

backgrounds. Results indicate complex trajectories of increase, decrease, and continuity as individuals move into their later years. We also detect a “return to religion” among baby boomers. We discuss these findings in terms of both life-course personality theories and social integration/support

A TEST OF THE OKLAHOMA INMATE FORGIVENESS AND WELL-BEING MODEL

George K. Randall¹ and Alex Bishop², 1. *Sam Houston State University, Huntsville, Texas, United States*, 2. *Oklahoma State University, Stillwater, Oklahoma, United States*

Data was collected from older male offenders (N = 86 non-violent; N = 163 violent) incarcerated in Oklahoma. Testing a forgiveness model, positive evaluation of life PVOL was regressed on religiosity (REL) and forgiveness of self (FSelf), others (FOthers), and situation (FSit) using hierarchical OLS regression. Blocks of predictors included: a) age and education; b) religiosity; and c) FSelf, FOthers, and FSit. For the non-violent model of PVOL significant predictors included REL ($\beta = .26, p \leq .01$) and FSelf ($\beta = .40, p \leq .01$). For the violent offender model of PVOL significant predictors included REL ($\beta = .31, p \leq .001$), FS ($\beta = .21, p \leq .01$) and FSit ($\beta = .33, p \leq .001$). Result indicate effects of REL and FSelf for both non-violent and violent offenders but a unique association of FSit for violent offenders. Implications for gerontological inquiry, practice, and policy are discussed.

SHARING ONE ANOTHER'S BURDENS: CONGREGATIONAL SUPPORT OF CAREGIVERS FOR PERSONS LIVING WITH DEMENTIA

Brianna Garrison¹, 1. *Baylor University, Houston, Texas, United States*

This presentation will discuss the findings and implications from a mixed-methods study examining the impact of support services for caregivers of persons living with Dementia in their faith community. Caregivers and persons living with dementia participating in religious activities report numerous psychosocial benefits. Faith communities are the primary social network for older adults, with 48% of older adults attending religious services at least once weekly. Results will highlight specific opportunities for local congregations to foster spiritual connection and meaningful engagement with caregivers of persons living with Dementia. Findings will also describe key considerations and pathways for social work practitioners, researchers, and religious leaders to better serve older adults in their communities by providing education and strengths-based interventions in the context of local congregations. These findings have the potential to increase the reach of such programs to diverse, underserved populations.

SESSION 1480 (SYMPOSIUM)

INTEREST GROUP SESSION—RESEARCH IN QUALITY OF CARE: LIVING IN AND LEAVING NURSING HOMES: THE FACTORS THAT CONTRIBUTE TO QUALITY OF LIFE, HEALTH, AND SAFETY OUTCOMES

Chair: Nancy Kusmaul, *University of Maryland, Baltimore County, Baltimore, Maryland, United States*

Discussant: Mercedes Bern-Klug, *University of Iowa, Iowa City, Iowa, Andorra*

Nursing homes house some of the most vulnerable older adults. They often have complex medical conditions and/or cognitive impairments that put them at risk for negative outcomes and poor quality of life. These outcomes can be altered through incorporating evidence-based practices aimed to improve care and residents' life experiences. In this symposium we will explore factors that are shown to influence outcomes and quality of life for people that live in and are discharged from, long term care settings. Amy Roberts and colleagues will explore the influences of nursing home social service staff qualifications on residents' discharge outcomes. Colleen Galambos and colleagues will present findings on advance directives and their impact on reducing potentially avoidable hospitalizations. Kelsey Simons and colleagues will discuss the potential for unmet needs for mental health services as part of nursing home care transitions, and will discuss a model of quality improvement that addresses this gap in care. Vivian Miller will present findings on the impact transportation access has on the ability of community-dwelling family members to visit and provide social support to their family member residents in long-term care. Finally, Nancy Kusmaul and Gretchen Tucker report the findings of their study comparing perceptions of nursing home residents, direct care staff, management, and families on the care practices that influence resident health and quality of life while they live in a long term care setting.

PERSON-CENTERED CARE: DEFINITIONS AND PERCEPTIONS OF VARIOUS STAKEHOLDERS

Nancy Kusmaul,¹ and Gretchen Tucker¹, 1. *University of Maryland Baltimore County, Baltimore, Maryland, United States*

Implementation of culture change in nursing homes shifts the care model from a traditional, more medically focused approach to person-directed care. Person-directed care promotes resident autonomy and decision making and the empowerment of direct care staff. In this paper, we examine how different stakeholders in nursing homes (residents, family members, direct care staff, administrative staff) conceptualize and experience a selection of person-centered care concepts (consistent assignment, meal choice, waking/bed-time practices, and bathing). We describe the commonalities and differences in the ways different groups of stakeholders operationalize these core person centered care practices and describe areas of potential conflict of views. Lastly, we consider how the well-being and quality of life for residents is affected by the use of these practices.

THE IMPACT OF SOCIAL WORKERS ON POST-ACUTE CARE DISCHARGE OUTCOMES

Amy Restorick Roberts,¹ Amy Restorick Roberts,¹ John R. Bowblis,¹ and Austin C. Smith¹, 1. *Miami University, Oxford, Ohio, United States*

Background: Social service staff may play a key role in helping post-acute care patients in skilled nursing facilities return home, yet few studies quantify how social service staff contribute to better patient outcomes. Method: A quasi-experimental statistical approach, regression discontinuity, was used among newly-admitted, Medicare post-acute care

patients (65+) to examine the relationship between higher qualifications of social service workers and various discharge outcomes. National data (2011-2015) were drawn from the Online Survey Certification and Reporting system, the Certification and Survey Provider Enhanced Reports, and the Minimum Data Set. Findings: Patients in facilities with a greater proportion of more qualified social service staff (qualified social workers vs. paraprofessionals) had better discharge outcomes. Post-acute care patients were more likely to be discharged home within 30 days, compared to being re-hospitalized or remaining in the facility. Conclusion: Policymakers and providers should support efforts to increase the qualifications of social service staff.

THE RELATIONSHIP BETWEEN ADVANCE DIRECTIVE COMPLETION AND POTENTIALLY AVOIDABLE HOSPITALIZATIONS

Colleen M. Galambos,¹ Marilyn Rantz,² Lori Popejoy,² Pritchett Angelita,² and Greg Petroski³, 1. *University of Wisconsin Milwaukee, Milwaukee, Wisconsin, United States*, 2. *University of Missouri Sinclair School of Nursing, Columbia, Missouri, United States*, 3. *Office of Medical research, Columbia, Missouri, United States*

Advance directive (AD) completion can improve transitions between hospitals and skilled nursing facilities (SNF's). One CMS Innovations Demonstration Project, The Missouri Quality Initiative (MOQI), focused on improving advance directive documentation and use in sixteen SNF's. An analysis was conducted of data collected from annual chart inventories occurring over four years. Using a logistic mixed model, results indicated statistical significance ($p < 0.001$) for increased AD documentation. Greatest gains occurred at project mid-point. The relationship between having an advance directive and occurrence of transfer to a hospital was tested on a sample of 1563 residents with length of stays more than 30 days. Residents who did not have an advance directive were more likely to be transferred. A logistic regression was conducted and the results were statistically significant ($p < 0.02$). The MOQI model and initiatives will be explained followed by a discussion of research methodology, data collection, and analyses. Practice implications will be discussed.

ADDRESSING AN UNMET NEED FOR MENTAL HEALTH SUPPORT DURING CARE TRANSITIONS FROM NURSING FACILITIES

Kelsey Simons,¹ Katherine Luci,² Lauren Hagemann,² M. Lindsey Jacobs,⁴ Emily Bower,⁵ Morgan Eichorst,⁶ and Michelle Hilgeman⁷, 1. *VISN Center of Excellence for Suicide Prevention, Canandaigua, New York, United States*, 2. *Salem VA Medical Center, Salem, Virginia, United States*, 4. *VA Boston Healthcare System, Brockton, Massachusetts, United States*, 5. *VISN Center of Excellence for Suicide Prevention, Canandaigua, New York, United States*, 6. *VA Northern Indiana Health Care System, Mishawaka, Indiana, United States*, 7. *Research & Development Service, Tuscaloosa, Alabama, United States*

Mental health (MH) disorders are common among skilled nursing facility (SNF) residents and may inhibit rehabilitation goals. Moreover, discharges to the community from SNFs are periods of heightened suicide risk within the

Veterans Health Administration (VHA), suggesting an urgent need for improved continuity of MH care. This paper presents results of medical records reviews indicating a potential gap in MH services at discharge from VHA SNFs. A quality improvement project ("Suicide Awareness for Veterans Exiting Community Living Centers" – SAVE-CLC), designed to address this gap, will also be discussed. Piloted in 3 sites (N = 66) in 2018, SAVE-CLC clinicians administered depression screens by phone to 47 Veterans (71%) after SNF discharge and helped connect Veterans to MH services. 24 Veterans (26%) received a second such call. Patients and caregivers expressed high satisfaction with SAVE-CLC (n = 35, 97%). Implications for quality improvements in SNF care transitions will be discussed.

TRANSPORTATION IS THE DRIVER TO VISIT: DOES COMMUNITY CONNECTEDNESS AFFECT DEPRESSION SYMPTOMS OF RESIDENTS?

Vivian J. Miller¹, 1. *University of Texas at Arlington, Arlington, Texas, United States*

A recent study found that lack of transportation access (or, transportation disadvantage), together with travel time, is a major barrier for community members to visit their loved ones residing in long-term care nursing homes (Miller, 2018). This transportation disadvantage not only may contribute to decreased visitation but also prohibits family from providing social support to residents, which is imperative for residents to maintain decreased symptoms of depression, a sense of belonging, and highest well-being. A sequential mixed-methodological study was conducted across 11 CMS-certifiable nursing homes in North Central Texas to examine this effect of transportation disadvantage of community members on depressive symptoms of their family in long term care (N=89 dyads). Findings from this study will be presented. Additionally, implications for social work, transportation planning, policymakers, and other key professions will be discussed.

SESSION 1485 (SYMPOSIUM)

MIGC 2019 SYMPOSIUM: STRENGTH IN CREATING DIVERSIFIED SPACES IN EDUCATION AND RESEARCH ON AGING

Chair: Adrienne T. Aiken Morgan, *North Carolina A&T State University, Greensboro, North Carolina, United States*
Co-Chair: Candace Brown, *Duke University, Durham, North Carolina, United States*

Discussant: Gregory R. Samanez-Larkin, *Duke University, Durham, North Carolina, United States*

Populations of minority older adults will continue to increase at an accelerated pace in the coming decades. As such, it is increasingly important to disseminate minority aging education and research topics in spaces that will prepare gerontology scholars to address the needs of diverse elders. This symposium will highlight efforts to diversify academic spaces by scholars engaged in minority aging education and research. The first presentation describes a service-learning pedagogical approach to teaching minority aging topics to graduate students. It will discuss how a gerontological social work course seeks to offer real-world learning experiences through community partnership. The second presentation