

were favourable; suggestions will be used to further improve usability, particularly for end users who are novices at using mobile applications.

TOTAL AND POST-DISCHARGE 30-DAY EPISODE PAYMENTS FOR BENEFICIARIES WITH ALZHEIMER'S AND DEMENTIA

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There exists lack of evidence regarding incremental post-discharge cost and utilization of healthcare services for older adults with Alzheimer's and dementia (AD). We quantified episode payments associated with AD vs. non-AD 30 days after medical or surgical procedures. We utilized administrative claims between January 2012 and June 2017 from the Michigan Value Collaborative (MVC) across 31 different medical and surgical services. We identified all patients with any AD diagnosis code throughout their enrollment using ICD-9-CM, ICD-10-CM codes. We price standardized 30-day episode payments and split them based on patient setting. Payments were risk adjusted and winsorized at the 99th /1st percentile. Propensity score matching using calipers without replacement adjusted for clinically relevant surgical and medical procedures, HCCs, insurance type, and age to control for selection bias. We identified 66,676 AD episodes and 656,235 non-AD episodes. After propensity score matching, there were 58,485 AD and non-AD episodes with significant differences in total episode payments of (\$22,378 vs. \$19,595, 95% CI Diff: (\$2,658, \$2,910)). Post-acute care and readmission payments were significant (\$4,561 vs. \$3,272, 95% CI Diff: (\$1,235, \$1,342)) and (\$1,807 vs. \$1,165, 95% CI Diff: (\$595, \$691)), respectively. AD episodes had a higher readmission rate (21.6% vs. 14.8%, $p < 0.0001$). County variation in payments for AD episodes was substantial (Median: \$4,370, Range: \$3,881). AD patients are at higher risk of readmission and more resource intensive to hospitals and health systems. Examining drivers of post-discharge cost variation can influence practice pattern changes in management of AD patients.

ATTITUDES TOWARDS AGING

PERCEPTIONS OF AGING AND HEALTH OF OLDER ADULT SPOUSES

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Evidence suggests that negative perceptions of aging are associated with worse health outcomes. Research also shows that marital partners can mutually influence each other's health; however, limited research has explored perceptions of aging within couples. The purpose of the current study was to examine the association between self and partner perceptions of aging and health among married older adult couples. Both members of 452 couples (average age: wives = 80.6 years, husbands = 82.7 years) completed a survey that measured perceptions of aging and health (i.e., self-reported health, healthy diet, physical functioning, stress, and physical activity). Data were analyzed using

actor-partner interdependence models, and analyses were conducted separately for positive and negative perceptions of aging, controlling for self and partner's age, depression, and chronic health conditions as well as gender and income. Consistent with previous research, analyses revealed that one's own positive perceptions of aging were related to better health across all measures, and the opposite pattern was found for negative perceptions of aging. An examination of partner effects revealed that people reported better physical functioning and greater physical activity when their spouses had more positive perceptions of aging. Similarly, husbands reported less stress when wives had more positive perceptions of aging, but there was not a partner effect for wives. In contrast, people reported lower subjective health and less healthy diets when their spouses had more negative perceptions of aging. These findings suggest that health-promotion efforts should consider partners' perceptions of aging as a potential resource or risk factor.

CHANGES IN PERSONAL RESOURCES AND SUBJECTIVE AGE ACROSS 8 YEARS

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Subjective age has been extensively researched as a predictor of physical and mental health outcomes in older adulthood. However, the mechanisms behind subjective age have not yet been established and reasons for longitudinal changes are unclear. Selective engagement theory (SET; Hess, 2014) proposes a connection between increases in objective and subjective cognitive costs and motivation to engage future resources. Costs are influenced by personal resources, mainly physical and mental health. These changes in costs may also influence subjective experiences of the aging process. For example, aging attitudes have been shown to partially mediate the associations between resources and both motivation and activity engagement (Hess et al., 2018). Using the Health and Retirement Study (HRS) data, changes in resources (physical and mental health) were hypothesized to predict changes in subjective age across 8 years. More specifically, reductions in resources were predicted to be associated with older subjective ages over time. This relationship was expected to be mediated through aging attitudes. Results indicate an association between changes in resources and changes in subjective age over time in the expected direction. Changes in resources were partially mediated by aging attitudes. However, resources function differently in predicting changes in subjective age based on the resource (physical and mental health) and chronological age of the participant. These findings provide more guidance as to the mechanisms behind subjective age and may offer theoretical guidance for future work looking at understanding changes in subjective age.

LIFE AS A JOURNEY: A VIEW OF LIFE AS A JOURNEY MODERATES THE RELATIONSHIP BETWEEN SUBJECTIVE AGE AND SUBJECTIVE HEALTH

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Previous research has shown the relationship of subjective age and health status: feeling younger than one's age is correlated with better health outcomes including both subjective