

Data from Nursing Home Compare and LTCFocus.org were linked to data on state policies. Training requirements were associated with 0.39 and 0.17 percentage point reductions in antipsychotics use and restraint use, respectively, and no impact on falls or need for help with daily activities. State requirements for dementia training in NHs are associated with a small, but significant reduction in the use of antipsychotic medication and physical restraints.

#### THE IMPORTANCE OF THE PHARMACIST'S ROLE AND THE QUALITY OF PHARMACY SERVICES IN NURSING HOME CARE

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The Centers for Medicare & Medicaid Services requires nursing homes (NHs) to provide pharmacy services to ensure the safety of medication use, such as minimizing off-label medication use for residents with dementia. This study examined NH's response to this requirement and its relationship to medication-related outcomes. The contemporaneous relationship between the quality of pharmacy services and outcome measures were modeled using facility-level longitudinal data from 2011-2017 and facility fixed-effects. The results revealed that deficiency in pharmacy services increased medication-related issues by: 11% in inappropriate medication regimen, 5% in medication error rate >5%, and 3% in any serious medication errors. Additionally, deficiency in pharmacy services was associated with small but statistically significant increases in antipsychotic use, residents with daily pain, number of hospitalizations and rehospitalization rate. The results suggest that pharmacy services have a direct and immediate impact on medication outcomes. The results underscore the importance of pharmacy services in NHs.

#### Session 4460 (Paper)

#### Subjective Aging and Health

##### DAILY PERCEPTIONS OF AGING AND IMPLICATIONS FOR STRESS REACTIVITY

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Awareness of one's own aging has received increasing attention in the field of gerontology over the last decade. This study examines the role awareness of age-related change (AARC) may play in the association between daily stressors and well-being. Recently, individuals' awareness of both age-related gains and age-related losses has been shown to vary on a day-to-day basis (Neupert & Bellingtier, 2017). We expected that increases in daily AARC-losses may be associated with increased emotional reactivity to daily stressors, whereas increases in AARC-gains may be associated with decreased reactivity. Data were collected in a daily diary study from a community-based sample of 152 Australian participants aged 53 to 86 ( $M = 69.18$ ,  $SD = 5.73$ ). Participants completed daily assessments of AARC, stressors and emotional affect (positive and negative) on their smartphones

for 10 consecutive days. Analysis of within-person coupling using multilevel models indicated that daily increases in AARC-losses were associated with increased reactivity to daily stressors (represented by high negative affect and low positive affect). On the other hand, daily increases in AARC-gains were associated with decreased reactivity to daily stressors (represented by low negative affect). Results indicate that even short-term fluctuations in perceptions of aging may be an important factor to consider when investigating associations between daily stressors and well-being in older adulthood. Specifically, greater daily AARC-losses may contribute to lower emotional well-being, whereas an appreciation of positive age-related changes (AARC-gains) may play a role in mitigating emotional reactivity to daily stress experiences in older adulthood.

##### DIFFERENCES IN SELF-RATED MEMORY BY RACE/ETHNICITY

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Self-rated memory is an important dimension of well-being among older adults that has also been linked to cognitive impairment over the long term. However, few studies based on nationally-representative samples have examined differences in self-rated memory by race/ethnicity. This study explores differences in self-rated memory across non-Hispanic White, non-Hispanic Black, and Hispanic older adults in the United States. Data were drawn from the 2011 wave of the National Health and Aging Trends Study (NHATS). The sample consisted of older adults aged 65 and older ( $N=4,753$  non-Hispanic Whites,  $N=1,442$  non-Hispanic Blacks, and  $N=388$  Hispanics). Logistic regression was used to examine the association between having poor/fair self-rated memory and race/ethnicity, controlling for socio-demographic characteristics (age, gender, education level, income, and marital status), chronic conditions (heart attack, hypertension, diabetes, stroke, and depressive symptoms), objective memory status, functional limitations (activities of daily living and instrumental activities of daily living), and other social and cultural factors (economic vulnerability, religious practice, and limited English proficiency). I find that non-Hispanic Blacks and Hispanics have significantly higher odds of reporting poor/fair self-rated memory than non-Hispanic Whites. Compared to non-Hispanic Whites, Blacks and Hispanics had 33% and 56% higher odds of reporting poor/fair self-rated memory, respectively, controlling for sociodemographic characteristics, chronic conditions, objective memory status, functional limitations, and social and cultural factors. These results provide evidence that understanding differences in self-rated memory across racial/ethnic groups may have important implications for health professionals, particularly in relation to conducting and interpreting cognitive screening assessments.

##### INTERGENERATIONAL AMBIVALENCE, LONELINESS, AND WELL-BEING AMONG OLDER ADULTS IN THE UNITED STATES

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