The unique potential of paid caregivers to impact the health of their clients remains largely unstudied. The first presenter will describe results from qualitative interviews with seriously ill older adults and their long-time paid caregivers that found that paid caregivers perform a wide variety of health-related tasks in the course of their routine care. The second presenter will describe results from focus groups with paid caregivers that found that though not a part of the official care plan, paid caregivers provided deliberate cognitive, emotional, and social care that sought to improve their clients’ “total” health. The third presenter will outline the rationale for and development of an educational intervention aiming to improve paid caregiver’s ability to provide care to patients with heart failure. Finally, the fourth presenter will discuss the limited role paid caregivers currently play in the healthcare team. She will then highlight key policy, educational, and clinical recommendations to promote further paid caregiver integration in the healthcare team.

THE HEALTH-RELATED TASKS PAID CAREGIVERS IN NEW YORK STATE PERFORM IN THE HOME
Jennifer M. Reckrey,¹ Emma Tsui,² R. S. Morrison,² Emma Geduldig,¹ Robyn Stone,³ Katherine Ornstein,¹ and Alex Federman¹,¹ 1. Icahn School of Medicine at Mount Sinai, New York, New York, United States, 2. CUNY Graduate School of Public Health and Health Policy, New York, New York, United States, 3. Leading Age, Washington, District of Columbia, United States

Paid caregivers (e.g. home health aides, personal care attendants) are formally tasked with helping older adults with functional impairment meet their basic needs at home. This study used semi-structured interviews (n=30) with dyads of patients or their proxies and their paid caregivers in New York City to 1) understand the range of health-related tasks paid caregivers perform in the home and 2) determine if these tasks are taught in the New York State government’s Department of Health curricula. We found that patients, proxies, and paid caregivers all described that paid caregivers performed a wide range of health-related tasks that were often not a part of their formal training. Creating clear competencies for paid caregivers that reflect the full breadth of health-related tasks they may perform at home will help maximize the potentially positive impact of the paid caregiver workforce on the lives of patients living at home with functional impairment.

YOU’RE THE ONLY PERSON THERE FOR THEM: LEVERAGING HOME HEALTH AIDES’ EXPERTISE TO SUPPORT TOTAL CLIENT HEALTH
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Formally, home health aides provide physical, non-clinical care to support the health and safety of older and disabled individuals. But in practice, both workers and clients report that the often unrecognized relational care aides provide is also central to clients’ well-being. In focus groups with New York City-based home health aides, aides described their conception and delivery of “total” care, which included specific and deliberate cognitive, emotional and social strategies to support clients’ mental and physical well-being. However, since this work was not included in formal care plans and invisible to those outside the care team, aides felt unprepared and unsupported in performing it. Realigning the definition of home care to address “total” care and better integrating aides into the care team has the potential to both improve job satisfaction and patient care.

HEART-FAILURE TRAINING FOR HOME CARE WORKERS IN NEW YORK CITY
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Home care workers (HCWs), which include home health aides and personal care aides, are increasingly being used by community dwelling adults with heart failure (HF) for long-term assistance and post-acute care. Findings from our prior research suggest that HCWs are deeply involved in many aspects of HF patients’ self-care, including HF maintenance and management, but the majority have not received any HF training or HF-specific resources. Due to this, many HCWs do not feel confident caring for their clients with HF. In this symposium, we will present the findings of a qualitative study that used a nominal group technique to elicit the educational needs of 40 English and Spanish speaking agency-employed HCWs caring for HF patients in New York City. We will also present an overview of the HF training course that was developed from this data and its effect on HCWs’ HF knowledge and caregiving self-efficacy.

CHALLENGES AND OPPORTUNITIES FOR TRAINING AND SUPPORTING AIDES AS MEMBERS OF HOME-BASED CARE TEAMS
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Despite home health/home care aides being the informal “eyes and ears” of the health system, team-based home care initiatives have not incorporated this workforce into their programs. This presentation summarizes barriers to their inclusion: a basic lack of understanding on the part of clinical team members of the complex tasks these caregivers perform, inadequate investments in competency-based aide training and education, and variation in state nurse delegation laws that limit aides’ scope of practice and their ability to work effectively in teams. This is followed by a review of several programs that have successfully included aides as key members of home care teams. The presentation concludes with recommendations on how federal and state policymakers, educators and health systems and providers can support inclusion of aides in team-based care through standardization of competency-based training programs, expansion of nurse delegation nationwide, and support for piloting, evaluation, dissemination and replication of promising models.

SESSION 1160 (PAPER)
CAREGIVING, COGNITIVE FUNCTIONING, AND BEHAVIORAL AND SOCIAL DETERMINANTS

AWARENESS OF HEALTH RISKS OF CAREGIVING AMONG PRIMARY PHYSICIANS AND THE CAREGIVERS THEMSELVES
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GSA 2019 Annual Scientific Meeting
Literature indicates that family primary caregivers (FPC) to severely-ill patients are at high risk to incidence of physical and mental morbidity, especially if they are old themselves. The purpose of these studies was to examine the FPC’s awareness to their own health risks, and primary physicians’ awareness to the importance of locating, following and providing preventive treatment to FPC in their clinic. Participants included 202 FPC older spouses with average age 70.7 (SD=8.33), and 68% women, and primary physicians (N=201) with average age of 48.5 (SD=11.22) and 53.5% women. Among the FPC, awareness to the health risks of caregiving was higher the greater was the caregiving burden, the worse was their self-rated health, the severer was the patient's disease, as well as the lower was the number of children and among women and spouses. Awareness to importance of medical surveillance was low. Among physicians, awareness to the risks of caregiving was highest among physicians who received their diploma in Israeli universities, and to specialists in family medicine. Their awareness was higher to the FPC’s susceptibility to mental risks rather than to physical risks. Physician’s awareness to the efficiency of medical surveillance of the FPC was high but their actual performance of it was low. This finding is in accordance with the FPC’s report about a low level of interest in their own health among their primary physicians. The importance of awareness to location, surveillance and preventive treatment of FPC should be promoted in medical education, and primary medical services.

THE ALZHEIMER’S ASSOCIATION NATIONAL HELPLINE: EFFECTS ON FAMILY CAREGIVERS
Nancy Hodgson,1 Darina V. Petrovsky,1 Beth Kallmyer,2 Joanne Pike,2 and Sam Fazio,2 1. University of Pennsylvania, Philadelphia, Pennsylvania, United States, 2. Alzheimer’s Association Home Office, Chicago, Illinois, United States

Family caregivers of persons with dementia experience high rates of social isolation and limited access to emotional support. The Alzheimer’s Association National Helpline is an accessible and free resource available 24 hours/day, 365 days/year in which master’s-level clinicians offer confidential emotional support and information on resources in the form of “action steps.” We evaluated the preliminary effectiveness of the Helpline for family caregivers of persons with dementia. Between January and October 2018, 185 non-crisis, caregiver calls to the Helpline were assessed at the time of call, one week, and 1 month post-call for effects on caregivers’ self-reported emotional distress, ability to manage anxiety, implement plan of action and access of services. The mean age of callers was 56 years; 22% were non white; 79% were women. Callers reported significantly (p <.05) improved caregiver emotional distress (27% net improvement) and ability to manage anxiety (29% net improvement). At one week, 70% of callers had put action steps in place, and by 1 month 80% of callers had put action steps into place. Over 80% of callers reported action steps were “helpful” and 65% reported that they had accessed additional dementia support services. This study suggests that support provided via the Alzheimer’s Association National Helpline is effective at reducing caregiver emotional distress and improving the ability of callers to “take action”. The results provide support for a larger study investigating caller characteristics and core content of the calls that provided sustained benefit to standardize the key elements of Helpline calls.

THE EFFECT OF CAREGIVING EXPERIENCE ON CARE RECIPIENT OLDER ADULTS’ MORTALITY: A SURVIVAL ANALYSIS
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Health and demographic mortality risk factors among older adults are well documented. However, less is known about the dyadic relationship between caregiver characteristics and care recipient mortality outcomes. In a nationally representative sample of older adults, we prospectively explore 1) whether and how having an informal caregiver is associated with care recipient mortality, and 2) among those with caregivers, how caregivers’ experiences of burden and benefits relate to care recipient mortality. We match 6 waves of National Health and Aging Trends Study (2011-2016) with 2011 National Study of Caregivers data. We conduct survival analysis on 7,369 older adults and a subsample of 1,341 older adult-informal caregiver dyads to address our research questions. First, we find that simply having an informal caregiver increases mortality risk by 71% (p<0.001) over the 6-year time period, even when adjusting for key demographic, economic and health factors. Second, we find that older adults whose caregivers perceive burden have a significantly higher mortality risk. This risk is reduced if the caregiver also perceives caregiving benefits. The risk of death is 41% higher for older adults whose caregivers report burden but no benefit compared to those with caregivers who report neither burden nor benefit. Further research should investigate possible reasons why merely having a caregiver increases older adults’ mortality risk. Interventions to increase caregivers’ sense of benefit and reduce their burden may be an effective way of decreasing mortality risk for older adults with declining health and functional ability.

THE IMPACT OF AN EARLY-STAGE DYADIC CARE PLANNING INTERVENTION ON CAREGIVER BURDEN
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Evidence supports the development of proactive, dyadic interventions for used in early-stage dementia. This type of intervention leads to more effective decision making which can reduce subsequent caregiver stress and burden. SHARE (Support, Health, Activities, Resources, Education), a six-session counseling-based intervention, encourages and supports care dyads to have important discussions about health care preferences that are often delayed or avoided until later-stage dementia. Typically, both the PWD and caregiver assume that most of the help will be delivered by the caregiver. SHARE aims to expand the network of care by evenly distributing care task responsibilities from the caregiver alone to other potential sources of support: family/friends and paid service providers. Early-stage dyads (n=63) successfully created a balanced and manageable plan of care with the help of their SHARE Counselor over a 6-month period. Follow-up