in-patient rehabilitation facility (IRF). Specific aims were to (1) examine number and characteristics of older adults discharged to the 3 PAC sites; (2) compare 90 day hospital readmission rate across sites and acuity level; and (3) examine assessment items across population and subgroups to identify variables most predictive of hospital readmission. 2015 assessment data from 3,592,995 Medicare beneficiaries were analyzed representing 1,536,908 from SNFs, 306,878 from IRFs, and 1,749,209 receiving HC services. Total sample 90-day readmission was 25.8%. Patients discharged to IRF had lowest readmission rate (23.34%), and those receiving HC services had highest readmission rate (29.34%). Creation of risk subgroups however, revealed alternative outcomes. Among all patients in the low, intermediate and high risk groups, the lowest readmission rates occurred among SNF patients. Factor analysis of assessment variables indicated bladder and bowel incontinence and functional limitations were the most distinguishing factors between the very low and very high risk subgroups.

OREGON’S BEHAVIORAL HEALTH INITIATIVE FOR OLDER ADULTS AND PEOPLE WITH DISABILITIES AT 5 YEARS: WHERE TO FROM HERE?
Walter Dawson, Allyson Stodola, Serena Hasworth, Jason Kyler-Yano, Jaclyn Winfree, and Linda Dreyer, 1. Oregon Health & Science University, Portland, Oregon, United States, 2. Portland State University, Portland, Oregon, United States

Oregon’s Behavioral Health Initiative for Older Adults and People with Disabilities is entering its fifth year. This novel state-level Initiative seeks to better coordinate services and resources for older adults and people with disabilities who have behavioral health needs by assigning a Behavioral Health Specialist (BHS) for every 60,000 adults 65+ and embedding them within local service agencies around Oregon. BHS primary job functions include improving coordination and collaboration between local service agencies, providing complex case consultations (CCC), and delivering workforce development training and community education. Five years of data from Portland State University’s Institute on Aging’s ongoing evaluation of the Initiative suggests significant impact in terms of workforce development trainings, community education, and new community partnerships. Data are collected from BHS and Initiative stakeholders (e.g., aging services agencies). Data collection tools include quarterly reports from the BHS, including a CCC reporting instrument; semi-structured interviews with stakeholders assessing Initiative involvement; and an electronic post-training survey (and two-month follow-up survey) for stakeholders attending BHS trainings. After five years, the evaluation appears to show the Initiative has delivered an abundance of innovative collaborations, workforce trainings, and educational opportunities aimed at better supporting the behavioral health of older Oregonians. It also highlights several persistent systemic barriers including a need for additional public funding of behavioral health, the challenges of accessing Medicare for behavioral health, and siloed agencies and organizations. Future evaluative efforts could explore adding outcomes-based assessments of the Initiative, including local-level quality improvement projects initiated by BHS within their communities.

UNDERSTANDING NURSING TURNOVER: THE CASE OF HOME HEALTH CARE
Joanne Spetz, Alon Bergman, Hummmy Song, Amber Rose, and Guy David, 1. University of California, San Francisco, San Francisco, California, United States, 2. University of Pennsylvania, Philadelphia, Pennsylvania, United States

Only a few studies of nursing turnover have examined post-acute home health care. This study examines factors that are associated with home health licensed nurse turnover using linked employee-level and patient-level data from one of the five largest home health companies in the US. The data include variables from human resources and payroll systems, visit logs, discharge records, physical and mental health assessments, care plans, and patient encounters and is organized at the employee-day level. We measured turnover using human resources data, including measures of voluntary and involuntary job separation, and from exit interviews that allow classification of whether turnover was associated with agency-related factors (e.g., pay, schedule, supervisor, coworkers) versus personal factors (e.g., family needs, relocation). In bivariate and multivariate analyses, explanatory variables included nurse demographics, patient population characteristics, and the degree to which nurses can delegate tasks to home care aides. We found a downward trend in turnover for licensed nurses between 2016 and 2019. Attrition in the first year was 34% for full-time nurses and 45% for part-time nurses, most of it occurring in the first 180 days of employment. The rate of voluntary turnover was nearly four times as great as involuntary turnover. We found that agency factors accounted for 26% of monthly turnover on average, while personal factors accounted for 74%. In states in which licensed nurses could delegate more tasks to home care aides, turnover rates were slightly higher in states with little delegation.

SESSION 2824 (PAPER)
CIVIC ENGAGEMENT | VOLUNTEERING | SUCCESSFUL AGING

CONSIDERING LTSS THROUGH THE LENSES OF SOCIAL CONSTRUCTION OF TARGET POPULATIONS: THEORY AND NEOLIBERALISM
Tommy Buckley, Carole Cox, and Israel (Issi) Doron, 1. Virginia Commonwealth University, Richmond, Virginia, United States, 2. Fordham University, New York, New York, United States, 3. University of Haifa, Haifa, Israel

The global increase of the older population has led to a greater demand for long term support services (LTSS) that address their rights and needs for care. However, policies among countries remain diverse with varying options, services, and recognition of human rights. This study applies the Social Construction of Target Population (SCTP) theory which relates to the perception of older adults and Neoliberalism, a political theory associated with policies of economic privatization, deregulation, and free market activity to the analysis of LTSS systems. As an example, in the United States, the concept of Successful Aging, conflicts with the need for LTSS while present Neoliberal policies that stress...
minimal government intervention and regulation contribute to little support for any comprehensive LTSS policy. This paper reviews existing policies in 7 countries, representing diverse regions, cultures, and political systems as a means of understanding the relationship of SCTP and Neoliberalism to LTSS. Highlighting the roles that these theories may play can assist in understanding and developing systems that meet the rights and health care needs of older adults.

EVALUATION OF SENIOR COMMUNITY CENTERS IN RURAL AND URBAN PENNSYLVANIA
Janet Melnick,¹ and Heather Shanks-McElroy,²
1. Pennsylvania State University, Dunmore, Pennsylvania, United States, 2. Keystone College, LaPlume, Pennsylvania, United States

This is a state-wide study of rural and urban Senior Community Care Centers in PA. The study focused on five key outcomes: To create an inventory of PA’s rural and urban SC locations, To analyze SC attendance and program participation, To analyze the challenges and opportunities that SCC’s face in providing services in rural and urban PA for a growing senior population. To identify innovative and successful models of senior community care centers within the state. To formulate policy recommendations for the state. Particular attention was placed on innovative programs who are attracting and serving the needs of Baby Boomers,

IS VOLUNTEERING AN EQUALIZER? A QUASI-EXPERIMENTAL STUDY USING PROPENSITY SCORE ANALYSIS
Seoyoun Kim,¹ and Cal Halvorsen,² 1. Texas State University, San Marcos, Texas, United States, 2. Boston College, Chestnut Hill, Massachusetts, United States

Formal volunteering in later life has been extolled as beneficial for both physical and mental health. However, research points to potential selection bias, in that older adults with key advantages, such as higher wealth, are more likely to volunteer and reap its benefits. As such, we test two competing propositions: Volunteering may act as an equalizer if it benefits the health of the least wealthy the most, or it may further exacerbate disparities if it benefits the health of the wealthiest the most. To that end, we analyzed data from the 2012 and 2014 waves of the Health and Retirement Study (N=15,000). First, we used relevant covariates (e.g., sociodemographic characteristics, informal volunteering, and health) in 2012 to predict volunteering in 2014, developing the propensity score weights from these results. We then performed several regression analyses to assess the influence of volunteering on self-reported health and depressive symptoms among the general population (ATE) and volunteers themselves (ATT), while comparing the findings for the highest and lowest wealth quintiles. We found that volunteering enhanced self-reported health and reduced depressive symptoms. Further, those in the highest quintile experienced significantly fewer depressive symptoms from volunteering while those in the lowest quintile did not, albeit with no significant differences between the two coefficients. The study enhances the nuanced understanding of volunteering and health while suggesting that unmeasured factors felt strongest among the least wealthy—such as financial distress, discrimination, or lack of organizational support—may attenuate the benefits of voluntary activity.

RETIREMENT PLANNING: REIMAGINED AND REVAMPS FOR SUCCESSFUL AGING
Rajiv Nagaich,¹ Carol Redfield,² Ben Harvill,¹ and Scott Schill,¹ 1. Aging Options, Federal Way, Washington, United States, 2. Aging Options, Seattle, Washington, United States

What grade should current retirement planning programs receive in which thousands of Americans participated in for their third segment of life? If success is measured by basic goal achievements that most desire (i.e., financial security, not be a burden, and avoiding institutional living), then we have failed significantly. Ninety percent of the population want to age in their own home, yet, only 30% get to. Fifty-six percent report that their employers did “nothing” to help with retirement transition; another 16% state “not sure” to what employers actually did. Seventy percent will travel through Long Term Care services in their lifetime, yet only 8% have LTC insurance. Only one-fourth of Baby Boomers are confident that they will have enough money to last through retirement. Retirement contribution starts with the first paycheck followed by 3-4 decades of employment with possible access to retirement preparedness counsel. Why, then, has planning fall short of being adequate? Are individuals too trusting of the programs from their employers or financial advisors that they don’t question completeness? Are professionals practicing in siloed spaces that they fail to realize their services may impact client’s other areas of life, especially, last years of life? Why is there a lack in a multi-disciplinary team approach which can ensure better predictability of outcomes? We propose a multi-pronged, integrated program: LifePlanning Model, which includes a coordinated, multi-disciplinary approach with a pull-it-together focus for the emerging retiree. The wholistic-based framework guides people through issues in the health, housing, financial, legal and family domains.

THE INFLUENCE OF SOCIAL ROLES ON THE WELL-BEING OF OLDER CAREGIVERS: SOCIAL ISOLATION AS A POTENTIAL MEDIATOR
Sol Baik, University of Maryland, Baltimore, Baltimore, Maryland, United States

Engagement in productive roles has been associated with better health in later life. According to identity accumulation theory, more social roles help individuals be more socially integrated, leading to enhanced psychological well-being by diminishing the risk of focusing their energy into a single role. However, less is known about the mechanisms behind the relationship between productive roles and mental health of older caregivers. The aims of this study are to examine: (1) the association between productive social roles and psychological well-being for caregivers and non-caregivers, and (2) the mediating effect of social isolation on this relationship. The study analyzed 3,951 community-dwelling Medicare beneficiaries ages 65 or above from Rounds 1 to 3 of the National Health and Aging Trends Study (210 caregivers, 3,741 non-caregivers). Multiple-group analysis for structural equation modeling was conducted to compare caregivers.