no significant difference in DSME impact on diabetes care based on reported cognitive decline was observed (p>0.05). Findings suggest that DSME can benefit diabetes care among people with and without cognitive decline. Future research can expand upon impacts of rates and degrees of cognitive decline on program benefits.

IMPROVING PRIMARY CARE PROVIDER EDUCATION AND SATISFACTION VIA THE CATCH-ON LEARNING COMMUNITIES
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Nationally, there is a shortage of geriatric trained healthcare providers caring for older adults. As the population of older adults grows, health care systems and primary care providers struggle to provide high quality, cost effective care for older adults. Time for training is also limited in busy community health centers. The CATCH-ON Learning Communities (LCs) are telehealth educational interventions based on the ECHO model, modified to be less time intensive, thus decreasing cost to participating clinics. In the LC, geriatric specialists provide evidence-based, best practice training utilizing case discussions to illustrate pertinent learning points via monthly one hour video conferences. Practical, specific behavioral recommendations are offered for immediate implementation in each session. LCs are provided to interprofessional primary care teams. The first LC with a federally-qualified health center (FQHC) yielded consistently high satisfaction from participants, along with a 17% decrease in high risk medication prescriptions and 22% increase in falls screenings. Training the primary care workforce in evidence based geriatric interventions can improve the care of all older adults within each health system, improving healthcare access to help mitigate healthcare inequalities, slow adoption of best practices and rising costs of caring for complex older adults. The CATCH-ON Learning Community is an effective, low cost model of training the primary care workforce without geographical or financial constraints that frequently limit access to specialized care.

PERSON-CENTERED CARE RELATED TO RESOURCE USE, RESIDENT QUALITY OF LIFE, AND STAFF JOB STRAIN IN SWEDISH NURSING HOMES
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A critical challenge facing aged care systems throughout the world is to meet the complex care needs of a growing population of older persons. Although person-centred care has been advocated as the “gold standard” and a key component of high quality of care, the significance of care utilization in person-centred units as well as the impact of person-centred care on resident quality of life and staff job strain in nursing home care is yet to be explored. Thus, the aim was to explore person-centred care and its association to resource use, resident quality of life and staff job strain. The study is based on a cross-sectional national survey and data on 4831 residents and 3605 staff were collected by staff in 2014, deriving from nursing homes in 35 Swedish municipalities. In this study, descriptive statistics and regression modelling were used to explore this association. The preliminary results showed that person-centred care was positively associated to resource use (i.e. care hours) and resident quality of life in Swedish nursing homes, when controlling for resident age, gender and cognitive status. Person-centred care was negatively associated to staff perception of job strain. This indicates that person-centred care provision seem to increase resource use (i.e. slightly more care hours utilized) but also beneficially impact resident quality of life as well as alleviate care burden in terms job strain among staff.

WHOM DO WE SERVE? DIVERSITY OF OLDER COMMUNITY CARE RECIPIENTS’ FUNCTIONING ACROSS EUROPE
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Across Europe, an increasing number of older people with multiple health and social care needs stay in their own homes until old age. Community care aims to support them to live at home for as long as possible. Comparative studies showed that population characteristics of older community care recipients differ between European countries. This is due to differences in financing, delivery and governance of community care. However, little is known about differences in health, including physical, cognitive, mental and social functioning, of older community care recipients served across European countries. The aim of this study was to provide insight into these differences. We used data of the IBenC study, which was collected using the interRAI HC-Assessment among 2884 older community care recipients from six European countries: Belgium, Finland, Germany, Iceland, Italy and the Netherlands. We found that prevalences of impairments in different health domains were highest among Italian community care recipients followed by the Belgian population, and lowest among community care recipients from the Netherlands. Feelings of loneliness were lowest among the Italian and highest among the Dutch population. This variation between European countries may be explained by differences in eligibility for and access to formal community services and informal care provision as well as cultural diversity. Insight in these differences supports understanding of community care across Europe among European and national policy-makers and researchers.

SESSION 640 (PAPER)

INTERGENERATIONAL RELATIONS

CUSTODIAL KNOWLEDGE AND LEGAL PERCEPTION AMONG GRANDPARENTS RAISING THEIR GRANDCHILDREN
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The current study examines the ways in which grandparents raising their grandchildren (GRCs) understand custody,
perceive the legal system, and access resources related to their
grandchild(ren)'s welfare. Due to the detrimental impact of
the opioid crisis over the last decade, the number of skipped
generation households is growing significantly not only in
Alabama, but across the U.S.. Many GRCs lack crucial infor-
mation regarding custody arrangements in a general sense or
as it applies to education, healthcare, mental health, and fi-
nancial aid. Critical gaps remain present in the GRC literature
necessary to aid in future intervention studies and promote
more effective support, resources, and policy for this popu-
lation. The present study sought to examine the unique needs
and experiences of GRcs, and to specifically explore legal
aspects associated to their grandchild(ren)'s welfare. Using
a mixed methods approach, GRCs in Tuscaloosa, Alabama
completed a quiz of custodial knowledge, a survey on legal
perception, and a semi-structured interview. Quantitative
data revealed the most and least commonly understood
aspects of custody, as well as opinions on associated legal
systems related to a child’s “best interest.” Qualitative data
analysis revealed the common themes related to custody to
be unexpected assistance, ineffective assistance, leniency for
parental deviance, fear of losing custody, and time and cost
demands.

EFFECTS OF SOCIAL RELATIONS ON MORTALITY IN
THE CONTEXT OF GRANDPARENTING
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Issues of health and well-being have received consid-
erable attention as a way to help grandparent caregivers.
There is growing evidence that grandparenting is bene-
ficial for grandparent caregivers’ health, yet acting as
grandparent caregiver also is detrimental to health and
social relations when a grandparent provides an exten-
sive level of care to grandchildren. The extent to which
grandparent caregiving benefits or harms of the health of
a grandparent is still unknown; mortality specifically has
not been systematically studied. Moreover, although altru-
stic behaviors towards others have been shown to have
beneficial effects on caregivers’ health in general, there
is little information regarding social relations of grand-
parent caregivers and their impact on mortality. This study
aims to investigate the roles of different aspects of social
relations among community-dwelling older adults, exam-
ining whether aspects of social relations, including social
networks, received functional support aid, and perceived
support quality, mediate the association between grand-
parent caregiving and mortality. The data were drawn
from the 2008 and 2014 Health and Retirement Study
(N=1,196). Results of survival analyses indicate that cus-
todial and co-parenting grandparents were significantly
associated with all-cause mortality over a 6-year period;
however, the associations were marginally significant after
health statuses were added into the model. Specifically,
family-focused network groups were significantly associ-
ated with mortality. Received functional support and per-
ceived positive support mediated the association between
custodial grandparents and mortality. This study suggests
that community-based support may be beneficial to older
grandparents and perceived positive relationship quality
could matter for older adults’ well-being.

OLDER ADULT WOMEN’S MULTIDIMENSIONAL
RESPONSIBILITIES IN SKIPPED GENERATION
HOUSEHOLDS IN NIGERIA
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This contribution studies the roles of grandparents in
caring for grandchildren in skipped generation households,
from gender perspective. Historical studies often focus on
health and economic status of older adults generally, without
distinguishing older adult women whose responsibilities
are often undervalued. Such assessments assume that both
grandparents engage in caring for grandchildren, being the
joy of old age. Highlighting women’s roles will ensure proper
design and implementation of policies to enhance improve-
ment in overall well-being of skipped generation households
in Nigeria. The economic value of this is high. Using detailed
data from three major states in Nigeria, - Imo, Lagos and
Kano (representing each of the major ethnic groups) this
study provides a detailed picture of the areas of women’s res-
sponsibilities in skipped generation households, using both
quantitative and qualitative methodologies. The quantitative
study employed structured questionnaire to collect primary
data while the qualitative technique employed the use of
in-depth interviews and focus group discussions. The older
adult participants are grouped into three; less than sixty five
years, between sixty five and eighty and those above eighty
years of age. The study reveals that social norms and ex-
pectations impact the lives of older adults, ensuring that re-
sponsibilities sharing in skipped generation households are
strongly impacted by gender roles. The paper concludes that
in order to ameliorate the difficulties and challenges faced in
performing these roles, governments and other organizations
need to put the realities in the skipped generation households
into consideration during planning processes.

THE ROLE OF AMBIVALENCE ON WELL-BEING OF
AGING PARENTS WHO HAVE A DISABLED CHILD:
MULTILEVEL MEDIATION APPROACH
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According to the family systems theory, strains from
parenting an adult with disabilities may spillover to parents’
relationships with their other children and disrupt family dy-
namics and their well-being in later life. This study examined
whether parental ambivalence toward their non-disabled
children is greater in families of adults with disabilities [de-
velopmental disabilities (DD) or serious mental illnesses
(SMI)] than families without an adult child with disabilities.
The study also investigated whether ambivalence mediates
the associations of having an adult child with DD or SMI
on parents’ health. Data were from the 2011 Wisconsin
Longitudinal Study in which aging parents (Mage = 71; n
= 6,084) were asked about their relationship with each of
their adult children. Multilevel regression models and multi-
level structural equation models (MSEM) were estimated to
analyze the data. Our findings showed that parents of an
adult with SMI felt greater ambivalence toward their non-
disabled adult children than comparison group parents of
adults without disabilities, whereas no significant differences
were found between parents of an adult with DD and com-
parison group parents. Parental ambivalence toward their