

rate of widowhood through ages 50-54. By 2017, divorce rates were higher for women through ages 55-59 and for men through ages 60-64, coinciding with the growth in gray divorce. We also examine subgroup variation in the 2017 patterns and the sociodemographic correlates of having experienced divorce versus widowhood during the past year using the ACS data.

#### HOUSEHOLDS AND LIVING ARRANGEMENTS OF OLDER PERSONS AROUND THE WORLD

Yumiko Kamiya,<sup>1</sup> Yumiko Kamiya,<sup>1</sup> and Sara Hertog<sup>1</sup>,  
1. *United Nations, New York, New York, United States*

The household living arrangements of older persons – whether living alone, with a spouse or partner, with their children or in multi-generational households – can be an important factor associated with their health, economic status and overall well-being. Understanding the patterns and trends in older persons' living arrangements is thus relevant for global efforts to achieve the sustainable development goals, in particular those targeting poverty, hunger and health. The United Nations Database on the Households and Living Arrangements of Older Persons 2018 presents evidence drawn from 672 unique data sources, including census and survey microdata samples archived at IPUMS-International and household rosters from Demographic and Health Surveys, among other sources. The resulting dataset describes older persons' households across 147 countries or areas, representing approximately 97 per cent of persons aged 60 or over globally.

#### SESSION 4070 (SYMPOSIUM)

##### NOVEL DATA AND APPROACHES TO THE STUDY OF HEALTH AND AGING IN NSHAP

Chair: Linda J. Waite, *University of Chicago, Chicago, Illinois, United States*

The National Social Life, Health, and Aging Project (NSHAP) is a longitudinal, population-based study that seeks to improve an understanding of the well-being of older, community-dwelling Americans. It accomplishes this by affording researchers a wide range of high quality measures that enable examining interactions among physical health and illness, medication use, cognitive function, emotional health, sensory function, health behaviors, social connectedness, sexuality, and relationship quality. The panelists in this symposium use NSHAP data to shed light on previously un- or underexplored aspects of health during aging. Kaufman et al. use interviewer ratings of respondents' skin shade along with respondents' individual experiences of discrimination, neighborhood racial composition, and other factors to characterize heterogeneity in the racial experience and how heterogeneity relates to health inequities. Riley integrates information on respondents' residential region at birth and in older age to show that older adults who left the South are less healthy than those who stay in the South, and that social embeddedness helps to explain the health benefits for those who stay. Huang et al. take advantage of rich structural and functional social connectedness data to show that self-reported hearing impairment is associated with depth but not breadth of social connections. Huisinigh-Scheetz et al.

capitalizes on performance measures of gait speed and chair stands obtained at each wave to examine whether repeated measures improve the ability to predict loss of independence in activities of daily living. Discussant will discuss the importance, strengths, and weaknesses of these papers, and consider implications for future research.

##### THE MULTIPLE DIMENSIONS OF THE RACE EXPERIENCE AND ASSOCIATIONS WITH HEALTH IN OLDER ADULTS

Jerry Kaufman<sup>1</sup>, 1. *University of Chicago, Chicago, Illinois, United States*

Race is experienced along a number of dimensions. In the United States, education, family background (e.g., parents' education), skin shade, experiences of racial discrimination, neighborhood racial composition, state/region of birth, and interracial marriage help to define the "race experience." Many of these factors have been individually associated with adverse outcomes for African Americans relative to Whites, but little research has examined how these factors cohere within individuals. Using a national survey of African American and White older adults, we employed latent class analysis and, in preliminary analyses, identified three clusters of individuals who were characterized by unique race experiences. We then assessed and determined that these clusters were also unique in their differential associations with health outcomes. This data-driven approach will provide insight into the profiles of individuals whose race experience contributes to health inequities among older Americans.

##### THE DIFFERENTIAL INFLUENCE OF REGIONAL CONTEXT ON LATER-LIFE HEALTH AND MORTALITY

Alicia Riley<sup>1</sup>, 1. *University of Chicago, Chicago, Illinois, United States*

This study examines regional disparities in later life health from a life course perspective. To sort out when and how region influences health over the life course, I focus on the sharp contrast between the South and the rest of the U.S. in health and mortality. I draw on data from the National Life Health and Aging Project (NSHAP), a nationally representative sample of community-dwelling older adults in the U.S., to estimate the differential risk of multiple health outcomes and mortality by regional trajectory. I find that older adults who leave the South are worse off in multiple outcomes than those who stay. I also find evidence of a protective health effect of community cohesion and dense social networks for the Southerners who stay in the South. My results suggest that regional trajectory influences health in later life through its associations with socioeconomic status, access to healthcare, and social rootedness.

##### DISTRIBUTION, PREDICTORS, AND CLINICAL RELEVANCE OF 5-YEAR CHANGE IN FRAILTY MEASURES

Megan Huisinigh-Scheetz,<sup>1</sup> Kristen Wroblewski,<sup>1</sup> Mark Ferguson,<sup>1</sup> Elbert Huang,<sup>1</sup> Linda Waite,<sup>1</sup> and L. P. Schumm<sup>1</sup>, 1. *University of Chicago, Chicago, Illinois, United States*

Implementing frailty assessment into routine clinical practice is a priority. Gait speed and performance on 5 repeated

chair stands are two measures of frailty. We face a number of clinical implementation challenges: (1) We lack normative data for U.S. older adults and (2) The clinical relevance of change in frailty measures is unclear. The National Social Life, Health and Aging Project dataset allows an examination of the distribution of 3-meter gait and 5-repeated chair stands times as well as 5-year change in these measures in a nationally-representative, community-dwelling older adult sample. Dr. Huisinigh-Scheetz will describe demographic predictors of change in these measures as well as determine whether baseline plus 5-year change in these measures predicts loss of independence in activities of daily living (ADLs).

## SESSION 4075 (SYMPOSIUM)

### PARTNERING IN GERIATRICS WORKFORCE ENHANCEMENT PROGRAMS: MODELS TO ENHANCE COLLABORATION AND ENGAGEMENT

Chair: Leland Waters, *Virginia Commonwealth University, Richmond, Virginia, United States*

Discussant: Nina Tumosa, *Health Resources and Services Administration, Rockville, Maryland, United States*

To achieve their healthcare system transformational goals to improve care for older adults, Geriatrics Workforce Enhancement Programs (GWEPs) facilitate the building of strong relationships among academia, community-based organizations, and primary care networks. Each GWEP develops strategies to formalize collaborations and build sustainable networks to meet program goals while addressing partner needs. Unique models from four GWEPs addressing stakeholder engagement are described, and factors facilitating collaboration are explored. One GWEP achieves mutual goals by collaborating with statewide coalitions that have a history of successful partnerships. Another GWEP achieves programmatic goals through an “all-in” interprofessional model called the Plenary. A third GWEP has capitalized on a shared complex outcome that requires multi-level stakeholder engagement to support aging in place. The final GWEP has coopted the resource exchange model as a conceptual foundation in order to enhance collaboration. Themes emerging from these four models include: (1) the enhancement of interpersonal relationships through communication, trust, and engagement; (2) the importance of commitment to the overall partnership itself; (3) the critical component of resource sharing and synergy across projects; and (4) strategies for sustainability in the face of changes and challenges across healthcare systems. Given the complex nature of person-centered interventions in geriatrics, it truly takes a village to develop and provide services for a heterogeneous, targeted population. This symposium emphasizes key elements of the structures and processes of these transformational GWEP villages.

### FACTORS FACILITATING COLLABORATION AND ENGAGEMENT: BUILDING AND SUSTAINING STATEWIDE COALITIONS

Cristine B. Henage,<sup>1</sup> Ellen C. Schneider,<sup>2</sup> Ellen Roberts,<sup>2</sup> Vicki Tilley,<sup>3</sup> and Jan Busby-Whitehead<sup>3</sup>, 1. *University of North Carolina, Chapel Hill, North Carolina, United States*, 2. *The University of North Carolina at Chapel Hill, Chapel*

*Hill, North Carolina, United States*, 3. *The University of North Carolina at Chapel Hill School of Medicine, Chapel Hill, North Carolina, United States*

Sustaining collaboration across multiple community-based organizations (CBOs) creates synergies and economies of scale to support age-friendly communities beyond the provision of direct services any single CBO can achieve. The Carolina Geriatrics Workforce Enhancement Program (CGWEP) created and sustained multiple statewide coalitions focused on geriatrics syndromes. More than 290 CBOs, including Area Health Education Centers, social services programs and nongovernmental organizations, meet quarterly to form linkages, promote education and build infrastructure to support rural and underserved older adults. Shared governance with pooled resources has been achieved because of a long history of partnership, mutually beneficial relationships, flexibility, and frequent communication. The strength of the partnership is evidenced by continued growth in number of CBOs, number of sponsored events, and number of referrals to CBOs. Two coalitions, focused on falls prevention and mental health respectively, have been adopted by partners and sustained beyond grant funding.

### STAKEHOLDER ENGAGEMENT IN THE PLENARY AS A MODEL FOR PROFESSIONAL-COMMUNITY PARTNERSHIPS

Edward F. Ansello,<sup>1</sup> Sarah A. Marrs,<sup>1</sup> and Leland H. Waters<sup>1</sup>, 1. *Virginia Commonwealth University, Richmond, Virginia, United States*

The Virginia Geriatric Education Center (VGEC), a consortium of four Virginia universities, directs all initiatives in its Geriatrics Workforce Enhancement Program (GWEP) through an “all-in” interprofessional model called the Plenary. Both the structure and the process of the Plenary can serve as a model for building and maintaining successful, interdisciplinary, and intersystem partnerships that work toward shared goals. In addition to faculty and staff from the four institutions who represent nine health professions, representatives from CBOs also serve on the Plenary and attend in-person meetings twice monthly to engage in a continuous, democratic, and hands-on PDSA (Plan-Do-Study-Act) cycle to improve GWEP programs. This allows our community partners to be engaged in all components of identifying and addressing unmet needs in current and emerging interprofessional gerontology and geriatrics training, increasing CBO’s stake in the overall success of the GWEP beyond their specific involvement. Team science principles guide program improvement and growth.

### CUSTOMIZING STAKEHOLDER ENGAGEMENT TO SUPPORT AGING IN PLACE

Elyse Perweiler,<sup>1</sup> Jennifer DeGennaro,<sup>2</sup> Sherry Pomerantz,<sup>2</sup> Lisa Bodenheimer,<sup>2</sup> Marilyn Mock,<sup>3</sup> and Margaret Avallone<sup>4</sup>, 1. *Rowan School of Osteopathic Medicine, Stratford, New Jersey, United States*, 2. *Rowan University School of Osteopathic Medicine, Stratford, New Jersey, United States*, 3. *Fair Share Housing Inc., Northgate II, Camden, New Jersey, United States*, 4. *Rutgers University School of Nursing-Camden, Camden, New Jersey, United States*