adults as “set in their ways”, even in terms of spiritual and religious beliefs.

SESSION 6055 (SYMPOSIUM)

BRIDGING THE GAP IN QUALITY AMONG HIGH MEDICAID NURSING HOMES: THE ROLE OF MANAGEMENT AND COMMUNITY FACTORS
Chair: Robert Weech-Maldonado

Nursing home quality has been a matter of long-standing policy interest at the federal and state level, as it concerns the health and well-being of one of our most vulnerable populations. Mor et al., (2004) described the nursing home industry as a “two-tiered” system, with the lower-tier nursing homes operating in a resource-constrained environment given their high proportion of Medicaid residents (85% or higher). Medicaid is the largest payer of nursing homes but its reimbursement rates typically lag Medicare as well as private pay. Lower tier facilities are characterized by lower professional staffing and occupancy rates, and worse quality. Such facilities have a higher proportion of minority residents and are generally located in communities with significant proportions of poor and minority residents, exacerbating the existing disparities in nursing home care. However, there are performance variations among high Medicaid nursing homes, with some facilities performing significantly better than others on both quality and financial performance. What may explain the superior performance of certain nursing homes that are operating in a similarly resource-constrained environment? Factors, such as management resources and environmental resource availability, may be the critically important differentiators. The purpose of this symposium is to examine the organizational/management and community factors that may be associated with high-performance among a similar group of resource-constrained nursing homes. Using survey, secondary, and qualitative data analysis, this symposium will explore the role that culture change, leadership style, human resource management practices, knowledge management, and community factors can have on nursing home performance.

CULTURE CHANGE AND QUALITY STAR RATINGS IN HIGH MEDICAID NURSING HOMES: DOES TIME OF ADOPTION MAKE A DIFFERENCE?
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Racial/ethnic disparities have been well documented in long-term care literature. Culture change is a movement to transition nursing homes to more home-like environments to improve the quality of care for all residents. The purpose of this study was to examine how the involvement of culture change initiatives among high Medicaid facilities was associated with nursing home quality. The study relied on both survey and secondary nursing home data for the years 2017-2018. The sample included high Medicaid facilities. The final model consisted of an ordinal logistic regression. High-Medicaid nursing homes with six or more years in culture change initiatives had higher odds of having a higher star rating, while facilities with one year or less had significantly lower odds of having a higher star rating. Culture change initiatives may require some time to effectively implement, but these initiatives are potential mechanisms to improve quality in high Medicaid nursing homes.

THE IMPACT OF LEADERSHIP STYLES ON QUALITY AND FINANCIAL PERFORMANCE IN HIGH MEDICAID NURSING HOMES
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This study examined the association between leadership styles (autocrat, consultative autocrat, consensus manager, and shareholder manager) and resident quality and financial performance in under-resourced nursing homes. Survey data from 391 Directors of Nursing were merged with secondary data from LTCFocus, Area Health Resource File, Medicare Cost Reports, and Nursing Home Compare. Two multivariate regressions were used to model the relationship between leadership styles and the dependent variables: nursing home star ratings (1-5) and operating margin. The independent variables were composite scores for leadership styles, while control variables included organizational and county-level factors. Results show that compared to autocratic leadership, the consultative autocrat (solicits feedback but has total authority) was associated with lower quality (p < 0.05), while the consensus manager (delegates authority to the group) was associated with lower profit margin (p < 0.05). Under-resourced facilities need to recognize trade-offs of different decision making styles for performance.

IS IT WHAT YOU HAVE OR WHAT YOU DO WITH IT? STAFFING, HUMAN RESOURCE MANAGEMENT, AND KNOWLEDGE MANAGEMENT PRACTICES
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Research in the nursing home industry shows more robust knowledge management activities are associated with the adoption of patient-centered, culture change initiatives among high Medicaid nursing homes. These findings are notable because they highlight the important role that knowledge management activities may play for improving quality of care in under-resourced nursing homes. They also raise important questions about the conditions that may support or hinder the use of these activities. Using survey responses from 393 nursing home administrators, we empirically examined whether two components of human resources – staffing levels and HRM practices – are associated with the level of knowledge management activities in high Medicaid census nursing homes. More robust HRM practices were associated with greater levels of knowledge management activities, as well as three separate domains of knowledge management
SESSION 6060 (SYMPOSIUM)

POLICY SERIES: BUILDING MOMENTUM FOR A NEW FUTURE IN POLITICS AND AGING: EXAMINING ECONOMICS, VALUES, LANGUAGE, AND CARE
Chair: Michael Lepore
Discussant: Jean Accius

Coinciding with the 2020 presidential election, the 75th anniversary of the Gerontological Society of America arrives amid the contentious creation of a new future for politics and aging. Increasing inequality, spreading disinformation, and mounting despotism are escalating threats to constitutional democracy, but at the same time other social changes are promoting the development of a more thoroughly caring, intergenerationally just, and robustly democratic society. At the crux of this societal transformation, relentless political inertia on core aging issues, like the role of government in the care and support of older adults, continues to inhibit meaningful change in federal policy, dampening the potential for older Americans to achieve desired future states, like living well despite advanced age or disability. This session examines major contemporary trends at the intersection of politics and aging in the United States. Papers address the economics and demographics of aging, drawing attention to increasing federal spending on older adults, decreasing availability of caregivers, and geographic clustering of older people; changes in the age of the electorate, intergenerational political values, and the growing politically polarization of American society; the tendency for federal initiatives to fail to support caregivers, for reasons of policy history, policy traits, and mass public features, like the political isolation of informal caregivers; and the role of linguistic and metaphorical practices in shaping our experiences and views of aging. Discussion addresses opportunities for the country to become more age-friendly while also sustaining democratic institutions and national unity.

LEARNING LESSONS FROM LONG-TERM CARE POLICY FINANCING EFFORTS IN THE UNITED STATES
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A decades-long policy impasse has crippled our national capacity to finance long-term care (LTC) sufficiently or equitably, leaving large swaths of the US population at risk of going broke paying privately for LTC or having unmet LTC needs, while also draining state and federal budgets. By reviewing past LTC financing policy efforts—from the passage of the Social Security Act and the enactment of Medicaid and Medicare, to the LTC financing proposals advanced by 2020 presidential candidates—the political interplay of budgetary concerns in government spending and social justice concerns regarding access to care emerged as a primary LTC policy-making issue. Establishing national consensus on the prioritization of these fiscal and social justice concerns, and their respective values, could help lawmakers craft policy capable of generating the political will needed to overcome political gridlock. Clarifying how LTC benefits would be paid for appears to be a relatively straightforward technical task in comparison.

THREE TRENDS SHAPING THE POLITICS OF AGING IN AMERICA
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The demographic bulge created by the baby boom generation has shaped American politics since they came of age in the 1960s. Over the next decade, aging issues will become more relevant as the oldest boomers reach 84 and the youngest boomers will be eligible for Medicare. This paper highlights three converging trends that will shape United States politics; including increased spending on “entitlement” programs like Social Security and Medicare, growing mismatch in caregiving need and supply, and the heightened concentration of older adults in certain geographic areas. The next decade will see not only extraordinary demographic change but also unprecedented advances in technology and medicine, and cultural and societal shifts that were once unimaginable.

THE MEANING OF AGE OR GENERATIONAL DIFFERENCES IN U.S. POLITICAL VALUES AND PRIORITIES
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Nations globally are facing the fiscal consequences of being aging societies, including the redistribution of wealth resources across sectors that influence generational relations (i.e., healthcare, education, public pensions). Political differences or clashes between youth and older adults is not a new phenomenon. However, questions are being raised about whether current political systems, governing structures, and social trends are eroding generational solidarity which traditionally has a role in promoting equity and protecting vulnerable individuals from rapid social change. Reflecting on the 2020 national election results and political opinion surveys, we explore the meaning of age or generational differences in political attitudes in an increasingly partisan society. We suggest that the use of a generational location or habitus lens, which focuses on the distinct sociohistorical realities (i.e., different reference points, systems of aspiration, sets of anxieties) that shape age groups and their interrelations, may offer insights into current political debates and divides.

POLITICAL IMPEDIMENTS TO AGING IN PLACE: THE EXAMPLE OF INFORMAL CAREGIVING POLICY
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Most Americans prefer to “age-in-place” as long as possible, but to do so often need overlapping resources—one of which is help from “formal” or “informal” caregivers (family and friends). Family and friends often want to provide care for as long as safely possible. However, informal caregiving can pose financial and physical risks to the caregiver that—as many scholars have noted—public policy in the U.S. does relatively little to mitigate. This policy shortfall also hurts care recipients since the risks that informal caregivers face