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This study investigated sex difference in early frailty transitions on one-year follow-up healthcare utilization and Medicare payment. We used the linked Medicare claims data and the Hispanic Established Populations for the Epidemiological Study of the Elderly (Hispanic-EPESE) survey, using longitudinal analyses for 789 older Mexican Americans ≥70 years old in 1998/99. Participants were divided into five transition groups: 1) remain non-frail, 2) improve (pre-frail to non-frail, frail to non-frail, frail to pre-frail), 3) remained pre-frail, 4) remained frail, 5) worse (non-frail to pre-frail, non-frail to frail, pre-frail to frail) based on their frailty status between Wave 3 (1998/99) and Wave 4 (2000/01). Main outcomes were: (a) healthcare utilization (hospitalization, emergency room admission, physician visit) and (b) Medicare payment (total and outpatient payments) from 2000/01 to 12 months after. Mean age was 78.8 (SD=5.1) and 60.3% were female in 1998/99. We found sex had significant interaction effects on one-year follow-up hospitalization and Medicare outpatient payment. Compared to the remained no-frail group, males who remained pre-frail (Odds Ratio [OR]= 3.62, 95% CI=1.18-11.2), remained frail (OR= 7.59. 95% CI= 1.74-33.1) and worse (OR=4.54, CI=1.74-11.8) had higher risk for hospitalization. Males in the worse group also had significantly higher Medicare outpatient payment (OR=2.58, CI=1.46-4.56). Same associations were not observed in females. However, both genders used similar frequency and type of outpatient services, as the top services were evaluation and management services. Our results suggested research is needed to examine balance between sex differences, frailty improvements, resources needed and total care expenditure in this population.

OLDER ADULTS' IMMIGRANT STATUS AND SELF-REPORTED ABILITY TO NAVIGATE THROUGH THE HEALTHCARE SYSTEM

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This exploratory study examined the association between older adults' immigrant status and their self-reported ability to perform each of the 51 self-care behaviors that are needed for them to navigate through the healthcare system. Secondary data analysis was conducted based on a 2018 telephone survey of community-dwelling adults 65 y/o or older, living in a western Canada province (N = 1,000). A previously validated survey tool, Patient Involvement Behaviors in Health Care (e.g., indicating Yes=1 or No=0 regarding their ability to perform each self-care behavior), and a demographic data form (e.g., are you an immigrant? Yes=1 or No=0) were used. Descriptive analyses and chi-square tests for independence (alpha= 0.05) were conducted. Among the 993 adults who indicated their immigrant status, 51 (5.1%) self-declared as immigrants. 32 (62.7%) of the immigrant participants and 457 (48.5%) of the non-immigrant participants resided in the urban areas. 88.2% of these immigrant participants was white, 7.8% was Asian, and 2% was black; 72.5% indicated that English is their first language. Immigrant participants were less likely to report being able to perform 5 self-care behaviors than non-immigrant participants. These 5 behaviors were: bringing someone to help you move around when needed; asking your providers to share your medical record with each other; finding insurance that best matches your needs; changing health insurance coverage as needed; and knowing of any interactions with old and new treatments. Clinicians should co-create approaches with older adult immigrants to improve their self-care capacity (e.g., connecting with relevant peer support networks).

ACCESS TO CARE ROUNDS: A UNIQUE FORUM FOSTERING HEALTH SYSTEM AND SOCIAL SERVICE PARTNERSHIPS FOR OLDER VETERANS

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Colorado Veteran Community Partnership (VCP) aims to connect Rocky Mountain Regional VA Medical Center front-line teams with diverse community partners to create integrated networks of support for older Veterans with complex needs and their family members and caregivers. To accomplish this goal, VCP launched Access to Care Rounds in January 2018 to build bridges between the healthcare system and community-based organizations. Each Access to Care Rounds features a cross-sector panel that discusses specific efforts to link a medically-complex, older Veteran to resources. This model was developed with stakeholder input and has highlighted topics related to chronic pain management, suicide prevention, homelessness, adult protective services, transportation, home-based primary care, hospice care, and firearm safety. Each Access to Care Rounds focuses on connecting VCP members, sharing expertise and resources, and highlights lessons learned related to care coordination, communication, and key processes that others can adopt/adapt to better serve older Veterans. On average, 30 individuals attend each session. Access to Care Rounds draw diverse audiences representing social services, mental health and other healthcare specialties. The latter include Social Workers (47%), Physicians (11%), Psychologists (8%), Registered Nurses (6%), and students/trainees (6%). Participants receive a description of the Veteran situation; the names, credentials, organizational affiliations and roles/expertise of each panelist; and, a resource list relevant to the constellation of issues addressed to enhance access to information and resources. Over 38% of respondents to session evaluations reported intentions to change their professional practice as a result of what they learned during an Access to Care Rounds.

INTEGRATING SOCIAL NEEDS CARE INTO THE DELIVERY OF HEALTH CARE TO IMPROVE THE NATION'S HEALTH FOR OLDER ADULTS

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