

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

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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

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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

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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

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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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