

percent with a gradual decline to death increased with more CDs. Among old men are already in their 80s, a key determinant of the trajectory to end of life is the number of CDs.

PALLIATIVE CARE NEEDS ASSESSMENT OF A RURAL AND FRONTIER STATE

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Background: Palliative Care (PC) is a valuable tool for improving the lives of people living with chronic illness. However, access to PC is limited in rural areas. The purpose of this study is to describe the current PC needs and barriers to care in a rural state. **Methods:** An online survey was disseminated through professional organizations, licensing boards, and the University of Wyoming. Rurality of counties was classified using Rural Urban Continuum Codes (RUCC). Descriptive statistics were calculated using SPSS. **Results:** Responses were received from 336 individuals across 20 of 23 counties (i.e., RUCC range 3 - 9; 1=most metropolitan, 9=most rural). The majority worked in healthcare or social service sectors (n = 265, 78.8%). Approximately one-half (n = 119, 50.6%) of these individuals endorsed providing PC (i.e., typically symptom management, supportive resources, and family support). Over one-half of respondents (n = 173, 51.5%) rated availability of PC services in their communities as "poor" or "somewhat good." Key barriers to providing PC were lack of patient information and knowledge (n = 215), access to PC specialists (n = 183), and funding and reimbursement (n = 181). Approximately one third of healthcare professionals (n = 78, 32.8%) had received formal training in PC. A majority of healthcare and social service respondents (n = 139, 59.1%) endorsed interest in PC continuing education. **Conclusions:** This study provides insight into the state of PC across a rural state. Results highlight the need to design accessible education and implement system transformation to improve PC access.

SESSION 875 (POSTER)

ENGAGING STUDENTS IN AGING STUDIES: CASES FROM THE FIELD

AGING IN PLACE: EFFECTIVE INTERPROFESSIONAL COLLABORATION AND ENGAGEMENT WITH OLDER ADULTS

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Background: An innovative educational program addresses two gaps in health professions education: lack of an emerging workforce comfortable caring for older adults and proficiency in working in an interprofessional (IP) setting. We sought to explore whether AIP provides grounding in pillars of IPE and geriatric competencies through experiential learning in IP teams with older adults in a community setting. **Methods:** Early health profession students n=37 (MD, MSN, PA, SW), working in teams

of 3, made monthly visits to older adults' residences over a one-year period. Workshops on core geriatric and IPE principles defined expected learning goals for client visits. Visits were followed by: 1) written field notes; 2) reflections based on pre-determined learning prompts; and 3) debriefing sessions with faculty members. Students completed pre and post program questionnaires including Attitudes Towards Social Issues in Medicine, Geriatrics Attitude Scale, ICCAS, and RIPLS. Pre-post results were analyzed using t-tests and qualitative analysis of comments. **Results:** 25 (68%) students completed pre-post questionnaires. Responses on the interprofessional collaboration scale significantly increased following the program (t=2.09; p = 0.047) and 94% responded that they could "well" or "very well" describe issues that impact older adults' health, quality of life, and convey appreciation toward older adults. **Discussion:** Students, engaging with older adults longitudinally in a community setting learned pillars of IPE, geriatric care competencies, and gained insights into this population. An interprofessional, experiential learning program is a feasible and effective way to increase interest and self-efficacy in working with older adult populations.

THE FALL OF THE BERLIN WALL AND STEREOTYPES OF AGING: AN INTERGENERATIONAL STUDY ABROAD EXPERIENCE

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One of the biggest barriers to encouraging a new generation of students to consider careers in aging are the ageist attitudes that they hold and the negative images of aging that they are bombarded with through the media. Sociologists have learned that an effective way to combat ageism is to bring together individuals from different cultural groups, including different age cohorts, to improve social attitudes. In a 2018 AGHE presentation, Jill J. Naar, explored the idea of promoting age-friendly universities by creating intergenerational education-tourism programs. In this presentation I share my experience in leading an intergenerational study abroad in Germany that included five generations studying the creation of public memory on the eve of the 30th anniversary of the fall of the Berlin Wall. I will share some of the logistical considerations along with the way that the study abroad helped to meet some of the AGHE competencies for undergraduate programs in Gerontology.

SESSION 880 (POSTER)

FAMILY CAREGIVING ISSUES

HEALTH INTERVIEWING IMPROVES THE MEDICAID HOME AND COMMUNITY-BASED SERVICES HOME CARE AIDE-CLIENT RELATIONSHIP

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We investigated the feasibility of a Medicaid Home and Community-based Services home care aide (HCA) led health interview with clients (n=21) during usual care services provided by a single provider. We provided interview training in English and Spanish and HCAs (n=21) conducted five interviews using a card sort methodology to elicit client care preferences. The interviews consisted of five topics relative to care: 1) food and drink,

2) physical activity and mobility, 3) self-care, 4) home environment, and 5) how I spend my time. HCAs audio-recorded interviews and photographed card sorts for analysis. We conducted semi-structured interviews by telephone with clients and focus groups with HCAs, to evaluate the health interviewing experience. We transcribed interview recordings and evaluated fidelity to the health interview script. We administered the Your Health Orientation, Willingness to Communicate, and PROMIS-global health to clients and the Active Empathetic Listening Scale to HCAs. We used t-tests to investigate changes in survey outcomes pre and post interviews. Results show it is feasible to train English and Spanish speaking HCAs in a simple, health interviewing technique to elicit care preferences from clients. Doing so contributes new knowledge on client preferences. Clients desire HCAs who provide empathy, compassion, and motivation, and HCAs observed that interviewing clients helped them to better understand their care recipient's needs. Future work should determine how embedding health communications training as part of orientation to client care, would influence HCA retention rates, as well as modify client health outcomes.

EXPLORING THE HEALTH BURDEN AND SOCIOECONOMIC COSTS OF DEPENDENT ELDERLY CARE IN NSUKKA, NIGERIA

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It is projected that by 2030, 6 percent of Nigeria's present population of 180 million will be 60 years and above. However, the extent to which the traditional systems of family support and security can manage the care of the increasing number of older people in the country is not clear as limited studies are available in the country regarding the health burden and Socioeconomic costs of caring for dependent older people. This study is therefore aimed at assessing the health burden and costs of caring for dependent older people in Nsukka, Nigeria. This cross sectional survey involved 1030 randomly selected elderly persons in Nsukka, Nigeria (Mage=70.15, SD=12.23). Structured questionnaire and Focus Group Discussion Guide (FGD) provided the data for the study. The qualitative data were analyzed with descriptive statistics, while regression analysis formed the basis for predicting effects of the variables in the study. The qualitative data from the FGD were analyzed thematically. The findings show that the Nigeria government was largely uninvolved in the care and support for older dependent people; leaving families to negotiate a 'journey without maps'. Families carried the health burden of care for the elderly with attendant socioeconomic costs. The traditional role of female relatives as caregivers was beginning to give way to paid caregivers. An innovative policy frame work targeted at the needs of older persons in health care, social protection and other forms of intergenerational support is required to supplement inputs from families of the aged in Nigeria.

WORK-RELATED OPPORTUNITY COSTS OF PROVIDING UNPAID FAMILY CARE

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Older Americans living in the community who need help with basic activities of daily living overwhelmingly rely on unpaid care provided most commonly by working-age family members. Because unpaid family care limits the demand for nursing facilities and reduces expenses paid by Medicaid and other

government programs, previous estimates of its economic value have mostly focused on estimating the benefits of unpaid family care. However, to assess accurately the overall economic value of unpaid family care and define better the scope for policy intervention, it is also important to account for the costs of such care, yet our knowledge of their magnitude remains limited. This study assesses the impact of unpaid family caregiving on the likelihood of working and hours worked for caregivers, and calculates the related cost of forgone earnings today and in 2050. To do so, it matches family caregivers from the National Study of Caregiving with non-caregivers from the Panel Study of Income Dynamics, and uses projections from the Urban Institute's DYNASIM microsimulation model to inform calculations of future costs of foregone earnings. Results suggest that the cost of foregone earnings attributable to caregiving is currently about \$67 billion. By mid-century, it will likely more than double, outpacing the growth of disabled older population as the share of better-educated caregivers with higher earning capacity increases. Policymakers can use these results to inform their current and future policy efforts aimed at assisting family caregivers who are facing the challenge of balancing work and caregiving responsibilities.

UNDERSTANDING THE ROLE OF SOCIAL SUPPORTS AND SOCIAL NETWORK FOR DEMENTIA CAREGIVERS' MENTAL HEALTH

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This paper explores the associations of depressive symptoms with social supports and social networks among dementia caregivers. It has been well documented that dementia caregivers are at greater risk of experiencing negative mental health and poorer physical health than non-caregivers. This paper describes a collaborative process between two universities and a community-based provider in designing a Social Network Analyses to examine the network structures used by dementia caregivers participating in a community-based support program. The relationship between the caregiver support networks and depressive symptoms, were analyzed using multivariate regression models. Given the small sample size and missing data multiple imputation was applied to the data. The findings suggest the effects of a variety of supports in the caregiver network on mental health and depressive symptoms. Among the findings it was found that the presence of financial support ($B = -0.58$; $p = .01$) and frequency of contacts ($B = -0.58$; $p = .01$) support resulted in a decrease in depressive symptoms and better mental health than for caregivers without similar supports in their networks. This paper will conclude with a discussion of potential uses of social network analysis to better understand how the structure of caregivers' network can address the concrete physical, emotional and financial needs of dementia caregivers.

FEDERAL POLICY EFFORTS TO SUPPORT FAMILY CAREGIVERS: PAST, PRESENT, AND FUTURE

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