

discrimination in healthcare. Lack of cultural and clinical competence, and discrimination and bias by providers, create barriers to quality healthcare. Healthcare professionals and systems must be proactive in preparing for the inevitable growth of this population in the LTC setting.

#### **THEORY-DRIVEN ROLE MODEL STORIES' EFFECTIVENESS IN IMPROVING PALLIATIVE CARE KNOWLEDGE AMONG A DIVERSE POPULATION**

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Palliative care, specialized medical care for seriously ill people, has been demonstrated to reduce pain and symptoms while increasing satisfaction with health care. Yet, national surveys show that less than 10% of people are aware of palliative care, and among these, many believe it to be synonymous with hospice. The purpose of this study is to determine the effectiveness of 3-minute long theoretically-driven role model video stories at improving knowledge of palliative care. We recruited 161 adults age 50 and older from senior centers, assisted living, and other community-based sites. Pretest-posttest study design was employed and each participant completed 20 question surveys about palliative care knowledge, intent to seek palliative care, and perceptions about the videos. We also recorded participants' opinions of the videos. Regression analysis was conducted to test the effectiveness of the role model video stories and qualitative analysis to elicit the major themes in participants' opinions. Overall, palliative care knowledge score (max=13) improved from an average of 4.64 to 9.99 ( $t=11.99$ ,  $p<0.001$ ). Two-sample t-test revealed no significant difference in change of score by race. Regression analysis revealed that belief in the role models as real people and participants with 12 years of education significantly predicted higher change in knowledge scores. Conversely, being non-white and widowed were significant predictors of lower changes in score. Qualitative analysis of participants' perspectives revealed two major positive themes: authenticity and informativeness of videos. This study suggests that theoretically-driven role model video stories may be an effective strategy to improve palliative care knowledge.

#### **PROVIDER-IDENTIFIED BARRIERS TO PALLIATIVE CARE FOR MEDICAID PATIENTS**

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In January 2018, California enacted Senate Bill 1004, which requires Medicaid (or Medi-Cal in California) managed care providers to offer home-based palliative care (HBPC) to their seriously ill patients. Since then, enrollment in HBPC has been lower than projected, which means many across the state continue to suffer without the pain and symptom management and psychosocial support available from a palliative care team. This study elicited clinician-perceived barriers to access to HBPC by Medi-Cal patients. We conducted a qualitative study comprising 25 individual interviews with a range of healthcare leaders and practitioners. Interviews were audio-recorded and transcribed verbatim. Using a grounded theory approach, we analyzed

transcripts to determine primary themes. Our findings identified a myriad of access barriers to HBPC for the Medi-Cal population, including lack of physician knowledge about HBPC programs and benefits, a physician office structure that hampers the provision of HBPC education (i.e., one physician per office), cultural and language barriers among both physicians and patients, physicians' lack of time, and competing demands on physicians. Providers also identified patient-related barriers, including cultural mismatch between HBPC providers and patients, trust issues related to the health-care system, and the complex challenges facing some patients such as lack of adequate and safe housing, behavioral health problems, and limited access to services that meet basic needs. These findings underscore the need for multiple approaches to increase physician education and awareness of HBPC and HBPC Medi-Cal benefits, develop culturally appropriate HBPC services, and develop programs that improve patients' palliative care health literacy.

#### **EXAMINING LONGITUDINAL HEALTHCARE UTILIZATION, OUTCOMES, AND SATISFACTION IN PRE-FRAIL OLDER ADULTS**

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Frailty is a medical syndrome occurring in nearly 60% community dwelling older adults and could have insidious origins in middle-adulthood that manifest predominantly as decline and multi-morbidity. Identification of pre-frail states in adults could potentially reduce its impact in late-life. The study used data from the Health and Retirement Study (HRS) to: 1) compare long-term healthcare utilization between pre-frail and non-frail patients, 2) compare risk of pain progression, functional decline, and mortality between pre-frail and non-frail patients, and (3) compare satisfaction with healthcare, self-perceptions of aging and satisfaction with life between pre-frail and non-frail patients. The primary predictor, pre-frailty phenotype, was based on the Paulson-Lichtenberg Frailty Index (PLFI), a validated HRS-version of the Fried criteria. Additional covariates included sociodemographics, comorbidities, smoking status, sleep quality, health status, and body mass index. Statistical analyses consisted of descriptive statistics, univariate analysis, negative binomial regression with log-link function, logistic regression, generalized linear modeling and Cox regression. Pre-frailty status increased the incidence of hospitalizations (IRR: 1.23; 95%CI: 1.18-1.28) and doctor's visits (IRR: 1.18; 95%CI: 0.15-1.22); increased the risk of pain progression (HR: 1.61, 95%CI: 1.53-1.69), functional decline (HR: 1.77, 95%CI: 1.67-1.87), and all-cause mortality (HR: 1.09, 95%CI: 1.03-1.16); lowered odds of healthcare satisfaction (OR: 0.79, 95%CI: 0.62-0.99) and lowered

satisfaction with aging ( $\beta$ : -0.23 95%CI: -0.36- (-0.10)) and satisfaction with life ( $\beta$ : -0.27 95%CI: -0.44- (-0.11)). Frailty syndrome is highly prevalent and having a better understanding of its influence on health outcomes at intermediate pre-frail states could provide insight into reducing manifestations in later life.

#### MULTIDimensionally Heterogeneous Health Latent Classes and Healthcare Utilization for Older Chinese

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**Objectives:** Based on a multidimensional perspective, this study aimed to assess the heterogeneous health latent classes of older Chinese, and further examined the effects of health latent classes and associated factors on healthcare utilization. **Methods:** Data came from the Chinese Longitudinal Healthy Longevity Survey in 2014. Latent class analysis was adopted to identify heterogeneous health latent classes by health indicators of physical, psychological, and social dimensions. Two-part models were used to evaluate the impact of health latent classes and socio-demographic factors on outpatient and inpatient utilization. **Results:** Among 2,981 participants aged 65 and over without missing health indicators, four health latent classes were identified and labeled as “Lacking Socialization” (10.4%), “High Comorbidity” (16.7%), “Frail Group” (7.7%), and “Relatively Healthy” (65.1%). Among 1,974 participants with complete information, compared with the Relatively Healthy group, those in the Lacking Socialization group costed more inpatient expenditure (p-value =0.02). Those in the High Comorbidity and Frail groups tended to use healthcare services and costed more outpatient expenditure (all p-value <0.01). After controlling for health latent classes, the effects of age, gender, marital status, education, residence area, occupation, and health insurance on healthcare utilization were significant. **Conclusions:** Four heterogeneous health latent classes were identified by multidimensional health, and had significant effects on healthcare utilization. After controlling for health latent classes, different effects of socio-demographic factors on healthcare utilization were found. It enhances our understanding of heterogeneous health and complex healthcare demands in older Chinese, and is valuable for improving healthcare resource allocation targeted for healthy aging.

#### WHAT MATTERS FOR COMPLETION OF ADVANCE DIRECTIVES AMONG AMERICAN OLDER ADULTS?

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**Background:** Most previous studies consider advance directives as one single outcome, which conceals possible variations of individuals’ decisions on two different advance directives documents—living will (LW) and durable power of attorney for healthcare (PA). To advance the knowledge on advance planning among older adults in the US, this study examined how health status and education are associated with completions of LW and PA and whether such associations vary by age and race. **Methods:** Data are from the

2016 wave of Health and Retirement Study. Health status was indicated by chronic condition and ADL and IADL functional limitations. Logistic regression model was used to examine how the completions of LW and PA are associated with health and education variables respectively. Interaction terms were created to test the moderating effects of race and age. **Results:** The analysis results show that older adults with higher IADL functional limitation and more education were more likely to complete completing PA or LW. Being white and higher age will increase the probability for an older adult to complete PA, whereas the older adults with heart problem were more likely to complete LW. The association between IADL/ADL and PA was stronger in white than other racial groups, and the association between IADL and LW was stronger in young-old than the oldest-old. **Conclusion:** The findings highlight the importance of examining the completions of two advance directive documents respectively and indicate the necessity of developing distinct and concrete strategies to promote the completions of PA and LW.

#### ELDER VOICES NETWORK: PARTNERING WITH OLDER PEOPLE AND THEIR CAREGIVERS TO AVOID MEDICAL HARM

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Team Alice, named after an older adult in our community who died as a result of medication harm, is an interdisciplinary team of prescribers, pharmacists, educators, advocates, and researchers with a mission to protect older people from medication-related harm across the continuum of care. In 2019, Team Alice partnered with the Erie County Department of Senior Services, older people, and caregivers to form the Elder Voices Network (EVN) as a vehicle for patient-driven deprescribing in the Western New York region. The objective of this presentation is to detail the planning and implementation of critical components of EVN’s formation, including outreach and engagement, funding development, community partnerships, roles and communication, and decision-making. Case study results demonstrate the capacity of community-based participatory research (CBPR) to empower older people and caregivers with knowledge, skills, and tools to promote self-advocacy across the system. Presenters will also discuss recommendations useful for future patient engagement initiatives.

#### CHANGES IN THE MEDICARE HOME HEALTH CARE MARKET: THE IMPACT OF ACA REIMBURSEMENT POLICY

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