and practices. The Dementia Action Collaborative (DAC), implementing the plan, recognizes that people with memory loss are a vital part of our communities, and deserve the right to fully participate. It is our goal to promote models of stigma-free, DF communities, places & events to combat stigma & increase societal acceptance & integration.

Methods or Components: In 2016-2017, the DAC DF project team (1) Reviewed DF initiatives from other states and countries; (2) Identified key elements for DF communities; (3) Developed DF communities fact sheets; (4) Considered how to integrate DF work with WA State Age-Friendly Initiatives; (5) Inventoried DF activities across the state; (6) Sought broad input through an online survey to identify interests/involvement with DF practices and programs; and (7) Began working with libraries to promote DF practices.

Outcomes or Stage of Development: In 2017, the DF Communities fact sheets and a survey to identify interests/involvement with related practices and programs were created and disseminated. Survey results, DF examples and how-to fact sheets on various community sectors will be showcased. The DF team is developing statewide multi-sector networking opportunities and is planning a statewide conference in the next couple of years.

Conclusions/Implications: This project intends to foster more inclusive, engaging and supportive communities for individuals and families who live with dementia.

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SB 5557: WASHINGTON LEGISLATION OPENS DOOR FOR EXPANSION OF PHARMACY SERVICES

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Purpose/Objective: Our objective is to describe recent Washington State legislation that expands services pharmacies can provide to patients.

Methods or Components: Senate Bill 5557, which came into force on January 1, 2017, recognizes pharmacists as healthcare providers and requires private insurers in Washington to reimburse pharmacists for providing patient-centered clinical services such as medication therapy management (MTM). Incorporating pharmacists into the same reimbursement system as other healthcare providers increases financial incentive for pharmacies to incorporate patient-centered services into their business models, rather than strictly filling prescriptions. Our research includes interviews with local stakeholders and the pharmacists behind SB 5557.

Outcomes or Stage of Development: The recognition of pharmacists as providers within health insurance plans expands pharmacists' role in helping patients address medication-related issues such as adherence, cost and adverse events. Patients will have greater access to clinical pharmacy services in the community setting. This additional healthcare option is especially important in underserved communities and among the geriatric population. By compensating MTM services through insurance networks, pharmacists are able to provide services for patients while avoiding out-of-network costs. The geriatric population stands to benefit from these services due to their high medication usage and need for access to quality care.

Conclusions/Implications: SB 5557 increases incentives and opportunities for pharmacists to provide clinical services that improve patient outcomes. However, challenges exist and uptake can be slow. As state legislation, SB 5557 does not influence Medicare/Medicaid, which remains a significant hurdle. Nevertheless, it aims to be a watershed bill for the pharmacy profession as we continue to expand our role in clinical care.

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NO COOK BAGS: A PROGRAM TO REDUCE HUNGER AMONG DOWNTOWN HOMELESS SENIORS

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Purpose/Objective: The King County downtown geriatric homeless community is currently experiencing limited access to ready-made nutritious foods while shopping at the Pike Market Food Bank, subsequently reducing their utilization of the Pike Market Food Bank, and ultimately hindering a reduction in hunger amongst the downtown geriatric homeless community. The No-Cook bag program is designed to improve geriatric homeless utilization of the Pike Market Food Bank services.

Methods or Components: The No-Cook bag program aims to be cognizant of the geriatric homeless culture, and will display cultural humility and competence through incorporation of the downtown geriatric homeless community's expressed shared needs and values to reduce their susceptibility to the social impact those who are not homeless tend to bestow upon them.

Outcomes or Stage of Development: Successful program implementation is illustrated by an increase in No-Cook Bag distribution that aims to ultimately reduce hunger, while increasing the geriatric homeless community's access to ready-made nutritional food. The No-Cook bag program aspires to meet the nutritional needs of the downtown geriatric homeless community through a mutual partnership in program design, and No-Cook bag program implementation between the nurse researcher, geriatric homeless patron, and the Pike Market Food Bank staff. The No-Cook bag program also intends to expand awareness about the Pike Market Food Bank throughout the downtown senior homeless community.

Conclusions/Implications: With the inclusion of the No-Cook bag program within the Pike Market Food Bank, the geriatric homeless community of downtown Seattle can depend on a dietary resource to supplement their needs.

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ADDRESSING DEPRESSION IN OLDER CAREGIVERS FOR PERSONS LIVING WITH DEMENTIA: NEW PARTNERSHIPS FOR THE LOCAL PEARLS PROGRAM

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Purpose/Objective: Older caregivers are at increased risk for late-life depressions. According to a recent Alzheimer's Association report, 40% of caregivers for persons living with dementia experience clinically significant depressive symptoms. The good news is that brief, evidence-based interventions for depression exist; the Program to Encourage Active Rewarding Lives (PEARLS) is a home-based depression care management program that has been successfully delivered in the Puget Sound area for over a decade. PEARLS teaches participants problem-solving and behavioral activation skills to empower older caregivers for better management of their health and well-being. This pilot project aimed to connect the local Alzheimer's Association chapter with existing PEARLS programs to better identify and treat late-life depression in older caregivers.

Methods or Components: The UW Health Promotion Research Center and Healthy Brain Research Network partnered with the local Alzheimer's Association chapter and PEARLS programs at Aging and Disability Services, the African-American Elders Program at Catholic Community Services, and the Edmonds Senior Center to conduct this pilot study. We are currently collecting pre-post data on depression (PHQ-9) and caregiver burden (Zarit) outcomes as well as program implementation process data (e.g. reach/demographics, referral sources and processes, alignment with other caregiver supports such as T-CARE and the new Medicaid Transformation grant, stories on how caregivers and their care partners are benefiting from PEARLS and areas for improvement).

Outcomes or Stage of Development: HPRC trained Alzheimer's Association care coordinators, education and training leads, and volunteer support staff (for caregiver support group facilitators) about PEARLS, brief screening for depression, and how to refer older caregivers to local programs. We are currently collecting data and will report on pilot study learnings at EFF if selected to present a poster.

Conclusions/Implications: This pilot study has implications for older caregivers, providers, policy makers, and researchers working to better support caregivers living with depression.

Funding Acknowledgement: This work is supported through existing CDC funding for PEARLS dissemination and implementation research to HPRC and program funding for the Alzheimer's Association and PEARLS.

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PHYSICAL AND COGNITIVE STATUS, CARE NEEDS AND SERVICES UTILIZATION OF INSTITUTIONALIZED OLDER ADULTS

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Purpose/Objective: To understand Activities of Daily Living (ADL) and cognitive functional status of institutionalized older adults, and to investigate correlation among cognitive status, ADL level, health care needs and services utilization.

Methods or Components: The study is a cross-sectional study conducted at long-term care facilities in Taipei City and New Taipei City in Taiwan. One hundred and sixty-one residents were observed (mean age: 79.99). Cognitive functional status and ADL were assessed by Cognitive Performance Scale and ADL Hierarchy Scale of the Minimum Data Set version 2.1. Health care needs were operationalized by the level of normative needs rated by health care providers from 0 (no need) to 5 (100% need of this service). Services utilization was the time of health care services that directly affect participants' health, and was recorded by research assistants and presented in total minutes during the one-month period.

Outcomes or Stage of Development: The results showed that cognitive status of residents can be characterized by a bimodal distribution. ADL "completely dependent" accounted for the majority. The correlation among cognitive status, ADL functional level, basic personal care needs, medical services, nursing care, social assistance, and social services were significant.

Conclusions/Implications: The findings of this study indicated that cognitive status, ADL functional level, age, economic background, and education level were effective predictors of long-term care service needs. Furthermore, long-term care health providers should consider the cognitive status, the stage of ADL disablement process, economic background and education level when developing appropriate care plans to meet the needs of elderly residents in long-term care facilities.

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CASE MANAGERS' PERSPECTIVES ON QUALITY OF HOME CARE

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Purpose/Objective: Home care is a non-institutional type of community-based long-term service and support and is covered through Medicaid by many states as an alternative to institutionalized care. Despite the fact that home care has grown rapidly over the last 3 decades, the quality of home care has not received proper emphasis. The purpose of this study was to understand how quality of care standards of home care programs are defined and assured and how it may influence the health and quality of life of home care recipients.

Methods or Components: This qualitative study included semi-structured interviews with 11 case managers, who had provided case management service for home care recipients in Washington State. Analysis was guided by a social ecological framework.

Outcomes or Stage of Development: Quality of home care is influenced by five levels of social ecology that include home care recipient, formal and informal caregivers, organizations, community, and long-term care systems and services. Case managers' perspectives were merged to 13 themes among the five stakeholders.

Conclusions/Implications: This study can inform state and national agencies as they develop standardized quality measurement of home care. Beyond simply measuring the quality of home care, policy makers and administrators should take action to ensure that good quality of home care is delivered in order to improve the health and quality of life of care recipients.

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MOMENTIA IN MY NEIGHBORHOOD: AN ASSET-BASED COMMUNITY DEVELOPMENT APPROACH TO PRODUCING DEMENTIA-FRIENDLY PROGRAMS

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Purpose/Objective: As the number of people with dementia (PwD) continues to grow, there is greater need for opportunities that empower PwD to stay active and involved in the community. Therefore, UW Memory & Brain Wellness Center has spearheaded an initiative called Momentia in My Neighborhood (MIMN), which uses an asset-based community development approach to activate and equip local organizations to create accessible dementia-friendly programs in their neighborhood. An exploratory model was first conducted in Southeast Seattle in 2013. In Fall 2016, MIMN in its current state was piloted in West Seattle. This study was to evaluate this initiative based on the implementation in West Seattle.

Methods or Components: MIMN includes an initial meeting of partner organizations, a neighborhood gathering, two follow-up meetings, pilot programs, a wrap-up meeting and evaluation process. Evaluation methods include: observation, questionnaires, focus group interview.

Outcomes or Stage of Development: By using objects and images to identify the things that bring PwD joy, the neighborhood gathering was accessible to PwD. Challenges existed for involving PwD in the follow-up meetings. Three dementia-friendly programs were piloted in West Seattle, providing meaningful opportunities for PwD and their loved ones to stay active and involved in the community. The 3 neighborhood organizations developed stronger partnerships and commitment to dementia-friendliness. Successful components and suggestions for the initiative were discussed.

Conclusions/Implications: The evaluation has shown the effects of this initiative at the program level. Outcomes measurement at the community level and individual level (including PwD and their loved ones), further adjustment and trials are needed.