Community Aging in Place—Advancing Better Living for Elders (CAPABLE) consists of an interprofessional team of a registered nurse (RN), occupational therapist (OT), and handyworker that delivers an in-home client-specific package of interventions to optimize function. CAPABLE aims to reduce functional impairment, home hazards, and acute medical services use and is being widely disseminated. To expand CAPABLE to older adults transitioning from the skilled nursing facility (SNF) to home, we developed CAPABLE Transitions, which makes several important modifications to CAPABLE. First, CAPABLE Transitions will be implemented within a Medicare-certified home health agency (CHHA) and delivered to CHHA clients. Second, it will be delivered to CHHA clients with and without dementia. Adding urgency to CAPABLE Transitions’ development, including persons with dementia has the potential to decrease high utilization of services and meet care transition needs. Third, it includes an initial RN care transition visit. Fourth, its services are more intensely delivered at the beginning of the intervention, shortly after SNF discharge. Beginning in the fall of 2020, CAPABLE Transitions will be tested in a feasibility study of 60 older adults discharged from post-acute SNF care to CHHA services in Rochester, NY. We have designed this 3-year feasibility study to consist of yearly recruitment waves that will enable us to iteratively assess and refine the intervention. Following this study, we hope to test CAPABLE Transitions’ effect on improving home time, quality of life, and the use of acute medical services in order to assist older adults in aging in place.

CHALLENGES AND SUPPORTS TO AGING IN PLACE IN A GENTRIFYING CONTEXT

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Neighborhoods play a central role in healthy aging, with changes to neighborhoods having a profound impact on older adults’ ability to age in place. Using gentrification as an indicator of neighborhood change and applying the theoretical framework of the Environmental Press model (Lawton and Nahemow, 1973), this study examined the relationship between changing environments, affordable housing, and environmental attributes that support and hinder the health and well-being of older adults. A qualitative, case-study approach was used to interview low-income, majority Black older adults in a gentrifying area of Washington DC. 32 individuals (16 in non-profit and 16 in for-profit affordable housing) aged 55 and older participated in semi-structured interviews on perceptions of gentrification, neighborhood change, and challenges and supports to aging in place. Transcripts were then analyzed using the framework method of analysis. Although participants generally reported that gentrification improved their neighborhood’s built environment, many attributed it to a decline in social capital. Affordable housing provided an ability to age in place, though participants expressed uncertainty over their long-term ability to age in the context of continuing change. These findings suggest that while the physical changes accompanying gentrification may support older adults’ ability to age in place, its detrimental impact on social capital further increases their risk for social isolation. While affordable housing may enable older adults to age in place, fostering a greater sense of permanence and well-being will require additional policies that both increase accessibility to the physical amenities provided by gentrification and preserve older adults’ social capital.

ENGAGING STAKEHOLDERS TO IMPLEMENT AN AGING IN PLACE INTERVENTION THROUGH AN AREA AGENCY ON AGING

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Community Aging in Place, Advancing Better Living for Elders (CAPABLE) is an interdisciplinary evidence-based intervention for reducing disability, reducing cost, and promoting aging in place for older adults who qualify for Medicaid services. However, implementation of CAPABLE through existing community services and with different older adult populations may require adaptations based on stakeholder input. The purpose of this qualitative study was to adapt CAPABLE for implementation through an Area Agency on Aging (AAA) targeting older adults with disability but who do not meet thresholds for Medicaid services. Data collection occurred with stakeholders from a single AAA. Two, 60-minute focus groups were conducted with frontline providers (n=7) and administrators (n=7). Thematic analysis of the data were completed using NVivo 12 Pro. Stakeholders described three themes to consider for implementing CAPABLE in their AAA: screening and referral process, eligibility, and team meetings. Frontline providers recognized the need to allow care managers “to decide who would be most appropriate for the program because they have a better understanding of the person, their family, and home environment.” Administrators supported expanding eligibility requirements, “Could we offer the program to someone even if they were recently hospitalized?” All stakeholders expressed that an initial interdisciplinary team meeting could be beneficial for goal setting, “If the team and consumer could be together for the first meeting that could save time and help generate ideas for goals.” These perspectives affirm the importance of early stakeholder engagement in adapting to adopt evidence-based programs into “real-world” settings.

HOW DOES ADULT CHILDREN MIGRATION EFFECTS OLDER ADULTS AGING IN PLACE? COMMUNITY AND INDIVIDUAL LEVEL INTERVENTIONS

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In India, the increasing emigration by adult children for job opportunity and socio-economic betterment has left vulnerable older adults (OA) to age in place. Almost ‘one out of ten households in Tamil Nadu state has one or more (e) migrants’ (TN Migration Survey 2015), leaving behind OA who traditionally depend on family as a major source of support.
There are few studies on impact of immigration of male adult on wife and children who are left behind, but hardly any research on OA who stay behind. This study aims to understand the social, emotional, economic, and health experiences of OA in one of the districts that has the highest rates of out migration. Data was collected using in-person interviews with 304 randomly selected OA whose adult child had migrated to another country. Nearly half of OA live alone (49.7%), have one or more chronic diseases (60%), require support for meeting their ADLs (90%), and half receive no financial support from adult child (50%) contrary to expectations of providing care for OA in this culture. Findings also reveal that persons over the age of 70 exhibit greater coping skills despite lower functional health, smaller social network, and less financial resources. A significant relationship exists between frequency of visits by adult child and reported levels of anxiety and depression. Implication discussions explore solutions at individual, community and policy levels to address vulnerabilities of the older population who are left behind in villages and towns of India due the globalization related mobility.

IMPROVING AGING IN PLACE FOR OLDER ADULTS WITH LOW INCOMES: PERSPECTIVES OF HOME HEALTH AIDES
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Older adults with low incomes experience disproportionate rates of cognitive and functional impairment and an elevated risk for nursing home admission. Home health aides (HHAs) can help older adults to age in place by optimizing function and engaging them in routine physical activity. Despite this potential role, little is known about HHAs’ perspectives on how to facilitate aging in place for this population. We conducted 6 focus groups with 21 English-speaking and 10 Spanish-speaking HHAs working in Philadelphia and New Jersey. Transcripts were analyzed using qualitative thematic analysis. HHAs described wearing multiple hats and pushing the boundaries of their role as a HHA to provide a “comfortable and safe” environment through nursing and emotional support. Many HHAs shared that they serve as surrogate family, often spending more time in clients’ homes than family members or other healthcare providers. This unique position provides HHAs with valuable insights into clients’ changing health which allows them to detect early warning signs of clients’ functional and cognitive decline, including falls, depression, and confusion. HHAs noted several factors that worsened clients’ decline including a lack of adaptive equipment, social isolation, and limited HHA input into clients’ care plans. They also pointed to factors that facilitated clients’ aging in place, including utilization of community-based services, family support, and communication between healthcare team members. Our findings suggest that HHAs have important insights into improving aging in place for older adults with low incomes and should be incorporated into care planning and intervention delivery.

INCLUDING CAREGIVERS IN THE COMMUNITY AGING IN PLACE, ADVANCING BETTER LIVING FOR ELDERS PROGRAM
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Older adults frequently turn to informal caregivers for support to age independently in their home as long as possible. Yet, many evidence-based programs designed to support aging in place do not include caregivers, including the well-known Community Aging in Place, Advancing Better Living for Elders (CAPABLE) program. The purpose of this qualitative study was to adapt CAPABLE to include caregivers using a grounded theory approach. Data collection occurred with stakeholders from an Area Agency on Aging (AAA) in Pennsylvania. Two, 60-minute focus groups were conducted with frontline providers (n=7) and administrators (n=7). Eight, 30-minute individual interviews were conducted with AAA consumers including older adults and their caregivers. Constant comparative analysis of the data were completed using NVivo 12 Pro. Stakeholders described three considerations for adapting CAPABLE to include caregivers: older adult preference and caregiver willingness, clear guidelines and expectations, and hands-on training. Older adults and caregivers recognized the need to “allow them to decide when and why family should be involved in the program.” Frontline providers and administrators explained the importance of “determining whether older adults and caregivers should have shared or separate goals for the program.” All stakeholders expressed that including caregivers would “reaffirm the hands-on training like fall prevention.” These perspectives shed light on how and why to include caregivers in CAPABLE. Information gleaned from this study may help researchers think about ways in which to adapt other evidence-based programs to include caregivers, and help healthcare providers target and support caregivers in the delivery of their services.

NOT ALL HOME CARE IS CREATED EQUAL: THE RELATIONSHIP BETWEEN SOURCES OF CARE AND RECIPIENTS’ PERCEIVED CONTROL
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Perceived control is an important psychological resource for middle-aged and older adults. Aging in place may help foster feelings of control and autonomy, yet many community-dwelling older adults must rely on others for physical assistance. Little is known about psychological reactions to receiving this support. This study investigated how receiving home care from different sources was associated with two facets of perceived control (mastery and perceived constraints) among adults with varying levels of physical disability. Data was drawn from the 2012 and 2014 waves of the Health and Retirement Study. Community-dwelling adults aged 50 years and older receiving help for at least one activity of daily living (ADL) impairment (N = 884) reported their relationship to each respective caregiver (formal professional and/or informal family or friend), level of ADL impairment, and ratings of perceived control. Ordinary least squares (OLS) regression