Disparities have been documented qualitatively and quantitatively for marginalized racial and ethnic communities and LGBTQI+ communities but the specific causes of gaps in equity differ by community, locality, and state. To be effective, policy solutions must be grounded in the lived experiences of Black, Latino, Asian American and Pacific Islander, and LGBTQI+ older adults in those communities. This symposium showcases how community-based research can be employed to understand the root causes of inequities in LTSS access and care affecting older adults of color and LTGBTQI+ identifying older adults and presents community-grounded policy solutions to remedy those inequities. Papers 1 and 2 use participatory research methods to understand barriers to equitable LTSS care access and quality and develop locally grounded solutions to those barriers. Caldera (Paper 1) shares results from a study of Cook County, IL nursing home residents and their caregivers focused on racial and ethnic disparities in access to and experiences with nursing home care. Hado (Paper 2) presents findings from research in Georgia and New York examining disparities in access to and experiences with HCBS for older racial and ethnic and LGBTQI+ communities. Fashaw-Walters (Paper 3) details the how systemic racism is at the root of inequities in LTSS access for communities of color and shares actionable recommendations aimed at ending racial and ethnic inequities in LTSS policies.

UNDERSTANDING RACIAL AND ETHNIC DISPARITIES IN NURSING HOME CARE IN COOK COUNTY, IL

Selena Caldera, AARP, Washington, District of Columbia, United States

Nursing facility data from the Illinois Department of Public Health reveals significant racial disparities in access to high quality nursing homes (NH) for older Black and Latino Illinoisans. While half of all Illinois NH residents live in a 1- or 2-star rated nursing home, 68% of Black NH residents live in such facilities. This study seeks to understand racial and ethnic disparities in access to, quality of, and experiences with care in Cook County, Illinois NHs and develop community-identified solutions to close quality, access, and equity gaps. We employ key informant interviews in a two-stage process that begins by developing a current state analysis of the experience with care through interviews with community stakeholders, including advocacy groups, policy and community leaders and public agencies. Those findings then guide interviews with older Black, Latino, and Chinese NH residents and their caregivers where we identify community-grounded solutions to closing equity gaps.

NARROWING RACIAL AND ETHNIC DISPARITIES IN HOME AND COMMUNITY-BASED SERVICES

Edem Hado, AARP, Washington, District of Columbia, United States

Older adults overwhelmingly prefer to age at home and in their community, yet research shows uneven access to quality home and community-based services (HCBS), especially among diverse racial and ethnic groups. Our research in Georgia and New York employs participatory research methods, including key informant interviews and focus groups conducted in 2021 and 2022, to identify root causes of disparities in access to, quality of, and experience with HCBS for older racial and ethnic and LGBTQI+ communities. Some root causes identified include: complexity in and lack of funding, tension between equal versus equitable service provision, and meaningful community outreach, particularly in Latino communities. We then identify scalable opportunities policy and programmatic interventions to improve care and service equity for older adults in those communities.

ADDRESSING SYSTEMIC RACISM ACROSS LONG-TERM SERVICES AND SUPPORTS

Shekinah Fashaw-Walters1, Tetyana Shippee2, and Jasmine Travers3. 1. University of Minnesota School of Public Health, Minneapolis, Minnesota, United States, 2. University of Minnesota, Minneapolis, Minnesota, United States, 3. NYU, New York City, New York, United States

Long-term services and supports (LTSS) are some of the most racially segregated healthcare services in the U.S. today. Marginalized users (e.g., Black and Latino older adults) have disproportionate access to high-quality care and subsequently report poorer health outcomes when compared to White users. It is important to acknowledge racism as a fundamental cause of these inequities to LTSS access. As the U.S. works to expand LTSS, it is critical to diversify and strengthen the LTSS workforce, increase Medicaid reimbursements along with efforts to improve accountability and transparency, reconsider payment models and the use of public reporting, improve quality metrics, implement effective support systems for patients of color, expand access to care, and increase promotion of integrated care. Health equity researchers, Drs. Tetyana Shippee, Shekina Fashaw-Walters, and Jasmine Travers will share 7 actionable evidence-based recommendations for LTSS policy change aimed to dismantle racism and advance health equity.

SESSION 2660 (SYMPOSIUM)

PHYSICAL AND MENTAL HEALTH OUTCOMES AMONG OLDER MILITARY VETERANS

Chair: Scott Landes Co-Chair: Janet Wilmoth

Older veterans are a unique health population, with physical and mental health outcomes impacted by the positive health aspects of military social capital as well as the negative aspects of military-related hazards. This symposium focuses on physical and mental health outcomes among older military veterans both before COVID-19, and during the COVID-19 pandemic. Three studies address veteran health outcomes pre-pandemic. Two of the pre-pandemic studies focus on veteran-only samples in order to determine whether aspects of marital quality predicted levels of loneliness, and risk factors for trauma re-engagement among those with medical illness. The third pre-pandemic study examines whether the increased mortality risk observed among older veterans compared to nonveterans varies by combat status. Two studies address veteran health outcomes during the COVID-19 pandemic. The first uses a sample of older veterans with PTSD who were surveyed pre-pandemic and during the pandemic in order to ascertain the mental and physical Health impact of the pandemic. The second COVID-19 study uses data from a study of Veterans Affairs’ Home