to gain a deeper understanding of organizational practices relevant for older employees, while practitioners are able to assess their organizational readiness for an aging workforce. We envision further translation and validation in other languages and cultural contexts.

PERCEPTIONS OF GENERATIONAL CONFLICT AMONG THREE AGE GROUPS IN SOUTH KOREA

Ahyoung Lee,[1] Soondool Chung,[2] and Juhyun Kim,[3]
1. EWHA Womans University, Seoul, Seoul-t'ukpyolsi, Republic of Korea, 2. Ewha Womans University, Ewha Womans University, Seoul-t'ukpyolsi, Republic of Korea, 3. Chungnam National University, Daejeon, Taejeon-jikhalsi, Republic of Korea

After rapid industrialization during the past few decades, the gap between generations in South Korea has widened and the issue of generational conflict is being discussed as a social problem (Chung & Lim, 2018). The purpose of this study is to find out how each generation perceives generational conflict in the areas of family, politics, economy and social welfare, and culture. An online survey of 1,000 adults aged 20 and over was conducted nationwide in South Korea in January, 2021 with three age groups: the youngest group aged 20-39, mid-age group of 40- 64 and the oldest group of 65 and over. The questionnaire was created using the items developed by a previous research that used a Delphi technique (Chung, 2020). Participants answered how serious they perceive generational conflict in the dyadic relationship on 5-point Likert scales. Descriptive statistics were calculated, and t-tests have been performed to see the generational differences. Results show that the youngest group and the oldest group perceive the highest level of generational conflict each other in the areas of culture and politics. In cultural aspects, 'use of slang among the same group', 'Ability to utilize digital devices' were the items that had the highest level of conflict. In the political realm, progressive vs. conservative ideology was the area of the highest conflict. In addition, t-test results showed that the oldest group perceived generational conflict even deeper than the youngest group in the 'economy and social welfare' and cultural areas. Implications of these findings are discussed.

POLICY DESIGN AND CONSUMER DIRECTION: CROSS-COUNTRY COMPARISONS ON CONSUMER-DIRECTED CARE PROGRAMS

Jinbao ZHANG,[1] Julia Shu-Huah WANG,[2] and Yu-Chih Chen,[3]
1. University of Hong Kong, Hong Kong, Hong Kong, 2. The University of Hong Kong, Hong Kong, Hong Kong, 3. University of Hong Kong, Pok Fu Lam, Hong Kong

Objectives: The consumer-directed care (CDC) program aims to maximize health outcomes by offering older adults more control, choice, and flexibility over the care services they received. However, countries may operate CDC programs in different ways based on heterogenous sociostructural systems. We proposed a comparative framework to evaluate three dimensions of CDC—control and direct services, variety of service options, and information and support—and analyzed how countries varied in their policy design to achieve consumer direction. Methods: Using cross-national document analysis, we analyzed eleven CDC programs from seven selected countries (Netherlands, United States (US), United Kingdom (UK), Germany, China, Australia, and Spain) with five CDC care regimes. A total of fourteen indicators capturing three dimensions of CDC programs was developed. We further used these indicators to evaluate and compare similarities and differences of policy features across countries using descriptive statistics and graphical approaches. Results: CDC programs in the Netherlands, Arkansas, and the UK ranked at the top in consumer direction. All countries except Germany employed a "service-based" principle in determination of service type. Training care workers was in the most widespread use to assure quality of care. Merely the UK and Germany integrated CDC and conventional agency care without restrictions. Representative with relevant support was only available in the UK and Netherlands. Discussion and Implication: CDC models involve multi-faced aspects, rather than dichotomies and discrete entities. Implications include the need for a systematic reflection with our developed framework and enriching variety of service options to promote consumer direction.

UNDERSTANDING GLOBAL DEPRESCRIBING POLICY: OPPORTUNITIES AND CHALLENGES

Catherine Kim,[1] Allison Thompson,[2] Grace Kim,[2] Zachary Marcum,[3] Michelle Keller,[4] Andrea Sorensen,[5] and Nicole Brandt,[2] *1. University of Maryland School of Pharmacy, BALTIMORE, Maryland, United States, 2. University of Maryland School of Pharmacy, University of Maryland School of Pharmacy, Maryland, United States, 3. University of Washington, Seattle, Washington, United States, 4. Cedars Sinai, Cedars Sinai, California, United States, 5. UCLA, UCLA, California, United States*

The landscape of deprescribing, the planned process of dose reduction or stoppage for medications which are no longer of benefit, has been rapidly expanding with global efforts and the formation of regional and national deprescribing networks. The purpose of this qualitative study is to describe successes and challenges about deprescribing from thought-leaders across the world to inform future policy initiatives. We aim to conduct at least 15 key informant (KI) interviews; we have completed 13 to date. Codes were constructed to identify themes that depict the perspectives regarding deprescribing policy across the globe. The KIs primarily represent the fields of pharmacy and medicine from four global regions with years of deprescribing experience ranging from 5 to > 20. We identified two emerging overarching themes through our qualitative analysis: Regional Organization Support and Evidence & Knowledge gaps. Within these overarching themes, we further identified sub-themes and their representative quotes: Network Structure: "idea of the network was threefold: 1) To try and figure out what we need to activate healthcare providers to deprescribe; 2) To do work with community-dwelling seniors to motivate them and give them opportunities to deprescribe; 3) ...getting pharmacists to provide the education to the patients." Cost-effectiveness: "If we can show that it is cost-effective to deprescribe, that there is actually a return here, not just in health terms but in monetary terms, I think that would really push it along." This research will help to advance global efforts to optimize medication management.