

no significant difference in DSME impact on diabetes care based on reported cognitive decline was observed ($p>0.05$). Findings suggest that DSME can benefit diabetes care among people with and without cognitive decline. Future research can expand upon impacts of rates and degrees of cognitive decline on program benefits.

IMPROVING PRIMARY CARE PROVIDER EDUCATION AND SATISFACTION VIA THE CATCH-ON LEARNING COMMUNITIES

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Nationally, there is a shortage of geriatric trained healthcare providers caring for older adults. As the population of older adults grows, health care systems and primary care providers struggle to provide high quality, cost effective care for older adults. Time for training is also limited in busy community health centers. The CATCH-ON Learning Communities (LCs) are telehealth educational interventions based on the ECHO model, modified to be less time intensive, thus decreasing cost to participating clinics. In the LC, geriatric specialists provide evidence-based, best practice training utilizing case discussions to illustrate pertinent learning points via monthly one hour video conferences. Practical, specific behavioral recommendations are offered for immediate implementation in each session. LCs are provided to interprofessional primary care teams. The first LC with a federally-qualified health center (FQHC) yielded consistently high satisfaction from participants, along with a 17% decrease in high risk medication prescriptions and 22% increase in falls screenings. Training the primary care workforce in evidence based geriatric interventions can improve the care of all older adults within each health system, improving healthcare access to help mitigate healthcare inequalities, slow adoption of best practices and rising costs of caring for complex older adults. The CATCH-ON Learning Community is an effective, low cost model of training the primary care workforce without geographical or financial constraints that frequently limit access to specialized care.

PERSON-CENTERED CARE RELATED TO RESOURCE USE, RESIDENT QUALITY OF LIFE, AND STAFF JOB STRAIN IN SWEDISH NURSING HOMES

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A critical challenge facing aged care systems throughout the world is to meet the complex care needs of a growing population of older persons. Although person-centred care has been advocated as the “gold standard” and a key component of high quality of care, the significance of care utilization in person-centred units as well as the impact of person-centred care on resident quality of life and staff job strain in nursing home care is yet to be explored. Thus, the aim was to explore person-centred care and its association to resource use, resident quality of life and staff job strain. The study is based on a cross-sectional national survey and data on 4831 residents and 3605 staff were collected by staff in

2014, deriving from nursing homes in 35 Swedish municipalities. In this study, descriptive statistics and regression modelling were used to explore this association. The preliminary results showed that person-centred care was positively associated to resource use (i.e care hours) and resident quality of life in Swedish nursing homes, when controlling for resident age, gender and cognitive status. Person-centred care was negatively associated to staff perception of job strain. This indicates that person-centred care provision seem to increase resource use (i.e. slightly more care hours utilized) but also beneficially impact resident quality of life as well as alleviate care burden in terms job strain among staff.

WHOM DO WE SERVE? DIVERSITY OF OLDER COMMUNITY CARE RECIPIENTS' FUNCTIONING ACROSS EUROPE

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Across Europe, an increasing number of older people with multiple health and social care needs stay in their own homes until old age. Community care aims to support them to live at home for as long as possible. Comparative studies showed that population characteristics of older community care recipients differ between European countries. This is due to differences in financing, delivery and governance of community care. However, little is known about differences in health, including physical, cognitive, mental and social functioning, of older community care recipients served across European countries. The aim of this study was to provide insight into these differences. We used data of the IBenC study, which was collected using the interRAI HC-Assessment among 2884 older community care recipients from six European countries: Belgium, Finland, Germany, Iceland, Italy and the Netherlands. We found that prevalences of impairments in different health domains were highest among Italian community care recipients followed by the Belgian population, and lowest among community care recipients from the Netherlands. Feelings of loneliness were lowest among the Italian and highest among the Dutch population. This variation between European countries may be explained by differences in eligibility for and access to formal community services and informal care provision as well as cultural diversity. Insight in these differences supports understanding of community care across Europe among European and national policy-makers and researchers.

SESSION 640 (PAPER)

INTERGENERATIONAL RELATIONS

CUSTODIAL KNOWLEDGE AND LEGAL PERCEPTION AMONG GRANDPARENTS RAISING THEIR GRANDCHILDREN

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The current study examines the ways in which grandparents raising their grandchildren (GRCs) understand custody,