with limited benefits. The Affordable Care Act Medicaid expansion increased health insurance access among low-income individuals but there are concerns that public insurance may disincentivize labor supply. In this study, we examine whether Medicaid expansion affected the labor supply of low-educated DCWs at both extensive and intensive margin overall, and by different healthcare settings. Using annual American Community Survey data from 2010 to 2019 retrieved via Integrated Public Use Microdata Series, we identify 100,676 adult DCWs (age: 19-64) with a high school or less degree from 50 states and DC. We examine the potentially causal effect of Medicaid expansion on labor supply of DCWs using difference-in-differences and event-study regressions We find that Medicaid expansion is associated with a 2.9 percentage-point (p< 0.01) increase in full-time employment (>=35 hours) and a 1.9 percentage point (p< 0.05) decrease in part-time employment (20-34 hours). We also find that unemployment decreased by 0.8 percentage points (p< 0.1) among DCWs mainly driven by those working in the long-term care industry. Our study suggests that Medicaid expansion does not have a negative impact on labor supply among low-educated DCWs. States that have not expanded Medicaid can consider policies to increase insurance coverage for DCWs as a strategy to strengthen this workforce.

HOME HEALTHCARE WORKFORCE AND NEIGHBORHOOD CHARACTERISTICS

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Despite the rapid increase in the needs for home- and community-based services (HCBS), including home health care which is the most commonly used HCBS, workforce shortage has become a critical challenge to home health agencies in providing quality care to meet the needs of millions of homebound Americans. This study aimed to examine the availability of home health care workforce and its variations by neighborhood characteristics. We linked several national datasets from 2019 and included information from 11,005 HHC agencies in 1,849 counties. The unit for analysis is county. We found that on average county had fulltime equivalent (FTE) 83 (SD=351) home health care nurses, 120 (SD=411) FTE skilled home health providers (e.g., nurses, physical/occupational therapists) and 37 (SD=411) FTE aides. For every 1,000 persons, on average counties had 0.7 (SD=4.6) FTE nurses, 0.9 (SD=4.7) FTE skilled providers, and 0.2 (SD=0.8)) FTE aides. For every 1,000 older adults (>=65), on average counties had 3.6 (SD=23.9)) FTE nurses, 4.8 (SD=24.6) FTE skilled providers and 1.2 (SD=4.4) FTE aides. We also found that counties with moderate (2nd tertile) proportion of Black and Hispanic Americans; counties with highest (3rd title) proportion of Black and Hispanic Americans had the lowest number of FTE home health care aides per every 1,000 persons. Our findings highlight the staff shortage facing home health care and suggest the existence of disparities in availability of home health care workforce.

THE RELATIONSHIP BETWEEN ADULT DAY HEALTH CENTER OWNERSHIP, STAFFING, AND PARTICIPANT OUTCOMES

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Growing demands for specialized care for older adults living with disabilities, including those with Alzheimer’s Disease and related dementia (ADRD), and for caregiver respite have resulted in rising use of adult day health centers (ADHCs). ADHCs vary in size, ownership, participant demographics, and services offered, with a many operated by multi-site chain organizations and with for-profit ownership. This study examines whether ADHC ownership is associated with their scope of services, staffing models, and outcomes. We used facility-level data from the restricted-use 2014 National Post-Acute and Long-Term Care Study (NPALs) Adult Day Services Center module, which collects primary data on ADHCs through a nationally representative survey. Key outcome variables were measures of ADHC staffing, and rates of participants’ emergency department visits, hospitalizations, and falls. The first part of the analysis was descriptive, focused on participant and staffing patterns. We then estimated ordinary least squares multivariate regressions to learn whether staffing differences exist holding other ADHC characteristics constant, such as size, region, and other services offered. We also estimated Poisson regression models to learn whether there are differences in rates of emergency room visits, hospitalizations, and falls. We found little difference in staffing or participant outcomes between for-profit vs. not-for-profit ADHCs. We found that chain-affiliated ADHCs had different participant populations and sources of revenue. They also had lower levels of staffing in general and for licensed nurses, activity staff, and social workers. Rates of falls and emergency department visits were higher in chain-affiliated versus independent ADHCs when controlling for other characteristics.

SESSION 3960 (SYMPOSIUM)

PANDEMIC POLICIES MOVING FORWARD: WHAT HAVE WE LEARNED

Chair: Brian Lindberg

Leading aging and health policy advocates will present their findings and viewpoints regarding pandemic and post-pandemic policy and programmatic changes and innovations. Issues will include elder justice, home and community-based services, Medicaid, nursing home care, and social isolation. The group will discuss what has changed and how will programs and services be different in the future.

SESSION 4001 (BIOLOGICAL SCIENCES INVITED SYMPOSIUM)

MITOCHONDRIAL COMMUNICATION AND AGING

Chair: Changhan Lee

Mitochondria evidently originate from endosymbiotic bacteria that presumably provided several advantages for euakaryotic life. For the past 1~2 billion years, mitochondria co-evolved with the ancestral cell to coordinate various cellular functions. Coordination requires communication and mitochondrial signaling has been shown to be vital to cellular fitness and aging. In this symposium, the speakers will discuss the role of mitochondria as a signaling organelle