

# RURAL-URBAN DISPARITIES IN UNMET LONG-TERM CARE NEED AND COMMUNITY CARE SERVICES EXPECTATION AMONG ELDERLY IN CHINA

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**Objective** This study aimed to examine the urban-rural differences of unmet needs and their expected LTC services among community-dwelling old people. **Methods** The data comes from the Chinese Longitudinal Health Longevity Survey (CLHLS) in 2014. A total of 1587 community residents aged 65+ with disability of activities of daily life (ADL) were included in this study. Binary logistic regression was used to estimate correlates of unmet need in LTC. And chi-square test was used to examine the differences of expected community-based LTC services between urban and rural area. **Results** Over half (55.07%) of the participants reported their need were unmet. For both rural and urban residents, poorer economic status and reluctant caregivers ( $ORs > 1$ ,  $P < 0.01$ ) seriously affected the unmet need. Besides, of urban older adults, people who were male and lonely ( $ORs > 1$ ,  $P < 0.05$ ) reported more unmet need. While of rural old ones, people who were with severe ADL disability and poorer self-rated health ( $ORs > 1$ ,  $P < 0.01$ ) reported more unmet need. And people with available medication and home visit services ( $ORs < 1$ ,  $P < 0.01$ ) reported more met need. However, the supplies for community LTC care services were far below the demands. **Conclusion** The risk of having unmet need associated with ADL disabilities in LTC is largely determined by their economic status and caregivers' willingness to provide care for both rural and urban old people. There is a need for an overall improvement in the planning, provision and financing of long-term care services for elderly individuals in China.

# EFFECTIVENESS OF HOME- AND COMMUNITY-BASED SERVICES IN DECREASING HEALTH CARE EXPENDITURE IN TAIWAN

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Ideally, continuum of care involves wide-ranging health and long-term care (LTC) services. Taiwan's National Health Insurance scheme and 10-Year Long-term Care Plan attempts to provide universal and fundamental services of continuum care. However, the accessibility of these services for care recipients remains unclear. This study aims to examine the effectiveness of continuum care in decreasing the healthcare expenditure of LTC recipients using home- and community-based services (HCBS). Data collated from the 2010–2013 Long-Term Care Service Management System ( $N = 77,251$ ) were subjected to latent class analysis to identify subgroups of recipients using HCBS. Subsequently, the 1-year primary care expenditure after receiving HCBS was compared through generalized linear modeling. Three discrete HCBS subgroups were found: home-based personal care (HP), home-based health care (HH), and community-based care (CC). No difference in the number of visits to doctors and the average primary care expenses was observed between the HP and HH subgroups. However, considering

physical and psychosocial confounders, care recipients in the CC subgroup recorded a higher number of visits to doctors ( $\beta = 3.05$ ,  $SD = 0.25$ ,  $p < 0.05$ ) and lower primary care expenditure ( $\beta = -98.15$ ,  $SD = 43.17$ ,  $p = 0.02$ ) than the other two subgroups. These findings suggest that LTC recipients in Taiwan may obtain better continuum care only for CC service recipients. Additionally, community-based LTC services may lower the cost of health expenditure after 1 year.

# AWRAMBA COMMUNITY-BASED CARE FOR ELDERS LACKING FAMILY SUPPORT IN ETHIOPIA

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In rural Ethiopia, land fragmentation, poverty, rural-urban migration, and the expansion of market forces are negatively impacting family support for older persons. This study explored an innovative community-based support system that uses its own wealth redistribution mechanism to support congregate residential care for older persons. The Awramba Community in northwest Ethiopia has different social norms and values that make it unique from surrounding communities. To explore this new approach to meeting the needs of rural elders, primary data were obtained from in-depth interviews with 8 elders who reside in the older adult center, 3 focus group discussions, and personal observations. In addition, key informant interviews were conducted with a full-time caregiver, two community leaders, and members of the Older Persons' Support Committee. Interviews explored the types of services provided to older persons, the interactions of older residents within the community, and the benefits of congregate living. Community members ( $N = 403$ ) must agree to 4 guiding principles relating to gender equality, respecting the rights of children, discouraging dishonesty, lying and stealing, and helping the less fortunate, ill and older persons. The Older Person's Support Committee is responsible for coordinating the provision of care for the older persons who live in the congregate center. Residing in a common residential home benefited the elders in multiple ways, including opportunities for socialization with peers and access to a full-time caregiver. As traditional family support wanes and the population of elders increases in developing nations, such alternative support strategies are critically needed.

# REDUCING ANTIPSYCHOTIC PRESCRIBING IN NURSING HOMES: FACILITATORS AND BARRIERS FOR HIGH-IMPACT STATE INITIATIVES

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In conjunction with the National Partnership to Improve Dementia Care in Nursing Homes initiated in 2012, states implemented initiatives to reduce antipsychotic use. All achieved substantial reductions, but improvement varied across states. By 2018, several states had achieved reductions of more than 45%, including several of the largest states.