

increased since becoming involved with these services. To measure the impact of program participation on socialization outcomes, an evaluation compared congregate program participants to non-participants. Findings from regression-adjusted socialization outcomes found that congregate meal participants were less likely to screen positively for depression (18% vs. 24%  $p < .05$ ) and have greater satisfaction with their socialization opportunities (94% vs. 86%  $p < .01$ ), yet there was no significant difference in a measure of perceived loneliness. Based on these results, we used weighted, bivariate tests to detect differences between congregate meal participants who were satisfied with the socialization opportunities to those who were not. Our findings suggest a significant relationship between number of days per week participants attended congregate meals and satisfaction with socialization,  $X^2(2, N = 1,072) = 7.5, p = < .05$ .

#### POST-ACUTE CARE FOR MEDICARE BENEFICIARIES IN ACCOUNTABLE CARE ORGANIZATIONS

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Post-acute care (PAC) is a component of health-care utilization and spending that is subject to the discretion of providers. Prior research has demonstrated that Accountable Care Organizations (ACOs) recognize PAC as a logical target for increased efficiency and cost savings. As part of the evaluation of the Centers for Medicare & Medicaid Services (CMS) Next Generation ACO (NGACO) Model, we investigated NGACOs' approaches to PAC services and the impact of these efforts on utilization and cost using a mixed-methods study design. We conducted interviews and surveys with NGACO leadership and providers and performed a difference-in-differences analysis of utilization and spending based on Medicare claims data. We found that NGACOs focused specifically on establishing partnerships with skilled nursing facilities (SNF) to facilitate transitions in care by establishing new channels of communication, sharing performance data, embedding staff in SNFs, and (in some cases) sharing financial risk. We observed a statistically significant decrease in SNF spending, a trend toward fewer SNF days, and statistically significantly lower expenditures for other PAC settings (e.g., inpatient rehabilitation and long-term acute care facilities). These findings suggest that NGACOs have contributed to improving transitions in care and diverting beneficiaries from intensive PAC settings. Nonetheless, the reduction in PAC spending alone did not translate to a decline in total cost of care. Future ACOs may need to expand their focus to the inpatient utilization and spending that precedes PAC in order to impact total cost of care.

#### SUPERVISORY LEADERS IN AGING: ONE-YEAR PRACTICE CHANGE OUTCOMES OF INNOVATIVE TRAINING PROGRAM

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Social services for older adults are instrumental in addressing vulnerabilities associated with aging. Yet, practitioners report needing expanded geriatric knowledge and enhanced supervision. Agency-based supervision is essential to skilled practice and staff retention, directly impacting the quality of services delivered by the teams they support. The Supervisory Leaders in Aging (SLA) program of the National Association of Social Workers (NASW) was designed to strengthen supervision of the social service workforce. The SLA program, adopted in four states (IL, FL, MD, and NY), trained 134 MSW supervisors who support 1,200 social service staff, aimed at enhancing the well-being of 264,000 clients annually. This paper reports newly available final outcomes data from the 3-year implementation study of SLA. Trainees self-rated use of relevant supervisory best-practices was measured with novel 30-item instrument which captured frequency in use of supervisory best practices. The measure was administered prior to the first session and at three and twelve months after the final session. Comparisons of ratings across time periods demonstrate a range of positive and significant increases at the end of program workshops (0.12–0.56; mean of 0.30 points) and after one year (0.18–0.53; mean of 0.34 points). Supervisory best practices were maintained by those who already engaged in these behaviors, and participants who previously underutilized best practices adopted and maintained these behaviors as a result of the workshops. Implications of this tested model for enhancing workforce capacity will be discussed, including variation of impacts by supervisor characteristics and retention of learning gains over time.

#### SESSION 2811 (PAPER)

##### ETHICAL AND LEGAL ISSUES | CHALLENGES

##### HUMAN RIGHTS IN OLDER AGE: A CRITICAL REFLECTION OF THE DEBATE AROUND A UN CONVENTION ON THE RIGHTS OF OLDER PERSONS

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In recent years ageism has received increase international attention. In 2016 the UN dedicated the International Day of Older Persons to the fight against ageism and the World Health Organization launched a campaign to combat ageism. This growing interest is also illustrated by the establishment of the UN Open-Ended Working Group on Ageing, and the related work on a UN convention on the rights of older persons, which, among other things, aims to provide better protection against discrimination. The ongoing discussions about a convention is accompanied by tensions between views assuming an older persons' specific convention may reproduce age-related group differences and could perpetuate ageism, and those who argue that it will help reducing it. This article critically reflects on these discussions and some aspects of a potential convention that could provide basis for

ageism critique. We refer to central sociological and legal arguments of the debate around ageism and age-based distinctions, which show clear intersections, e.g. the legal discussion on the justifiability of the general use of "age limits" and the socio-scientific debate on the relationship between age categorization and ageism. These intersections serve as central starting point for the question whether and to what extent age group differentiation and targeted human rights protection may (re-)produce ageism. Finally, we argue in favor of re-framing the debate about a convention on the rights of older persons towards a more universalist approach, which addresses possible age inequalities and critically reflects on the connection between chronological age and targeted human rights provisions.

### MEETING THE PHYSICAL AND MENTAL HEALTH NEEDS OF OLDER OFFENDERS: DOES AGING IN PLACE WORK IN PRISON?

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In many countries, the proportion of older people in prison is growing due to longer sentences, increases in convictions for historical offences, and longevity. Moreover, harsh conditions of confinement coupled with the negative effects of a criminal lifestyle may contribute to 'accelerated aging' in this population. Indeed, many prisoners develop health problems that are more commonly seen among people who are up to ten years older. Correctional institutions are increasingly struggling to meet the complex and expensive healthcare needs of these offenders, especially at end-of-life. Some institutions have taken the position that prisons were never intended to be nursing homes, nor can they be adequately adapted to fulfill this role. As a result, these institutions attempt to place some aging offenders in healthcare institutions within the community, provided that their risk to the public can be adequately managed. Other institutions have argued that the needs of aging offenders can be successfully met behind prison walls and have taken steps to allow prisoners to 'age in place.' After summarizing the research on the physical and mental health needs of aging offenders, this presentation considers the advantages and disadvantages of meeting older offenders' healthcare needs both within and outside the prison setting and provides relevant examples of both. Special attention is paid to the issues of social isolation and loneliness: both may contribute to accelerated aging, and perhaps even the risk for re-offending, raising questions about which correctional settings are most beneficial for minimizing these problems.

### NAVIGATING CONFLICTING RIGHTS AMONG RESIDENTS, VISITORS, AND FAMILIES IN LONG-TERM CARE FACILITIES

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Background: An abundance of long-term care regulations creates a bevy of rights for nursing facility residents, staff, and families. Front-line workers and managers have significant

discretion and responsibilities for interpreting these rights. Building on street-level-bureaucracy theory (Lipsky, 2010), which focuses on how front-line workers implement policy, this study examines how staff at various levels (direct care, mid-level professional, top management) resolve conflicting rights. Methods: This study employs a novel advanced multi-method qualitative design with semi-structured staff interviews (n=90), content analysis of long-term care facility policies (n=75), and participant observation of two facilities for a multi-layered comparative case study. Findings: Data analysis revealed variations in staff responses to conflicting rights regarding autonomy and safety (e.g. fall prevention, dementia, coronavirus) and discrimination (i.e. sexual/racial harassment). While harassment was rampant, direct care workers responded more deferentially to residents and often justified harassment as part of a customer service job in one's home. Staff at all levels relied on teams to develop creative problem-solving approaches, but team composition and discretion varied significantly between facilities and staff levels. While staff included few social workers, staff heavily relied on them to adjudicate conflicting rights. Implications: Conflicting rights impact resident care and relationships among residents, staff, and families. This research provides policymakers and practitioners with new data about how staff resolve conflicting rights, which can facilitate stronger policies to support an overburdened and underpaid long-term care workforce. This research also expands street-level-bureaucracy theory to include managers and reveals how various team approaches can produce diverse solutions.

### OVERCOMING ETHICAL CHALLENGES IN CONDUCTING RESEARCH AMONG PERSONS WITH DEMENTIA

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By 2060, the number of older adults with Alzheimer's Disease or related dementias (ADRD) is expected to encompass approximately 13.9 million Americans. Recognizing this, the federal government has prioritized research on ADRD and their effect on the physical, emotional, and psychological well-being of persons with dementia (PWD). Such research is complicated by disease-associated decline in cognitive and functional capacity among PWDs which can impair participation ability to process and communicate information, potentially increasing their exposure to negative research-related experiences and compromising the accuracy and reliability of provided data. Nevertheless, as a key stakeholder group, PWD should have the right to participate in research on ADRD. This session will present a case study of ethical issues that emerged in an NIH-funded study utilizing mixed-methods to examine caregiving and care dyad relationships between PWD and their care partners over an 18-month follow-up period. Ethical issues examined will include: (1) PWD capacity to consent to research at baseline and (2) during follow-up visits, (3) Obtaining accurate and reliable data from persons with