

health promotion interventions in home care. Using data collected in a pilot study of a gentle physical activity program delivered by home care workers in a Medicare home care program, this study compared 18 family and 32 non-family caregiving dyads in client outcomes (self-reported and performance-based function) and process outcomes (exercise-related social support provided by home care aides) before and after the intervention. Linear mixed models indicated that client outcomes improved after the 4-month intervention ( $p < 0.05$ ), controlling for clients' age, gender, and number of chronic conditions. Compared to family caregiving dyads, greater improvement in exercise-related support was observed in non-family caregiving dyads ( $p < 0.05$ ), where care providers offered less exercise-related support at baseline. The intervention program was received well by both family and non-family dyads, as expressed by one of the caregivers: "It makes my client feel good about herself. I also feel good for my client." Results suggest that empowering caregivers with health promotion skills is a promising strategy, especially in non-family caregiving dyads. Further research is warranted to produce evidence-based health promotion programs for family and non-family caregiving dyads in home care.

#### SOCIAL RELATIONSHIPS AND OBESITY IN LATER LIFE: A LONGITUDINAL ANALYSIS

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The majority of U.S. older adults are overweight or obese. Social relationships are a key factor linked to obesity among younger age groups, but there are no known investigations of these modifiable risk factors older for adults. This study examined the association between quantitative and qualitative indicators of social relationships and waist circumference among middle-aged and older adults. We also examined whether psychosocial and health behavior characteristics mediate and/or moderate these relationships. Using the 2006 and 2010 waves of the Health and Retirement Study, a series of regression models were estimated to examine the longitudinal association between social relationships and waist circumference in age stratified samples (age 50 to 64; age 65 and older). Results for those age 50 to 64 indicated that higher positive social support and lower negative social support were associated with lower waist circumference over time. For those age 65 and older, lower negative social support and higher loneliness were associated with lower waist circumference over time. Further, daily exercise and anxiety were observed to be mediators of these associations; both variables also acted as moderators. Findings from this study highlight the need for healthcare providers to assess older adults' levels of social support and loneliness in order to achieve a more comprehensive understanding of wellness. The results also underscore the importance of developing intervention programs that provide widespread and ample opportunities for older adults to engage socially, particularly those that incorporate or encourage physical activity and healthy eating.

GSA 2019 Annual Scientific Meeting

## SESSION 1100 (SYMPOSIUM)

### POLICY SERIES: REEFER MADNESS, SADNESS, OR GLADNESS? THE CANNABIS AND OLDER PERSONS STUDY

Chair: Brian P. Kaskie, *University of Iowa, College of Public Health, Iowa City, Iowa, United States*

Discussant: Julie Bobitt, *University of Illinois, Champaign-Urbana, Illinois, United States*

In 2016, we began our examination of the intersection between cannabis and older persons by convening focus groups with 163 older adults from senior centers and dispensaries in nine states with varying levels of cannabis legalization. Since then, we have secured competitive research grants and contracts to examine cannabis use among older persons in California, Colorado, Illinois and Iowa. Our work is guided by the primary hypothesis that cannabis use among older persons is shaped by an individual's calculations concerning risk (e.g., developing a cannabis use disorder, law-breaking) and reward (e.g., relaxation, symptom relief), and individuals living in a state with a legal cannabis program may perceive less risk and also may be receiving more information about the benefits of cannabis. We also hypothesize that older adults' access to and use of cannabis is shaped by where they live, particularly defined by local cannabis program implementation efforts and relevant contextual conditions. In this symposium, we will examine our latest work concerning (a) life-span attitudes toward cannabis, (b) clinical perspectives on counseling and certifying older persons for medical cannabis, (c) provider perspectives on state cannabis policy and program implementation, (d) cannabis use among a sample of dementia caregivers and (e) outcomes experienced by older persons who use cannabis for medical or recreational purposes. Our discussion focuses on implication for policy development and program implementation.

### EXPLORING STRUCTURAL BARRIERS TO MEDICAL CANNABIS ACCESS AMONG OLDER ADULTS

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A growing number of older persons are using cannabis to treat medical conditions and symptoms. Preliminary work examining survey responses from persons over age 60 in Colorado and revealed the presence of structural barriers in safe and effective access to MC. In particular, older adults reported a gap in their expectations as a patient and current healthcare provider practice in counseling and educating them on MC use. To examine this from the provider perspective, we aim to survey Illinois state physicians and assess current knowledge, training needs, attitudes and practices associated with MC and older adults. Multivariate regression analysis will be conducted to predict current practice associated with MC (for example, whether physician ever certified a patient for MC) as a function of provider characteristics, as well as their knowledge and attitudes on the topic. We will also conduct sub-group analysis to understand practice patterns by specialty and experience.