This research examines meanings of aging in the “right” place (Golant, 2015) among older adults who have grown up and grown older in migratory contexts. This qualitative research is based on semi-structured and life history interviews with 30 low socio-economic status Puerto Rican adults over the age of 60 who reside in Cuyahoga County, Ohio and have engaged in Puerto Rico-US migration throughout the life course. Inductive thematic analysis of interviews revealed fraught, multi-scalar narratives of aging in the “right” place. At the level of residence type, older adults’ narratives exhibited a tension between interdependence and independence. That is to say, they struggled to reconcile cultural preferences for family-based living arrangements with fears of becoming a burden. At the level of nation, a similar tension manifested. Older adults reported navigating differential citizenship rights, access to healthcare and social services, natural disasters, and experiences of social inclusion and exclusion via migration between Puerto Rico and the US mainland. Thus, aging in the “right” place was complex, if not altogether elusive, as inequitable circumstances obliged older adults to make tradeoffs regardless of where they lived. These findings extend scholarship on aging in the “right” place, which has focused on residence type, by considering how older adults negotiate aging within and across households, communities, and nations. Moreover, these findings highlight how challenging aging in the “right” place can be for migrating and disadvantaged populations.

MOVING THE NEEDLE ON OUTCOME MEASUREMENT: A LONGITUDINAL ANALYSIS OF FRAILTY AMONG HOME-DELIVERED MEAL RECIPIENTS

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Frailty is a complex condition highly associated with malnutrition and can lead to the devastating loss of independence among older adults. Home-delivered meals (HDMs) aim to combat frailty and malnutrition and provide nutritional support to nearly 10 million older adults each year. Though self-reported metrics indicate that HDMs help older adults maintain their independence, few studies have systematically collected longitudinal data that objectively represent the health benefits of HDMs. The present study implemented two evidence-based instruments designed to measure frailty levels of HDM recipients (age 60 to 99 years) at two time points. HDM staff at one organization underwent multifaceted training to implement The Home Care Frailty Scale and the Clinical Frailty Scale with HDM recipients at the start of HDM enrollment and at three-month follow-up. Activity of daily living impairments (B = .46, p < .001) and instrumental activity of daily living impairments (B = .28, p < .001) were significant predictors of higher frailty levels at baseline (N = 245). Sixty-two recipients were analyzed at 3-month follow-up. Clinical Frailty Scale scores indicated stable frailty levels from baseline to follow-up (4.08 vs. 4.08). Home Care Frailty Scale scores indicated a slight increase in frailty levels (7.4 vs. 7.63) though not statistically significant, t(61) = -.34, p = .74. These stable frailty metrics suggest that HDMs contribute to older adults’ ability to remain living in their own homes and communities and can support the importance of increased financial investments in HDM programs at the state and national levels.

WHAT KEEPS OLDER PEOPLE OUT OF NURSING HOMES? A META-ANALYSIS

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Perhaps one of the most examined, and costly, health transitions older people experience is nursing home admission. In addition to the financial costs nursing home admission poses to older people, their families, and other payers (e.g., the public), institutionalization is linked with a range of negative outcomes and represents a loss of independence and quality of life to many older persons. The current meta-analysis attempted to synthesize all available randomized controlled trials available to ascertain which intervention approaches appeared to prevent nursing home entry for older adults. The MEDLINE, PsycInfo, CINAHL, Cochrane, and EMBASE databases were searched to August, 2020. Abstracts were screened (N = 28,120) to identify randomized controlled trials of interventions to prevent or delay nursing home admission as well as systematic reviews. Identified studies were cross-referenced until the point of saturation, resulting in 1,786 studies for additional inclusion/exclusion screening. Following a consensus-based review among the authors that included risk of bias, 323 randomized controlled trials were included in the meta analysis. Although several intervention modalities appeared protective against nursing home admission and approached statistical significance, preliminary results suggest that comprehensive geriatrics assessment (pooled OR = .69, 95% CI: .50, .95) and specialized, inpatient geriatrics care (pooled OR: .77, 95% CI: .59, .99) were most consistent in helping to prevent institutionalization among older persons. The findings emphasize the importance of geriatrics when delivering optimal care to older persons. Integrating such approaches more effectively into a largely fee-for-service healthcare paradigm remain a critical challenge.

Session 4310 (Symposium)

THE CANNABIS AND OLDER PERSONS STUDY: HAS SCIENCE CAUGHT UP WITH PRACTICE YET?

Chair: Brian Kaskie

Since 2016, the Cannabis and Older Persons Study has examined the increasing use of cannabis among Americans over 60 years old. Our current work dives into particular groups of cannabis users and explores outcomes related to medical conditions and symptoms. This symposium also features a range of methodological approaches from an analysis of the BRFSS caregiving and cannabis modules, a convenience sample of more than 4,000 older cannabis users enrolled in the Illinois Medical Cannabis Program and qualitative interviews conducted with aging veterans. Kanika Arora