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satisfaction with aging ((β: -0.23 95%CI: -0.36- (-0.10)) and satisfaction with life (β: -0.27 95%CI: -0.44- (-0.11)). Frailty syndrome is highly prevalent and having a better understanding of its influence on health outcomes at intermediate pre-frail states could provide insight into reducing manifestations in later life.

MULTIDIMENSIONALLY HETEROGENEOUS HEALTH LATENT CLASSES AND HEALTHCARE UTILIZATION FOR OLDER CHINESE

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Objectives: Based on a multidimensional perspective, this study aimed to assess the heterogeneous health latent classes of older Chinese, and further examined the effects of health latent classes and associated factors on healthcare utilization. Methods: Data came from the Chinese Longitudinal Healthy Longevity Survey in 2014. Latent class analysis was adopted to identify heterogeneous health latent classes by health indicators of physical, psychological, and social dimensions. Two-part models were used to evaluate the impact of health latent classes and socio-demographic factors on outpatient and inpatient utilization. Results: Among 2,981 participants aged 65 and over without missing health indictors, four health latent classes were identified and labeled as "Lacking Socialization" (10.4%), "High Comorbidity" (16.7%), "Frail Group" (7.7%), and "Relatively Healthy" (65.1%). Among 1,974 participants with complete information, compared with the Relatively Healthy group, those in the Lacking Socialization group costed more inpatient expenditure (p-value =0.02). Those in the High Comorbidity and Frail groups tended to use healthcare services and costed more outpatient expenditure (all p-value <0.01). After controlling for health latent classes, the effects of age, gender, marital status, education, residence area, occupation, and health insurance on healthcare utilization were significant. Conclusions: Four heterogeneous health latent classes were identified by multidimensional health, and had significant effects on healthcare utilization. After controlling for health latent classes, different effects of socio-demographic factors on healthcare utilization were found. It enhances our understanding of heterogeneous health and complex healthcare demands in older Chinese, and is valuable for improving healthcare resource allocation targeted for healthy aging.

WHAT MATTERS FOR COMPLETION OF ADVANCE DIRECTIVES AMONG AMERICAN OLDER ADULTS?

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Background: Most previous studies consider advance directives as one single outcome, which conceals possible variations of individuals' decisions on two different advance directives documents–living will (LW) and durable power of attorney for healthcare (PA). To advance the knowledge on advance planning among older adults in the US, this study examined how health status and education are associated with completions of LW and PA and whether such associations vary by age and race. Methods: Data are from the 2016 wave of Health and Retirement Study. Health status was indicated by chronic condition and ADL and IADL functional limitations. Logistic regression model was used to examine how the completions of LW and PA are associated with health and education variables respectively. Interaction terms were created to test the moderating effects of race and age. Results: The analysis results show that older adults with higher IADL functional limitation and more education were more likely to complete completing PA or LW. Being white and higher age will increase the probability for an older adult to complete PA, whereas the older adults with heart problem were more likely to complete LW. The association between IADL/ADL and PA was stronger in white than other racial groups, and the association between IADL and LW was stronger in young-old than the oldest-old. Conclusion: The findings highlight the importance of examining the completions of two advance directive documents respectively and indicate the necessity of developing distinct and concrete strategies to promote the completions of PA and LW.

ELDER VOICES NETWORK: PARTNERING WITH OLDER PEOPLE AND THEIR CAREGIVERS TO AVOID MEDICAL HARM

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Team Alice, named after an older adult in our community who died as a result of medication harm, is an interdisciplinary team of prescribers, pharmacists, educators, advocates, and researchers with a mission to protect older people from medication-related harm across the continuum of care. In 2019, Team Alice partnered with the Erie County Department of Senior Services, older people, and caregivers to form the Elder Voices Network (EVN) as a vehicle for patient-driven deprescribing in the Western New York region. The objective of this presentation is to detail the planning and implementation of critical components of EVN's formation, including outreach and engagement, funding development, community partnerships, roles and communication, and decision-making. Case study results demonstrate the capacity of community-based participatory research (CBPR) to empower older people and caregivers with knowledge, skills, and tools to promote self-advocacy across the system. Presenters will also discuss recommendations useful for future patient engagement initiatives.

CHANGES IN THE MEDICARE HOME HEALTH CARE MARKET: THE IMPACT OF ACA REIMBURSEMENT POLICY

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