independence of older adults, ages 60 and over. HCBS clients typically have multiple health complications, placing them at great risk of frailty—a complex condition associated with health decline and institutionalization. However, despite their frequent contact with older adults, HCBS professionals are not required to assess the frailty levels of their clients, creating a missed opportunity to monitor the needs of this at-risk population. The purpose of this quality improvement study was to test a package of five implementation strategies designed to support HCBS professionals’ use of the evidence-based Home Care Frailty Scale (i.e., Frailty Scale) with all new clients at one large HCBS organization. Implementation strategies included (a) selecting one professional to serve as the organization’s Frailty Scale “champion,” (b) holding three training sessions with 25 HCBS professionals, (c) modifying client charts to allow professionals to document Frailty Scale results, (d) pilot testing the Frailty Scale with a small group of clients, and (e) completing monthly chart audits to monitor rates of Frailty Scale implementation. During the first three months of Frailty Scale use, HCBS professionals administered the Frailty Scale to 414 out of 467 eligible clients (88.6%). For Month 1, 87.4% of eligible clients were administered the Frailty Scale, followed by 90.8% in Month 2, and 85.6% in Month 3. This quality improvement study suggests that a multifaceted package of implementation strategies can support professionals’ use of an evidence-based frailty instrument in the HCBS setting.

LESSONS ON LEARNING IN LATER LIFE WITH THE MIT AGELAB 85+ LIFESTYLE LEADERS

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Previous research has established the role of lifelong learning in promoting psychological wellbeing and active aging. Population aging necessitates an understanding of the unique opportunities and challenges around formal and informal learning in later life. This paper will share findings from a mixed methods study with the MIT AgeLab 85+ Lifestyle Leaders, a panel comprised of octogenarians and nonagenarians from across the United States. Drawing on an online survey and virtual focus groups with 29 Lifestyle Leaders from January 2021, findings suggest the Lifestyle Leaders most often learned new things from talking with others (46%) and reading print (54%) or online (54%) sources. The majority were familiar with attending in-person lectures or classes (89.7%) and were now using videoconferencing to do these (78.6%). A majority (56.7%) had or are currently participating in a lifelong learning program. Most consider themselves lifelong learners and described this around remaining curious and engaged with life, choices around what one learns, and greater enjoyment of learning. In the survey, a plurality of Lifestyle Leaders indicated the top two challenges affecting their ability to learn were sensory burdens (e.g., hearing loss, declining eyesight) (35%) and their energy level (32.4%); focus group data revealed that recall also is a barrier. Focus group data further highlighted generational experiences around early life learning and career paths, specifically how gender roles, diagnoses of learning disabilities, and evolving digital technology have affected these and changed over the course of their lifetimes.

RESOLVING DILEMMAS IN ICT-ENHANCED INTERVENTIONS: A CROSS-PLATFORM-MEDIATED STRATEGY

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Face-to-face interventions in social care settings are severely disrupted under COVID-19. Previous studies support information and communication technology (ICT) enhanced intervention as an effective alternative. While difficulties older adults experienced in using ICT were examined extensively, there are fewer discussions on how innate medium characteristics of the delivery mode influence therapeutic interactions. This study explored these embedded challenges in ICT-enhanced psychosocial interventions and possible solutions. We conducted on-site observations and focus groups with 12 participants from two teleconferencing-aided intervention groups for chronic pain with exercise and psychotherapy elements. Observation notes and transcriptions of focus groups recordings were analyzed using thematic analysis. We identified three overarching themes: empowerment, dilemmas, and cross-platform mediated strategy. ICT empowered participants by promoting autonomy and self-management, yet two dilemmas that stemmed from technological affordances undermined the quality of communication. A screen-camera dilemma occurred when participants tried to observe instructions from interventionists while demonstrating their posture in front of the camera for guidance. The blurring boundary between therapy and home settings presented another dilemma. Although teleconferencing increased flexibility and comfort in participation, interruptions from the background environment and intersections of family living spaces disrupted audiovisual communication and jeopardized the sense of security. As a solution, interventionists adopted a cross-platform mediated strategy to bypass the dilemmas. They communicated and delivered supplementary materials through different media, including printed materials and video streamings. Interventionists could consider the unique structural features in different media and the potential impact of participants’ sociodemographic factors, especially those associated with digital literacy.

RETURN MIGRATION AS AN ASSET MAXIMIZATION STRATEGY IN RETIREMENT

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Mexican immigrants make up an increasing proportion of the US population 65 and older. Estimating outcomes for this population is complicated by return migration. Due to data limitations, theoretical frameworks and empirical evidence fail to provide clear indication of the economic selection mechanism of return migration, especially at older ages making it difficult to estimate economic determinants of return. Here two waves of data from the US based Health and Retirement Study and the Mexican Health and Aging Study are combined to create a novel dataset that enables a
comparison of assets at older ages for those who stay in the US, those who return before age 50 and those who return at 50 and older. Unadjusted results show no difference in total net wealth at older ages between the three groups, with higher business assets among returnees and higher concentration of wealth in home equity among stayers. With evidence of higher inequality among stayers, lower median wealth in Mexico, and asset advantages operating through citizenship, older age return can be interpreted as a means to acquire a higher standard of living in retirement for non-citizen immigrants. Comparing assets between 2000 and 2012 reveal the vulnerability of stayers during the US housing crisis. These findings are novel because they point to return migration as a retirement strategy and expose a source of vulnerability among those Mexican immigrants who remain in the US into older ages.

USING DOCUMENTARY SHORT FILM FOR HEALTH IMPACT: AN EXAMPLE FOR SUPPORTING FAMILY CAREGIVERS
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Storytelling through film is a powerful tool with potential to improve understanding, spark discussion, shape perceptions of health and illness, and influence related behavior. We developed a film discussion guide for the documentary short film Caregiver: A Love Story. The 24-minute film follows the experience of a man who leaves his job to become the primary caregiver of his 59-year-old wife, who opts out of non-beneficial chemotherapy, choosing instead to remain at home with hospice support. The 2-hour program was facilitated by an experienced social worker and offered on five different days/times using Zoom video (n=60 total attendees; 9-15/session). At each session, we showed the film, discussed self-care and caregiver resources, and fielded a survey to assess satisfaction, format acceptability and session impact (response rates 67-100%/session). Attendees liked the session format (90%); found the film relevant to their situations (80%); intended to look for new professional resources (79%); were motivated to do something different (71%); learned something new (64%); and intended to ask for more help from family or friends (64%). Many commented that they preferred the video meeting format over in-person meetings. The film viewing and discussion format is acceptable and accessible to family caregivers who may otherwise not be able to attend given competing demands. This format also has potential to improve support access to resources. Extensions to this work are planned to tailor the film discussion guide for health care providers and students working with family caregivers across inpatient, outpatient and hospice settings.

Session 2220 (Symposium)
EFFECTS OF AGING ATTITUDES ON DEVELOPMENT IN OLD AGE
Chair: Maria Clara P de Paula Couto Co-Chair: Klaus Rothermund

This session will focus on aging attitudes and their effects on different aspects of development in old age (e.g., preparation, age stereotypes, age discrimination, and well-being). Cultural differences and how they shape individual aging are also explored. The first two presentations focus on cross-cultural differences in preparation for old-age. Nikitin et al. examine financial preparation and how expectations about support from the state influence it. People’s beliefs about the utility and the risk of aging preparation and their role in preparatory activities is investigated by Kim-Knauss et al. Tsang et al. explore age differences in pursuing autonomy and independence during the COVID-19 pandemic and the role of perceived social obligation. Cultural differences in the accuracy between perceived retrospective changes in well-being and actual changes is explored by Park et al. The last presentation (de Paula Couto et al.) focuses on country- and age-related differences in personal experiences of age discrimination in different life domains. Taken together, findings suggest that attitudes toward, and preparation for aging, are not static. Situational contexts and personal assessments of the contexts can shape such attitudes and behavior.

PERSONAL EXPERIENCES OF AGE DISCRIMINATION IN DIFFERENT LIFE DOMAINS: DETERMINANTS AND CONSEQUENCES
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Age discrimination is pervasive in society which bears far-reaching consequences for individuals in terms of decreased psychological and physical health. Age discrimination can be experienced in different life-domains and perceived as a social (others’ experiences) or as a personal phenomenon (own experiences). Our first goal was to examine country- and age-related differences in personal experiences of age discrimination in distinct life domains, reported by 2,817 participants aged 40 to 90 years from the US, China, Germany, the Czech Republic, and Taiwan. As another goal, we investigated the impact of age discrimination on life satisfaction. Personal age discrimination was domain-specific, with more experiences reported in the family, work, and personality domains. Personal age discrimination increased with age and was higher in China and Taiwan. Age discrimination negatively predicted life satisfaction. This negative effect was more pronounced if age discrimination was experienced in domains with high subjective importance.

COUNTRY DIFFERENCES IN FINANCIAL PREPARATION: WHAT DO PEOPLE EXPECT FROM THE STATE?
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A considerable gap between one’s pension and living expenses in old age exists in almost all developed countries, making savings and financial preparation for old age inevitable. Nevertheless, financial preparation for old age