presentations, respectively, will focus on characterizing the prevalence, burden, and unmet needs of caregivers of cancer patients (Erin Kent), and the unmet needs of families of adults with intellectual and development disabilities (Tamar Heller). The final presentation will explore caregiver readiness in dementia care using the Tailored Activity Program (TAP) and how TAP interventionists can use readiness scores to determine caregiver’s capacity (Katherine Marx).

BARRIERS AND FACILITATORS TO INTEGRATING FAMILY CAREGIVERS INTO THE HEALTHCARE TEAM
Esther Friedman, and Patricia Tong, RAND, santa monica, California, United States

Recent changes in health care practices - shorter hospital stays, increased complexity of disease management, and greater management of chronic illnesses at home - have left family members increasingly responsible for medical tasks. Although these family caregivers represent the vital front line of care, they remain mostly excluded from the formal health care team. Based on interviews with multi-sector stakeholders representing patients/caregivers, providers, and payers, we identified several barriers to fully incorporating family caregivers into the health care team. They fall under five key themes: identification of caregivers; communication and information; time and resources; trust and cultural barriers; and Medicaid coverage. We discuss these barriers and potential solutions that could be undertaken by different stakeholder groups to improve family caregiver integration into the care team.

CARING FOR OLDER PATIENTS WITH CANCER: ESTIMATES OF THE PREVALENCE, BURDEN, AND UNMET NEEDS OF CAREGIVERS IN THE UNITED STATES
Erin Kent, University of North Carolina at Chapel Hill, Chapel Hill, North Carolina, United States

In 2020, ~1.8 million Americans are expected to be newly diagnosed with cancer, with approximately 70% of cases diagnosed over the age of 65. Cancer can have a ripple effect, impacting not just patients themselves, but their family caregivers. This presentation will provide an overview of the estimates of the number of family caregivers caring for individuals with cancer in the US, focusing on older patients, from several population-based data sources: Caregiving in the US 2020, the Health Information National Trends Survey (HINTS, 2017-2019), the Behavioral Risk Factors Surveillance System (BRFSS, 2015-2019), and the National Health and Aging Trends (NHATS) Survey. The presentation will compare features of the data sources to give a comprehensive picture of the state of cancer caregiving. In addition, the presentation will highlight what is known about the experiences of cancer caregivers, including caregiving characteristics, burden, unmet needs, and ideas for improving support for family caregivers.

UNMET NEEDS OF FAMILIES OF ADULTS WITH INTELLECTUAL AND DEVELOPMENT DISABILITIES ON WAITING LISTS
Tamar Heller, University of Illinois, Chicago, Illinois, United States

Most adults with intellectual and developmental disabilities live at home with their aging parents. Given the large waiting lists for residential and home-based services, families face many unmet service and support needs. The author will present results of a study that examined the impact of a Medicaid waiver program that provided either home-based or residential placements to 444 families of adults with IDD who were living at home at baseline through surveys at baseline and two years later. Families who did not receive the waiver services still had high unmet needs for person-centered planning training, networking with other families, respite, advocacy services, assistive technology, and home modifications at follow up. Regardless of services received, class members from minority backgrounds had more unmet needs than white class members, indicating the need for more targeted efforts to reach minority families.

WHERE TO BEGIN: ASSESSING CAREGIVER READINESS
Katherine Marx,1 and Laura Gitlin,2 1. Johns Hopkins University, Baltimore, Maryland, United States, 2. Drexel University, Philadelphia, Pennsylvania, United States

There have been many interventions targeting family caregivers for people living with dementia (PLwD) that have been found to have efficacy and effectiveness. However, very few of these interventions have been widely adopted. One reason may be that clinicians and other professionals working with caregivers are unsure of what intervention to use. One measure that may help with where to begin is Caregiver Readiness. This presentation will provide case studies on the use of the Caregiver Readiness Scale in one intervention, the Tailored Activity Program (TAP). We will highlight three cases that have low, moderate and high readiness scores and how the TAP interventionists use the readiness scores to tailor the intervention to match the caregiver’s need. Knowing a caregiver’s readiness to receive an intervention may help clinicians and providers identify where to begin in helping the caregiver.

SESSION 6125 (SYMPOSIUM)

HOUSING, AFFORDABILITY, AND COMMUNITY-BASED AGING
Chair: Samara Scheckler

The house acts as both an environment of care and a vehicle to financially potentiate long-term community-based support. While housing can empower a diverse set of options for a person-centered aging process, inadequate housing can also impede healthy aging in the community. This symposium teases out the nodes where housing acts to benefit or limit a person-centered aging process. The first paper in this symposium, Homeownership Among Older Adults, describes typologies of older adult homeownership and sensitively highlights trends, disparities and important considerations of homeownership in later life. The next two papers take these older adults and explores situations where their housing acts as an asset or as a burden. Identifying Cost Burdened Older Adults acknowledges that housing cost burdens look different for older adults than younger cohorts. A more precise definition of older adult housing cost burden is proposed.
to help researchers and policymakers better synthesize the complex relationships between older adult housing and their long-term care decisions. The Long-Term Care Financing Challenge then explores the role of home equity in expanding the community-based long-term care choice set for older adults. This paper demonstrates benefits (both realized and unrealized) in home equity and suggests policy implications moving forward. Finally, Cardiometabolic Risk Among Older Renters and Homeowners disentangles the relationship between housing and health by demonstrating health disparities that are associated with housing tenure, conditions and affordability. Taken together, this symposium explores the complex and multidirectional relationships between housing, long-term care and older adult health.

IDENTIFYING COST-BURDENED OLDER ADULTS: WHAT IS THE BEST MEASURE?
Samara Scheckler,1 Sarah Mawhorter,2 Jennifer Molinsky,1 Alex Hermann,1 and Whitney Airgood-Obrycki,3
1. Harvard University, Cambridge, Massachusetts, United States, 2. University of Southern California, Syracuse, New York, United States

While affordable housing typically describes housing costs that fall within 30 percent of total income, older adult spending systematically differs from younger cohorts. For instance, budgets may skew away from mortgages and towards home modifications while medical or personal care expenses can drive monthly costs. This research uses the Health and Retirement Study (HRS) to explore various older adult housing cost burden measures and identify their relative advantages. Measures of cost burden are applied to HRS respondents and different cost burdened groups are defined. The welfare of each group is then assessed using metrics such as unmet need and caregiver stress. Findings suggest that traditional cost burden measures identify many vulnerable older adults. However, other measures of cost burden can highlight older adults who are disproportionately impacted by medical cost. This research should help professionals better align the metric that defines their target population members with their policy area.

HOMEOWNERSHIP AMONG OLDER ADULTS: SOURCE OF STABILITY OR STRESS?
Jennifer Molinsky,1 and Christopher Herbert,2
1. Harvard University, Cambridge, Massachusetts, United States, 2. Harvard university, Cambridge, Massachusetts, United States

For older adults, homeownership can be an important source of housing stability and personal wealth that can be tapped in later life, including for long-term care. Nonetheless, owning a home is not without physical and financial challenges for aging households, and many owners are reluctant to take advantage of housing equity later in life. This paper reviews the conditions of older homeowners to assess the degree to which owning a home is—or is not—associated with financial security and housing stability. We review trends in homeownership among older adults, including differences by race/ethnicity and income. We then describe the extent of housing affordability challenges among homeowners, the degree of mortgage indebtedness, and the extent and use of housing equity. Finally, we examine issues related to housing quality and accessibility. The paper concludes with a discussion of policy implications.

THE LONG-TERM CARE FINANCING CHALLENGE: WHAT ROLE FOR HOME EQUITY?
Jane Tavares,1 Marc Cohen,2 and Lauren Popham,3
1. University of Massachusetts Boston, Florence, Massachusetts, United States, 2. University of Massachusetts Boston, Boston, Massachusetts, United States, 3. National Council on Aging, Arlington, Virginia, United States

With increasing longevity comes the need for support in activities of daily living. This growing demand for long-term services and supports (LTSS) threatens older adult financial security. About 25 million adults aged 65 and older will have a significant LTSS need that will cost up to $140,000 out-of-pocket plus an estimated $120,000 from public payers like Medicaid; the total public and private costs of care exceeding $250,000. Home equity, the most valuable financial asset owned by Americans, offers one solution to this financing challenge. While seniors boast $7 trillion in collective home equity, opportunities to annuitize this asset vary and the distributions of home ownership and value are highly skewed. Using the 2016 wave of the HRS, this paper explores the relationship between socio-demographic/health characteristics and the annuitized home value. We determine which individuals with LTSS needs might benefit from the annuitization of home equity and to what extent.

CARDIOMETABOLIC RISK AMONG OLDER RENTERS AND HOMEOWNERS
Sarah Mawhorter,1 Jennifer Ailshire,2 and Eileen Crimmins,1
1. University of Southern California, Syracuse, New York, United States, 2. University of Southern California, Los Angeles, California, United States

Researchers consistently find adverse long-term health outcomes among renters as compared with homeowners, yet more proximal health measures are needed to understand whether there is a direct link between tenure and health. In this paper, we compare cardiometabolic risk (CMR) levels among older renters and homeowners, and ask whether this health disparity can be explained by socioeconomic differences between renters and homeowners, or poor housing conditions for renters. Using Health and Retirement Study 2010/2012 biomarker data for adults aged 50-84 (N=10,480), we measure CMR by a scale of C-reactive protein, hemoglobin A1C, cholesterol, heart rate, blood pressure, and waist circumference metrics. We find that renters have greater CMR, even controlling for renters. Using Health and Retirement Study 2010/2012 biomarker data for adults aged 50-84 (N=10,480), we measure CMR by a scale of C-reactive protein, hemoglobin A1C, cholesterol, heart rate, blood pressure, and waist circumference metrics. We find that renters have greater CMR, even controlling for renters. Using Health and Retirement Study 2010/2012 biomarker data for adults aged 50-84 (N=10,480), we measure CMR by a scale of C-reactive protein, hemoglobin A1C, cholesterol, heart rate, blood pressure, and waist circumference metrics. We find that renters have greater CMR, even controlling for renters. Using Health and Retirement Study 2010/2012 biomarker data for adults aged 50-84 (N=10,480), we measure CMR by a scale of C-reactive protein, hemoglobin A1C, cholesterol, heart rate, blood pressure, and waist circumference metrics. We find that renters have greater CMR, even controlling for renters. Using Health and Retirement Study 2010/2012 biomarker data for adults aged 50-84 (N=10,480), we measure CMR by a scale of C-reactive protein, hemoglobin A1C, cholesterol, heart rate, blood pressure, and waist circumference metrics. We find that renters have greater CMR, even controlling for renters.