patients with HDPHs were more likely to have risks of financial access compared to those without HDHP (OR= 1.313, 95% CI, 1.002-1.719, p=0.0483). CONCLUSIONS: HDHPs are intended to support effective care options and reduce health care costs. Our research among CI patients with HDHP experienced more financial access risks than those without HDHP, indicating that HDHPs might have unintended consequences of healthcare usage. Employers and health care decision-makers may need to consider providing compensation to those HDHP enrollers with CI.

LOCAL INITIATIVES TO FUND SERVICES FOR ELDERS: INCREASED COMMUNITY RECOGNITION OF THE IMPORTANCE OF SOCIAL CARE

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Despite the growing number of older adults in the U.S., federal and state funding for non-medical supportive services remains limited. Recent work reports that states with a more generous supply of supportive services, including home delivered meals and personal care, have fewer low care residents in nursing homes. To boost this supply, some local communities across the nation are exploring alternative funding sources. Our review found 400 local communities across 15 states using voter-approved local revenue streams to fund aging services, such as property tax levies and payroll and sales taxes, and that this strategy has been politically popular. In this paper we provide results from the first national survey of these local communities. Study results found considerable variation by state in number and scope of local initiatives, with Ohio and Michigan each reporting about 70 communities with local property tax levies, while California and Washington had only one community each using this approach. Local programs ranged in size from generating less than $25,000 in annual revenue to more than $35 million. The organizational structure for these programs, and the administrative approaches, such as the use of care managers, varied by state and community. Programs provided an array of services, but typically included traditional social care services such as home delivered meals, homemaker/personal care, transportation, and home emergency response systems. Criteria for program participation also varied, but most were targeted to serve older adults with disability who did not meet Medicaid financial or functional eligibility criteria.

MONEY FOLLOWS THE PERSON AND INFORMAL CAREGIVERS: INSIGHTS INTO A NEW STAGE OF THE CAREGIVING CAREER

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The Money Follows the Person (MFP) program transitions people to the community after extended institutional stays. This study examines effects of this transition on informal caregivers in this new caregiving career stage. Analyses explore whether and how MFP affects caregivers according to caregiver race/ethnicity, and care recipient age and disability type. Data come from surveys with 686 caregivers of persons in Connecticut's MFP from November 2014-November 2018. Using Pearlin's Caregiver Stress Process Model, bivariate and multivariate analyses examine predictors of multiple caregiver well-being indicators. Care recipients: older adults (50%), and younger persons with physical (35%), mental health (8%) or developmental (7%) disabilities. Caregivers: non-Hispanic White (62%), non-Hispanic Black (24%), and Hispanic (14%). Caregivers' average assistance is 5 days/week, 6 hours/day, with 3 activities of daily living and 5 instrumental activities; 11% are paid for caregiving. Compared to other community-based samples, they report low mean levels of burden (4.7 of 16), anxiety (2.2 of 18) and depressive symptoms (31%), and high positive feelings about caregiving (9.5 of 12). A majority feel less stressed (60%) or no change in stress (20%) compared to before and during the institutional stay. Caregivers across the four care recipient groups don't differ on most outcomes, although more caregivers of people with developmental disabilities (82% vs. 55-61%) report less stress once the person transitions. Black and Hispanic caregivers report more intensive caregiving, but White caregivers report more burden and subjective stress. Findings illustrate the benefits of programmatic support during a newly defined post-institutionalization caregiving career stage.

PATTERNS OF COURT MONITORING OF GUARDIANSHIP PRACTICE IN IOWA

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Guardianship, as a best practice, should provide persons with medical incapacity support for better medical care decision making, but the examination of health outcomes for those under guardianship has a dearth of evidence in practice and within the research literature. This study addresses this gap by using the publicly-available Iowa Courts online database to collect data elements useful for the investigation of the process of guardianship practice. A systematic random sample using the 99 counties within Iowa as strata was extracted for all open guardianship cases. Most of the sampled cases (96%) had private appointed guardians. Approximately 28% had case histories over 10 years, 26% 5 to 10 years, 12% 3 to 5 years, 22% 1 to 2 years, and 12% were open cases for fewer than 12 months. Court monitoring of medical conditions varied with annual, biannual, triennial, or 5 year requirements. Delinquencies in filing required medical condition documentation was common and over half of all cases had at least one delinquency in their case history and 33% had a filing delinquency within the past 2 years. Local judicial courts vary in the amount of supervision they provide guardians, and the findings from this research provide needed research to inform guardianship practices as demand increases for these services with the demographic imperative of an aging population and increasing prevalence of dementia-related health conditions.

PROMOTING HEALTHY AGING THROUGH POLICY CHANGE ON THE FEDERAL LEVEL: STRATEGIES FOR SCHOLARS AND CLINICIANS

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