

800 care management centers and comprehensive community support centers in Osaka City. The centers were randomly selected. The response rate was 19.1%. The independent variables were: obtaining the qualification of a Senior Care Manager (SCM), who was a qualified person that acquired advanced knowledge and skills in care management by advanced training; experience years in Social Work (SW); experience years in care management; experiences in training programs for team approach; and experiences in training programs for supporting Old Public Assistance Recipients (OPAR). The dependent variables were the categorized contents in the Care Management Practice for old public assistance recipients. They were: Care planning and Implementation (CI); Assessment; Financial Support and Evaluation (FSE); Contract and Explanations in care management; Coordinating Informal support and Formal services in Care planning; and Arrangements in Financial supports for Formal service costs. The Structural Equation Modeling was performed for the examinations of the relationships. As a result, the goodness of the fit indices was acceptable, and we retained the models. In correlational analyses, CI and Assessment were significantly correlated with SCM ($p < .05$). FSE was significantly correlated with SW ($p < .001$) and OPAR ($p < .05$). In conclusion, the results implied that advanced qualification of a Senior Care Manager and a specified training program for supporting old public assistance recipients were effective in providing appropriate care management services.

FAMILY CAREGIVING IN THE SOMALI-AMERICAN COMMUNITY DURING COVID-19

Rajeen Moone,¹ Kamal Suleiman,² and Elizabeth Lightfoot,³ 1. *University of Minnesota, Woodbury, Minnesota, United States*, 2. *University of Pennsylvania, Woodbury, Minnesota, United States*, 3. *Arizona State University, Woodbury, Minnesota, United States*

This poster describes a study of Somali American family caregiving during the COVID-19 pandemic, specifically investing the unique caregiving challenges faced by Somali caregivers. The findings from this study, which was part of a larger study related to family caregiving, were drawn from in-depth interviews of ten Somali family caregivers in Minnesota. All interviews were conducted in Somali during the summer of 2020 and translated and transcribed by a certified translator and research assistant. The major themes that emerged from this study related to Visitation, Hospital Accompaniment, and Self Sacrifice. As Somali culture is centered around extended family connections, isolation places particular strain. Second, family members typically serve as advocates, translators and guides during hospital visits. The restrictions on hospital accompaniment due to COVID-19 caused increased stress and poorer care of family caregivers and their loved ones. Third, in the Somali community, family placement is a last resort. Caregivers reported great sacrifices in time, comfort and opportunities to care for family members during COVID-19. Most of the caregivers described their coping with these sacrifices in terms of radical acceptance and God consciousness. These findings have important implications for providing supports for Somali family caregivers.

FEASIBILITY OF AN INNOVATIVE REHABILITATION PROGRAM ADAPTED FOR THE POST-ACUTE NURSING HOME SETTING

Addie Middleton,¹ Jane Driver,² Marcus Ruopp,² Lindsay Lefers,² Jessica Rawlins,² Rebekah Harris,³ and Jonathan Bean,³ 1. *VA Boston, Boston, Massachusetts, United States*, 2. *VA Boston Healthcare System, Brockton, Massachusetts, United States*, 3. *VA Boston Healthcare System, VA Boston Healthcare System, Massachusetts, United States*

Live Long Walk Strong is a rehabilitation program that produces large clinically meaningful improvements in mobility when implemented as an outpatient program for older adults. We adapted Live Long Walk Strong for the post-acute nursing home setting within the Veterans Health Administration as a clinical demonstration project. The adapted version includes novel elements and bridges the inpatient stay and three months post-discharge. The inpatient phase focuses on maximizing functional recovery and includes activities focused on timing and coordination of gait, leg strength and power, and trunk muscle endurance. The care transition and virtual (telehealth) post-discharge phase focuses on case management and engagement in physical activity programs. Coaching and behavior change are a consistent focus throughout the program. To date, 13 Veterans (mean age 67.9, SD 11.7 years) have completed the inpatient phase, and of those Veterans, six have completed the entire program, five are still active, one was lost to follow-up, and one was rehospitalized. The program demonstrates feasibility, 91% of all inpatient sessions and 81% of all post-discharge sessions were completed. Regarding preliminary efficacy, 83% of Veterans who completed the program exceeded the minimal detectable change score (4 points) on the Activity Measure for Post-Acute Care (AM-PAC) Mobility scale from program enrollment to completion (mean change 6.5, SD 6.9 points). Based on findings from this clinical demonstration project, the program is feasible. However, future research is needed to further examine the program's impact on mobility and other outcomes important to older Veterans receiving post-acute nursing home care.

FEASIBILITY TRIAL OF AN INTEGRATED TREATMENT "ACTIVATE FOR LIFE" FOR PHYSICAL AND MENTAL WELL-BEING IN OLDER ADULTS

Melba Hernandez-Tejada,¹ Sundaravadeivel Balasubramanian,² Alexis Nagel,² Mohan Madiseti,² and Teresa Kelechi,² 1. *University of Texas HSC at Houston, Houston, Texas, United States*, 2. *Medical University of South Carolina, Charleston, South Carolina, United States*

This study describes the feasibility and patient satisfaction for an integrated treatment to address multiple health outcomes in a sample of older adults living in a low-income independent residence facility and their own homes in the community. Specifically, 30 older adults were offered the opportunity to participate in a feasibility study of different components of Activate for Life treatment targeting balance and physical strength (Otago Exercise Program), breathing retraining (Gentle Yoga and Yogic Breathing), and mental health (Behavioral Activation for Depression). Three treatment combinations were compared in a randomized repeated measures design to determine if adding components to the

existing Otago program were feasible and if this affected patient satisfaction. Arm 1: the Otago strength and balance program alone (n = 10); Arm 2: Otago + Gentle Yoga and Yogic Breathing (n = 10); and Arm 3: Otago + Gentle Yoga and Yogic Breathing + Behavioral Activation (we named this combination 'Activate for Life' n = 10). Dependent measures included recruitment rate, session completion characteristics, and satisfaction with the program. Overall, study and treatment components proved feasible, and participants reported high satisfaction with all 3 Arms.

FOOD ACCESS, DIET QUALITY, AND NUTRITIONAL STATUS OF OLDER ADULTS DURING COVID-19: A SCOPING REVIEW

Emily Nicklett,¹ Kimson Johnson,² Lisa M. Troy,³ Maitreyi Vartak,¹ and Ann Reiter,¹ 1. *The University of Texas at San Antonio, San Antonio, Texas, United States*, 2. *University of Michigan, Ann Arbor, Michigan, United States*, 3. *University of Massachusetts Amherst, University of Massachusetts Amherst, Massachusetts, United States*

COVID-19 has imposed challenges for older adults to access food, particularly in minority, lower income, and rural communities. However, the impact of COVID-19 on food access, diet quality, and nutrition of diverse older adult populations has not been systematically assessed. The objective of this study is to examine changes in food access, diet quality, and nutritional status among older adults during the COVID-19 pandemic and the potential differential impacts of the COVID-19 pandemic on these nutrition-related outcomes using the framework of the socio-ecological model. An electronic search was conducted using three databases (PubMed, CINAHL, and Web of Science) on March 7, 2021. Original, peer-reviewed English-language studies published 10/1/2019-3/1/2021 were considered for which the age of participants was 50 years and older (average age range 50-98). In order to be considered, studies must have examined food access, food security, or nutrition constructs as an outcome. The initial search yielded 13,628 results, of which 9,145 were duplicates. Of the remaining 4,483 articles, 13 articles were in scope and therefore selected in the final analysis, which can be characterized as descriptive (n=5), analytical (n=6), and correlational (n=2). Studies were conducted among community-dwelling older adult populations (n=7) as well as those temporarily residing in hospital settings (n=6) in 10 countries. More research is needed to examine the impact of COVID-19 on food access/security and the differential barriers experienced by older adult populations.

GENERATIONAL MULTIMORBIDITY DISEASE CLUSTERS FOR BRITISH COHORTS BORN 1921 – 1960

Stacey Voll,¹ Graciela Muniz-Terrera,² and Scott Hofer,¹ 1. *University of Victoria, Victoria, British Columbia, Canada*, 2. *University of Edinburgh, Edinburgh, Scotland, United Kingdom*

The aim of this study is the first step in our understanding of the uniqueness and stability of multimorbidity disease patterns for different generations. The unique historical context that each generation has been exposed to is thought to have systemic health impacts and differences

in epidemiological make-up (Clouston et al. 2021). Literature suggests that multimorbidity disease patterns, are similar across countries (Hernandez et al, 2021 – in press) and observational points, and that migration into complex disease clusters is more common as people age (Cassell et al, 2018, Kingston et al. 2018). Most commonly reported are Cardiovascular and Metabolic disease clusters which lead to lower quality of life, mortality and morbidity (Kudesia, 2021). We asked: Do multimorbidity disease patterns differ for unique generations? Using the ELSA, the disease clusters of three cohorts were examined; an older cohort, born 1921-1930, a middle cohort born 1931-1940 a younger cohort born 1941-1950 and the "newest" cohort, born 1951-1960. Self-reported dementia and memory problems lead a specific cluster for the middle cohort, those born in 1931-1940, but not for the other cohorts. While disease patterns were different between sex for other clusters, the disease cluster of dementia and memory problems held similar disease patterns for males and females, with a prevalence of 3%. The dementia/memory problem cluster loaded with cardio/metabolic diseases. This suggests that complex multimorbidity for the British 1931-1940 cohort has had an impact related to dementia and memory problem diagnoses for this specific generation, for males and females alike.

HEALTH AND FINANCIAL RISK-TAKING PROPENSITY DURING THE COVID-19 PANDEMIC: DIFFERENCES BY AGE AND TIME

Barış Sevi, and Natalie Shook, *University of Connecticut, Storrs, Connecticut, United States*

The COVID-19 pandemic has presented a global health threat of unprecedented magnitude and had a devastating impact on the world's economy. Accordingly, the riskiness of decisions related to health and finance may have increased. However, health and financial threats have differentially affected different age groups. For example, COVID-19 posed a greater health threat to older adults (65+ years) than younger or middle-aged adults, whereas financial threat due to the pandemic affected younger and middle-aged adults more than older adults. This study examined differences in the levels of health and financial risk-taking propensity by time of the pandemic and age group: young (18-39 years), middle-aged (40-64 years), and older adults (65+ years). A sample of 488 individuals residing in the US (245 Woman; Mage = 51.07, SD = 15.99) completed three waves of surveys in March, April, and May 2020. We found that risk-taking propensity for both health and financial decisions decreased over time. The risk-taking propensity was significantly lower in April and May than March, but risk-taking propensity in April and May did not significantly differ. The three age groups were all significantly different than each other in both health and financial risk-taking propensity at all three waves. Younger adults reported higher risk-taking propensity than older and middle-aged adults, and middle-aged adults reported higher risk-taking propensity than older adults. The findings indicate that the pandemic may have influenced all individuals to take less risks in the fields of health and finance regardless of their age.