A QUALITATIVE COMPARISON OF THE POST-COVID RETIREMENT EXPERIENCE BETWEEN JAPANESE AND AMERICAN OLDER ADULTS

Dana Bradley,1 Mariko Nishikitani,2 Mie Ariyoshi,3 Fumihiko Yokota,4 Gretchen Tucker,1 and Laura Allen,5
1. UMBC Erickson School of Aging Studies, Baltimore, Maryland, United States
2. Kyushu University Hospital, Medical Information Center, Kyushu University Hospital, Fukuoka, Japan
3. St Cahterines University, Matsuyama, Ehime, Japan
4. Kyushu University, Kyushu, Fukuoka, Japan
5. Bar-Ilan University, Ramat Gat, Tel Aviv; Israel

The purpose of this collaborative study between researchers in Japan and the U.S. was to understand the retirement experience and potential changes in social interactions (amount, type, and mode of communication) among older adults living independently in the community. Specifically, we were interested in individuals’ expectations about retirement and the types of social interactions experienced prior to and after retirement, situated within the context of the COVID-19 pandemic. Both research teams conducted in-depth one-on-one interviews with community-residing retired older adults in early 2021. In the findings we explore similarities and differences between the retirement experiences of Japanese and American older adults, including methodological differences that transpired; specifically, we evaluate the meaning and experience of the COVID-19 pandemic in each of these cultural contexts and how retired older adults experienced its impact in their social interactions.

A QUANTITATIVE COMPARISON OF SOCIAL INTERACTIONS OF OLDER ADULTS PRE-COVID-19 BETWEEN THE UNITED STATES AND JAPAN

Mariko Nishikitani, Kyushu University Hospital, Medical Information Center, Kyushu University Hospital, Fukuoka, Japan

Using the Study on the Lifestyle and Values of Senior Citizens (The Eighth International Study by the Japan Cabinet Office), the social interactions were assessed in the context of health and life satisfaction of the older adults of the U.S and Japan to confirm the relationship between ICT usage and social interactions. The less social interaction was defined as those who answered that they had no “role in the family,” “working,” or “social activities such as volunteering.” The proportion of less-social interaction people and non-use of ICT increased with age, but the proportions of Japanese were higher than those of Americans. The adjusted odds ratio for non-use of ICT to the risk of isolation of the older adults in Japan was 2.43 (95% CI: 1.59-3.73), but no significant relationship was observed in American older adults. Future research will examine the use of ICT by older adults in each country.

DEVELOPING CULTURALLY COMPETENT TECHNOLOGY FOR OLDER ADULTS IN JAPAN AND THE UNITED STATES

Laura Allen,1 Dana Bradley,2 and Gretchen Tucker,3
1. Bar-Ilan University, Ramat Gat, Tel Aviv; Israel
2. UMBC Erickson School of Aging Studies, Baltimore, Maryland, United States

The United States and Japan are experiencing an exponential growth in the number of persons age 65 and older. To address certain aging-related issues, assistive technological advancements are being developed. These technologies need to be reliable, safe, secure, and culturally accepted by older adults. In addition, technology must be developed within the unique cultural contexts of each country. One approach currently being used is an interdisciplinary team approach comprised of researchers representing gerontology, information systems, robotics, health sciences, sociology, and computer sciences between two universities in the United States and two Japanese universities. This collaborative project between institutions and countries highlights the need to understand the cultures and traditions of each of these countries. To further develop culturally competent technology, an integrative research plan is being utilized, which incorporates the use of community engagement to examine the influence of the cultural context among older adults.

Session 4095 (Symposium)

MANAGED LONG-TERM CARE SERVICES: A PLAYBOOK INNOVATION OR A HAIL MARY?
Chair: Larry Polivka
Discussant: Robert Applebaum

The approach to providing long-term services and supports (LTSS) has changed dramatically over the last three decades in both the financing and delivery arenas. In the U.S., long-term strategies have varied by state in organizational structure, scope of delivery and administrative practices. In the past two decades an additional change has emerged with over half the states adopting some form of managed LTSS. This shift has deepened the divide in state approaches to LTSS system design and delivery. The shift to managed LTSS has been largely fueled by ideological expectations and concerns about growing Medicaid costs: Empirical research findings have played a minimal role. For example, the large CMS evaluation conducted in this area did not include Medicaid data or encounter data from the managed care plans as part of the study efforts. However, the managed LTSS experiment does create an opportunity to compare costs and outcomes of these different models of financing and delivery. This symposium will present preliminary evaluation findings from two states, Ohio and Pennsylvania, which are generating data to assess both the implementation and outcomes of these alternative LTSS models. To set the context an initial paper will discuss the expansion of managed LTSS programs across the nation and examine how these efforts compare to the development occurring in the European LTSS systems. The third presentation will discuss the results of the Community Catalyst dual eligibles’ managed care demonstration program monitoring project.

OHIO’S DUAL ELIGIBLE POPULATION: EFFECTS OF PROGRAM DESIGN AND IMPLEMENTATION ON CARE MANAGEMENT

Jennifer Heston-Mullins, Katherine Abbott, and Athena Koumoutzis, Miami University, Oxford, Ohio, United States

MyCare Ohio is a prospective blended managed care payment model program tasked to provide comprehensive and coordinated care to Ohio residents who are dully eligible for...
Medicare and Medicaid. To understand the administration and day-to-day implementation of care management within MyCare Ohio, n=75 interviews with a total of n=331 personnel from Area Agencies on Aging, Managed Care Plans, and service providers were conducted. Interviews were audio recorded, transcribed, and checked for accuracy. Data were analyzed by iterative reviews and deductive coding in Dedoose. Respondents provided insights on how care management activities are affected by program design features (e.g., ability to opt-out of the Medicare component), transitions between acute and long-term care settings, documentation systems and data-sharing, and high numbers of beneficiaries with behavioral health diagnoses. Implications for practice and policy will be discussed.

OHIO’S LARGE SCALE EXPERIMENT ON INTEGRATED CARE: RESULTS AND IMPLICATIONS FOR LONG-TERM SERVICES REFORM

Robert Applebaum, Matt Nelson, and John Bowblis, Miami University, Oxford, Ohio, United States

Implemented through five health plans, Ohio’s MyCare demonstration began in 2014 and was designed to coordinate primary, acute care, behavioral health and long-term services in the major urban areas of the state. Individuals who are dually eligible for both Medicaid and Medicare and who reside in specified geographic regions must enroll into a managed MyCare plan. MyCare beneficiaries are assigned to two primary categories: community well and those needing long-term services and supports (LTSS). Individuals receiving the integrated MyCare intervention were expected to have lower acute care hospitalizations, lower long-term nursing home use, better longevity and lower overall health and long-term care costs. Using a propensity score matching design, the evaluation compared MyCare enrollees to comparison group members in non-MyCare counties of the state, using Medicaid and Medicare claims data. The 120,000 MyCare program participants represented about half of the dual eligible individuals in the state.

PENNSYLVANIA’S TRANSITION TO MEDICAID MANAGED LONG-TERM SERVICES AND SUPPORTS

Howard Degenholtz, University of Pennsylvania, Pittsburgh, Pennsylvania, United States

Implemented through five health plans, Ohio’s MyCare demonstration began in 2014 and was designed to coordinate primary, acute care, behavioral health and long-term services in the major urban areas of the state. Individuals who are dually eligible for both Medicaid and Medicare and who reside in specified geographic regions must enroll into a managed MyCare plan. MyCare beneficiaries are assigned to two primary categories: community well and those needing long-term services and supports (LTSS). Individuals receiving the integrated MyCare intervention were expected to have lower acute care hospitalizations, lower long-term nursing home use, better longevity and lower overall health and long-term care costs. Using a propensity score matching design, the evaluation compared MyCare enrollees to comparison group members in non-MyCare counties of the state, using Medicaid and Medicare claims data. The 120,000 MyCare program participants represented about half of the dual eligible individuals in the state.

Session 4100 (Paper)

Migration and Aging

AGE OF MIGRATION AND THE HEALTH STATUS OF OLDER LATINOS: FINDINGS FROM THE HEALTH AND RETIREMENT STUDY

Blakelee Kemp,1 and Marc Garcia,2 1. University of Nebraska, Nebraska, United States, 2. Syracuse University, Syracuse, New York, United States

Life course research emphasizes the importance of considering how early life experiences set individuals on specific trajectories over time with implications across multiple health domains. Life experiences of older Latinos are shaped by where they were born and, for the foreign-born, when they immigrated to the United States. Prior research examining the extent to which age of migration is associated with health has largely been limited to regional studies. To address this gap in knowledge, we use nationally representative data from the Health and Retirement Study to examine associations between age of migration and multiple physical health outcomes among older Latinos residing in the United States. We examine 2010 prevalence and follow-up incidence to 2016 of cardiovascular issues, diabetes, one or more activities of daily living (ADLs), one or more instrumental activities of daily living (IADLs), cognitive issues, and mortality incidence. Preliminary results indicate similar health profiles across Latinos who migrated in early life (<18), during adulthood (18-34), and during later adulthood (35+). Most health profiles were similar among Latino men and women except for prevalence and incidence of experiencing difficulties with at least one ADL. Latino women who migrated in later-adulthood have higher prevalence of ADLs and women who migrated early in life (>18) have higher ADL incidence than Latino men who migrated during the same life course periods. A greater understanding of the how immigrant experiences influence physical health outcomes offers important insights into the development of actionable and culturally appropriate social and health policies.

CAN RURAL MIGRANT WORKERS AFFORD TO RETIRE IN CHINA? A STUDY OF CHINESE MIGRANT WORKER’S RETIREMENT SAVINGS

Jing Liu,1 Heying Zhan,2 and Fengxian Qiu,3 1. Zhejiang University of Finance and Economics, Hangzhou, Zhejiang, China (People’s Republic), 2. Georgia State University, Georgia State University, Georgia, United States, 3. Anhui Normal University, Wuhu, Anhui, China (People’s Republic)

This paper makes connections between social policies of retirement, migrant worker’s migration experience, and migrant workers’ retirement savings. Using insight from the political economy of aging and stress theory, this paper links the macro levels of understanding with the micro levels of work and aging experiences for migrant workers. Using binary logistic regression with a sample of 699 Chinese migrant workers from three emigration provinces (Anhui, Henan, Sichuan), this paper explores four specific aspects of migrant worker’s migration experience in relation to their retirement savings: financial status; length of employment; social support, and levels of hopefulness. Findings reveal that migrant