back in work than those in multigenerational households, indicating a high level of double burden from both work and caregiving responsibilities. Our study extends prior work by emphasizing grandparents’ role as active workers and highlights the importance to understand work and caregiving demands in a gendered and dynamic household context.

MATERIAL HARDSHIP AMONG CUSTODIAL GRANDPARENTS AND GRANDCHILDREN’S PHYSICAL AND MENTAL HEALTH IN COVID-19
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COVID-19 has increased economic hardship for many families, including custodial grandparent-headed families. We aim to examine latent classes of material hardship among custodial grandparent-headed families, to assess predictors associated with identified classes, and to investigate associations with grandchildren’s physical and mental health outcomes during COVID-19. Data was collected from a cross-sectional survey in June 2020. The sample comprised of 362 grandparents. Latent class analysis and logistic regression were conducted. Three latent classes of material hardship were identified: Class 1 (n = 232; 64.1%) low overall hardship with high medical hardship, class 2 (n = 52; 14.4%) moderate overall hardship with high utility hardship, and class 3 (n = 78; 21.5%) severe overall hardship. Factors, such as race, household income, labor force status, financial assistance status, and trigger events to raise grandchildren, were associated with class membership. Class 2 (OR = 0.19, p < 0.05) compared to Class 1 was significantly associated with grandchildren’s physical health. Our findings suggest that material hardship is heterogeneous among custodial grandparents during COVID-19, and children in households experiencing utility hardship have a higher risk for poorer physical health outcomes. Results highlight the needs to meet grandparents’ material needs and call for future research to examine the mechanism that explains the link between material hardship and grandchildren’s outcomes.

RESOURCEFULNESS SKILLS USE BY GRANDMOTHERS RAISING GRANDCHILDREN: A LONGITUDINAL CASE STUDY APPROACH
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In the U.S., over 2.7 million grandparents are primary caregivers to grandchildren. It is critical to understand the experiences of grandparent caregivers to design tailored, supportive programs. Our aim was to analyze 4 weeks of daily online journals of 129 grandmothers with respect to their use of a set of Resourcefulness Skills© following web-based skills training. Using a thematic analysis approach, coding was completed by a three person team using NVIVO 12. Percent agreement among coders was over 90% (Kappa = .956). Twelve cases were randomly selected for case study development. Comparative case study analysis was used to look within and across cases for instances where skills were used and how skill use changed over time. The pattern of skill use showed that grandmother caregivers used resourcefulness skills to deal with the grandchild’s behavior and developmental issues as well as within the entire family system to manage conflicted relationships with the grandchild’s parents, balance relationships with their spouse/partner, and maintain relationships with other relatives. Case studies will be presented to show skill use over the four weeks of journaling in the context of the family system, as well as the strategies used by participants who improved skill use over time and those who faced barriers to skill use. Findings highlight the use of journals as a means to assess enactment fidelity of treatment interventions and the importance of the family network in skills training program implementation and ways to help grandmothers make use of skills training in the family setting.

SUPPORTING ONE’S OWN? GRANDPARENTS’ HELP TO GRANDCHILDREN WHO LIVE WITH OTHER UNRELATED CHILDREN
Teresa Cooney, University of Colorado Denver, Denver, Colorado, United States

The structures of young families today are becoming increasingly complex, which may impact grandparents’ involvement. I examine whether grandparents’ support to adult children’s households differs for those with biological grandchildren only, versus households with both biological and non-biological (step, unrelated) grandchildren. The resource dilution hypothesis and sociobiology theory suggest that grandparents will be less supportive of grandchildren when other unrelated children co-reside in their households. Grandparents (mean age 62.23) in the Add Health Parent Study (2015-2017) reported on instrumental and financial help given to each of their adult children’s families in the past year. These data were merged with information from their adult children (mean age 36.76) who participated in Add Health Wave V (2016-2018). Adult children’s household structures—biological children only (n=400) or biological + other children (n=51)—were determined using their fertility histories and household rosters. No significant differences were found in the likelihood that grandparents offered any instrumental or financial support to these two household types (controlling for grandparent resources and adult child characteristics). Nor was the level of grandparents’ financial support significantly different for the two groups. However, grandparents gave significantly fewer hours of help to adult children heading households including both biological grandchildren and unrelated children. Grandparents appear less willing to devote time to assisting their grandchild’s families when their investment is diluted by the presence of unrelated children. Perhaps time with grandchild is less pleasing or comfortable when unrelated children are present. This same issue does not impact financial giving, which need not involve contact.

Session 4250 (Symposium)

GWEP SUCCESSES AND LESSONS LEARNED FROM MAKING COMMUNITIES AGE FRIENDLY
Chair: Katherine Thompson
Co-Chair: Angela Catic

Geriatrics Workforce Enhancement Programs (GWEPs), funded by the Health Resources and Services Administration have a strong focus on age friendly care and community engagement. With a wide range of populations, locales, and
health systems served, GWEPS have significant experience working with a wide variety of communities to implement age friendly care. In this symposium, we present successes and lessons learned from GWEP projects representing diverse populations and approaches to achieving age friendly communities. For instance, one GWEP is utilizing Patient Priorities Care to lay the framework for What Matters in clinical decision-making. Another GWEP is focusing on What Matters by uniquely embedding Area Agencies on Aging care coordinators within primary care settings to invite the participation of aging patients in advance care planning, among other health interventions. A third GWEP is using the 4Ms to educate patients and caregivers in geriatric psychiatry clinics in a population of veterans. Another GWEP is pairing Age Friendly Health System efforts within a health system with community-based efforts to become an age friendly and dementia friendly city. A final GWEP is using multiple educational modalities to create Age-Friendly Communities and assure that health systems, community-based organizations, and older adults and families are educated about the 4Ms. By exploring successes and lessons learned in making communities age friendly, we can improve existing and future programs centered on age friendly care for older adults.

EDUCATION OF CAREGIVERS AND VETERANS TO IMPROVE THE CARE OF THE GERIATRIC PSYCHIATRIC PATIENT

Kristen Sorocco, OKC VA Health Care System, Oklahoma City, Oklahoma, United States

The geriatric psychiatry outpatient clinic provides assessment of the elderly Veteran with mental illness and behavioral and psychological symptoms of dementia. I will describe strategies developed and implemented in this setting to provide education to the caregiver (family) to improve early identification of delirium, depression and cognitive impairment. This education proved to reduce the number of pharmacological treatment and increase the use of nonpharmacological interventions based on “what matters to the patient” and following the BEERS criteria guidelines. One of the most important outcomes of the education and evaluation in the geriatric psychiatric clinic was a decrease in number of emergency room visits of elderly, specifically those with dementia.

SUCCESSES AND LESSONS LEARNED FROM AGE-FRIENDLY COMMUNITY COLLABORATIONS: BAYSTATE HEALTH GWEPS

Maura Brennan, and Rebecca Dobert, Baystate Health, Springfield, Massachusetts, United States

Baystate is the largest health system in Western Massachusetts with 4 hospitals, 3 Community Health Centers (CHCs) and a large primary care network. Baystate Medical Center (BMC) is in Springfield, Massachusetts. BMC and the CHCs were the first health care sites nationally to be recognized by the Institute for Healthcare Improvement as “Committed to Care Excellence” in the age friendly movement. Collaboration with a city-wide coalition of community-based organizations led to simultaneous recognition of Baystate as “age friendly” and recognition of the city as both dementia and age friendly. The 3 awards were presented at a Springfield senior center with media coverage and the participation of the mayor and other political leaders. This collaboration persists and the GWEP and coalition partners continue to participate in multiple joint educational and community outreach projects. As a result, the city coalition has added health care to its initial focus on housing and transportation.

WHAT MATTERS MOST: ACP EVOLVING IN PRACTICE

Kevin Valadares, University of Southern Indiana, Evansville, Indiana, United States

The University of Southern Indiana (USI) GWEP uniquely embeds Area Agencies on Aging (AAA) care coordinators within primary care settings to invite the participation of aging patients in advance care planning (ACP), among other health interventions. Two subsequently developed features of the USI GWEP’s ACP initiative emerged to address the What Matters metric of the 4Ms: 1) Patients are invited to engage in What Matters Most conversations through multiple touchpoints that frame Medicare Wellness Visits with a Deaconess provider and introduce a free, online ACP platform, Prepare for Your Care. 2) Provider, patients and families are supported in having ACP conversations with the dedication of a new Advance Care Planning facilitator position. Certified in Respecting Choices and jointly funded by the GWEP and Deaconess, the ACP facilitator supports individuals in navigating these essential healthcare conversations about balancing quality care with quality of life.

CATCH-ON EDUCATIONAL INTERVENTIONS FOR PROVIDERS, OLDER ADULTS, AND CAREGIVERS

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CATCH-ON, the collaborative GWEP led by Rush University Medical Center, is working to create Age-Friendly Communities by assuring that health systems, community-based organizations, and older adults and families are educated about the 4Ms. For providers, CATCH-ON offers a monthly Learning Community that focuses on one of the 4Ms each quarter. Each session provides practical recommendations for 4Ms implementation and opportunities to share experiences in small groups. CATCH-ON also partnered with Community Catalyst, older adults, and caregivers to develop a 4Ms educational brochure. The brochure is available electronically and by paper to educate older adults and caregivers about the 4Ms and discussing them with their healthcare team. Additionally, CATCH-ON created 4M online modules for older adults and families. This session will explore the success and lessons learned in developing educational interventions for diverse audiences and how this approach strengthens Age-Friendly Communities.

Health Promotion (SRPP Paper)

AGE-TASTIC: AN EVIDENCE-BASED INTERVENTION TO IMPROVE HEALTH, SAFETY, AND WELL-BEING IN OLDER ADULTS

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