

GOALS OF THE ENDGAME

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At all stages of life, the body can be considered an occupational resource that interacts with social structures in identity formation and complicates personal adaptation to life transitions. As the body declines, the economic and social standing it confers also tends to decline, leading to socially embedded fears about physical decline and marginalization. This paper applies theoretical work from embodiment theory and the life course perspective to examine how perceptions of aging and life experience with sport (or lack thereof) influence exercise participation and athletic identity. Using a narrative approach, I examine in-depth interviews I conducted with elite athletes, masters' athletes, coaches, athletic program directors, mature adults. Some participants struggled to exercise regularly, and others are exercising more in their later years than at any other point in their lives. Three key themes emerged: 1) bodily identity is tremendously important in relation to other forms of identity when it is affected by aging, ill-health, or other physical processes; 2) physical functional mobility becomes increasingly important with age; and 3) experiences with sports and athletic identity (or lack thereof) influence engagement in exercise in later life in surprising ways. The paper challenges society's focus on youth in sports and elite athletes, to discuss how our greater longevity means that we must place more emphasis on identifying ways to keep physically active and mobile throughout adulthood.

SOCIAL ACTIVITIES AND DEPRESSIVE SYMPTOMS AMONG OLDER ADULTS IN MEXICO: IMPLICATIONS OF GENDER AND PHYSICAL HEALTH

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Studies in developed countries indicate that social activities can make a difference in mental health in later life. Yet, research on potential benefits of social activities for older adults in developing countries, including Mexico, has been scarce. This study uses the two most recent waves (2012, 2015) of the Mexican Health and Aging Study to investigate the impact of social activities on depressive symptoms among older men ($n = 4,749$) and women ($n = 6,527$), aged 50+, in Mexico. The results of Ordinary Least Squares regressions indicate that it is important to differentiate among specific social activities in later life. Particularly, not only group-based but also solitary social activities were predictive of better mental health. Moreover, the findings demonstrate several gender differences and similarities. Participation in clubs, communication with relatives and friends, physical exercise, and watching television were beneficial for mental health among men, whereas volunteering, playing games, and making crafts were associated with fewer depressive symptoms among women. At the same time, reading as well as doing household chores were related to better mental health among older Mexicans, regardless of gender. Furthermore, this study shows that self-reported health, functional limitations, chronic conditions, and frequent pain might shape the implications of social activities for depressive symptoms among older adults in Mexico. The insights from this study can be helpful for intervention programs that are being

developed to promote benefits of group-based and solitary social activities for mental health among older men and women with different levels of physical health.

SOCIAL COHESION, TRANSPORTATION, AND PARTICIPATION IN SOCIAL ACTIVITIES AMONG OLDER ADULTS

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Objectives: The purpose of this research is to examine the role that social cohesion and access (conceptualized as mobility and transportation) plays on participation in social activities (i.e., visiting friends/family, attending religious services, participating in organizations, and going out for enjoyment). Participation in valued, social activities promotes of well-being through social interactions and the maintenance of personally meaningful relationships and lifestyles. **Methods:** Data from the National Health and Aging Trends (NHATS) study were used. The NHATS is representative of U.S. Medicare recipients ages 65 and older. The NHATS collects information on health and participation as well as detailed environmental measures, which makes it well suited for this research. **Results:** Higher ratings of social cohesion were associated with higher cumulative odds of participating in social activities among older adults, net of sociodemographic characteristics, personal network size, neighborhood disorder, and health factors. Taking public transportation services and walking places were associated with higher cumulative odds of participating in social activities. An interaction between social cohesion and walking places was significant ($p=0.002$). Older adults who reported high levels of social cohesion and walked to get around their community were more likely to participate in social activities compared with those reporting low social cohesion and walking as a transportation. **Discussion:** This research provides evidence that socially cohesive neighborhoods enable greater access to social activities through transportation services. Offering a range of transportation services is only piece of creating an age-friendly community—older adults must also feel comfortable using these options.

SESSION 1155 (SYMPOSIUM)**BEYOND FUNCTIONAL SUPPORT: PAID CAREGIVERS AND THE HEALTH OF OLDER ADULTS**

Chair: Jennifer M. Reckrey, *Icahn School of Medicine at Mount Sinai, New York, New York, United States*

Discussant: Barbara Bowers, *University of Wisconsin-Madison, School of Nursing, Madison, Wisconsin, United States*

This symposium will explore role that paid caregivers (e.g. home health aides, personal care attendants, and other direct care workers) play in the health and team-based healthcare of older adults living in the community. The large and growing workforce of paid caregivers witness the changes in health status, chronic health needs, and psychosocial stressors of the older adults they care for. Yet existing research on paid caregivers has largely been limited to workforce issues such as

recruitment, retention, and job satisfaction. The unique potential of paid caregivers to impact the health of their clients remains largely unstudied. The first presenter will describe results from qualitative interviews with seriously ill older adults and their long-time paid caregivers that found that paid caregivers perform a wide variety of health-related tasks in the course of their routine care. The second presenter will describe results from focus groups with paid caregivers that found that though not a part of the official care plan, paid caregivers provided deliberate cognitive, emotional, and social care that sought to improve their clients' "total" health. The third presenter will outline the rationale for and development of an educational intervention aiming to improve paid caregiver's ability to provide care to patients with heart failure. Finally, the fourth presenter will discuss the limited role paid caregivers currently play in the healthcare team. She will then highlight key policy, educational, and clinical recommendations to promote further paid caregiver integration in the healthcare team.

THE HEALTH-RELATED TASKS PAID CAREGIVERS IN NEW YORK STATE PERFORM IN THE HOME

Jennifer M. Reckrey,¹ Emma Tsui,² R. S. Morrison,¹ Emma Geduldig,¹ Robyn Stone,³ Katherine Ornstein,¹ and Alex Federman¹, 1. *Icahn School of Medicine at Mount Sinai, New York, New York, United States*, 2. *CUNY Graduate School of Public Health and Health Policy, New York, New York, United States*, 3. *Leading Age, Washington, District of Columbia, United States*

Paid caregivers (e.g. home health aides, personal care attendants) are formally tasked with helping older adults with functional impairment meet their basic needs at home. This study used semi-structured interviews (n=30) with dyads of patients or their proxies and their paid caregivers in New York City to 1) understand the range of health-related tasks paid caregivers perform in the home and 2) determine if these tasks are taught in the New York State government's Department of Health curricula. We found that patients, proxies, and paid caregivers all described that paid caregivers performed a wide range of health-related tasks that were often not a part of their formal training. Creating clear competencies for paid caregivers that reflect the full breadth of health-related tasks they may perform at home will help maximize the potentially positive impact of the paid caregiver workforce on the lives of patients living at home with functional impairment.

YOU'RE THE ONLY PERSON THERE FOR THEM: LEVERAGING HOME HEALTH AIDES' EXPERTISE TO SUPPORT TOTAL CLIENT HEALTH

Emily C. Franzosa¹, 1. *CUNY Graduate School of Public Health and Health Policy, New York, New York, United States*

Formally, home health aides provide physical, non-clinical care to support the health and safety of older and disabled individuals. But in practice, both workers and clients report that the often unrecognized relational care aides provide is also central to clients' well-being. In focus groups with New York City-based home health aides, aides described their conception and delivery of "total" care, which included specific and deliberate cognitive, emotional and social strategies to support clients' mental and physical well-being. However, since this work was not included in formal care plans and invisible to those outside the care team, aides felt unprepared and unsupported in

performing it. Realigning the definition of home care to address "total" care and better integrating aides into the care team has the potential to both improve job satisfaction and patient care.

HEART-FAILURE TRAINING FOR HOME CARE WORKERS IN NEW YORK CITY

Madeline Sterling,¹ and Peggy Leung¹, 1. *Weill Cornell Medical College, New York, New York, United States*

Home care workers (HCWs), which include home health aides and personal care aides, are increasingly being used by community dwelling adults with heart failure (HF) for long-term assistance and post-acute care. Findings from our prior research suggest that HCWs are deeply involved in many aspects of HF patients' self-care, including HF maintenance and management, but the majority have not received any HF training or HF-specific resources. Due to this, many HCWs do not feel confident caring for their clients with HF. In this symposium, we will present the findings of a qualitative study that used a nominal group technique to elicit the educational needs of 40 English and Spanish speaking agency-employed HCWs caring for HF patients in New York City. We will also present an overview of the HF training course that was developed from this data and its effect on HCWs' HF knowledge and caregiving self-efficacy.

CHALLENGES AND OPPORTUNITIES FOR TRAINING AND SUPPORTING AIDES AS MEMBERS OF HOME-BASED CARE TEAMS

Robyn Stone,¹ and Natasha Bryant¹, 1. *LeadingAge, Washington, District of Columbia, United States*

Despite home health/home care aides being the informal "eyes and ears" of the health system, team-based home care initiatives have not incorporated this workforce into their programs. This presentation summarizes barriers to their inclusion: a basic lack of understanding on the part of clinical team members of the complex tasks these caregivers perform, inadequate investments in competency-based aide training and education, and variation in state nurse delegation laws that limit aides' scope of practice and their ability to work effectively in teams. This is followed by a review of several programs that have successfully included aides as key members of home care teams. The presentation concludes with recommendations on how federal and state policymakers, educators and health systems and providers can support inclusion of aides in team-based care through standardization of competency-based training programs, expansion of nurse delegation nationwide, and support for piloting, evaluation, dissemination and replication of promising models.

SESSION 1160 (PAPER)

CAREGIVING, COGNITIVE FUNCTIONING, AND BEHAVIORAL AND SOCIAL DETERMINANTS

AWARENESS OF HEALTH RISKS OF CAREGIVING AMONG PRIMARY PHYSICIANS AND THE CAREGIVERS THEMSELVES

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