from this community can help better direct future research. Accordingly, two focus groups were conducted with LGBTQ+ elders at different queer community centers in Philadelphia by a nurse scientist. This community engaged research aims to learn more about how nurses can serve this population through identifying their priorities. Through thematic analysis, it was found that LGBTQ+ elders reported being concerned about housing access, discrimination from healthcare providers, and challenges in accessing mental health care. Additionally, the researchers’ hypotheses were triangulated with the participants’ responses to demonstrate the utility of continued community engagement in addressing specific population needs.

LEVERAGING NOVEL LABEL DESIGN TO IMPROVE OLDER CONSUMERS’ USE OF MEDICATIONS
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Over-the-counter (OTC) medication is a convenient, affordable way for older adults to treat a variety of conditions; older consumers use more OTCs per capita than other people for varied reasons. As with any medication, OTCs carry risks. Because the labels of OTCs are frequently the only information accessed by consumers, labels designed to communicate safety information are paramount for these products. Yet, available studies suggest that consumers do not regularly access the comprehensive information in the Drug Facts Label (DFL) when making purchase or use decisions, tending to rely on information found on the front of the package. Herein, we evaluate how four OTC label formats (standard; standard/highlight; critical warnings on front/highlighted; critical warnings on front not highlighted) affect how aging participants attend to critical information. Sixty-eight participants (65+) engaged a computer-based task answering yes/no questions that required use of labeling information about the warnings or active ingredients (AI). Results indicate that AI information is found accurately and relatively quickly compared to warning information and highlighting and placement on the front of the package had little effect. By contrast, warning information was found slowly and with low accuracy with the standard label, and highlighting and front of pack placement both significantly improved performance. These results suggest that novel labelling strategies could result in more effective, safer use of OTC medicines among older consumers and provide insights that could be used by regulators as they work to improve policy focused on improving mandates for OTC labeling.

LONGITUDINAL TRENDS AND PREDICTORS OF MEDICAID UTILIZATION AMONG MIDDLE-AGED AND OLDER ADULTS
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Over fifteen million older adults in the United States rely on the means-tested Medicaid program for healthcare coverage (accounting for approximately 20% of total Medicaid beneficiaries according to the Centers for Medicare and Medicaid Services). With the older adult population growing exponentially, there has been concern that steadily rising Medicaid spending will skyrocket among this group and that there may be a need to reconfigure coverage of the program. However, few studies have longitudinally examined which factors are related to utilization of the program over time among older adults in order to better understand how any future coverage changes might impact this group. This study used the 1998 to 2014 waves of the Health and Retirement Study (N=8,162) to analyze a representative sample of those 50 and older regarding demographic, health, and economic trends associated with Medicaid utilization over a sixteen-year period. Descriptive analyses showed stable longitudinal patterns such that those who utilized Medicaid had significantly poorer health and fewer financial resources compared to those who never accessed Medicaid. Multivariate analyses further revealed those who were older, female, minority race/ethnicity, less educated, in poorer health, below the federal poverty line, and with lower net wealth had a higher proportional risk of utilizing Medicaid during the observed time period than their counterparts. The findings from this study highlight the importance of monitoring changes in the documented risk factors over time in terms of their impact on Medicaid utilization and underscore the need to consider how these factors may be interrelated.

NARRATIVE GROUP INTERVENTIONS TO REDISCOVER LIFE WISDOM AMONG HONG KONG CHINESE OLDER ADULTS: A WAITLIST RCT STUDY
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Objectives: To recognize, and rejuvenate the life wisdom of Hong Kong Chinese older adults, a new strength- and meaning-based Narrative Therapy (NT) in practice is developed, with two objectives: to examine its effectiveness in enhancing wisdom; and to test the longer-term effects at 2 and 8 months respectively. Method: A waitlist randomised controlled trial (RCT) design was used. A total of 157 older adults were recruited, 82 of which was randomly assigned to 12 intervention groups to receive four 2-hour NT sessions using the ‘Tree of Life’ metaphor, to assess perceived wisdom at baseline (T1), at the end of treatment (T2), and at two (T3) and 8 months after treatment (T4). Results: Participants in the NT group showed significant improvements in the wisdom outcome measure [F(2.726, p = 0.041)]. As such, the results of latent growth curve models with time-invariant covariates for impact of NT on wisdom scores suggested significant effects two months after treatment (T3) with controlled the effects of age, gender and educational level [TML(11) = 17.306, p = 0.098, RMSEA = 0.079, CFI = 0.960]. Most improvements were sustained at 2- and 8-months post intervention. No adverse reaction was recorded in any of the cases mentioned at all study sites. Conclusion: The findings have significant theoretical contributions for professional social work practice to ground a new theory in understanding wisdom in older adulthood, develop a new clinical practice that appreciate and celebrate life wisdom, and a practice guide to be disseminated among health and social care practitioners.

OLDER AFRICAN AMERICANS’ EXPERIENCE OF THE OPIOID CRISIS
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In 2017, over 1200 Philadelphians died from opioid overdoses and an estimated 50,000 -70,000 people in the city are
addicted to opioids. The opioid crisis is a family crisis that touches all communities affecting those using opioids, their family members, and the community. As policymakers develop responses to the opioid crisis, a multigenerational perspective is critical. With much published on the opioid crisis, there remains little understanding of older adult’s perceptions or experiences to this public health emergency. Older adults bring a unique voice. They are grandparents, parents, opioid users, and people living with chronic pain and/or addictions. Center in the Park (CIP), a nationally accredited senior center in Philadelphia, Pennsylvania sought to understand older African Americans’ perceptions of the opioid crisis and how their experiences inform senior center programming. CIP leadership sought a community partnership with Thomas Jefferson University College of Nursing to respond to what some in their community called “a domino effect” of the opioid crisis. Using a Community-Based Participatory Research Model rooted in humanistic research theory, a qualitative study was designed. Three focus groups (n29) were convened. All focus group recordings were transcribed and checked for accuracy. An iterative coding process was used. All transcripts were coded using the qualitative software program NVivo12. Findings suggest older adults are concerned about younger generations and addictions. In addition, older adults lack knowledge of the use and safety of opioids and have a general mistrust of the medical community to adequately limit the opioid epidemic.

ORAL HEALTH DISPARITIES AMONG CHINESE OLDER ADULTS: EVIDENCE FROM CHARLS
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This paper explored the effect of the type of health insurance on dentist visits among older adults in China. The data were drawn from the CHARLS-II (2013). The sample included older adults aged 60 and older (N= 6767, n(urban)=3272, n(rural)=3495). Multivariate logistic regression models indicated that in urban and rural places, respondents with a governmental/civil servants’ insurance and those with an urban-employee insurance are more likely to visit a dentist in the survey year. Household registration status (hukou) does not play a significant role in dentist visits when insurance types are adjusted for. In other words, employment status, and the coverage of health insurance presented more significant effects on dentist visits. Differing from previous studies about urban-rural health disparities, this study disclosed substantial institutional influences on dental care access among older adults.

OUTPATIENT AND INPATIENT SERVICE USE BY CHINESE ADULTS LIVING IN RURAL LOW-INCOME HOUSEHOLDS
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Background: This study applied the Andersen Model of Health Care Utilization to explore the variables associated with health service use among Chinese adults living in rural low-income households. Method: A survey of 2,429 adults living in 787 low-income households in Jiangsu, China was conducted. Respondents were asked the presence of outpatient service in the past one month and the amount of hospitalization in the past one year. Mixed effect logistic and negative binomial models were used to examine the relationship of individual-level and household-level characteristics with health service use. Results: Health condition was the predominant determinant of both outpatient and inpatient service use (Odds Ratio [OR] >1, p<0.001). Individuals living in a poor household were less likely to use outpatient service (OR=0.05, 95% confidence interval CI: 0.00, 0.71), and the longer in poverty status the less likely to use outpatient service (OR=0.92, CI: 0.86, 0.99). Age was associated with lower likelihood to use outpatient service (OR=0.93, CI: 0.93, 1.00), and this relationship was stronger for larger households (OR=1.01, CI: 1.00, 1.01). For inpatient service use, most household-level measures were insignificant. Conclusion: Rural Chinese health service use was influenced primarily by needs variables. Outpatient service use was constrained by household enabling variables. Older adults were at a disadvantage for using outpatient service when the family prioritized younger members in allocating resources. These results suggest the need for policy advocacy to expand insurance reimbursement and improve benefits for poor older adults.

PHYSICAL IMPAIRMENT, INSURANCE COVERAGE, AND HEALTHCARE UTILIZATION AMONG U.S. CHINESE OLDER ADULTS
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The relationship between physical impairment and healthcare utilization is well studied. However, few studies examined this relationship among immigrant older adults whose health insurance status may represent a barrier to healthcare use. This study aims to examine the relationship between physical impairment, health insurance, and types of healthcare utilization. The PINE Study provided data of 3,157 Chinese older adults age 60 and over. Most (70.67%) of them had insurance. Physical function was assessed by Activities of Daily Living and Instrumental Activities of Daily Living. Healthcare utilization was evaluated by the times of physician visit (PV), ER, and hospitalization, separately, in the past two years. Logistic regression was used. After adjusting for covariates, among the insured patients, every one unit increase in ADL impairment was associated with higher odds of ER visit (OR:1.32 [95%CI 1.21-1.45]) and hospitalization (OR: 1.37, [95%CI 1.25-1.50]). Every one greater IADL impairment was associated with higher odds of PV (OR: 1.26, [95%CI 1.12-1.43]), ER visit (OR: 1.21, [95%CI 1.16-1.26]), and hospitalization (OR: 1.23, [95%CI 1.18-1.28]). Among the non-insured, every one unit increase in ADL impairment was associated with higher odds of ER visit (OR: 1.82, [95%CI 1.19-2.78]) and hospitalization (OR: 3.05, [95%CI 1.51-6.16]). Every one unit increase in IADL impairment was associated with higher odds of PV (OR: 1.24, [95% CI 1.09-1.42]), ER visit (OR: 1.33, [95% CI 1.17-1.52]), and hospitalization (OR: 1.53, [95%CI 1.32-1.76]). These findings highlight disparities in healthcare utilization. Longitudinal studies are needed to strengthen causality between physical impairment, health insurance, and healthcare utilization.

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