

active duty in the U.S. Armed Forces." A similar percentage of Veterans (3%) and Non-Veterans (4%) reported utilizing meal delivery programs (i.e., "Meals on Wheels) and eating at community or senior centers (both 7%) in the past year. Veterans were less likely than Non-Veterans to report receiving emergency food (i.e. from church or food bank) in the past year (7% vs. 12%; $P < 0.01$) and tended to be less likely to report ever having received benefits from a nutrition assistance program (NAP; i.e., Food Stamps) (27% vs. 32%; $P = 0.08$). Veteran also reported their household receiving more financial assistance the last time they received support from a NAP (\$281 vs. \$188; $P = 0.02$). These data suggest that Veterans have less reliance on NAP than Non-Veterans; however, when they do receive assistance, Veterans appear to receive greater financial support. Future studies are needed to identifying ways to improve access to nutrition-related resources in those at risk for food insecurity.

THE IMPACT OF A WHOLE HEALTH MODEL OF CARE ON PATIENT OUTCOMES

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The FlourishCare Model (FCM) transforms primary care sites by addressing all determinants of health and focusing on helping patients to flourish. The FlourishCare Index (FCI) is a clinical measure to assess the effectiveness of the FCM to address all determinants of health. We will present data on the effectiveness of the FCM serving 159 older adults with MCCs. The sample was mostly female (77%), White (64%), retired (54%), married (30%) or widowed (20%) and living in urban areas (64%). The mean age was 69 (SD=15), with 13 years education (SD=3). Patients changed significantly over time on total FCI scores (57%-72%; $\eta^2 = 0.38, SE = 0.63$). Results show significant growth over time for individual health behaviors (58%-67%; $\eta^2 = 0.21, SE = 0.84$), health care access (71%-89%; $\eta^2 = 0.43, SE = 1.00$) and social determinants (62%-85%; $\eta^2 = 0.54, SE = 1.02$) with psychological determinants (54%-61%; $\eta^2 = 0.17, SE = 0.95$) and environmental determinants (70%-81%; $\eta^2 = 0.28, SE = 1.62$) showing a trend to significance. Interaction effects with time show that the FCM supported patients with lower education attainment to improve at a higher rate than those with higher education attainment, for the total FCI score ($\eta^2 = 0.59, SE = 0.24$) and health care access ($\eta^2 = 0.94, SE = 0.38$). Receiving mental health counseling resulted in more improvement in psychological determinants than those who did not receive counseling ($\eta^2 = 0.43, SE = 2.04$). The FCM was able to support rural patients at a higher rate than urban patients to gain access to health care ($\eta^2 = 0.13, SE = 2.02$). The FCM supported Hispanic patients the most in improving social determinants of health ($\eta^2 = 0.40, SE = 3.93$). This study showed the importance of a systems approach to care using measures that focus on what matters most to older adults who value quality-of-life outcomes.

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Health Care Utilization

EXPLORING DEMENTIA CARE IN AN ACUTE CARE SETTING: PERSPECTIVES OF SOCIAL WORKERS AND NURSES.

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Nurses and social workers in acute care settings have unique perspectives about providing care to persons living with dementia (PLwD) who experience behavioral and psychological symptoms of dementia (BPSD). Their distinctive roles and training have important implications for the recovery and well-being of PLwDs during hospital stays. This study utilized the "rigorous and accelerated data reduction" (RADaR) technique to compare perspectives of social workers (n=12) and nurses (n=5) in a Midwestern tertiary care facility about their caring for PLwDs with BPSD. Three major themes were identified: 1) patient engagement and coordination with family and professionals, 2) treatment and medical management, and 3) barriers to care. Similarities between social workers and nurses emerged within the themes, including the importance of family involvement and providing person centered care. Differences emerged particularly within the treatment and medical management theme, as nurses utilize medications to treat BPSD and social workers were more likely to use redirection. While there is distinctive training for nurses and social workers, both identified similar barriers to providing care to PLwDs with BPSD, including time constraints, competing demands, and lack of training on BPSD management. Results demonstrate how an understanding of the critical and complementary roles that nurses and social workers play in dementia care and work together to build a care team can inform best practices to support symptom management and quality of life in PLwDs. Continuing education and training could be beneficial for both professionals to improve the quality of care for PLwDs.

INSUFFICIENT SLEEP AND HEALTH CARE UTILIZATION: A SCOPING REVIEW

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Insufficient sleep is a common problem among older adults with 26% over the age of 65 reporting less than seven hours sleep in a 24 hour time period. Evidence indicates that untreated sleep disorders are associated with osteoarthritis, heart disease, hypertension, diabetes, obesity, falls, decreased cognitive performance, and decreased health related quality of life in older adults. A scoping review was undertaken to determine what is known about the association between