TRENDS IN RECEIPT OF LONG TERM SERVICES AND SUPPORTS: A NEW LOOK AT NATIONAL DATA
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With the aging of the population, it is expected that greater demand will be placed on home and community services providers to meet the growing need for long-term services and supports. We analyzed data from the 2002 to 2010 Medicare Current Beneficiary Survey. We identified community-dwelling elderly reporting difficulty with instrumental and basic activities of daily living. Estimates were weighted to represent the aged population for each year of the study. Our analytic file contained 83,507 observations, representing an average of 28.6 million elderly per year. Results show an apparent decrease in the number reporting need for assistance: the proportion of people reporting no difficulty with heavy housework increased from 66.7% (95% CI 65.4 to 67.9) to 69.3% (95% CI 68 to 70.6). Difficulty with bathing decreased from 4.7% (95% CI 4.1 to 2.5) to 4.2% (95% CI 3.4 to 4.9). During this same time period there was a decline in the proportion of elderly living in nursing homes, from 4.1% to 2.7%, and a slight increase in the proportion of people living in alternative settings such as assisted living (from 4.2% to 4.6%). Over the study period, there was a slight decrease in physical disability among the elderly, consistent with the hypothesis that the cohort aging into Medicare eligibility is somewhat healthier than previous generations. Estimates of the demand for services should incorporate trends in physical disability and shifts in living arrangements.

A LONGITUDINAL ASSESSMENT OF RESIDENT-CENTERED CARE AND QUALITY IN THE DEPARTMENT OF VETERANS AFFAIRS
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Purpose of Study: Recent research shows that facilities with greater culture change to a resident-centered care (RCC) model have higher Minimum Data Set-based quality. The purpose of this study is to assess the causal relationship between RCC and quality in 130 VA Community Living Centers (CLCs). Design and Methods: We examined the relationship between a composite quality measure calculated from 28 Minimum Data Set (MDS) quality indicators and the RCC summary score calculated from 6 domains of the Artifact of Culture Change Tool. The data are from 10 quarters between Fiscal Year 2009-2012. We ran fixed effects models, which allow examination of the relationship between RCC and quality within CLC over time. Results: We found a weak cross-sectional relationship between quality and RCC (p=0.06). Compared to the 14 facilities with an average Artifacts score at least one standard deviation (SD) below the mean, the 18 facilities with an average Artifacts score at least one SD above the mean had higher quality (0.133 MDS event rate vs. 0.140, a moderate effect size). In the fixed effects model, the relationship was not statistically significant (p=0.44), a finding due in part to the relatively small variation in the quality variable over time. We found a relationship between quality and RCC for 5% of CLCs (p<.05).

Implications: Further research to understand factors that are responsible for these differences in facility performance (e.g., structural and organizational characteristics) is needed. Also, our findings suggest that managers may have difficulty focusing on both improving quality and RCC simultaneously.

THE EFFECT OF DEPRESSIVE SYMPTOMS AND ANTIDEPRESSANT USE ON SUBSEQUENT PHYSICAL DECLINE AND NUMBER OF HOSPITALIZATIONS IN NURSING HOME RESIDENTS: A NINE-YEAR LONGITUDINAL STUDY
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Objective: To investigate whether depressive symptoms and antidepressant use at baseline predict the subsequent decline in physical functioning and number of hospitalizations in nursing home residents. Methods: A total of 1,076 residents from six nursing homes in Hong Kong were followed annually between 2005 and 2013. Multilevel mixed-effects models were fitted to examine the effect of depressive symptoms and antidepressant use on physical decline and number of hospitalizations within 90 days before the assessment, controlling for demographics and chronic conditions (e.g., Alzheimer’s disease, other dementia, and stroke). Results: Within the nine year period, 24.8% residents were still alive until 2013, 68.1% deceased, and 7.0% moved out of the facilities. The presence of baseline depressive symptoms did not have significant association with baseline ADL and number of hospitalizations. However, it was associated with a faster deterioration of physical functioning (coefficient, 0.03; 95% CI 0.00-0.07) and increase of the number of hospitalization (coefficient, 0.05; 95% CI 0.03-0.07). No significant difference between elders using antidepressant and elders who were free from depressive symptoms was observed. If depressive symptoms were presented but antidepressant was not used, a much sharper decline was evident (coefficient, 0.06; 95% CI 0.02-0.09). Conclusions: This study provided evidence that the presence of depressive symptoms is associated with more utilization of health care services. However, the use of antidepressant can play a significant role in altering the trajectory. The presence of depressive symptoms is a worrisome but treatable condition so that effective intervention/treatment should be called upon.

LONG-TERM CARE IN TRANSITION: A 20-YEAR LOOK AT THE OHIO EXPERIENCE
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In 1981, in response to considerable criticism about the institutional bias of the long-term care system, legislation allowing states to request a waiver of Medicaid requirements was passed. This legislation along with an array of housing, technology and health care changes means that the world of long-term services and supports is dramatically different than the one that existed in the 1980’s. This presentation