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Influencing health policy change is a significant focus for scholars and clinicians in the aging field. Nevertheless, they seldom receive formal training on how to influence the policymaking process effectively or how to translate their clinical and research experiences to inform policymakers best. Exposing scholars and clinicians to the policymaking process can advance their effectiveness as they seek to realize meaningful change to promote healthy aging of our population. This poster presentation focuses on providing scholars and clinicians with strategies to understand and influence the federal policymaking process. The presentation addresses the current policy environment in which federal health and aging policy is made and describes challenges to this process. Four strategies are identified to help scholars and clinicians influence the policymaking process: 1) identify a problem and any relevant policy that corresponds to the issue, 2) identify evidence-based solutions that relate to quality improvement, population health, or reducing per capita cost of healthcare, 3) grow relevant networks, meet experts, build relationships and connect with key stakeholders, 4) identify potential unintended consequences or barriers to the implementation of policy. By providing examples, this how-to aging and health policy road map provides context and guidance to stakeholder engagement, frameworks, and methods that can be used to engage in the policymaking process. The final part of this presentation explores ways to integrate health policy training and experience into scholars' and clinicians' professional development.

SIMULATING THE EFFECTS OF CONSTRUCTION IN NYC'S CHINATOWN ON FRUIT AND VEGETABLE CONSUMPTION IN LOCAL RESIDENTS

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In 2017, the mayor of New York City (NYC) unveiled a 10-year plan to close the city's largest jail complex and to build four satellite detention centers – including one in Manhattan's Chinatown. Chinatown is a destination for affordable produce and its retail produce sector is comprised of street vendors and small stores, a style of fresh fruit and vegetable (FV) marketing the city promotes to achieve its goal of equitable access to healthy foods. The objective of this study was to project the impact of the proposed construction activity on FV consumption among residents in Chinatown. We developed an agent-based model that accounts for individual and neighborhood-level factors (e.g., age, gender, education, food environment) to predict FV consumption at the neighborhood level in NYC. We assumed that long-term construction will lead to the closure/migration of

fresh produce vendors and therefore a reduction of FV access. We simulated three scenarios in which the number of fresh produce vendors is reduced by 5%, 10%, and 15% due to construction. Results suggest that planned construction could decrease the consumption of FV by 2.1%, 4.4%, and 6.8% among residents in Chinatown if the construction would reduce the number of fresh produce vendors by 5%, 10%, and 15%, respectively. Preliminary sensitivity analyses demonstrate the negative impact of the construction on FV consumption could be greater among older (65+ years) vs. young adults. The planned construction of a detention center in Chinatown may decrease the consumption of FV among its residents, particularly older adults.

THE FAMILY AND MEDICAL LEAVE ACT: A POLICY ANALYSIS AND RECOMMENDATIONS TO ADDRESS EMPLOYED CAREGIVER BURDEN

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Family caregiving plays a pivotal role in the long-term care system in the U.S, as there are over 40.4 million people providing unpaid care to individuals aged 65+ (U.S. Bureau of Labor Statistics, 2019). The majority are women providing supports to a parent/grandparent and provide an average of three hours of care each day. This places greater demands on family caregivers in balancing their dual caregiver/employment roles. The Family and Medical Leave Act (FMLA) of 1993 enables family caregivers to take unpaid leave to provide supports to immediate family. While FMLA was intended to provide flexibility to employed caregivers, many struggle with family-work conflicts and caregiver burden is high. Therefore, this conceptual paper offers a critical examination of FMLA and how family caregivers of older adults are impacted. Results of this analysis revealed three themes. First, FMLA is largely inadequate for employed caregivers, as only 60% of the workforce are eligible and unpaid leave restrictions create considerable financial hardship. Second, employer discrimination is high and family caregiving discrimination claims have dramatically increased since FMLA was enacted. And third, many employed caregivers are unaware of FMLA policies and eligibility requirements, which results in underutilization of benefits. Based upon these results, several policy and employer recommendations can be made, such as expanding FMLA coverage to include paid leave and non-immediate family caregivers. Additional recommendations will also be addressed. As it has been nearly 30 years since FMLA was enacted, updated policy is vital to continue supporting employed caregivers in their roles.

THE LONGITUDINAL IMPACT OF PRIVATE HEALTH INSURANCE ON THE USAGE OF OUTPATIENT SERVICES AMONG AGING KOREANS

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South Korea has a universal national health insurance system; however, its coverage is only about 65%. Consequently, many Koreans have supplemental private health insurance. This study aims to examine 1) how utilization of health care services and out-of-pocket expenditure of outpatient services varies by private health insurance status and 2) whether this relationship changes for these