barriers to action relating to the access to and responses from formal services.

CONCERNED FAMILY MEMBERS’ HELP-SEEKING IN ELDER FAMILY FINANCIAL EXPLOITATION
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This paper examines non-perpetrator family members’ experience of trying to help when faced with elder family financial exploitation. Utilizing data from a qualitative study of 28 Concerned Family Members (CFMs) who were primarily adult children of older victims, findings provide evidence of the critical role CFMs play in helping the victims. Six help-seeking tasks are identified, including gathering evidence, learning new systems, and taking on money management roles. CFMs often put the victim’s health and well-being before their own, becoming secondary victims in the process. CFMs experienced wide range of costs to their individual health and well-being, including physical, emotional, psychological, social and financial dimensions (e.g. stress, depression, inability to sleep, isolation, harassment, threats to personal safety, physical abuse, attorney and court costs, time off work). Findings have implications for supporting CFMs and addressing practical and health-related needs as secondary victims.

SESSION 5790 (SYMPOSIUM)

THE IMPACT OF FUNCTION FOCUSED CARE FROM ACUTE CARE TO HOME CARE AND NURSING HOMES
Chair: Silke Metzelthin
Co-Chair: Sandra Zwakhalen
Discussant: Barbara Resnick

Functional decline in older adults often lead towards acute or long-term care. In practice, caregivers often focus on completion of care tasks and of prevention of injuries from falls. This task based, safety approach inadvertently results in fewer opportunities for older adults to be actively involved in activities. Further deconditioning and functional decline are common consequences of this inactivity. To prevent or postpone these consequences Function Focused Care (FFC) was developed meaning that caregivers adapt their level of assistance to the capabilities of older adults and stimulate them to do as much as possible by themselves. FFC was first implemented in institutionalized long-term care in the US, but has spread rapidly to other settings (e.g. acute care), target groups (e.g. people with dementia) and countries (e.g. the Netherlands). During this symposium, four presenters from the US and the Netherlands talk about the impact of FFC. The first presentation is about the results of a stepped wedge cluster trial showing a tendency to improve activities of daily living and mobility. The second presentation is about a FFC training program. FFC was feasible to implement in home care and professionals experienced positive changes in knowledge, attitude, skills and support. The next presenter reports about significant improvements regarding time spent in physical activity and a decrease in resistiveness to care in a cluster randomized controlled trial among nursing home residents with dementia. The fourth speaker presents the content and first results of a training program to implement FFC in nursing homes. Nursing Care of Older Adults Interest Group Sponsored Symposium

KEEP MOVING TOWARD RECOVERY! FUNCTION-FOCUSED CARE IN HOSPITALIZED STROKE AND GERIATRIC PATIENTS
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Many hospitalized patients experience decline in functional status. Function Focused Care (FFC) has demonstrated to improve patients’ functional status in long-term care. In a stepped wedge cluster trial in 893 hospitalized geriatric and stroke patients, we investigated the effectiveness of FFC compared to usual care (FFC: n=427, UC: n=466) on ADL and mobility. We measured the Barthel Index and the Elderly Mobility Scale, and analysed using a mixed-model multilevel method. At discharge, 3 months and 6 months, the mean difference (MD) was in favor of FFC, although at none of the time points the level of significance was reached: the MD for ADL was respectively: 0.79 (95%CI: -0.98-2.56), 0.43 (95%CI: 0.10-1.79), and 0.57 (95%CI: -1.01-2.80). For mobility, the MD was respectively 0.89 (95%CI: 0.89-1.27), 0.78 (95%CI: -0.18-2.75), and 1.09 (95%CI: -0.88-3.07). Although the results are inconclusive, FFC shows a tendency to improve ADL and mobility in hospitalized patients. Part of a symposium sponsored by Nursing Care of Older Adults Interest Group.

A TRAINING PROGRAM FOR PROFESSIONALS TO ENCOURAGE INDEPENDENCE OF HOME-LIVING OLDER ADULTS: A PROCESS EVALUATION
Teuni Rooijackers,¹ G.A. Zijlstra,¹ Erik van Rossum,² Ruth G. Vogel,¹ Marja Veenstra,³ Gertrudis I.J. Kempen,¹ and Silke Metzelthin,¹ 1. Maastricht University, Maastricht, Limburg, Netherlands, 2. Zuyd Hogeschool, Heerlen, Limburg, Netherlands, 3. Burgerkracht Limburg, Sittard, Limburg, Netherlands

Stay Active at Home (SAaH) was developed to change homecare professionals’ behavior towards encouraging older adults’ independence in daily activities. This mixed-methods study evaluated SAaH regarding implementation, mechanisms of impact, and context. SAaH was implemented in five Dutch homecare teams (162 professionals). Quantitative data were collected from all professionals, and five focus groups with 23 professionals and 4 interventionists were performed. Data were analyzed using descriptive statistics and qualitative content analysis. SAaH was feasible to implement. Professionals visited on average 73% of the programme meetings. They reported positive changes in their knowledge, attitude, and skills, and perceived social and organizational support regarding the new way of working. The extent to which professionals applied SAaH in practice varied. SAaH was easier to apply among new clients. Perceived barriers were time pressure and staff shortages, and people’s resistance to change. Tailoring the intervention to professionals’ needs and wishes could improve their compliance. Part of
SESSION 5795 (SYMPOSIUM)

THE ROLE OF PEER SPECIALISTS IN ENGAGING AGING ADULTS IN RECOVERY AND WELLNESS BEHAVIORS

Chair: Amanda Peeples
Discussant: Laura Wray

Peer specialists are individuals who have a lived experience with a mental health condition and who have received formal training to provide peer support and services to others. This symposium will examine the role of peer specialists in supporting aging adults’ recovery, quality of life, health behaviors, and health outcomes. Peer specialists have increasingly been integrated as formal service providers in health care systems in a wide variety of settings. In the Veterans Health Administration (VHA), over 1,110 Veterans work as peer specialists across the country. Findings from both VHA and community studies will be presented. First, Amanda Peeples will present findings from a mixed-methods evaluation study on the implementation of peer specialists to primary care teams in the VHA. Next, Anjana Muralidharan will present on the role of peer specialists in promoting health and wellness among aging veterans with serious mental illness using data from three VHA studies on peer-led interventions. Finally, Karen Fortuna will present on PeerTECH, a digital peer support self-management intervention that teaches older adults with mental health conditions how to co-manage psychiatric illness and chronic health conditions. Together, these three presentations will explore the ways in which “peeriness” is defined in different populations and in diverse contexts. Laura Wray, geropsychologist and Executive Director of the VHA Center for Integrated Healthcare, will serve as discussant. She will comment on the role of peer specialists in supporting the recovery and wellness of aging persons in VHA and beyond.

PEERS IN PRIMARY CARE: HOW PEER SPECIALISTS SUPPORT AGING VETERANS

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Most of the more than 1,100 peer specialists (“peers”) in the Veterans Health Administration (VHA) work in mental healthcare settings. These peers provide a variety of services to Veterans such as facilitating groups, teaching recovery and coping skills, connecting Veterans with VHA and community services, and helping Veterans navigate VHA care. In 2014 the White House issued an Executive Action mandating the reassignment of peers from mental health to primary care settings in 25 VHA locations nationwide. This paper presents qualitative findings from a mixed-methods study evaluating this implementation of peers in VHA primary care. We found that peers assisted aging Veterans in primary care through activities such as providing health coaching, facilitating health education groups, connecting Veterans with services, and providing general peer support. Findings are drawn from semi-structured interviews with 27 peers, 25 supervisors, and...