Implications: Many researchers investigate super-aged societies without focusing on the residents’ strengths, which we can empower efficiently for aging in place by promoting good social contacts among long-term residents.

INVESTIGATING COMMUNITY PSYCHOSOCIAL CARE FOR RURAL ELDERS WITH EARLY-STAGE DEMENTIA
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Early intervention for dementia is beneficial, but providing adequate care for elders with early-stage dementia is challenging, especially in rural areas. The study focuses on a newly developed and well-received program in Taiwan where intervention is delivered via a community care station in rural communities. To unpack the inner workings of the program and to derive a blueprint for the care model, the study aims to: (a) identify the goals and objectives of the community care station, (b) investigate the roles and functions of the stakeholders, and (c) construct conceptual frameworks of practice in the model, taking into account influences at both individual and structural levels. This qualitative study was conducted in a community care station primarily led by a community development center and local volunteers. The researcher conducted field observation and in-depth interviews with people from the primary stakeholder groups involved in the care station, including the elders, their caregivers, professionals, and volunteers for their perceptions and experiences. Findings showed that the station relied heavily on the collaboration among stakeholder groups, and their interactions created an uplifting atmosphere and a healing environment. They used various approaches to integrating local customs and mobilizing community resources. By recruiting professionals’ support, the community care station provided health promotion activities. Additionally, the station provided family caregivers with respite support. Essentially, it was a model “developed in the community and delivered by the community,” which materializes “aging-in-place,” and fosters the potential of sustainability, important qualities to target in the search of long-term care models.

CAREGIVERS’ BURDEN AND EDUCATION LEVEL: DOES SUBJECTIVE HEALTH MEDIATE THE ASSOCIATION?
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The present study investigated the following hypotheses: (1) Caregivers with higher educational attainment show lower levels of perceived physical and mental burden than caregivers with low education. (2) The association between the caregiver’s perceived burden and their education level is mediated by their subjective health status. The analysis was based on a population survey of 6087 residents of Germany aged 18 and over. 966 persons were identified as caregivers. Burden of caregiving, socio-demographic characteristics and subjective health were assessed using standardised questionnaires. Logistic regression and mediation analyses were performed. 50% of all caregivers reported an increased physical burden, while 71% felt mentally burdened. Caregivers with a higher level of education had lower odds of feeling physically burdened by caregiving (OR: 0.66; CI: 0.48–0.92). This association diminished, if additionally adjusted for health status. Persons with a higher education level had increased odds of feeling mentally burdened by caregiving compared with caregivers with lower education level – even after adjustment for health parameters. In both models, subjective health was found to have a significant mediation effect, explaining 55% and 22%, respectively, of the total effect. Better educated caregivers had lower odds of feeling physically burdened by caregiving; this was related to their good health status. The greater mental burden of caregivers with a higher education level may result from feared losses of autonomy, which increase with higher investment in education. Support and counselling services should therefore be optimised, taking account of socioeconomic status, so that solutions tailored to caregivers’ individual circumstances are provided.

MOVING FROM FRAGMENTED TOWARD AN INTEGRATED SYSTEM: A NEW LONG-TERM CARE POLICY IN FAST-AGING COUNTRY
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Taiwan, one of the fastest aging countries in the world, started its first long-term care (LTC) plan, version 1.0, in 2008. In 2017, the LTC plan version 2.0 began a new era with the goal of integrating Taiwan’s fragmented LTC service system. The new plan aims to establish an integrated community-based LTC system with health care and disability prevention care included. The model comprises three tiers of service agencies, including community-based integrated service centers with a day care center as base (Tier A: flagship stores); service centers with specialties (Tier B: specialty stores); and LTC stations targeting frail community-dwelling older adults and providing drop-in services toward preventing further disabilities (Tier C: corner stores). In the new plan, the role of Tier A stores needs to coordinate the LTC services provided by Tier B and Tier C stores. Our study explored the challenges to implementing LTC plan version 2.0 through in-depth interviews with three tiers of facilities. The preliminary findings show four major challenges to implementing LTC plan version 2.0: (1) First, although three tiers of service are defined, the plan lacks a mechanism for integration across tiers. (2) The mechanism for payment across different tiers was unclear, which may jeopardize the integration of services. (3) The role and function of Tier C stores in the new plan also seemed unclear. (4) LTC plan version 1.0 remains a challenge for version 2.0.

PARTICIPATORY RESEARCH WITH MOBILITY ASSISTIVE TECHNOLOGY USERS: AUDITS AND PHOTO DOCUMENTATION
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