Organizational Practices for the Aging Workforce

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contribution of demographics factors versus health system-level factors to catastrophic out-of-pocket medical spending. The proportion of respondents with catastrophic out-of-pocket medical expenditure was higher in the US; the proportion was 5.8% and 3.0% in the US and South Korea, respectively. Both in the US and South Korea, respondents who were in the lower-income quartiles, who had experienced a stroke or had diabetes, and who rated their health as poor had higher odds of catastrophic out-of-pocket medical expenditure. The Blinder-Oaxaca non-linear decomposition showed that the significant difference in the rate of catastrophic out-of-pocket medical spending between the two countries was attributable to unobservable system-level factors, not observed differences in the sociodemographic characteristics between the two countries.

NON-RESPONSE TO POPULATION AGING IN SUB-SAHARAN AFRICA: A SURVEY OF GERONTOLOGY SCHOLARS

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Life expectancy is increasing globally, with the biggest gains expected in sub-Saharan Africa. In fact, most of the population growth globally in the next few decades will occur in sub-Saharan Africa. Using an online survey we investigated the perspectives of gerontology scholars on the challenges of aging in sub-Saharan Africa as well as the assets of elders. Respondents (n=72) from 17 countries, primarily in Africa, and representing 16 disciplines, identified the top issues facing African elders as: poverty, lack of trained professionals, food insecurity, disability/health issues, and long-term care. Older adults' unique strengths were noted as indigenous knowledge systems, being holders of cultural heritage, and their contributions to development. Respondents' biggest concerns about older adults in sub-Saharan Africa were the lack of government attention to aging issues (63%) and a lack of social services targeted to elders' needs (57%). Government funding (77.8%) and international partnerships (38.9%) were noted as resources needed to support aging research in sub-Saharan Africa. The response or non-response of governments in sub-Saharan Africa will determine whether the growing number of older adults will increasingly experience unmet needs and whether their assets will be considered in development efforts. Establishing professional networks of gerontology scholars in the region will help to document the challenges faced by elders, to plan for the coming demographic shift, and to empower elders to thrive as valued community members.

OLDER CANCER SURVIVORS LIVING WITH FINANCIAL HARDSHIP IN CHINA: THE INFLUENCE OF CONFUCIAN FAMILY VALUES

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Background: Financial hardship has not been well studied among older cancer survivors, despite its debilitating effects on their health and well-being. Aim: To describe the lived experience of older Chinese cancer survivors and explore the financial impacts following a cancer diagnosis. Design: A qualitative study conducted using semi-structured interviews with patients and family caregivers. Methods: We individually interviewed twenty-one cancer survivors (aged □ 60) with financial hardship and twenty family caregivers in Shandong province between August 2020 and January 2021. A content analysis was performed by multiple coders. Findings: Confucianism culture and the Chinese health system considerably impact the construct of financial hardship and its components. Four main categories were revealed:(1) healthcare providers were reluctant to discuss the diagnosis and costs of care with cancer patients; (2) financial transfer from adult children to older parents became prevalent after a cancer diagnosis;(3) cancer-related financial worries and stress spilled out into children's family; (4) coping and adjustment strategies were taken by the extended family. Conclusion: Both older cancer survivors and their adult children experienced financial distress mediating through filial piety in China. Instruments are needed to screen for cancer-related financial hardship adapted to the healthcare system and Confucian family values. Key words: Cancer survivors; older; financial hardship; qualitative; China

ORGANIZATIONAL PRACTICES FOR THE AGING WORKFORCE: VALIDATION OF AN ENGLISH VERSION OF THE LATER LIFE WORKPLACE INDEX

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Due to aging workforces, research on organizational practices for older employees becomes more important for individuals and organizations. However, existing measures for such organizational practices tend to capture the construct with unidimensional scales, use single-item operationalizations, or focus on a specific area. Hence, Wöhrmann, Deller, and Pundt (2018) developed the Later Life Workplace Index (LLWI) to provide a multidimensional framework to measure organizational practices for older employees on nine dimensions, namely organizational climate, leadership, work design, health management, individual development, knowledge management, transition to retirement, continued employment after retirement, and health and retirement coverage. The LLWI has recently been operationalized and validated in Germany (Wilckens, Wöhrmann, Deller, & Wang, 2020). However, to utilize the index beyond German-speaking countries, a validated English version is required. Thus, we aimed to validate an English version of the LLWI using a sample of older U.S. employees (N = 279). Results support the domain level factor structure of the LLWI but show some redundancy among the 80 items for the overall nine domain factor structure. A comparison between the U.S. sample and a German sample (N = 349) confirmed configural and (partial) metric measurement invariance of the English version. Results further supported convergent, discriminant, criterion, as well as incremental validity. Researchers can utilize the new measure

to gain a deeper understanding of organizational practices relevant for older employees, while practitioners are able to assess their organizational readiness for an aging workforce. We envision further translation and validation in other languages and cultural contexts.

PERCEPTIONS OF GENERATIONAL CONFLICT AMONG THREE AGE GROUPS IN SOUTH KOREA

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After rapid industrialization during the past few decades, the gap between generations in South Korea has widened and the issue of generational conflict is being discussed as a social problem (Chung & Lim, 2018). The purpose of this study is to find out how each generation perceives generational conflict in the areas of family, politics, economy and social welfare, and culture. An online survey of 1,000 adults aged 20 and over was conducted nationwide in South Korea in January, 2021 with three age groups: the youngest group aged 20-39, mid-age group of 40- 64 and the oldest group of 65 and over. The questionnaire was created using the items developed by a previous research that used a Delphi technique (Chung, 2020). Participants answered how serious they perceive generational conflict in the dyadic relationship on 5-point Likert scales. Descriptive statistics were calculated, and t-tests have been performed to see the generational differences. Results show that the youngest group and the oldest group perceive the highest level of generational conflict each other in the areas of culture and politics. In cultural aspects, 'use of slang among the same group', 'Ability to utilize digital devices' were the items that had the highest level of conflict. In the political realm, progressive vs. conservative ideology was the area of the highest conflict. In addition, t-test results showed that the oldest group perceived generational conflict even deeper than the youngest group in the 'economy and social welfare' and cultural areas. Implications of these findings are discussed.

POLICY DESIGN AND CONSUMER DIRECTION: CROSS-COUNTRY COMPARISONS ON CONSUMER-DIRECTED CARE PROGRAMS

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Objectives: The consumer-directed care (CDC) program aims to maximize health outcomes by offering older adults more control, choice, and flexibility over the care services they received. However, countries may operate CDC programs in different ways based on heterogenous sociostructural systems. We proposed a comparative framework to evaluate three dimensions of CDC—control and direct services, variety of service options, and information and support—and analyzed how countries varied in their policy design to achieve consumer direction. Methods: Using cross-national document analysis, we analyzed eleven CDC programs from seven selected countries (Netherlands, United States (US), United Kingdom (UK), Germany, China, Australia, and Spain) with five CDC care regimes. A total of fourteen indicators capturing three dimensions of CDC programs was developed. We further used these indicators to evaluate and compare similarities and differences of policy features across countries using descriptive statistics and graphical approaches. Results: CDC programs in the Netherlands, Arkansas, and the UK ranked at the top in consumer direction. All countries except Germany employed a "service-based" principle in determination of service type. Training care workers was in the most widespread use to assure quality of care. Merely the UK and Germany integrated CDC and conventional agency care without restrictions. Representative with relevant support was only available in the UK and Netherlands. Discussion and Implication: CDC models involve multi-faced aspects, rather than dichotomies and discrete entities. Implications include the need for a systematic reflection with our developed framework and enriching variety of service options to promote consumer direction.

UNDERSTANDING GLOBAL DEPRESCRIBING POLICY: OPPORTUNITIES AND CHALLENGES

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The landscape of deprescribing, the planned process of dose reduction or stoppage for medications which are no longer of benefit, has been rapidly expanding with global efforts and the formation of regional and national deprescribing networks. The purpose of this qualitative study is to describe successes and challenges about deprescribing from thought-leaders across the world to inform future policy initiatives. We aim to conduct at least 15 key informant (KI) interviews; we have completed 13 to date. Codes were constructed to identify themes that depict the perspectives regarding deprescribing policy across the globe. The KIs primarily represent the fields of pharmacy and medicine from four global regions with years of deprescribing experience ranging from 5 to > 20. We identified two emerging overarching themes through our qualitative analysis: Regional Organization Support and Evidence & Knowledge gaps. Within these overarching themes, we further identified sub-themes and their representative quotes: Network Structure: "idea of the network was threefold: 1) To try and figure out what we need to activate healthcare providers to deprescribe; 2) To do work with community-dwelling seniors to motivate them and give them opportunities to deprescribe; 3) ...getting pharmacists to provide the education to the patients." Cost-effectiveness: "If we can show that it is cost-effective to deprescribe, that there is actually a return here, not just in health terms but in monetary terms, I think that would really push it along." This research will help to advance global efforts to optimize medication management.