full-time, less likely to have more education, and less likely to receive insurance from their employers.

Implications: Since 2018, the PUMS of the ACS separates nursing, psychiatric, and home health aides (previously one occupational category) into three: home health aides, nursing assistants, and orderlies. This affords researchers a more precise understanding of this part of the direct care workforce. Home health aides represented more than 2/3 of DCWs employed as medical aides in 2019. Further, these workers are distinct among medical aides. More than nursing assistants and orderlies, home health aides are older, female, underinsured, foreign-born, and with limited education. This reflects both the barriers home health aides face to other occupations and also the preferences of their employers (which include private households). These findings have implications for the recruitment and retention of medical aides across all three occupations.

DO PERSONALITY AND BELIEF INFLUENCE THE OWNERSHIP OF PRIVATE LONG-TERM CARE INSURANCE?
Shu-Chuan Jennifer Yeh,1 Hsueh-Chih Chou,2 and Shih-Hua Sarah Chen,3 1. National Sun Yat-sen University, Kaohsiung, Kaohsiung, Taiwan (Republic of China), 2. Kaohsiung Veterans General Hospital, Kaohsiung Veterans General Hospital, Kaohsiung, Taiwan (Republic of China), 3. The University of Chicago, Chicago, Illinois, United States

Long-term care is the largest out-of-pocket expenditure risk for the elderly. Private long-term care insurance is one crucial source to cover the gap. The study aims to investigate (1) whether wealthy people are more likely to purchase private long-term care insurance (LTCI); (2) whether personality traits are associated with ownership of LTCI; and (3) whether individual experience influences the ownership of private LTCI. We surveyed 375 participants for three groups, including nurses, executive MBA, and MBA students. EMBA group had highest percentage of personal discretionary income (defined as greater than 1,780 US dollar per month) (77.6%), followed by MBA group (17.6%) and nurse group (8.8%). The nurse group had highest in long-term caring experience for sick family members (46.4%), self-experience catastrophic diseases (11.2%), and number of family/relatives/friends share responsibilities of caregivers (2.33 persons). The nurse group had lowest risk propensity score as well as openness to experience traits. The percentage of ownership in private LTCI was 48%, 45.6%, and 28.8% for nurse, EMBA, and MBA groups, respectively. After controlling for age and tenure, results from logistic regression indicated that MBA group was less likely to own LTCI compared with nursing group. Compared with less than 30,000, only personal discretionary income 30,001~50,000 had higher odds ratio to own LTCI. Wealthy is inconclusive in determining ownership of private LTCI. Nurses who were lowest risk propensity and openness traits and have more sickness experience were more likely to purchase private LTCI. Believe needing LTCI is the strongest predictor in ownership of LTCI.

DO YOUNG ADULTS SEE VALUE IN ADVANCE DIRECTIVES?
Yuchi Young,1 Arianna Stone,2 Taylor Perre,3 Kuo-Piao Chung,4 and Ya-Mei Chen,5 1. SUNY at Albany, Rensselaer, New York, United States, 2. University at Albany, University at Albany, New York, United States, 3. University at Albany, Rensselaer, New York, United States, 4. National Taiwan University, School of Public Health, Taipei, Taipei, Taiwan (Republic of China), 5. National Taiwan University, Taipei, Taipei, Taiwan (Republic of China)

Many Americans avoid end-of-life care planning; only 26% have completed an advance directive (AD). An AD promotes end-of-life care with dignity allowing individuals to make end-of-life treatment and care decisions before they are unable to do so. Previous studies related to ADs are focused on older adults with serious illness or people with functional/mental disability. The objective of this survey is to better understand young adults’ knowledge of and attitude toward ADs and their preferences for ADs related to treatment and care options. Methods. Participants include graduate students (n=23) attending a state university in New York State (NYS). Data were collected using two ADs (Five Wishes; Medical Orders for Life-Sustaining Treatment (MOLST)) and one survey questionnaire. Summary statistics and multivariate models will be used to address the study aims. Results. Preliminary results show the average age was 23 years, 72% were female, 48% White, and 44% Black. The majority of young adults hadn’t completed an AD; however, their attitude toward ADs was positive; the majority believe it is important to have an AD prepared at their current age; and they believe young adults would willing to fill out ADs. Young adults can make difficult treatment and care decisions when the situation requires it. Conclusion. The study findings can be useful to policy makers, healthcare providers and other stakeholders in promoting population-based healthcare decision-making. Limitation. Participants were recruited from one university in NYS; thus, the study results may be generalized to a population sharing similar characteristics.

EFFECTIVENESS OF SUPERVISION ON WORK ENGAGEMENT AND TURNOVER INTENTION OF CARE MANAGERS IN JAPAN
Ryosuke HATA, Hokusei Gakuen University, Sapporo, Hokkaido, Japan

In Japan, care managers engage frail older adults to support their assisted living in long term care insurance system. However, due to the lack of some or all supervision, many care managers face problems such as low work engagement and high turnover rate. This study aims to examine what types of supervision have positive effects on work engagement and turnover intentions of care managers in Japan. The sample of 241 care managers were asked whether they have received individual supervision in the workplace (ISVW), individual supervision in the community (ISVC), group supervision in the workplace (GSVW), or group supervision in the community (GSVC). Independent samples t-tests and one-way ANOVAs were conducted to examine the effectiveness of each types of supervision on work engagement and turnover intention. T-tests showed that only GSVW was significantly related to work engagement (t<−2.06, p<0.05). Whereas, only ISVW had a significant effect on turnover intentions (t=2.37, p<0.05). One-way ANOVAs revealed that 28 care managers receiving GSV had significantly higher