

“crowd-in” effects on rural older adults’ private transfer receipts. The incidence and amount of private transfers that occurred among rural older adults are more likely to be determined by the private transfers they received in prior waves. The intensity of catastrophic health expenditure itself does not affect the occurrence and size of private transfers. This study, on the one hand, confirms that among rural recipients, public transfers do not substitute private transfers, which most of the policymakers have long been concerned about. However, on the other hand, it also reveals the shortcoming of current public transfer policies—the generosity of public transfers does not enable rural older adults to be financially independent of intra-family transfers.

#### PROTECTIVE FACTORS IN THE CONTEXT OF SUCCESSFUL AGING IN URBAN-DWELLING ALASKA NATIVE ELDERS

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Recently, researchers have been exploring successful aging in rural communities of Alaska as it is experienced by Alaska Native Elders. Due to outmigration based on economic, medical, or familial influences, many Alaska Native elders leave their home communities to live in urban settings in Alaska, even though research suggests that most elders would like to remain in their home communities to grow old. Very little is known about the relocation process and how it impacts an elder’s views on successful aging. While established protective factors in rural communities involve family and extended family members, community, subsistence, and traditional activities, there is little knowledge of which protective factors exist in urban settlements supporting successful aging. This exploratory, qualitative study presents the protective factors of successful aging in the context of relocation of Alaska Native Elders from rural to urban dwellings. A life course approach and discourse analysis were used to analyze individual interviews asking how Alaska Native Elders experienced relocation and how successful aging was experienced similarly and differently in rural and in urban settings. A community-based participatory approach allowed for collaboration between researchers and communities as equal partners at all phases of the process, both contributing their expertise to enhance understanding of successful aging and supportive factors. Access to informal supports and meaningful community engagement were more important to rural Elders, and access to health care services and family engagement were important to Elders in urban communities. Challenges remain for Elders in urban environments to establish a sense of community.

#### HOW DOES MODE OF SERVICE DELIVERY IMPACT CAREGIVER STRAIN? A MIXED-METHODS STUDY OF CAREGIVERS IN LOS ANGELES

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As the number of people living with Alzheimer’s disease and related dementias increases, so too will the number of people who care for them. This growing population requires

instrumental and emotional support as they fulfill their caregiving duties. CareJourney is an online platform that provides this support; it can be used either alone, or with traditional in-person and phone-mediated consultations with family care navigators (FCNs). The intent of CareJourney is to provide a greater opportunity for self-directed services, as well as flexibility for working caregivers and those who prefer using technology. Satisfaction surveys (N=222) were analyzed to evaluate caregivers’ perceptions of CareJourney and the traditional service delivery modes. Additionally, five 30-minute interviews with caregivers were coded by two researchers ( $\kappa=0.84$ ) for a more in-depth understanding. Ten percent of survey respondents used CareJourney, and preliminary results from both the interviews and the survey suggest that caregiver burden, lack of time, and desire for a personal connection with FCNs influence mode of service delivery. Although a quarter of users relied on CareJourney to find caregiving resources and email their FCNs because it was more convenient than traditional modes, the interviews and surveys revealed that the caregivers most valued the personal touch that came from interacting with FCNs. Speaking with FCNs over the phone or in-person allowed caregivers to feel “reassured,” “less isolated,” and “comforted” as they discussed caregiving strains. Future interventions and services for caregivers should be offered using multiple modes to accommodate a range of time-demands and preferences for personal connection.

#### BUILDING DISASTER RESILIENCE FOR OLDER ADULTS AGING IN PLACE: THE ROLE OF COMMUNITY-BASED ORGANIZATIONS

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Older adults are more susceptible to adverse health outcomes during and after a disaster compared with their younger counterparts. Developing community resilience, or strengthening communities to reduce the negative impacts of disasters, has the potential support older adults’ health and well-being. Community-based organizations (CBOs), such as senior centers and Villages, provide social services and programming that support aging in place and may support older adults’ resilience to disasters. This study examines CBO leadership perspectives on the role of CBOs in building disaster resilience for older adults aging in place, as well as perceived barriers and facilitators to incorporating disaster resilience activities into organizational programming. In-depth interviews were conducted with a purposive sample of staff-members of CBOs serving older adults aging in place in King County, Washington. Participants included representatives from 14 organizations that varied in size, geographic setting, organizational structure, and ethnic, linguistic, and socio-economic backgrounds of organizational members. The sample included five government-run senior centers, seven non-profit senior centers, and two Villages. Interviews were audio-recorded and transcribed verbatim. We used a combined inductive and deductive approach to code and thematically analyze the data. Results indicate that local context, leadership risk perception, collaborations, and existing services and programming influence CBOs’ willingness to engage in activities supporting disaster resilience for older adults aging in place. Findings suggest that CBOs supporting

aging in place may support disaster resilience for older adults by serving as a trusted source of disaster preparedness information and tailoring disaster-related messages for an older adult audience.

#### HOW AN INDIVIDUAL'S SENSE OF CONTROL INFLUENCES THEIR PERCEPTION OF SUCCESSFUL AGING

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Factors like physiology, mental health, personal resources, and social support have been identified to contribute to perceived successful aging (Cosco, Prina, Perales, Stephan & Brayne, 2015); however, sense of control's role in these relationships remains underexplored. Studying the impact of sense of control is crucial, given that many factors associated with well-being are correlated with later life success. The current study investigates associations among sense of control and constructs known to define successful aging. The data was derived from the Survey of Midlife in the US database (MIDUS3). Participants were primarily Caucasian (88.7%) and female (54.9%) with a mean age of 63.64 years (SD=11.35). A series of hierarchical multiple regressions revealed that sense of control impacts physical health ( $F = 87.734, p < 0.001$ ), depression ( $F = 43.944, p < 0.001$ ), anxiety ( $F = 24.680, p < 0.001$ ), social actualization ( $F = 66.450, p < 0.001$ ), and instrumental activities of daily living (IADL) ( $F = 135.963, p < 0.001$ ) over demographic correlates (i.e., age, sex, and race). The present findings suggest that higher levels of control results in increased comfort in social atmospheres, absence of mood symptoms, good health, and limited issues with IADL. Implications of the current findings include a deeper understanding of how psychological factors, such as sense of control, can impact physical and mental health in order to improve care and promote wellbeing in late life.

#### THE IMPACT OF A PARO INTERVENTION ON DEPRESSION AND WELL-BEING IN OLDER ADULTS WITH DEPRESSION

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**Aim:** This study aimed to explore the effect of a social robot Paro intervention on depression and well-being in older adults with depression living in long-term care facilities in Taiwan. **Methods:** This study was adopted a single group and quasi-experimental with repeated measures design. Each participant participated in two stages: observation and Paro intervention stages. Stage 1 was an 8-week observation stage in long-term care facilities where the purpose was to observe the normal mood, behaviour and activities of older adults with depression. In stage 2, each participant was given a Paro by the researcher to keep for 24 hours for 7 days in for 8 weeks. Outcome measurements were obtained 4 times: a week before the intervention (T1), immediately the end of 8-week observation (T2), mid-point of Paro intervention (T3), and immediately the end of 8-week Paro intervention (T4). Instruments included the Geriatric Depression Scale,

the UCLA Loneliness Scale version 3, and the World Health Organization Quality of Life Questionnaire-OLD. **Results:** There were 20 participants completed the study. The mean age of participants was 81.1 years (SD = 8.2). After 8-week Paro intervention, statistically significant differences in changes were found on depression, loneliness, and quality of life from pre-intervention to post-intervention. **Conclusion:** This study was found that Paro intervention has beneficial effects on depression and mental well-being for older people with depression in long-term care facilities. Paro Intervention might be a suitable psychosocial intervention for older people with depression and should be considered as a useful tool in clinical practice.

#### ADMISSION AND CARE OF INDIVIDUALS WITH MENTAL ILLNESS IN MASSACHUSETTS NURSING HOMES: A PILOT STUDY

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Due to the rising prevalence of mental illness in nursing homes (NHs), the US Congress passed the 1987 Pre-Admission Screening and Resident Review (PASRR) mandate, which aims both to limit inappropriate institutionalization of people with mental illness and to ensure that they are served appropriately when living in NHs. Although the PASRR is a federal mandate, states have considerable flexibility in implementing it, resulting in considerable variation across states. This study explores the Commonwealth of Massachusetts' policies on admission and care of individuals with mental illness in NHs, focusing on implementation of PASRR regulations. Semi-structured phone interviews were conducted with key informants identified through purposive snowball sampling (N=8). Key informants included representatives from NHs, the State Mental Health Authority, state Medicaid office, and independent contractors and an academic expert. Data were analyzed using qualitative content analysis. Participants agreed that the PASRR tools efficiently identified and screened people with mental illness -- thus achieving PASRR's first aim, but that the regulations did not successfully ensure appropriate services. Interviewees also identified a lack of services and options for diversion of people with mental illness into the community. Nursing home informants noticed a disconnect between the various supervising departments and felt instructions were unclear on the administration of the tool. This work builds a case for a national study to understand how PASRR implementation varies across states, resulting in variations in the proportion of people with mental illness admitted and served in NHs.

#### VALIDATING THE PREFERENCES ASSESSMENT TOOL FOR NURSING HOME RESIDENTS USING ITEM RESPONSE THEORY

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The Preference Assessment Tool (PAT), part of the Minimum Data Set (MDS), assesses residents' preferences to enable preference-based care in nursing homes (NHs). The two PAT sections including daily routine preferences