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*

Heightened isolation during the pandemic has exacerbated the stress, anxiety, and adverse consequences through the loss of family connections older people experience in LTC. Heavy workload and staffing shortage limit staff's capacity to assist residents in accessing regular virtual visits. Using a Collaborative Action Research (CAR) approach, this project aims to assess the implementation of a telepresence robot, Double 3 to help residents connect with their families. CAR allows careful planning of implementation with stakeholders (patient and family partners, staff, and decision-makers), tailoring adaption to the complex LTC environment. We will program path planning to allow efficient movement between target destinations (residents' rooms) and the charging dock. For example, the robot will go to a resident's room every morning or evening to help the resident to make a virtual call with family. The project involves three phases (a) Observe and Reflect, (b) Act and Adapt, (c) Evaluate. We work with two Canadian LTC homes in British Columbia to investigate feasibility and acceptability. CAR emphasizes research with, rather than research on people. Meaningful engagement with patient and family partners, frontline staff, and decision-makers at each site throughout the whole project will ensure the project will meet the local needs. Anticipated resident outcomes include improved quality of life, mood, perceived loneliness, perceived social support, and acceptance. Anticipated staff outcomes include perceived ease of use, and acceptability.

ROOM TYPE AND SOCIAL COHESION IN SENIOR-LIVING FACILITIES

ZHE WANG, *Henan University, Henan University, Kaifeng, Henan, China (People's Republic)*

Private rooms are generally preferred by senior-living residents. However, having roommates may help residents to build and maintain social networks in the facility, leading to promoted social cohesion and mental health. The differences in social cohesion among senior-living residents who resided in private or shared rooms need investigation. This research collected empirical data from eight senior-living facilities in Beijing and Shanghai, China. Focusing on social cohesion, room type, and personal factors, on-site questionnaire surveys recruited 345 residents receiving independent living, assisted living, or nursing care services. Facility environments were measured and rated by researchers through on-site observation. Controlling for personal and facility factors, ANOVA tests were employed to investigate the differences in social cohesion among residents who resided in private, double, or triple rooms. Room type was found significant to the social cohesion in assisted-living and nursing care residents. At the assisted-living level, compared with private and double rooms, triple rooms were more likely to contribute to social cohesion (p<=0.01). At the nursing care level, residents with less numbers of roommates (private versus double and double versus triple) had stronger social cohesion (p<=0.05). At the independent-living level, no factors significant to social cohesion were found. These findings can be used to guide the new design, renovation, and modification of senior-living environments to promote social cohesion. Recommendations for future research and practice implications for senior-living professionals and facility designers are discussed. Senior-living facilities should be built to be social-friendly through

design and planning and within the context of its cultural characteristics.

THE INFLUENCE OF STAFF-RESIDENT INTERACTIONS ON RESISTIVENESS TO CARE BEHAVIOR IN ASSISTED LIVING

Rachel McPherson,[1] Barbara Resnick,[2] and Elizabeth Galik,[2], *1. University of Maryland Baltimore and Baltimore County, Catonsville, Maryland, United States, 2. University of Maryland, Baltimore, Maryland, United States*

Resistiveness to care (RTC) is a behavioral and psychological symptom of dementia that is common among dementia residents in assisted living facilities. RTC encompasses verbal and nonverbal behaviors that oppose care, such as crying, grabbing, hitting, or yelling, among many other resistive behaviors. The quality of care interactions which can be positive, neutral or negative, have been associated with increased RTC. The purpose of this study was to test the association between quality of care and RTC. This was a secondary data analysis using baseline data from the Function-Focused Care for Assisted Living Using the Evidence Integration Triangle (FFC-AL-EIT) implementation study. Controlling for cognition, age, gender, medication use, and comorbidities, it was hypothesized that quality of care interactions would be associated with resistiveness to care. A linear regression analysis was conducted to test the hypothesis. The sample included 794 participants the majority of whom were white women with a mean age of 89.48 (SD=7.61). The mean RTC was .09 (SD=.41, range 0-13) and the mean quality of care interactions were 5.96 (SD=1.44, range 0-7). Based on the regression analysis there was no significant association between quality of care and RTC. These findings may be due to the high quality of care provided and limited RTC in this sample. Ongoing research is needed, however, to continue to explore these relationships and assure that all RTC is being reported among staff and that there is no evidence of negative quality of care interactions in these settings.

Session 9360 (Poster)

MENTAL HEALTH (BSS POSTER)

AGE, EMOTION REGULATION, AND WELL-BEING AFTER THE 2016 FLOOD

Katie Cherry,[1] Piper Bordes,[2] Matthew Calamia,[3] and Emily Elliott,[3], *1. Louisiana State University, Louisiana State University/Baton Rouge, Louisiana, United States, 2. Louisiana State University, Louisiana State University, Louisiana, United States, 3. Louisiana State University, Baton Rouge, Louisiana, United States*

In 2016, catastrophic flooding in south Louisiana claimed 13 lives with billions of dollars in damage to homes and communities in the decade after Hurricanes Katrina and Rita devastated the US Gulf Coast. In this study, we tested the inoculation hypothesis which predicts that older adults will be less distressed than younger adults due to their prior experience with severe weather events. Participants were 218 predominantly middle-aged and older adults who varied in current and prior flood experience: less than half (40%) did not flood in 2016, 31% had flood damage, and 29% had relocated permanently inland after catastrophic losses in the