

conceptualizing aging for transgender elders in a way that prioritizes the importance of identity can aid in preventing an unnecessarily deficits-based perspective for service providers, and supports the necessity of amplifying a culturally specific understanding of successful aging.

YOU HAVE TO BE STRONG TO GET OLD: MIDDLE-AGE CAREGIVING, WISDOM DEVELOPMENT, AND LIFE PLANNING AMONG OLDER ADULT WOMEN

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This study explores women's development of wisdom in older adulthood resulting from caregiving of aging parents and spouses during their middle age years. As a way to grasp the complexity of middle age care work influencing wisdom development in older adulthood, this study used in-depth case analysis with in-depth interviews of three older adult women from the Silent Generation, ranging in birth years from 1933 to 1944. Women self-identified wisdom through themes such as compassion, knowledge attainment, and resilience resulting from their care work. This study also captured the significance of their caregiving in middle age as a turning point in their lives, marking their physical health and capabilities as notably stronger compared to their present selves in older adulthood. These women also illustrated increased awareness of their own mortality through caregiving. Jointly, these women self-identified their roles as caregivers as uniquely female roles. While all noted being confronted with care work as unexpected in their life path, these women believed in having a natural inclination to nurture and care, coupled with social pressures, leading to their ultimate caregiving. This study unearthed deeper meanings these women had for their lives resulting from caregiving, manifesting as knowledge gained about life, health, and aging. Thus, inspiring their own decision-making as they approach even older adulthood experiences such as dependency and death. This study ultimately illustrates the importance of caregiving on women's lives: marking their middle age, increasing their wisdom development, and influencing their life planning as they age.

SESSION 3415 (PAPER)

HEALTH AND SOCIAL SERVICE INTERVENTIONS

INFLUENCE OF HEALTH AND SOCIAL SUPPORTS ON OUTCOMES POST-REHABILITATION FOR HIP FRACTURE SURGERY: SYSTEMATIC REVIEW

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Background: Older adults who sustain hip fractures encounter physical and functional decline after discharge from inpatient rehabilitation. Currently, a synthesis of literature is lacking on health and social supports that may impact outcomes in the community-dwelling older adults, post-discharge from rehabilitation. **Methodology:** We conducted a systematic review to a) evaluate how health and social supports influence outcomes for older adults and their caregivers following inpatient rehabilitation post-hip fracture surgery, and b) identify the factors that affect their impact on outcomes. We searched Medline, CINAHL, Embase, Emcare, Psychinfo, and Ageline for publications between 2000 and 2018. We followed Cochrane Handbook methods to screen titles and abstracts, appraise quality, collect data and synthesize results. **Results:** A total of 3364 articles were retrieved, and 34 studies were included for final synthesis, including 24 randomized control trials and 10 observational studies. Most studies excluded persons with moderate or severe cognitive impairment. Interventions can be broadly categorized as either comprehensive care delivered by interdisciplinary teams focusing on exercise, nutrition and fracture prevention; or exercise sessions delivered by health professionals, trained instructors or volunteers. Interventions involving interdisciplinary teams demonstrated moderate improvement of mobility and functional ability in the first 3 months. However, the longitudinal effects of interventions were not realized for all. **Conclusion:** This review provides evidence of the effectiveness of health and social supports provided to older adults post-hip fracture. We are uncertain of the applicability to people with cognitive decline due to exclusion from most studies. Implications for practice and research will be discussed.

MLTSS AND AGING IN PLACE: HOW PERSONAL CARE SERVICES HELP AVOID NURSING FACILITY ADMISSIONS OF OLDER ADULTS

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Older adults value community living and prefer to "age in place", which increased the need for long-term care to be provided at home. Recently, a capitated option for Medicaid beneficiaries, managed long-term services and supports (MLTSS), has become popular. This evaluation research study investigated 1) the effectiveness of attendant care services to avoid long-term institutionalization of older adults when provided as part of an MLTSS program, and 2) the effect of the type of attendant care services on long-term institutionalization. Using enrollment and claims data of 491 community-dwelling older adults enrolled in an MLTSS program for at least six months, multivariate regression models analyzed the association between long-stay nursing facility (LSNF) admissions and the use of attendant care services. Findings confirmed the hypothesis that those receiving attendant care services are less likely to have LSNF admissions and that as the dosage increases, the odds of LSNF decreased. The type of attendant care