

## BARRIERS TO CARE FOR OLDER ADULTS IN MEDICATION-ASSISTED TREATMENT FOR OPIOID USE DISORDER

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Over the last decade, the number of older adults (people over the age of 50) who misuse opioids doubled and continues to increase. People over the age of 50 also represent one of the fastest growing groups entering into and sustaining medication assisted treatment (MAT) (i.e., methadone and buprenorphine) for opioid use disorder (OUD). Despite increasing awareness of this growing at-risk population, significant knowledge gaps regarding their support and care needs persist. To begin to address these gaps, we conducted interviews with 20 treatment staff, focus groups with 18 patients and surveys with 100 patients over the age of 50 at eight diverse Opioid Treatment Programs (OTPs) participating in a 1-year pilot study (Bender, PI) funded by the Georgia Clinical and Translation Science Alliance supported by the National Center Advancing Translational Sciences. Patients in this study do not always disclose their use of MAT to non-OTP providers. When they do, participants reported numerous negative experiences with non-OTP providers, including perceived discrimination, stigma, and misunderstanding by providers about MAT. These negative experiences potentially contribute to an over reliance on OTP providers to manage age-related health conditions (e.g., COPD, hypertension). Providers report minimal training about aging and varied levels of confidence to manage these conditions. We present the experiences of patients and providers with suggestions for improving care coordination. We conclude with recommendations to improve communication among providers working with older adults in recovery from OUD.

## OLDER ADULT KIDNEY TRANSPLANT RECIPIENTS: THE LIVED EXPERIENCE OF ADAPTATION AND INTEGRATION

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As the prevalence of end-stage renal disease increases in the United States, a growing number of adults aged 65 and over are receiving kidney transplants. While older adult recipients tend to fare well from a clinical standpoint, far less is known about their psychosocial wellbeing following transplantation. This study seeks to better understand the lived experience of older adult kidney transplant recipients, focusing on the 'liminal' period of adaptation following organ transplantation that has been reported elsewhere in the literature. Applying the hermeneutic phenomenology of philosopher Paul Ricoeur, the study explores the lived experience of 10 deceased donor kidney transplant recipients aged 65 and over. Guided by Ricoeur's conceptual approach to identity as constituted through two forms, idem and ipse, preliminary findings suggest that despite expressing some distress around the 'strangeness' of integrating part of another into oneself (disruption of

the idem sense of self), participants also constructed powerful narratives of resilience and coping that were rooted in the continuity of a deeply held ipse sense of identity over the life course. In particular, participants emphasized their ability to overcome adversity as an anchor of their ipse sense of self that enabled them to navigate the idem corporeal changes of transplantation. Moreover, they described kidney transplantation as a form of liberation, ultimately restoring their idem sense of self that had been profoundly disrupted by 'machine life' (time spent on dialysis). These findings will have significant implications for ensuring the provision of optimal support to older adult kidney transplant recipients.

## SESSION 890 (POSTER)

### HEALTH PROMOTION

#### FEASIBILITY OF A TELEHEALTH-DELIVERED LIFESTYLE INTERVENTION FOR LATE-MIDLIFE LATINOS LIVING IN RURAL CALIFORNIA

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Late-midlife Latinos (50–64 years old) living in rural regions experience significant health disparities, oftentimes exacerbated by limited access to healthcare services. In a previous pilot study, we observed psychosocial, behavioral, and cardiometabolic health improvements sustained over 12-months in late-midlife Latinos who participated in ¡Vivir Mi Vida! (¡VMV!), a culturally tailored lifestyle intervention led by a Latino community health worker (promotor) and occupational therapist team. For the present study, we assessed the feasibility of telehealth-delivered ¡VMV! modules. Participants (N=10) received an abbreviated three-week version of ¡VMV! consisting of an in-person promotor-led orientation and two one-hour telehealth sessions. Telehealth opinions/experiences were assessed at baseline and follow-up using study-specific questionnaires and by interview. Patient-identified health quality was measured pre-post intervention using the Measure Yourself Medical Outcome Profile (MYMOP2) and a single-item stress index. Participants generally agreed that telehealth session quality was equivalent to in-person sessions, and demonstrated confidence in their ability to communicate freely with the promotor and actively participate in telehealth sessions. We observed significant improvements in nearly all MYMOP2 components and a trend in stress reduction. The intervening promotor reflected that telehealth ¡VMV! extended healthcare to patients impacted by risk factors such as geographic isolation, lack of available services, and hesitancy to access in-person services due to fear of discrimination or deportation. Participants provided highly positive feedback, highlighting the practicality and convenience of the telehealth program. Feasibility of delivering ¡VMV! via telehealth to late-midlife rural-dwelling Latinos and its potential for positive effect was supported.