DESIGNING STATE-BASED LTSS PROGRAMS IN CONTEXT OF UNIVERSAL FAMILY CARE AND EMANCIPATORY GERONTOLOGY

Chair: Benjamin Veghte, National Academy of Social Insurance, Washington, District of Columbia, United States
Co-Chair: Carroll Estes, University of California, San Francisco, San Francisco, California, United States
Discussant: Stacy Torres, University of California, San Francisco, San Francisco, California, United States

This symposium will present findings from a National Academy of Social Insurance study panel on Designing State-Based Social Insurance Programs for Long-Term Services and Supports, Paid Leave, and Affordable Child Care. The risk of needing to provide or receive care is universal. Policymakers in several states are now weighing the enactment of new social insurance programs to address the risk of needing long-term services and supports. The study panel has mapped out the key design choices such states would need to consider with regard to program structure, financing, integration with Medicaid, and implementation, and the implications of these choices for elders, people with disabilities, families, providers, and states. The symposium will also present the study panel's findings with regard to how long-term care benefits could be provided in the context of an integrated care program addressing three often interrelated caregiving risks: long-term services and supports, paid family and medical leave, and early child care and education: Universal Family Care. Finally, implications for emancipatory gerontology, including the impact of the current gaps in our care infrastructure on family caregivers and the care workforce, will be considered.

UNIVERSAL FAMILY CARE: DECISION POINTS FOR STATES IN IMPROVING THE CARE INFRASTRUCTURE THROUGH SOCIAL INSURANCE

Benjamin Veghte,1 Alexandra L. Bradley,1 Marc Cohen,2 Heidi Hartmann,3 and Benjamin Veghte4, 1. National Academy of Social Insurance, Washington, District of Columbia, United States, 2. University of Massachusetts Boston, Boston, Massachusetts, United States, 3. Institute for Women’s Policy Research, Washington, District of Columbia, United States, 4. Caring Across Generations, Washington, District of Columbia, United States

This report presents policy options for a new social insurance program — akin to Social Security or Medicare — that would provide an integrated approach to protecting against the risk of needing to provide or receive care across the life-span: Universal Family Care. The program would allow individuals and families to access caregiving supports at various points throughout the life course, from the arrival of a child to end-of-life care for a family member or oneself. The program covers three specific caregiving needs: long-term services and supports, paid leave, and early child care and education. This report identifies key design questions for states to consider in crafting a UFC program, outlines a range of vetted approaches, and describes the building blocks and tradeoffs involved. This analysis was developed during a year of deliberations by a Study Panel of 30 experts in care policies from a variety of perspectives.

CAREGIVING ACROSS GENERATIONS AND CULTURES

Valentine Villa1, 1. UCLA, Los Angeles, California, United States

Utilizing data from the California Health Interview Survey (CHIS) 2009, we examine caregiving activities among foreign born and US born Latinos, and US born Non-Hispanic whites ages 18 to 80 who are caring for an adult age 60 or older. Utilizing OLS regression, we first examine the relationship between race, ethnicity, nativity, and age and the amount of caregiving, types of caregiving, and use of long-term care (LTC) services among the population. Next we examine the health, mental health, and economic status of the three caregiver populations. The results find that middle aged and younger foreign born Latinos provide the greatest amount of care and also present with the greatest amount of economic challenges. US born middle- aged Latino caregivers also provide relatively high levels of care and are also more likely than other caregivers to experience health challenges including diabetes, obesity, depression and social isolation.

SESSION 3020 (SYMPOSIUM)

EFFECTS OF MUSCLE ALTERATIONS AND REHABILITATION ON MOBILITY IN CHRONIC CONDITIONS OF AGING

Chair: Monica C. Serra, Emory University, Atlanta, Georgia, United States

Age-related changes in muscle morphology and composition are associated with the development of mobility impairments, an increased risk for institutionalization, and mortality. While primary aging may account for some of these changes, the presence of aging related co-morbid conditions such as frailty, stroke,
diabetes, and Parkinson’s disease is associated with muscle fiber atrophy, increased intramuscular fat, changes in muscle fiber distribution, and vascular dysfunction that occurs in both large and small vessels. These changes ultimately result in impaired substrate delivery to the muscle, reduced capacity for muscle regeneration, and anabolic resistance leading to declines in balance, strength, and endurance. It is important to understand the biological underpinnings of the changes in muscle following each of these conditions to develop effective preventive measures and maximize restorative rehabilitation protocols. This session will discuss the changes in muscle from the fiber level (i.e., changes in innervation and muscle fiber type proportion) to the systemic level (i.e., changes in specific postural and locomotor muscles), and their relationship to mobility, balance, and function. We will describe techniques (i.e., imaging, EMG, and muscle biopsies) used to assess muscle changes and their applicability in rehabilitation research. Further, we will discuss clinical recommendations for exercise to preserve and enhance skeletal muscle in the aging adult.

STROKE
Monica C. Serra¹, 1. Emory University, Atlanta, Georgia, United States

Following stroke, the leading cause of disability in the United States, muscle alterations commonly occur. These alterations include gross atrophy and shift in fiber type, particularly in the paretic limb, which have lasting implications on gait ability. We will discuss the current evidence supporting a mechanism for these changes (i.e. physical inactivity, inflammation, oxidative stress, and decreased lower motor neuron activation) and how these factors differ between the paretic and non-paretic limbs. Further, we will discuss how various therapeutic exercise modalities can be used to modify or reverse skeletal muscle abnormalities and alter physical functioning post-stroke.

PARKINSON’S DISEASE
Madeleine Hackney¹, 1. Emory University, Atlanta, Georgia, United States

The risk of Parkinson’s Disease (PD) increases with age as over 90% of individuals are diagnosed after the age of 50. Older individuals with PD face a compounding burden of reduced muscle power, decreased muscular endurance, and weakness related to disease specific processes such as an altered pattern of motor unit activation, rigidity and bradykinesia. Individuals with PD demonstrate a tendency towards type I fiber hypertrophy, and a greater heterogeneity for type II fibers. Despite the disease specific burden of PD, exercise results in improved mobility, balance, and movement initiation. Interventions like resistance training have resulted in strength gains, and other interventions, such as tango dancing may be particularly useful for balance improvements, as the movement involves multi-directional perturbations and whole-body coordination. Here, we will discuss the use of novel exercise interventions, such as resistance training and tango, to improve the muscle and mobility function of older adults with PD.

FRAILTY
Odessa Addison¹, 1. Baltimore GRECC VAMHCS, Baltimore, Maryland, United States

The ability to safely maintain mobility function with aging is critical as immobility and falls are among the top reasons for long-term care admissions. One potential cause for these functional deficits are muscle composition changes resulting in reductions in muscle mass, strength and power, ultimately contributing to the development of frailty. While the majority of work examining muscle composition and mobility changes with aging have focused on the quadriceps and ankle plantarflexors/dorsiflexors muscles, accumulating evidence suggests that deficits involving the proximal hip muscles may be particularly harmful to balance and mobility functions leading to falls, hip fractures, and frailty. We will discuss muscle changes that occur with aging and frailty, the implications on mobility, and the effects of potential exercise interventions on muscle structure and function as well as their ability to improve functional mobility.

DIABETES MELLITUS
Steven J. Prior¹, 1. University of Maryland, Department of Kinesiology, College Park, Maryland, United States

Nearly three-fourths of adults over 65 year of age are affected by impaired glucose tolerance or type 2 diabetes. Both aging and inactivity contribute to the numerous skeletal muscle changes that occur with insulin resistance and type 2 diabetes. These changes include reduced capillarization that can impaired glucose uptake and substrate delivery, resulting in metabolic abnormalities and metabolic inflexibility. These changes may ultimately contribute to reduced delivery of oxygen, nutrients, and hormones to the muscles leading to impairments in metabolism, muscle mass, and function. We will discuss current research on the role of vascular impairments and reduced skeletal muscle capillarization in the development of impaired muscle metabolism, fitness and function. Finally, we will discuss how exercise training may reverse these declines.

SESSION 3025 (PAPER)

ELDER ABUSE: IDENTIFICATION, INTERVENTION, AND STAFF PERSPECTIVES

A UNIQUE MODEL TO ADDRESS ELDER ABUSE: THE OHIO ATTORNEY GENERAL’S ELDER ABUSE COMMISSION
Georgia Anetzberger,¹ and Amy Restorick Roberts², 1. Case Western Reserve University, Cleveland, Ohio, United States, 2. Miami University, Oxford, Ohio, United States

This presentation will highlight Ohio’s innovative model to address the prevalence, risk factors, and consequences of elder abuse and neglect. We will begin with an overview of the mission and duties of the recently codified Ohio Attorney General’s Elder Abuse Commission. These include: (1) to raise awareness, improve education, and boost the level of research regarding elder abuse in Ohio, (2) to provide a forum for improving the elder justice system, and (3) to identify policy, funding, and programming recommendations to address elder abuse. Next, we will share findings from the Research Committee’s first statewide survey on elder abuse research priorities. Completed by frontline practitioners, program administrators, advocates, researchers, and policy makers, the