

services also influenced the results. Participants who used only self-directed AC services were 93% less likely to have an LSNF admission than those receiving no AC services, and 23.5% less likely to have this outcome than those who only received agency attendant care services. In addition, the use of other home and community-based services are also significantly associated with LSNF admissions. These findings have important research and practical implications at the program and policy level, as MLTSS programs spread across the country and aim to “rebalance” the LTSS system.

PATTERNS OF UNMET NEEDS AND STRENGTHS AMONG STROKE PATIENTS AND THEIR INFLUENCE ON OUTCOMES

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The transition home after a stroke is a particularly challenging time for patients and caregivers. There is extensive literature on unmet needs among stroke patients, but there are fewer studies that examine the strengths and resources of stroke patients and how these may influence their subsequent recovery. This study uses data from the Michigan Stroke Transitions Trial (MISTT), a pragmatic 3-arm clinical trial that tested the efficacy of case management against usual care. Two intervention groups (n=160) received up to 90 days of services from a social work case manager. A complete biopsychosocial assessment was conducted approximately 5 days after discharge. Latent class analysis was used to identify different classes based on six indicators of unmet needs and twelve indicators of strengths. Four homogenous classes were identified in the final model. Class 1 (n=56, 35%) included patients with few needs and strong social support, but few other strengths. Class 2 (n=46, 29%) had few needs and a high level of strengths across all indicators. Class 3 (n=39, 24%) has moderate needs related to mental health, non-stroke physical health, and finances, but few strengths. Class 4 (n=19, 12%) has moderate needs related to social support, non-stroke related physical health, and finances, but with moderate strengths related to indicators like coping, cognition, and insight. Class membership was related to short-term quality of life. Understanding the combination of needs and strengths has potential implications for services provided during care transitions as well as the policies and funding mechanisms that support those services.

THE IMPACT OF FOOD INSECURITY ON THE HEALTH AND WELL-BEING OF OLDER ADULTS: THE GROUPS MOST AT RISK

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Older adults who experience food insecurity (4.6 million) often have worse health outcomes. Food insecure older adults consume less nutrients, which puts them at greater risk of developing chronic diseases. They are at increased risk of falls due the impact of poor nutrition on

muscle mass, bone density, and balance. Low-income older adults are often forced to choose between buying groceries and paying other bills. The Supplemental Nutrition Assistance Program (SNAP) plays an important role in reducing food insecurity. SNAP enables older adults to buy the nutritious food they need, while freeing up resources to pay for everyday things to meet their health needs such as prescription drugs. Research shows that medication adherence increases when low-income older adults enroll in SNAP. Despite the beneficial impact of enrolling in SNAP, it's estimated that 55% of eligible adults age 60 and older are not participating in this critical program. To understand which older adults are missing out on SNAP, the National Council on Aging engaged researchers at Leading Age LTSS Center at UMass Boston to analyze data from the 2014 Health and Retirement Study. The results show that some of the most vulnerable older adult populations are less likely to participate in SNAP even though they are eligible (i.e., Hispanic, age 75 and older, those who are not utilizing healthcare, etc.). The findings suggest that more targeted outreach to these groups is needed to ensure that the most vulnerable populations of older adults access this critical benefit.

THE IMPACT OF THE OPIOID EPIDEMIC ON OLDER ADULTS: FINDINGS FROM A NATIONAL SURVEY OF COMMUNITY-BASED ORGANIZATIONS

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The National Council on Aging (NCOA) conducted a national survey of community-based organizations (CBOs) in early 2019 to better understand how older adults, people with disabilities, and their caregivers are affected by the opioid epidemic and identify new resources and tools needed by CBOs to better serve their community needs. Specifically, the survey asked about the extent to which CBOs' service delivery and level of effort has changed as a result of the opioid epidemic; unique issues reported by this population, directly or indirectly resulting from opioid misuse by them or loved ones; how organizations screen and refer older adults and individual with disabilities for support associated with opioid misuse; how organizations may be connecting with local or state initiatives addressing the opioid epidemic, or forming strategic partnerships to respond to emerging client needs; and pinpoint gaps in resources that may help organizations to more effectively respond to these issues. Over 200 organizations, representing urban, suburban and rural communities, responded to the survey and included senior centers, area agencies on aging, Senior Health Insurance Assistance Programs, as well as health care organizations. Seventy percent of organizations report spending more effort to address the needs of older adults/caregivers who are adversely affected by opioid misuse/abuse since 2 years ago. Common health and financial concerns, current strategies related to screening, partnership development, and educational programming as reported by CBOs will be presented. This session will include a discussion of opportunities to assist CBOs address the opioid-related needs of their older adult clients.