

older people consume prescription medications, with high rates of polypharmacy. The aim was to analyze the factors related to the recommendation of a less expensive prescription by a medical doctor in US older adults. A cross-sectional analysis using the data from The National Poll on Healthy Aging (NPHA) 2017 was conducted, with a total sample of 1666 adults age 50 to 80 residing in the US. People were asked if they have received a less expensive prescription by a medical doctor in the last two years (yes/no). Sociodemographic and health variables, active patient medication-cost behaviors, and doctor active medication-costs actions were measured as covariates. Weighted and stratified by region logistic regression model was conducted in a 70% random sample. The model was validated in the 30% remaining using ROC curve and AUC. In the parsimonious model, ≥ 4 visits to the doctor (OR=2.06, 1.33 - 3.18), perception of medication costs as a burden (OR=1.76, 1.25 - 2.47), the doctor talked about medication costs (OR=5.54, 3.90 - 7.88), doctor awareness of medication costs (OR=1.81, 1.34 - 2.46), and being Non-Hispanic Black (OR=1.90, 1.20 - 3.03) were linked to a higher odd to receive a less expensive prescription. The model presented a moderate-high fit (AUC:0.71; sensitivity:84.4%, specificity:49.8%). Awareness and training in the active prescription of less expensive medications by the medical doctor seem fundamental to reduce drug costs burden in older adults.

SESSION 2860 (POSTER)

LONG TERM CARE I: POLICY AND ECONOMICS

A COMPARISON OF HOME HEALTH CARE BETWEEN FINLAND AND SOUTH KOREA IN LONG-TERM CARE SERVICES

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Population aging is one of the significant global issues. Long-term care is emphasized as “aging in place,” and it is known that home and community-based service is a cost-effective way to achieve this. Over ten years have passed since the introduction of long-term care insurance in Korea, and it is necessary to improve home health care in long-term care. The aim of this study was to identify the measures that must be undertaken for enhancing home health care in Korea by comparing it to the home health care in Finland. The data were collected via a literature review, expert interview, and field survey in Kuopio, Eastern Finland, from March 16 to 23, 2018. Based on the comparison between Korean and Finnish home health care, some issues related to home health care in Korea that need to be resolved were identified: the complex process involved in availing home health care, low utilization rate, higher cost than home health aide services in long-term care, and undifferentiated roles in home health care between registered nurses and nurse assistants. Several strategies could be utilized to enhance home health care in Korea, such as a simplified procedure to use home health care, clarification of roles between registered nurses and nurse assistants in home care, supervision of the integration of home care services by registered nurses, and an expansion of home health care into

comprehensive assessment and nursing activities for chronic illness care and health promotion.

ALZHEIMER'S STAFFING, SERVICES, AND OUTCOMES IN ADULT DAY HEALTH CENTERS

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Growing demand for care for Alzheimer's Disease and related Dementia (ADRD) has resulted in rising use of adult day health centers (ADHCs), which employ teams of professionals including licensed nurses, nursing aides, social workers, and activity directors. This study evaluates the scope of services and staffing models of ADHCs that provide care to persons with ADRD compared to ADHCs that do not, and examines whether there is an association between staffing and client outcomes, measured as rates of hospitalizations, falls, and emergency department visits. We used facility-level data from the 2014 National Study of Long-Term Care Providers (NSLTCP) Adult Day Services Center module. We conducted bivariate comparisons and estimated multivariate regressions to identify ADHC characteristics associated with staffing and client outcomes. ADHCs that offered ADRD services had higher average daily attendance, greater shares of revenue from Medicaid and self-payment, and greater proportions of Blacks and females. They also had greater percentages of enrollees with depression, cardiovascular disease, diabetes, and needing assistance with activities of daily living. There were also greater numbers of registered nurse, licensed practical nurse, and social worker hours per enrollee day, but fewer activity staff hours per enrollee day. Multivariate regressions focused on ADHCs that offered skilled nursing services and revealed that total staff hours per enrollee day were not higher in ADHCs that provided ADRD services, controlling for other characteristics. However, staffing was greater in chain-affiliated ADHCs. Higher staffing levels were associated with lower rates of falls and emergency department visits.

ANALYZING NURSING HOME COMPLAINTS: FROM SUBSTANTIATED ALLEGATION TO DEFICIENCY CITATIONS

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Complaints provide important information to consumers about nursing homes (NHs). Complaints that are substantiated often lead to an investigation and potentially a deficiency citation. The purpose of this study is to understand the relationship between substantiated complaints and deficiency citations. Because a complaint may contain multiple allegations, and the data do not identify which allegation(s) lead to a complaint's substantiation, we identified all substantiated single allegation complaints for NHs in 2017. Our data were drawn from federally collected NH complaint and inspection records. Among the 369 substantiated single-allegation complaints, we found most were categorized as quality of care (31.7%), resident abuse (17.3%), or resident neglect (14.1%). Of the deficiency citations resulting from