competency, measured using pre and post surveys given to participants. SPSS software was used to conduct descriptive analysis, t Tests, and one-way ANOVAs. Thematic analysis was used to analyze open-ended participant responses. Results showed significant improvements on items of the digital competency scale, particularly in relation to social media and for those who started with lower levels of digital competence, but not for other measures. Qualitative analysis showed that the older adults valued the technological knowledge gained, and the pleasant interactions and pedagogy. This study advances the engagement theory principle of problem-based learning. Much can be learned from both the significant and non-significant results to help inform intergenerational programming and technology support programs for older adults.

UNDERSTANDING INTERGENERATIONALITY: THEORIES, REFLECTIONS, AND EXPERIENCES
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Research into different aspects of intergenerationalities continues to develop at a considerable pace for individuals, communities, and society more generally. A number of programs and practices for older people are organized around the presumed benefits of intergenerational interaction between younger and older people, with intergenerational programming operating as a taken-for-granted practice. However, the merits of this approach, the models that inform practice, and the learning that takes place between older and younger people, remain under-theorized. This poster reviews and discusses dominant theoretical frameworks including reflections and experiences from intergenerational learning programs in Canada (e.g. Co-Housing). It documents how the field of intergenerationality is conceptualized and executed in the realms of theory and practice; how models retain age and stage-based assumptions, including the polarizing discourses of ‘decline’ and ‘activity’; and discusses the implications for methodology, application, and outcome measures. By understanding the underlying assumptions utilized in the field of intergenerational learning, this poster makes an important contribution to the theoretical foundations, methods, and approaches, that are required to build more appropriate intergenerational landscapes.

MORE THAN JUST A ROOM: RESULTS FROM AN INTERGENERATIONAL HOME SHARING PROGRAM IN TORONTO
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Older adults prefer to live in their own homes for as long as possible — to ‘age in place’ — but for myriad reasons may be unable to do so. To address this, a number of housing alternatives have been explored, including homesharing, or homeshare, an exchange-based shared housing approach with the potential to empower older adults to age in place by enabling them to obtain additional income, companionship, and assistance with completing household tasks in exchange for renting out a room in their home. An intergenerational homesharing pilot program was launched in Toronto, matching older adults (55+) with postsecondary students. With limited research in the area, a mixed methods research study was embedded within the pilot project with the goals of: 1) conducting a scoping review to map and synthesize the literature related to outcomes of homeshare participation for this population, 2) conducting in-depth interviews with homeshare participants (N=22) to learn about their experiences, and 3) conduct a full evaluation and exit survey to better understand the implications of the project. Results were organized around the following themes: (1) benefits and challenges of participating in homeshare for older adults; (2) intergenerational engagement as social exchange; and (3) the key role of agency facilitation as a determinant of the experience of homesharing for older adults. Results spoke to the unique benefits and challenges of participating in homeshare for this population. Findings were used to derive implications for policy and practice, as well as highlight areas for future research.

SESSION 910 (POSTER)

LONG-TERM CARE: PRACTICES AND POLICIES

HOME CARE NURSES CLAIM MEDICARE Ignores SOCIAL DETERMINANTS OF HEALTH
William D. Cabin,1. 1. Temple University, Philadelphia, Pennsylvania, United States

There is significant literature on the importance of addressing social determinants of health (SDOH) in order to improve health care outcomes. In response, the Centers for Medicare and Medicaid Services (CMS) has expanded Medicare Advantage plans ability to cover SDOH-related services. Medicare home health does not cover SDOH-related services. A literature review indicates no studies on the nature, significance, or impacts of the lack of SDOH coverage in Medicare home health. The current study is an initial, exploratory study to address the literature gap, based on interviews of a convenience sample of 37 home care nurses between January 2013 and May 2014 in the New York City metropolitan area. Results indicate nurses believe the lack of SDOH coverage in Medicare home health results in exacerbation of existing patient conditions; creation of new, additional patient conditions; increased home care readmissions and re-hospitalizations; increased caregiver burden; and exacerbation of patients’ mental health and substance abuse needs.

ADULT DAY SERVICES IN A RURAL REGION: CHALLENGES AND OPPORTUNITIES
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Adult day services (ADS) programs provide stimulation and socialization for older adults with cognitive and physical disabilities, and much needed respite for family caregivers. Like many services for older adults, ADS programs are far
the QMs, which can adversely affect residents, particularly

The CMS Nursing Home Quality Measures

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Ongoing concerns about the quality of care provided to nursing home (NH) residents have led the federal government to develop quality measures (QMs) for NHs. Many of these QMs are included in the NH 5-star ratings and reported online via Nursing Home Compare. However, we know little about how NH providers view the QMs, challenges they experience in addressing the measures, and strategies they use to achieve better scores. As part of a broader mixed-methods study to understand how NHs are responding to the 5-star ratings, we conducted interviews with NH personnel (n=110) and observed organizational processes in 12 NHs in three states. We also interviewed policy and industry leaders (n=34) to gain their perspectives. Interviews focused on perceptions of the 5-star ratings, organizational strategies to improve 5-star scores, experiences with the survey/regulatory process, and perceptions and responses to individual QMs. Key themes show that a) NH providers view the QMs as important indicators of quality, but there is variability across indicators; b) providers face challenges related to measurement and definitions for certain QMs (e.g., pain, restraints); and c) there are potentially conflicting goals, where some QMs aim to promote safety at the expense of resident autonomy and quality of life and vice versa. This work provides organizational context to the 5-star measures and the balancing act providers engage in to assess and improve their scores. The findings also identify several potentially unintended consequences related to the QMs, which can adversely affect residents, particularly those with more complex care needs.

Looking Upstream: The Association Between Affordable Housing, Nursing Home Use, and Unmet Care Needs in the Community

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In the U.S., population aging is coinciding with a growing affordable housing crisis. Evidence suggests that housing security contributes to health, but less is known about how affordable housing affects aging in place. We use a nationally representative sample (n=5,117) of older community-dwelling Medicare beneficiaries from the 2015 National Health and Aging Trends Study to test the association between housing cost burden (HCB) and moving to a nursing home, death, or remaining in the community by 2017. Among 2017 community-stayers (n=4,836), we also test the association between HCB and unmet care need, defined as experiencing a consequence related to 12 mobility (e.g., stayed in bed), self-care (e.g., skipped meals) and household (e.g., no clean laundry) activities. HCB is the proportion of income spent on rent or mortgage: low (<30%), moderate (30-50%), severe (≥50%), or home paid off (referent). Among nursing home movers, 26% had moderate or severe HCB in 2015 compared to 16% of community-stayers. Informed by the person-environment fit perspective, weighted stepwise regression models (multinomial and logistic) adjust for race, age, sex (Model 1), self-rated health, probable dementia (Model 2), living with others and high income (Model 3).