overwhelmingly positive (>98% for multiple-choice questions.) There were also three open-ended questions that were analyzed using a modified thematic approach. The three questions covered what attendees learned, what they wanted to learn more about and suggestions for improvement. Analysis suggests that attendees plan to be more mindful about communication (e.g. improve eye contact, listen more) and that they want more information on neurocognitive disorders and resent research, including psychological changes due to disease and medication side effects. In terms of improvement, attendees said the program should allow more time for questions and should use more engaging materials (polls, posters, flyers and case studies).

MULTIPLE STREAMS ANALYSIS OF THE LONG-TERM CARE INSURANCE IN SOUTH KOREA: UNDERSTANDING POLICY CHANGES (2008 - 2014)

Mijin Jeong, *University of Kansas, LAWRENCE, Kansas, United States*

The Long-Term Care Insurance (LTCI) Act in South Korea was enacted in 2008 to improve the quality of life of older adults by promoting better health and to mitigate the burden of care on family members. In 2014, the Enforcement Decree for the LTCI Act was revised to broaden criteria for eligible recipients of LTCI-related services and care. This policy analysis seeks to explore the political circumstances under which the Act was formed and how social environmental factors had evolved to revise the LTCI Act using a multiple streams policy analysis framework. A combination of factors influenced the status of LTCI policy agenda, including shifts in aged demographic structure and increasing medical expenditures. From the Korean National Dementia Plan, a pilot project of dementia care was conducting to prove the efficiency of dementia care service. While the Korean Senior Citizens Association (KSCA) was less successful gaining press attention around dementia care, the presidential election and candidates' election pledges were key factors to suddenly open the opportunity to extend the recipients for dementia care. The process through which the LTCI Act was revised and expanded showed the importance of the political environment associated with the election. Based on the recognition of LTIC policy agenda and already testing the efficiency of dementia care services, the election leaded to revision of LTCI Act and it quickly diffused by the new administration. From the revision of LTCI, international policymakers and scholars should recognize how the political events might use the policy for older adutls.

PERSONAL CARE AIDES IN RESIDENTIAL CARE AND ADULT DAY CENTERS: DIFFERENCES IN TRAINING, BENEFITS, AND ROLES

Manisha Sengupta,[1] and Farida Ejaz,[2] *1. CDC/NCHS, Hyattsville, Maryland, United States, 2. Benjamin Rose Institute on Aging, Cleveland, Ohio, United States*

Personal care aides (PCAs), along with other direct care workers, provide the hands-on care, including help with activities of daily living for individuals receiving care in residential care communities (RCC) and adult day services centers (ADSC). Recruitment and retention of such workers is a challenge as low pay, inadequate training, unsatisfactory roles and lack of benefits contribute to turnover. Using data from the 2018 National Study of Long-Term Care Providers, the only nationally representative data about PCAs in RCCs and ADSCs, this study will assess differences in training hours, benefits, and work roles among PCAs in these settings. About 76% of RCCs and 66% of ADSCs employed aides. On average, PCAs received 32 hours and 51 hours of initial training in ADSCs and RCCs, respectively. Results from bivariate analyses (accounting for complex survey design), showed that benefits received by PCAs varied by sector. A higher percentage of PCAs in ADSCs than in RCCs received health insurance for employees (60% vs. 46%), and pension (51% vs. 40%). About 51% of ADSCs and 46% of RCCs reported that PCAs rarely or sometimes attended care plan meetings. Further, 11% of RCCs and 15% of ADSCs reported that aides rarely or sometimes worked with the same care recipient. This overview of PCA activities, training and benefits may provide insights into approaches to improve the retention of PCAs and subsequently the quality of care provided across sectors.

RESILIENCE AND MENTAL HEALTH AMONG MALE OLDER ADULTS IN EXTREME POVERTY IN LONG-TERM CARE FACILITIES IN RURAL CHINA

Ying Ma,[1] and Patrick Leung,[2] *1. University of Houston, Richmond, Texas, United States, 2. University of Houston, Houston, Texas, United States*

Older adults in extreme poverty refer to "three-noes people": no working ability, no income source, and no children or legal supporters. They are eligible for a government-funded welfare system called "Five Guarantee system". The majority of residents in rural welfare institutes are male older adults in extreme poverty. Research demonstrates that resilience is a critical factor in shaping health. This study aims to examine the association between resilience and mental health for male older adults in extreme poverty, and its differences in young-old (60-69 years), old-old (70-79 years), and oldest-old groups (≥80 years). A cross-sectional study was conducted with 1,427 eligible subjects in rural long-term care facilities from Anhui province in China during 2019, with a response rate of 77.4%. Resilience was measured by the Chinese version of Connor-Davidson Resilience Scale, including three subscales of optimism, strength and tenacity. Mental health was assessed using General Health Questionnaire-12. A MANOVA test revealed a significant difference among age groups on three subscales of resilience [Pillai's Trace=.023, $F_{(6,1486)}$ =2.709, p=.013, $\eta p2$=.012]. Tukey Post hoc indicated the oldest reported significantly lower levels of strength, optimism, and tenacity compared to the other two groups. A multiple logistic regression identified a significant negative association between resilience and mental disorder for the old-old (OR=0.95, 95%CI:0.93-0.97) and oldest-old (OR=0.93, 95%CI: 0.88-0.99) groups. Our findings identified th differences in the link between resilience and mental health within the three different age groups. Resilience-training programs to improve mental health would require targeting specific subscales of resilience for each group.

ROBOTIC-ASSISTED VIRTUAL CARE

Lillian Hung, *University of British Columbia, Vancouver, British Columbia, Canada*