patients and their caregivers who received the MISTT intervention. Case notes were coded in two steps with a subset of cases coded by two researchers and re-reviewed for interrater reliability in each step. The first round of coding was guided by primary SWCM intervention goals. The second round of coding identified SWCM sub-themes within each primary goal. Key themes indicate SWCMs aided with understanding the post-hospitalization period, helped patients navigate a range of systems and services, identified needs and supported patient goals, provided psychosocial support, and centered support on stroke recovery and prevention. Case studies illustrate ways in which SWCM were key supports during the transition period, but that support does not cleanly align with quantitative findings from patient-reported outcomes. This study aligns with a growing body of work documenting the complexity of transitions of care and has implications for how we support patients and caregivers as they move from inpatient to outpatient care and measure outcomes.

HOME-DELIVERED MEAL DELIVERIES AND FEELINGS OF SAFETY FOR OLDER AMERICANS ACT PARTICIPANTS
Claire Pendergrast\(^1\), and Heather Menne\(^2\), 1. Syracuse University, Syracuse, New York, United States, 2. RTI International, Washington, District of Columbia, United States

Home-delivered meals supported by the Older Americans Act (OAA) serve a dual purpose of improving nutritional intake and providing regular social contact for older adults. This regular contact can increase feelings of safety experienced by meal recipients. The benefits of home-delivered meal services may vary between meal recipients based on sociodemographic characteristics. Variation in home-delivered meal clients’ reports of feeling safer at home because of regular meal delivery visits was examined to support ongoing efforts to increase social engagement and equity through the delivery of OAA services. Using data from the 2019 National Survey of Older Americans Act Participants (NSOAAP) home-delivered meal module, descriptive statistics and logistic regression were conducted to identify the characteristics associated with feeling safer at home because of meal delivery visits. The majority (85%) of meal recipients report feeling safer because of meal delivery visits, and rates were especially high for rural recipients (92%), those with a high school education or less (89%), racial/ethnic minorities (94%), and those with three or more ADL limitations (90%). Logistic regression found that rural residence (OR=3.3), lower educational attainment (OR=2.0), racial/ethnic minority status (OR=4.7), living alone (OR=1.6), and having 3+ ADLs (OR=1.9) were significantly associated with higher odds of feeling safer at home because of meal delivery visits; however, age, gender, and suburban residence were not significant. Findings suggest that benefits of home-delivered meal programs are supporting the needs of traditionally disadvantaged groups and broadly increasing meal recipients’ sense of safety in their homes.

LINKING DISADVANTAGED HEALTHCARE PATIENTS TO HOME- AND COMMUNITY-BASED SERVICES: CAN NEEDS BE MET?
Farida Ejaz, Miriam Rose, and Courtney Reynolds, Benjamin Rose Institute on Aging, Cleveland, Ohio, United States

As part of a larger study examining the social determinants of health, the current analysis focuses on 254 older and disabled, Medicare Advantage patients from 19 primary care clinics in Texas. The patients faced challenges such as depression, limitations in activities of daily living (ADL) and dementia. They received a home-based, social work intervention to examine their needs, an individualized care plan was created, they were offered home and community-based services, and followed over a four-month period. The median age of the sample was 69 years, 71% were Hispanic/Latino, 80% had a high school education or less, and 76% had a monthly income of less than $1,361. A total of 823 needs were identified in these patients, and 1,126 service recommendations were made. Some needs required more than one service recommendation or vice versa. The most frequently identified needs involved food assistance (136 patients received 220 nutritional service recommendations), home modifications/housing (118 patients offered 159 services), and ADLs (115 patients, 147 services). During the four-month period, social workers reported that services related to food assistance met patient needs 61% of the time; 52% for home modifications/housing; and 75% for ADLs. Reasons for unmet needs included service applications still in process/waiting lists; services being unavailable (e.g., lack of mental health providers); and refusals by patients, and family/friends. Practice and policy implications include the possibility that four months is not enough time to fully address needs, and some patients may need more intensive assistance and motivation to apply for and access services.

SESSION 4780 (SYMPOSIUM)

HOME HEALTHCARE ACCESS AND UTILIZATION AMONG VULNERABLE POPULATIONS IN THE US AND PUERTO RICO
Chair: Maricruz Rivera-Hernandez

Home health (HH) care utilization among Medicare beneficiaries has exploded, serving over 3.3 million users (The Medicare Payment Advisory Commission, 2021). With the aging of the population and the preference for Home- and Community-Based Services and/or person-centered care delivered in the home, HH care use is expected to continue increasing. Prior research has highlighted inequitable access and use of HH rooted in structural and social determinants of health (Fashaw-Walters et al., 2022). However, more research is needed about disparities in timely access to quality of care and outcomes among racial and ethnic and rural populations. Furthermore, the literature regarding post-acute care has often excluded Puerto Rico HH beneficiaries (Rivera-Hernandez et al., 2020). Given the need to ensure equity of care post-pandemic, there is a pressing need to understand disparities in care and
outcomes, specifically using representative data. This symposium will feature four presentations that provide novel insight regarding HH care utilization and outcomes among vulnerable populations. Individual presentations will describe 1) Home health care services utilization among Medicare beneficiaries in Puerto Rico; 2) Public reporting role in exacerbating disparities in access; 3) Differences in home healthcare latency following hospitalization for ADRD patients by race/ethnicity and rural and urban locations; 4) Racial disparity in the start of home healthcare in high-risk ADRD patients by the quality of home health and impact on rehospitalization. In addition, studies in this panel will discuss policy and clinical implications, as well as directions for future research regarding equitable access and health outcomes among HH users.

THE IMPACT OF PUBLIC REPORTING ON INEQUITIES IN HIGH-QUALITY HOME HEALTH UTILIZATION
Shekinah Fashaw-Walters¹, Momotazur Rahman², Gilbert Gee³, Vincent Mor¹, and Kali Thomas².
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Literature suggests that public reporting of quality may exacerbate disparities in access to high-quality post-acute and long-term care for older adults. The objective of this study was to evaluate the impact of the home health (HH) 5-star ratings on changes in high-quality HH agency (HHA) use, by race, ethnicity, income level, and place-based factors. Using a difference-in-differences framework, we found that after introduction of 5-star ratings adjusted rates of high-quality HHA use increased for all HH users, except for Latinx, Asian American/Pacific Islander, and low-income HH users, and disparities in access to high-quality HHAs were exacerbated for each of these groups. Last, we found that users within predominantly Latinx and lower income neighborhoods had a significantly greater decrease in their use of high-quality HHAs. Policymakers should be aware of the potential unintended consequences of public reporting and should consider adding measures of equity to the publicly reported information.

RACE AND RURAL-URBAN DIFFERENCES IN HOME HEALTHCARE LATENCY IN PATIENTS WITH DEMENTIA
Amit Kumar, Northern Arizona University, Flagstaff, Arizona, United States.

Given the need to ensure equity of timely access to post-acute care among minority groups in rural areas, there is a pressing need to understand disparities in the start of home healthcare among minorities with Alzheimer’s disease and Related Dementia (ADRD). This study investigates differences in the timing of initiation of home healthcare services following acute hospitalization for ADRD patients by race/ethnicity and rural and urban locations. A secondary analysis was conducted among older adults with ADRD using Medicare data, discharged to home following an episode of acute hospitalization in 2016-2017. The study outcome was a delay in the start of home healthcare after two days of hospital discharge, defined as a home health latency. Compared to non-Hispanic Whites residing in urban areas, Blacks living in urban areas and Hispanics living in rural areas have a significantly higher odd of home health latency.1.15 (95% CI:1.11-1.18) and 1.06 (95% CI:1.02-1.10), respectively.

RACIAL DISPARITY IN THE START OF HOME HEALTHCARE IN HIGH-RISK ADRD PATIENTS BY THE QUALITY OF HOME HEALTH
Indrakshi Roy, Northern Arizona University, Flagstaff, Arizona, United States.

Improving the quality and timely access of home health care is a new quality measure and particularly crucial in high-risk ADRD adults following hospitalization. However, a significant portion of older patients waits longer than 2 days to receive home healthcare. In this study, we examine how the quality of home health agency and race are associated with the delay in care among ADRD patients receiving home healthcare and how this delay mitigates the risk of rehospitalization. We find that Black patients in low rated home health agencies have 28% higher odds of delay in care compared to White patients in high rated home health agencies (Odds ratio (95% CI) =1.28 (1.21 - 1.36)). Timely initiation of home health care also reduces the risk of rehospitalization in minority older adults with ADRD.

SESSION 4790 (SYMPOSIUM)

INNOVATIONS IN REMOTE SUPPORT FOR DEMENTIA FAMILY CAREGIVERS
Chair: Kylie Meyer Co-Chair: Lyndsey Miller Discussant: Jeffrey Kaye

Remote delivery of dementia caregiver interventions can decrease delivery costs, and make it more feasible to provide evidence-based interventions to caregivers across the country. As the science behind remote delivery develops, new technologies and their applications can ensure preservation of important intervention components and principles, as well as novel forms of data collection. In this symposium, investigators will present on studies that demonstrate how technology can be used to improve delivery and assessment of remote caregiver interventions. Walter Dawson, D.Phil, will share findings from the Support via Technology: Living and Learning with Advancing Alzheimer’s disease and related dementia (STELLA) intervention. Using secondary data collected via weekly survey, he examined the association between costs of care and behavioral symptoms of dementia. Next, Allison Gibson, PhD, MSW, will present results from focus groups about caregivers’ experiences of the Harmony at HOME (H@H), a telehealth intervention to improve person-environment fit and limit behavioral symptoms of dementia. Kylie Meyer, PhD, will present results from the Learning Skills Together intervention, which uses...