

SESSION 4030 (PAPER)

HEALTH AND HEALTH PROMOTION

HOME CARE AIDE-LED RESISTANCE EXERCISE FOR MEDICAID HOME AND COMMUNITY-BASED SERVICES CLIENTS

Margaret Danilovich,¹ Laura Diaz,¹ Jody Ciolino,² William Healey,¹ Gail Huber,³ and Daniel Corcos¹,

1. *Northwestern, Chicago, Illinois, United States,*
2. *Northwestern University, Chicago IL, United States,*
3. *Northwestern University, Chicago, Illinois, United States*

Home Care Aides (HCAs) assistance is the most common care provision to help clients with activities of daily living, but exercise is not currently provided, despite well-established health benefits. We developed a resistance exercise intervention using a stakeholder panel of physical therapists, HCAs, and clients. Stakeholders suggested a mobile application that played exercise videos. We then enrolled 128 HCA-client dyads (93% african american & 79% female) and randomized home care aides to lead the intervention with their clients in addition to usual care for 6 months or continue usual care. Our aims were to 1) evaluate the feasibility of the intervention and 2) determine the effects of the intervention on client physical performance, frailty classification, self-reported health, and strength. 96% of HCAs reported the training session successfully prepared them to lead exercise and we had no adverse events. There was high attrition rates among dyads (28.13%) at 6 months which was worse among HCAs (55%). We found no statistically significant differences between study arms. However, the range of completed sessions was 1-34 out of 52 possible sessions. Program evaluation indicated high satisfaction among clients and HCAs (8.9 & 8.6/10). HCA attrition limited client participation, technology did not facilitate exercise completion, and client motivation was a barrier to adherence. Results show it is feasible to train HCAs to lead exercise, however, given high turnover in the HCA profession, alternative implementation models should be studied. While the app use was an innovative way to engage older adults in exercise, technology challenged HCAs.

INTERNAL MIGRATION AND HEALTH CHANGES: A LONGITUDINAL STUDY OF CHINESE ADULTS IN MID AND LATER LIFE

LI Gao,¹ Zheng Wu,² and Shu z. Li³, 1. *School of Public Policy and Administration, Xi'an, Shaanxi, China,*
2. *Department of Gerontology, Vancouver, Canada,*
3. *Institute for Population and Development Studies, Xi'an, Shannxi, China*

Objectives: This study examines the effects of internal migration on health status and health changes among middle-aged and older migrants in China. **Methods:** Using longitudinal data from the 2011-2015 China Health and Retirement Longitudinal Study (CHARLS), this study compares non-migrants with those of recent migrants and earlier migrants in regard to their self-rated health and mental health. OLS and a series of fixed effects models were conducted to examine the effects of migration on health status and health changes. **Results:** Compared with non-migrants,

earlier migrants report better self-rated health but no difference in depression. Our findings demonstrate that recent migrants show better self-rated health changes than non-migrants. In addition, for recent migrants, there are significant changes in self-rated health among rural-to-urban migrants and rural-to-rural migrants, while urban-to-rural migrants and urban-to-urban migrants are not significantly different from non-migrations. **Discussion:** There are associations between internal migration and self-rated health in China. The effects of migration on health appear to differ by the type of migration. Those who migrated from rural area are mostly likely to be affected by migration. However, migrants from urban area are less affected.

ONE HUNDRED MILLION HEALTHIER LIVES: MEASURING WHAT MATTERS

Kathleen A. Cameron,¹ and Angelica Herrera-Venson²,

1. *National Council on Aging, Arlington, Virginia, United States,*
2. *National Council on Aging, Arlington, Virginia, United States*

The rise of chronic disease, an aging population, inequity in health care access and outcomes, and new technology demand a fundamentally different approach to fostering health—one that brings sectors together to address the social and behavioral determinants of health. To address these concerns, NCOA is leading the Aging Hub of the 100 Million Healthier Lives (100MLives), an initiative convened by the Institute for Healthcare Improvement. 100MLives is a collaboration of change agents across sectors working to transform how the world thinks and acts to improve health, well-being, and equity across the lifespan. NCOA is collaborating with national and local organizations, as well as federal agencies to support a nationwide ecosystem for measuring, fostering, and bringing to scale innovations that address social and behavioral determinants of health. The Aging Hub is committed to consistently measuring what matters (adult well-being assessment-AWA), learn what programs and services within the aging network improve a person's life, and work with partners to scale those programs. The initiative encourages use of the Adult Well-Being Assessment, a validated 7-question survey that asks individuals to rate their overall well-being; financial, physical, mental, and spiritual health; and social support. Shared use of these outcome measures can make it easier for the aging network to demonstrate the impact of their programs and services. Join NCOA to learn about progress to date, including a report on AWA and demographic data collected by the Baltimore County Department with over 10,000 older adults and how data is being used to improve service delivery.

PERSPECTIVES OF OLDER ADULT STAKEHOLDERS ON THE IMPACT OF COMMUNITY-BASED EXERCISE

Lekaa Elhajjmousa,¹ Allison M. Mays,²

1. *Cedars Sinai Medical Group, Beverly Hills, California, United States,*
2. *Cedars-Sinai, Los Angeles, California, United States,*
3. *Cedars-Sinai Medical Center, Los Angeles, California, United States*

This focus-group study aims to identify the perceptions of older adults (>50 years) who participated in community-based exercise classes as part of the Leveraging

Exercise to Age in Place (LEAP) Study. LEAP enrollees participate in community-based classes that include Tai Chi, EnhanceFitness, Arthritis Exercise, and the Healthier Living Workshops. Nine LEAP participants attended a focus group at Cedars-Sinai Medical Group. The focus group included quantitative and qualitative questions in both a verbal discussion format and a written questionnaire that examined the effects of liaisons, social connections, and incurred changes as a result of participating in LEAP classes. Participants endorsed liaisons within the healthcare system, including physician referrals and communication with a community health coach, as aiding in their decision to participate in health classes. Participants cited positive changes in their physical states, such as increases mobility and decreases in pain, and positive psychological changes, such as increases in energy and socialization, post LEAP completion. Among the ideas and critiques noted by the focus group attendees was the desire to have LEAP classes become part of communities permanently, and to have longer exercise class session duration. These findings suggest that direct merging of liaisons within the healthcare system and community-based exercise programs for older individuals, such as those offered by LEAP, is an effective way to positively influence older patient outcomes both physiologically and psychologically. These results call for future research that focuses on how healthcare systems and community programs can work together to maximize positive patient outcomes for older individuals.

SESSION 4035 (SYMPOSIUM)

HEALTH IMPLICATIONS OF SOCIAL ROLES AND ROLE TRANSITIONS IN MIDLIFE AND LATER LIFE

Chair: Kelly E. Cichy, *Kent State University, Kent, Ohio, United States*

Co-Chair: Athena Koumoutzis, *Kent State University, Kent, Ohio, United States*

Demographic and social trends shape the timing, nature, and implications of social roles and transitions. With increased life expectancy and a changing world, expectations for work and retirement and the need for informal and formal caregiving continue to evolve. Families are also more heterogeneous and the population is becoming increasingly more racially/ethnically diverse. These changes underscore the need for research that focuses on the varied social roles individuals occupy in midlife and later adulthood and the implications of these roles for health and well-being. The current symposium features research that explores multiple roles, including romantic partner, grandparent, and employee/retiree, caregiver/care recipient while attending to individual differences in how these roles and transitions are associated with physical and mental health outcomes. Garcia, Donnelly, and Umberson utilize dyadic diary data from midlife men and women in gay, lesbian, and heterosexual marriages to consider how exposure and reactivity to daily stress varies across union types. Rickenbach and colleagues examine longitudinal changes in health and well-being associated with being a caregiving and non-caregiving grandparent. Cichy and Koumoutzis examine racial differences in the associations between providing care to a spouse/parent and daily health and well-being among African Americans and European Americans. Savla, Roberto,

and Sands classify community-living older adults based on their care needs while considering the type of care they receive, predictors of this care, and its implications for care recipients' health. Finally, Stawski and colleagues examine how mental, physical, and cognitive health change as a function of the transition to and through retirement.

RACIAL DIFFERENCES IN THE DAILY EXPERIENCES OF AFRICAN AMERICANS AND EUROPEAN AMERICANS PROVIDING CARE

Kelly E. Cichy,¹ and Athena Koumoutzis¹, *1. Kent State University, Kent, Ohio, United States*

African Americans often report lower caregiver burden, however, few studies consider the broader daily context of African American caregivers' lives. This study examines racial differences in the associations between providing care for a spouse or parent and daily health and well-being among African Americans and European Americans, including how other daily stressors moderate these associations. During eight days of interviews, respondents aged 34 to 84 years (N = 1,931) from the National Study of Daily Experiences (NSDE II) reported on their daily stressors, negative affect (NA), physical symptoms, and whether or not they provided support to a spouse or parent with a disability. Controlling for demographics, on caregiving days, NA was higher than on non-caregiving days ($p < .05$) for all respondents. On caregiving days with no work stressors, African Americans only reported more physical symptoms than on caregiving days with work stressors ($p < .05$). Implications will be discussed.

EXPOSURE AND EMOTIONAL REACTIVITY TO DAILY STRESS IN SAME-SEX AND DIFFERENT-SEX MARRIAGES

Michael Garcia,¹ Rachel Donnelly,² and Debra Umberson², *1. Population Research Center, Austin, Texas, United States, 2. Population Research Center, The University of Texas at Austin, Austin, Texas, United States*

Recent work exploring links between stress processes and well-being within marriage suggest that women may be at an increased risk for exposure and emotional reactivity to daily stress. However, studies have focused primarily on heterosexual couples, raising questions concerning whether and how these gendered patterns might unfold differently for men and women in same-sex marriages. In the present study, we analyze 10 days of dyadic diary data from 756 midlife men and women in 378 gay, lesbian, and heterosexual marriages to consider how exposure and emotional reactivity to daily stress may differ across union types. We find that women are exposed to more daily stressors than men and that this exposure is especially detrimental to the well-being of women in different-sex marriages. These findings highlight the need to include same-sex couples when exploring gendered linkages between daily stress processes and well-being within marriage.

LONG-TERM COSTS OF GRANDPARENT CAREGIVING: RESULTS FROM THREE WAVES OF THE MIDLIFE IN THE UNITED STATES STUDY (MIDUS)

Elizabeth Rickenbach,¹ Elizabeth H. Rickenbach,¹ Chih-Chien Huang,¹ Jessica Y. Allen,² and Kelly E. Cichy³,