would reveal the extent to which licensed social workers are present. With financial support from the RRF Foundation for Aging the NNHSSD Study was undertaken in 2019 to build understanding of departmental staffing characteristics and involvement of the department in key activities and processes. The 924 respondents from around the country also answered questions about training needs, barriers to addressing resident needs, compensation, and job satisfaction. Findings reveal that about half of the nation’s NH social services directors have earned a bachelors or master’s degree in social work, and about half are licensed (although not all degrees social workers are licensed and not all licensed social workers have earned a social work degree). Half of all social services departments employ only one staff member, one-third have two staff members, and 9% have three staff. About 90% report enjoying their job, with over half reporting they are thriving (not just surviving) in their job. Respondents provided feedback that can be used to strengthen the role of the department and its ability to identify and address resident psychosocial needs.

FIRST NATIONAL DATA REPORTING NURSING HOME SOCIAL SERVICES DIRECTORS’ TRAINING INTERESTS AND NEEDS
Mercedes Bern-Klug, and Elizabeth Cordes, University of Iowa, Iowa City, Iowa, United States

A national sample of 924 social services directors reported training needs in three ways. First, their level of interest in 14 topics, second by how much preparation time needed to provide one-on-one training to a colleague about 27 difference issues/tasks (no time needed, up to 2 hours, up to 10 hours, not able to do), and third, by indicating their top training priority. At least 2/3s reported interest in each of the 14 topics with 86% interested in common mental health and psychosocial challenges, and 86% in the psychosocial needs of persons with dementia. Education, social work licensure, and characteristics of the nursing home explained some of the variation, e.g. respondents with a social work degree reported higher interest in more training in trauma-informed care and culturally competent care. Dementia was by far the highest training priority, followed by better understanding of regulations, behavioral health issues, and trauma-informed care.

BARRIERS TO MEETING THE SOCIAL AND EMOTIONAL NEEDS OF NURSING HOME RESIDENTS
Amy Restorick Roberts,1 and Mercedes Bern-Klug,2
1. Miami University, Oxford, Ohio, United States
2. University of Iowa, Iowa City, Iowa, United States

Presenters will describe barriers to psychosocial care and identify which factors increase the odds of experiencing a psychosocial care barrier. Reported major barriers include: insufficient number of nurse aide staff (31%), having to do things other people could do (29%), lack of resources to provide residents with opportunities to leave the nursing home on outings (25%), pressure to admit and discharge post/sub-acute patients takes time away from attending to the social and emotional needs of long stay residents (23%), and not enough social service staff for the number of residents (21%). With data from the 2019 National Nursing Home Social Services Directors Survey, a series of logistic regressions found that significant predictors varied by specific barrier, although devoting more time to short-term residents predicted a greater likelihood of reporting a major barrier in four of the five outcomes. Strategies to address these structural and contextual factors will be discussed.

SOCIAL WORK TRAINING AND READINESS FOR TRAUMA-INFORMED CARE IN NURSING HOMES
Nancy Kusmaul,1 and Todd Becker;2 1. UMBC, Baltimore, Maryland, United States, 2. University of Maryland, Baltimore, Baltimore, Maryland, United States

Most adults have experienced traumatic events (SAMHSA, 2017). Late-life traumas may compound upon trauma histories (Maschi, et al., 2013), accentuating the risks confronting older adults. Per CMS’ updated Requirements for Participation, nursing homes (NHs) must implement trauma-informed care (TIC) approaches, effective November 2019. Many NHs do not staff Masters of Social Work (MSWs), despite their expertise in providing mental health care. Notwithstanding, employed MSWs feel unprepared to help their NHs implement TIC. This presentation discusses findings from a national survey of NH social service directors (N = 932). Results showed 71% (n = 650) reported moderate to strong interest in TIC training. A Kruskal-Wallis H test revealed a statistically significant difference in TIC training interest χ2(1) = 43.690, p < .001, such that MSWs reported higher interest (M = 486.47) than non-MSWs (M = 375.23). There was no difference between those with and without a Bachelor of Social Work.

THE CONNECTION OF SOCIAL SERVICES TO CARE TRANSITIONS AND DISCHARGE PLANNING IN NURSING HOME SETTINGs
Colleen Galambos, Laura Rollin, and Eric Engelbart, University of Wisconsin Milwaukee Helen Bader School of Social Welfare, Milwaukee, Wisconsin, United States

Care transitions are critical junctures in the healthcare delivery process. Effective transitions and discharge planning reduce the need for subsequent transfers between healthcare settings (Boutwell et al., 2015). Understanding social services (SS) involvement in these processes is important due to its key role in their success (Fabbre et al., 2011). Facility characteristics from 924 nursing homes were evaluated in relation to SS involvement in care transitions and discharge planning. Chi-square tests indicate associations between SS involvement and level of engagement of SS expertise by the nursing home administrator (p=.004), medical director (p=.002), nursing staff (p=.003), community physicians (p=.049), and family members (p<.001). An association between SS involvement and freestanding SS departments was also observed. Results suggest the level of SS involvement in care transitions and discharge planning relates to structural (i.e. SS positioning within the facility) and relational (i.e. perceptions and utilization of SS designees by key facility leadership) factors.

SESSION 6255 (SYMPOSIUM)

THE AGING ENTERPRISE: A 40-YEAR RETROSPECTIVE
Chair: Larry Polivka
Discussant: Carroll Estes

Dr. Carroll Estes has long been recognized as one of our most influential social gerontologists beginning with the
publication of the Aging Enterprise over 40 years ago. This book quickly achieved iconic status among gerontologists and other social scientists as one of the founding texts in critical gerontology, which Dr. Estes has played a leading role in developing with numerous publications over the course of her illustrious career. The panelists will focus on Dr. Estes’ application of the theoretical frameworks offered by the social construction of reality and the political economy of aging to a critique of federal and state policies designed to improve the quality of life of older Americans. Many of the programs and policies included in Dr. Estes’ critique are still in place, including the Older Americans Act and the nonprofit aging network. On the other hand, much about the aging enterprise has changed since 1979. The panelists, Drs. Chris Phillipson, Pamela Herd and Larry Polivka, will discuss the value of and challenges to these theoretical and empirical perspectives within the current contemporary neoliberal political economy that has gradually displaced the welfare state capitalism of the postwar period. As this shift has occurred in the political economy, a neoliberal policy agenda featuring for-profit privatization of public services, including aging services, has become dominant at the federal and state levels. Dr. Estes will respond to the panelists’ presentations and discuss the future of critical gerontology. Women’s Issues Interest Group Sponsored Symposium.

THE POLITICAL ECONOMY OF AGING SERVICES IN THE UNITED STATES SINCE THE AGING ENTERPRISE
Larry Polivka, Florida State University, Tallahassee, Florida, United States

The Aging Enterprise was the first book length analysis of the origins and operations of the aging services system that grew out of the 1963 Older Americans Act and provided the first state system of community-based services. The book also featured an original critique of the aging services system based on an application of the theoretical perspectives that were new to social gerontology. This presentation will use one of these perspectives, the political economy of aging in the U.S., to chart changes in aging services systems since the publication of The Aging Enterprise. The presentation will show that Estes’ pioneering work on the application of the political economy perspective on aging policies and programs in the US, is more relevant to our understanding of these programs than it was 40 years ago, by describing and analyzing the increasing control of for-profit corporations over the aging services systems. Part of a symposium sponsored by the Women’s Issues Interest Group.

REASSESSING THE AGING ENTERPRISE: NEW PERSPECTIVES ON THE SOCIAL CONSTRUCTION OF LATER LIFE
Chris Phillipson, Manchester Institute for Collaborative Research into Ageing, Manchester, England, United Kingdom

Four decades on from the publication of ‘The Ageing Enterprise’, this paper provides a critical review of the relationship between social theory and social policies for later life. To what extent do current theoretical perspectives in gerontology bear the influence of ideas laid out in that pioneering book? How has the ‘aging enterprise’ fared given the dominant ideology of neo-liberalism and the precarious lives faced by people moving through the life course? The paper considers these questions in the context of globalization processes, and the imposition of austerity policies. The paper will consider the continuing importance of ‘The Ageing Enterprise’ by reviewing three main themes: first, assessing the changing relationship between the state and social policy; second, through examining current perspectives within critical gerontology; third, highlighting new forms of empowerment developing amongst older people, and the relationship of these to the values and ideas expressed in ‘The Ageing Enterprise’. Part of a symposium sponsored by the Women’s Issues Interest Group.

PRIVATIZING THE WELFARE STATE
Pamela Herd, Georgetown University, Washington, District of Columbia, United States

The growth of the private sector in the Medicare and Medicaid programs is a sea change, leading many to argue that the old age welfare state is effectively becoming privatized. I examine these trends, but focus on the consequences for how older adults experience their interactions with government. In particular, I examine how privatization increases administrative burden for beneficiaries. Older adults must navigate hundreds of choices, leading to significant confusion. Most fail to pick policies that maximize their benefits and reduce their cost. This confusion harms beneficiaries. They end up with suboptimal coverage, with increased out of pocket costs and decreased access to care. The confusion, however, generates profits for insurers. Part of a symposium sponsored by the Women’s Issues Interest Group.

SESSION 6260 (SYMPOSIUM)

THE BOLD PUBLIC HEALTH RESPONSE TO ALZHEIMER’S DISEASE AND RELATED DEMENTIAS: PAST, PRESENT, AND FUTURE
Chair: Lisa McGuire
Co-Chair: Nia Reed

Achieving meaningful progress against Alzheimer’s disease and related dementias (ADRD) requires an urgent public health response. Since 2005, the Alzheimer’s Association, Centers for Disease Control and Prevention (CDC), and other public health partners collaborated on the Healthy Brain Initiative (HBI). HBI seeks to advance public health awareness of and action on ADRD as a public health issue. The HBI Road Map Series, State and Local Public Health Partnerships to Address Dementia: The 2018–2023 Road Map (S&L RM) and Road Map for Indian Country, provide the public health with concrete steps to respond to the growing burden of ADRD in communities, consistent with the aim of the Building Our Largest Dementia (BOLD) Infrastructure for Alzheimer’s Act (P.L. 115-406). This series of RMs for state, local, and tribal public health provide flexible menus of actions to address cognitive health, including ADRD, and support for dementia caregivers with population-based approaches. The purpose of this session is to illustrate public health’s role with ADRD—past, present, and future. An overview of the evolution of HBI RM series will be provided (McGuire) and preliminary evaluation data of 24 actions from S&L RM will be presented.