

were collected through focus groups and a national survey. Preliminary findings suggest that older borrowers demonstrate several distinct communication typologies within their families in regards to finances, particularly regarding student loan accrual and repayment. Each of the four primary communication styles regarding loans impact borrowers' financial and emotional wellbeing throughout the life course, as well as perceived relationship dynamics. Moreover, older borrowers are more likely to report family conflict if student loans are less frequently discussed with family members. Findings also suggest strategies to help parents and grandparents facilitate conversations about student loans based on their unique family communication styles.

MEDICARE COVERAGE CHANGES: THE ROLE OF INDIVIDUAL CHARACTERISTICS AND INTERNET USE

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An important challenge to the success of consumer choice within the Medicare program is older adults' proclivity to assess their coverage on an annual basis and make changes when appropriate. Every year, relatively few beneficiaries alter their coverage (e.g., by switching Part D plans, switching between MA and traditional Medicare coverage) despite annual coverage changes and new market entrants. Little is known about the factors that encourage re-evaluation of Medicare coverage choices or the role of technology in facilitating changes. The latter knowledge gap is particularly relevant as the internet is an increasingly important delivery mechanism for Medicare information and consumer support tools. This study uses a nationally-representative sample of Medicare beneficiaries to describe Medicare coverage changes, the individual factors that predict such changes, and the relationship between Medicare-related internet use and plan switching. On average, 12% of Medicare beneficiaries made changes to their coverage in a given year, with 25% of beneficiaries making a change at any point during the study period. Between 2011 and 2015, the self-reported rate of using the internet to handle Medicare/insurance matters increased from 5% to 11%. In adjusted models that included individual-level fixed effects and other time-varying characteristics (e.g., health status, prescription drug needs), Medicare-related internet use was associated with a 65% increase in the probability of making a coverage change. Although using the internet to handle insurance matters remains relatively rare among older adults, it may be an important mechanism for obtaining information that encourages plan changes, facilitating such switches, or both.

ASSESSING THE EFFECTS OF LONG-TERM CARE INSURANCE ON EQUITY AND EFFICIENCY: A CASE STUDY OF QINGDAO CITY IN CHINA

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The demand for equitable and efficient long-term care (LTC) has risen rapidly, and finding a suitable mechanism to finance LTC has become a pressing policy concern for many countries. A number of high income countries have chosen to use a social LTC insurance to fund the LTC system, but

empirical assessments on such an insurance in low-and middle-income countries are limited. Using China as an example, this paper empirically assesses the performance of newly-piloted LTCNI by evaluating its impact on equity and efficiency in financing. We draw data from 47 in-depth interviews conducted with local government, care providers and family members of the LTCNI participants in Qingdao in 2016. We found that there remain sizable disparities in financial burden among LTCNI participants, despite of its emphasis on ensuring access to care based on people's needs; care providers are incentivised to provide care at the least cost even this care is deemed as insufficient or inadequate due to fixed payment for their services. Our paper offers critical insights into the potential and challenges in applying LTC insurance model to a LMIC, where critical lessons can be drawn for public LTC insurance in other LMICs.

MEDICAID FINANCING IN ASSISTED LIVING AND CHARACTERISTICS OF MEDICARE DUAL-ELIGIBLE RESIDENTS

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An increasing number of assisted living (AL) residents rely on Medicaid waivers or state plans to pay for personal care and other supportive services. States may finance services for duals residing in AL through Medicaid waivers and state plans, but the availability of coverage varies – some states offer little to no Medicaid coverage for services in AL, and others offer multiple pathways to receiving assistance. Little is known about duals in AL, including how many have access to AL and the quality of care they receive there. The present study compares the characteristics of Medicare beneficiaries residing in large AL settings, by dual-eligibility status, and investigates the variability in the share of duals in AL among states. We identified 586,397 Medicare beneficiaries residing in AL in 2014. Medicare claims were used to measure health characteristics and health care utilization. Duals represented 16% of AL residents in our cohort. Compared to non-duals, duals were more often older adults of color (24 vs 4%), and more likely to qualify for Medicare due to disability (46 vs 7%). Duals had higher rates of hospitalizations (24 vs 21%) and skilled nursing facility use while in AL (11 vs 10%), and more chronic conditions than non-duals. States varied in the share of AL residents who are duals, ranging from 6% in New Hampshire to 41% in New York. State policies that may contribute to variation in the prevalence of duals in AL and implications of these findings for policy-makers and residents will be discussed.

GENDER DIFFERENCE IN RETIREMENT TIMING

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The aim of this research is to examine the retirement timing of older men and women in the United States and to find what factors impact such timings. This research used the 2014 Health and Retirement Study datasets. A total of 2,401 respondents were included in this research. All of the

participants were over 60 years old, half were women, and the majority of participants were full-time workers (81.8%). The dependent variable was expected years until retirement which was measured as a continuous variable, asking when the respondent thinks he/she will stop work or retire. Controlling for age, race, marital status, education, health, full time, and a number of children, the results revealed that males expect to work 1.2 years longer than women. Yet women have reasons for working longer that are not found among men. Older age and poor health predict a sooner retirement for both men and women. Yet women differed from men in wanting longer work lives if they are African American, employed part-time, and have large families. Women are living longer than men, and the labor participation of women is increasing. Older women will have more challenge in preparing for retirement than men due to their greater need to extend work to secure income. Gender differences in expectation for retirement financial security and their effect on retirement timing. Deserves future research, to understand women's decision making at this life stage.

HOME CARE EXECUTIVES SAY MEDICARE HOME HEALTH PAYMENT SYSTEM ENCOURAGES LESS-IS-BETTER PRACTICE

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There has been an increasing trend for Congress and the Centers for Medicare and Medicaid Services (CMS) to add non-skilled services to coverage under Medicare Advantage and Medicaid inpatient hospital. At the same time there has been a 75% decline in home health aide visits, the only Medicare home health non-skilled service, as a percentage of all Medicare home health visits from 2000-2016. A literature review indicates no studies addressing the potential factors accounting from these seemingly contradictory trends. The present study is based on interviews of five Chief Executive Officers (CEOs), five Chief Financial Officers (CFOs), and eight Chief Nursing Officers (CNOs) from Medicare-certified home health agencies between October 2017-July 2018. Results indicated agreement among interviewees on three themes: the Medicare home health relies on a medical model which focuses on intermittent skilled care; the Medicare home health prospective payment system (PPS) exacerbated the focus on skilled care by rewarding higher reimbursement for skilled care based episodes; and a synergy has evolved of "less is better" regarding utilization of home health aide services and reimbursement. Policymakers are urged to consider adding coverage of non-skilled services under Medicare home health, similar to Medicare Advantage, by funding demonstration projects with appropriate changes in reimbursement.

SESSION 1380 (POSTER)

LGBT+ AND SEXUALITY

SEXUALLY TRANSMITTED INFECTION KNOWLEDGE AMONG OLDER ADULTS: PSYCHOMETRICS AND TEST-RETEST RELIABILITY

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Sexually transmitted infections (STI) among older adults have dramatically increased in recent years, especially among those who are widowed and divorced. The purposes of this study were to: (1) identify STI-related knowledge among older adults; (2) report the psychometric properties of a tool commonly used to assess STI-related knowledge among youth and young adults; and (3) determine the test-retest reliability of the tool. Data were analyzed from 43 adults between the ages of 65 and 94 using a 27-item Sexually Transmitted Disease Knowledge Questionnaire (STD-KQ). Participants completed identical instruments on two separate days with approximately two weeks between. After responses were coded for correctness, composite scores were created. Cronbach's reliability coefficients were calculated to determine response consistency, and Pearson's *r* coefficients were used to assess test-retest reliability. Of 27 possible correct answers, participants reported an average of 11.6 (± 6.6) correct responses on Day 1 and 11.7 (± 7.3) correct responses on Day 2. Cronbach's alpha coefficients for the 27-item composite scale were high for both days (0.89 and 0.92, respectively), which indicates strong response consistency. Pearson's *r* coefficients were high between responses for the 27-item composite scale on Days 1 and 2 ($r=0.88$, $P<0.01$), which indicates strong test-retest reliability. Pearson's *r* coefficients were high between responses for all but three of the 27 items when assessed separately. Findings suggest the utility of the STD-KQ to assess STI knowledge among older adults. However, the consistently low knowledge scores highlight the need for educational interventions among this population.

OLDER LESBIAN HEALTH VIA RELATIONSHIP STATUS: HEALTH CONDITIONS AND HEALTH BEHAVIORS

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Existing research has demonstrated that those in committed relationships are healthier than those who are not. However, very little research on same-sex relationships and particularly older lesbian relationships exists. The current study fills the gap by providing a health profile of lesbians in different relationship status, including partnered, widowed, casual dating, single—not dating, and celibate. The outcomes include diagnosed health conditions (include arthritis, high blood pressure, diabetes, depression, heart problems, and stroke) and health behaviors (exercise, smoking, and drinking). Data are from an original sample of 456 older lesbians aged 55 and over. Convenience sampling was adopted for this hard-to-reach population. Bivariate analysis results showed that widowed and celibate lesbians are more likely to report depression than other relationship groups. No disparity was found regarding health behaviors among different relationship groups. To further understand the unique group identifying as celibate, multivariate logistic regression analysis