

program. However, less than 10% of older people are eligible for Medicaid and to receive long-term services, a person must have a severe disability. Many older people with moderate levels of disability or those who are not impoverished are not eligible. In response to these system limitations, some counties across the nation have developed alternative funding strategies, such as property tax levies, to better serve older members of their communities. After identifying 15 states with such initiatives, a survey was distributed to 414 contacts within these states, with a response rate of 55%. Respondents included organizations such as area agencies on aging, councils on aging, and county departments on aging. Local funding varied within and across states, with annual funding ranging from \$8,000-\$47 million. Most commonly provided services with local funds include home-delivered (81%) and congregate (73%) meals, transportation (61%), and homemaker services (49%). A majority of programs (63%) indicated that local funds are used to provide at least one family or friend caregiver service. This study is the first compilation and description of locally-funded elder service initiatives in the U.S. Locally-funded initiatives can help older people with long-term services needs continue to live in their own homes and communities. On the other hand, some have raised questions about whether this is a good approach to funding aging services, raising concerns that this will lead to further inequities across states and communities.

DISTINGUISHING FEATURES OF AAA-HEALTHCARE PARTNERSHIPS: BUSINESS ACUMEN IS NECESSARY BUT NOT SUFFICIENT

Leslie Curry,¹ Emily Cherlin,² Adeola Ayedun,¹ Chris Rubeo,³ Traci Wilson,⁴ Amanda Brewster,³ and Jane Straker,⁵ 1. *Yale School of Public Health, New Haven, Connecticut, United States*, 2. *Yale School of Public Health, Yale Global Health Leadership Initiative, New Haven, Connecticut, United States*, 3. *University of California, Berkeley School of Public Health, Berkeley, California, United States*, 4. *USAgings, Washington, District of Columbia, United States*, 5. *Miami University, Oxford, Ohio, United States*

Stronger relationships among service providers in the health care and social service sectors may contribute to positive outcomes such as lower health care use and spending. Such partnerships have grown in recent years, including Area Agencies on Aging (AAAs) contracting with health care organizations, and their impact on health care utilization has been demonstrated. Nevertheless, knowledge about how AAAs establish and manage successful collaborations is limited. This study was designed to understand how AAAs in regions with low levels of avoidable health care utilization develop and sustain partnerships with health care organizations. We conducted an explanatory sequential mixed-methods, positive deviance study. In the quantitative phase, we identified 8 AAAs with multiple health care partners serving areas with little utilization of nursing homes by residents with low-care needs, and 3 with few partners and high utilization for comparison. In the qualitative phase, we identified key informants within AAAs and their partners for in-depth interviews (total n = 123). We used the constant comparative method of analysis to identify 5 factors that characterized partnerships in the highly-partnered, low-utilization

sites: 1) Regional context (e.g., breadth of health care provider market, cross-sectoral coalitions), 2) AAA human resource assets (e.g., community expertise, business acumen), 3) AAA organizational culture (e.g., visionary leadership, risk taking), 4) Interdependence among organizations (e.g., mutual benefit, alignment), and 5) Interpersonal dynamics (e.g., trust, relationships). The importance of these regional, organizational, and relational factors suggests that AAA business acumen is necessary but not sufficient to build and sustain robust cross-sectoral partnerships.

FEDERAL INTERVENTIONS TARGETING SOCIAL ISOLATION AND LONELINESS: AN EXPLORATORY REVIEW

Lauren Palmer,¹ Jennifer Howard,² Helena Voltmer,³ Abigail Ferrell,⁴ Natalie Mulmule,⁵ Abbie Levinson,³ and Sarita Karon,³ 1. *RTI International, RTI International, Massachusetts, United States*, 2. *RTI International, Durham, North Carolina, United States*, 3. *RTI International, Waltham, Massachusetts, United States*, 4. *Lake Erie College of Osteopathic Medicine, Erie, Pennsylvania, United States*, 5. *RTI International, RTI International, North Carolina, United States*

Even prior to the COVID-19 Public Health and Medical Emergency, the experiences of chronic social isolation and loneliness (SIL) were growing among older adults. Countries began increasing national visibility for these issues and implementing programs and services focused on addressing them. In the United States (US), however, little is known about successful national interventions or their effectiveness in tackling SIL among older Americans. We conducted a rapid review of the peer-reviewed and grey literature from 2009-2019, focusing on existing federal programs, health systems, and health care models in the US that address SIL among older adults. Of the 110 articles identified, 36 met the inclusion criteria and were synthesized. Our review found few federal interventions that directly address SIL; several may be addressing SIL as an auxiliary outcome to addressing social determinants of health, such as group exercise, transportation support, or food insecurity. While these interventions may provide a promising opportunity, implementation and evaluation challenges were identified. Thus, federal and state agencies face significant obstacles to understanding the impact of existing interventions and their effectiveness in addressing SIL, hampering progress toward large scale implementation. As SIL receives increasing attention, we add another voice to existing literature that indicates significant heterogeneity among existing programs; we found that few evidence-based, scalable federal initiatives exist in the US that target SIL. Without resources from federal and state agencies, the ability of health entities, community-based organizations, and direct care providers to implement effective interventions is significantly diminished.

THE EFFECT OF INCREASING STATE MINIMUM WAGE ON FAMILY CAREGIVING

Eric Jutkowitz,¹ Derek Lake,¹ and Peter Shewmaker,² 1. *Brown University, Brown University, Rhode Island, United States*, 2. *Brown University, Brown University, Rhode Island, United States*

Paid long-term care workers, such as personal care aides, compliment family caregivers in the delivery of care