

mild to moderate dementia, (4) Assessing PWD distress while engaging in data collection processes, and (5) Reporting of negative caregiving and life experiences, such as elder mistreatment. The discussion of these topics and presentation of lessons learned holds promise for improving research methodology in studies involving PWD and enabling researchers to increase the involvement of persons with mild to moderate dementia in research on ADRD.

PROSECUTION OF ELDER NEGLECT: A CLOSE EXAMINATION OF CASES FROM KING COUNTY, WASHINGTON

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Elder neglect is common and can have catastrophic consequences. Cases may benefit from integrated responses from multiple sectors. Little research exists describing prosecutorial involvement and its impact, but existing evidence suggests neglect is seldom criminally prosecuted. Our goal was to closely examine neglect prosecution in a jurisdiction that has been a leader in using prosecution to attempt to address it. We quantitatively and qualitatively analyzed legal case files of felony elder neglect prosecuted in King County, Washington from 2008-2011. 13 cases were prosecuted, with a total of 10 victims. 90% of victims were female, with a median age of 88. 90% were unable to ambulate, and 90% had dementia. Defendants were commonly the victim's adult child (38%). 23% had previous criminal citations/convictions. 46% of cases occurred in an Adult Family Home. 15% of cases went to trial, and all trial cases ended in conviction of some charge. Themes identified included: (1) perpetrators were either professional caregivers receiving compensation or non-professional caregivers financially dependent on the victim, (2) victims were malnourished and severely injured at time of reporting, and (3) medical expert contribution is imperative given complexity of these cases. Victims were unable to participate in prosecution in any case. This research shows that these cases are seldom prosecuted, even in a jurisdiction focusing on this phenomenon, but highlights characteristics of cases and demonstrates they may be prosecuted without victim participation. Future research is needed to examine prosecution's impact on elder neglect to better understand how it may be optimally used.

SESSION 2812 (PAPER)

LONG-TERM CARE ISSUES: RESIDENTS, WORKFORCE, AND ORGANIZATIONAL

ORGANIZATIONAL COMMITMENT AMONG RESIDENTIAL SENIOR CARE WORKERS

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Despite growing evidence of the increase in the aging population nationally, there continues to be a shortage of health and social care professionals who work with older adults. Some studies examine this phenomenon by looking at motivations that underlie commitment to geriatric careers. Others study commitment among those who are already geriatric professionals. Both the volume and diversity of the aging population challenge organizations to provide care. Drawing on 44 interviews, observations of 62 meetings, and a 5-year immersion, this organizational ethnography looks at commitment factors at a large, urban, faith-based residential senior care organization. Commitment factors are examined on three levels: daily tensions and rewards; value tensions and rewards; and deal breakers and clinchers. Findings show that intrinsic identity-based factors such as affective bonds with older persons and sharing in faith values sustain commitment on the person level. Interprofessional tensions may detract from commitment. Implications pertain to the role of leadership in equity-related and ethical tensions as well as the improved uptake of allied health professional expertises such as social work and chaplaincy. This study extends the extant knowledge by incorporating perspectives of social workers, chaplains, rehabilitation, recreational, diet and environmental services workers in addition to the more commonly examined groups such as nurses and certified nursing assistants, and in a setting that includes Assisted Living in addition to long-term care.

REGIONAL VARIATION IN HEALTHCARE USE AMONG MEDICARE BENEFICIARIES WITH ALZHEIMER'S DISEASE AND RELATED DEMENTIAS

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In this national prospective study we describe regional variation in healthcare utilization among Medicare beneficiaries with Alzheimer's disease and related dementias (ADRD) in the six years after diagnosis. We use 2008-2015 Medicare claims and other administrative data to map nursing home, home health, hospital, and hospice use across hospital referral regions; and examine the relationship of state and county supply-side factors to time beneficiaries spend in different settings. The sample includes 1,158,655 Medicare fee-for-service beneficiaries diagnosed with ADRD in 2008 and 2009. Nationally, beneficiaries spent a mean of 70.6% of survived days in the community, 23.9% of days in nursing home, and 5.4% of days in hospital. 37.2% of beneficiaries who died within six years had received hospice. Distinct regional patterns emerged. Adjusting for beneficiary and local characteristics, beneficiaries in Midwestern states spent the most time in nursing homes, while beneficiaries in Western states spent the most time in community. The probability of receiving hospice was generally highest in Western and Southern states, and lowest in the Midwest and Northeast. Controlling for beneficiary, local, and state characteristics, we found the following factors to be associated with beneficiaries spending less time in nursing homes: fewer nursing home beds in the county, higher state Medicaid long-term care spending for home and community-based services (HCBS), and state use of Certificate of Need laws. These findings illustrate that state investment in HCBS, and