across a variety of organizations and interests. Analysis of participant survey data demonstrates the strength of QI efforts and includes a qualitative analysis of open-ended responses. To date, 153 presentations have been held with 2,704 attendees and 1,470 respondents, 86.3% of whom planned to make a health change after attending the presentation. Qualitative analysis of these behavior change plans reveals that 82.6% are proactive behaviors versus restrictive behaviors, and that diet, exercise, and lifestyle changes are most common. This program, and its RCQI approach, serves as a successful model for aligning the educational objectives and priorities of network partners, while ensuring relevancy and cultural competency in promoting positive healthy behaviors in the older adult community.

IMPROVING THE PERSONAL CARE ASSISTANT WORKFORCE THROUGH TRAINING, DATA, AND TECHNOLOGY

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Ensuring a quality personal care aide (PCA) workforce is critical to meeting the needs of an aging population. The Integrated Model for Personal Assistant Research and Training (IMPART) program is a PCA training and advocacy model designed to increase the number of qualified PCAs. A core component is an evidence-based, comprehensive PCA training program, Building Training...Building QualityTM (BTBQTM), supported by a robust data platform. This online system was designed to register, train and certify PCAs and Trainers, maintain a qualified PCA workforce database, and enhance the capacity to track IMPART process, performance, and impact measures. This innovative system was developed using a User-Centered Design approach, which includes four main user interfaces: Administrator, PCA, Trainer, and Public. It automates central administration functions, tracking, and reporting of training events, and standardizes and consolidates all training activities on a scalable and usable web-based technology platform. User acceptance testing of the tool and a usability evaluation with representative PCAs and trainers has been completed. Over 50 PCAs have completed BTBQTM modules and 22 new trainers have completed a new BTBQTM Trainer Certificate program during the tool development phase. The PCAs are already reporting substantially higher wages. Launching the new web-based data platform in April 2019 will make it possible for these programs to scale up for wide distribution. As more PCAs and trainers graduate, the number of qualified PCAs will increase exponentially. The data collected with this technology can inform responsible fiscal and policy decisions about resource allocation to support a stronger PCA workforce.

EXPERIENCES AND BARRIERS TO SUCCESS FOR MID- AND LATER-LIFE COLLEGE STUDENTS: APPLYING A GERONTOLOGICAL LENS

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Adult students have emerged as a key population of interest within higher education as states and institutions strategize to meet postsecondary attainment goals. However, much of the previous research on non-traditional age college students has collapsed all students age 25 and older into a single category, glossing over important age and life stage differences. Using a gerontological lens, this paper examines experiences and barriers encountered by mid-and later-life (MLL) students (age 40 and older) attending community colleges. We report qualitative findings from a mixed-methods study of MLL students in Ohio community colleges, funded by the Institute of Education Sciences. Based on thematic analysis of interviews and focus groups with students, faculty, staff, and administrators at 23 colleges, we identify multiple dimensions of age and aging that each play a meaningful role in shaping MLL students’ community college experiences and outcomes. Additionally, we provide an in-depth profile of MLL students—including their educational and work trajectories, reasons for enrolling, and experiences in community colleges—that can help colleges better recruit and serve this segment of the adult student population. MLL students face both unique and common barriers that colleges can address at the classroom, program, and institution levels. Implications for research, policy, and practice are discussed.

SESSION 3310 (POSTER)

END-OF-LIFE SERVICES IN TRIBAL COMMUNITIES

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Terminally ill American Indians/Alaska Natives (AI/ANs) are less likely to receive hospice and palliative care than other racial/ethnic groups, with fewer than 1/3 receiving these services compared to over 45% of EuroAmericans (Johnson, 2013; NHPCO, 2017). While some AI/ANs believe that End of Life (EoL) services will hasten their deaths (Colclough & Brown, 2014), claims that Natives reject EoL services due to death taboos are likely overgeneralizations. Rather, extant studies point to barriers to access resulting from lack of financial resources and inadequate service infrastructure, especially in rural areas (Jervis, Jackson, & Manson, 2002; Kitzes & Berger, 2004; Kitzes & Dorem, 2004; Weech-Maldonado et al., 2003). While these factors undoubtedly play a role in underutilization, our preliminary research suggests that other factors—such as a lack of tribally based EoL programs and the cultural mismatches that occur when non-Native programs attempt to deliver hospice services to Native clients—may discourage AIANs from seeking and/or retaining...
these services. In this presentation, we report on results from a nationwide telephone survey of the availability of EoL care across AIAN tribes. We also present findings from in-depth interviews with local service providers on the challenges and successes they experienced in providing EoL care to their AI clients in one tribal community. Together, these findings will add to our growing understanding of the factors that inhibit and facilitate EoL service utilization, and suggest possibilities for improving access.

STRENGTHENING OLDER INDIGENOUS NEW ZEALANDERS AT END OF LIFE: WHAT ROLE DO HEALTH SERVICES PLAY?
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Older indigenous people and their families draw on specific tribal care customs to support end-of-life care as these help to fortify and strengthen older people. New Zealand's health and palliative care services can either help or hinder families to utilise their care customs. The aim of the Pae Herenga study was to investigate the specific traditional care customs employed by older New Zealand Māori. This involved 60 face-to-face interviews with participants who had a life limiting illness (majority aged over 65), family carers, indigenous healers, spiritual practitioners, and health and palliative care professionals across four key geographical sites. Three digital story workshops involving 16 participants were also included. The study findings show that no matter what the older person's illness was, their cultural customs and protocols helped to fortify them and kept them spiritually safe at end-of-life. Hospitals and hospices helped families to act on their customs by providing rooms large enough to host gatherings of thirty or more people; prayers, songs, speechmaking and communal sharing of food took place. However, incidences of racism, a lack of space, and a lack of support for indigenous plant medicines prevented the use of ancient traditional end-of-life care customs for older people. The findings suggest that health and palliative care services can help older indigenous people maintain their spiritual strength by providing them with culturally supportive care and environments equipped to host the dying and their families.

FAMILY AND SOCIAL NETWORKS FOR AGE-RELATED PLANNING CONVERSATIONS: CHARACTERISTICS AND VARIABILITY
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Informal advance care planning (IACP) – that is, conversations with surrogate decision-makers about wishes for health care or end-of-life preferences – have been identified as equally if not more important than legal documentation for achieving a high-quality end-of-life experience. Fairly high rates of adults report having had these conversations; this is especially true of people who are older, sicker, or who have had caregiving experience. However, relatively little is known about the content and characteristics of these conversations, such as who people are talking to, what triggers the conversation, and what is actually said. This paper reports findings from interview-based research that asked 38 middle-age and older adult respondents (ages 55 to 74) about conversations related to several areas of age-related planning, including planning for health care needs and wishes about end-of-life. The interactive interview protocol used the open-source EgoWeb software to elicit information about age-related planning conversations, family and social networks, and who within those networks served as conversation partners for the various topics. We will share results of the analysis of the networks and conversation topics. We found that some individuals more readily engage in discussions about future planning across topics than others, but that part of this is driven by the readiness of their family and friends to engage in these topics. This suggests that targeting individuals to increase rates of IACP has limitations when family and friends are resistant, and that dyadic interventions may be appropriate in some cases.

CAREGIVER BURDEN, BENEFIT, AND PERCEPTIONS OF END-OF-LIFE CARE QUALITY
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End-of-life care quality (EOLCQ) gauges our success in providing quality care to dying individuals. EOLQC measures rely on reports from bereaved family members who provide care for dying loved ones, but analyses seldom account for how caregivers’ experiences influence their EOLCQ perceptions. Caregivers frequently experience burden, which is linked to poor health outcomes and may negatively bias EOLCQ reports. Individuals may also perceive caregiving benefits that can offset deleterious burden effects, but potentially encourage overly positive EOLCQ perceptions. This paper links National Study of Caregivers (2011) and National Health and Aging Trends Study (2011-2016) data, using regression analysis and a sample of 380 EOL caregivers to examine how caregiving burden and benefits perceptions shape and moderate EOLCQ reports. Caregiving burden is unrelated to EOLCQ in adjusted models. Benefits are associated with marginally greater odds of being informed about the dying person’s condition and reporting their personal care needs were met. Burden and benefits moderate these two measures. Despite benefits, low burden caregivers report they were informed about the dying person’s condition with 90% probability. Regardless of burden, high benefits caregivers report the same with 90% probability. Low burden and benefits caregivers report met care needs with 90% probability. High burden and benefits caregivers have 90% probability of such reports. Given these reports are used in formal hospice care evaluations by CMS, additional research should explore why caregiving burden and benefit are associated with some EOLCQ measures and why individuals reporting high burden and benefits provide more positive EOLCQ appraisals.

ADULT CHILDREN’S UNDERSTANDING OF PARENTS’ CARE AND LIVING PREFERENCES AT END OF LIFE
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Adult children who are uninformed about their parents’ preferences for end-of-life care may not be prepared to