

and became less significant thereafter. Our results reveal that differential patterns in service use over time depend heavily on where people start in the care system.

#### LOST WITH DEMENTIA: REPORTS IN THE AUSTRALIAN PRINT MEDIA

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Successful environmental navigation requires intact attention, memory and problem solving, all of which are progressively impaired by dementia. People with dementia who get lost have an increased risk of negative outcomes. In Australia no legislated public community alert system exists, so print media is one critical information source supporting safe return.

We examined news reports of lost people with dementia in Australia (2011–2015) sourced from the Proquest Australia & New Zealand Newsstand database. Articles meeting inclusion criteria were analyzed for relevant information e.g. age, gender, transport mode, location last seen, time missing, location found, health outcome.

Missing people with dementia (n=130, mean age 75, 74% male), typically left home (75%) or residential aged care (25%) and were on foot (62%). Significant resources, e.g. helicopters, police, dogs, search and rescue units and volunteers, were utilized in searches. Ninety two people (71%) were found (73 alive: 60% well, 20% injured; 19 dead). Of the 19 people found dead most were found within 5 km of where they were living and 7 were found within 1 km. Dehydration and exhaustion were the most common issues for those found.

Our findings reinforce existing evidence that wandering away from a safe environment alone and getting lost is not a benign event for people living with dementia. Community-level interventions targeting dementia awareness and risk reduction need to be urgently explored to reduce preventable deaths.

#### ACCESS TO TIMELY FORMAL CARE FOR PEOPLE WITH DEMENTIA: INTERVIEW STUDIES IN EIGHT EUROPEAN COUNTRIES

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The timely use of community services is supposed to enable people with dementia to live at home as long as possible. However, access to services seems to be gained late in the trajectory of dementia. As part of the transnational project Actifcare (including Germany, Ireland, Italy, Netherlands, Norway, Portugal, Sweden and United Kingdom), barriers and facilitators when using formal community care as experienced by people with dementia, informal carers and healthcare professionals were investigated. Consecutively, strategies improving service use as suggested by political decision-makers/decision influencers were explored. Across countries, 55 focus groups with 266 participants were conducted, followed by 38 expert interviews. A summarising qualitative content analysis was performed.

Using formal community care seems to be influenced by psychosocial factors of people with dementia and informal

carers together with characteristics of healthcare professionals and system-related aspects. Findings highlight the impact of beliefs of people with dementia and carers (e.g. meaning of caregiving for the families), and underline that people with dementia try to stay independent as long as possible, while using formal care is often considered as a threat to individual independence. Political decision-makers/influencers identified good-practice strategies of dementia care that appropriately reflect explored barriers and facilitators (e.g. care coordinator, proactive person-centred services, and raising public awareness). Nevertheless, implementation of these strategies still seems to be challenging. Further research is needed, aimed at investigating how these strategies can be appropriately implemented, and how formal care can be modified towards supporting the independence of people with dementia.

#### RACIAL AND ETHNIC PATTERNS IN THE PROGRESSION OF COGNITIVE DECLINE IN A CLINICAL SAMPLE

M.P. Aranda, D. Lloyd, *University of Southern California, Los Angeles, California*

Drawing from the National Alzheimer's Coordinating Center Uniform Data Set, we examined the trajectory of cognitive function among older Asians, African Americans, Latinos, and non-Latino Whites. Using latent trajectory model analysis, we pooled subjects with at least 3 assessments (N=1483) and measured cognitive decline using neuropsychological battery test scores. Results indicate an overall declining average trajectory for all groups with increasing heterogeneity at successive assessments. Each minority group had a lower intercept than non-Hispanic whites indicating a less steep decline over time: While Latinos did not differ from non-Hispanic whites in the rate of decline, the slope was significantly less steep among African Americans and Asians. Test administration in Spanish is associated with a flatter trajectory. Implications for early assessment and brain health initiatives are discussed.

#### COGNITIVE STIMULATION THERAPY: AN EXPLORATORY STUDY IN AN AMERICAN POPULATION

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Affecting nearly 5.4 million Americans and 35.6 million individuals worldwide, dementia is one of the greatest health crises of our time. Though pharmacological interventions are a mainstay of treatment, their efficacy remains limited. More attention has been given to non-pharmacological interventions as a primary form of intervention. Offering persons with dementia a voice in selection of stimulation activities is shown to reduce behavioral issues and decrease medication use. One approach, Cognitive Stimulation Therapy (CST), is reported to improve processing and recall for individuals with dementia but few studies incorporate additional social, psychological, or familial measures of improvement within CST interventions. Ninety-four community-based CST participants (M=78.55 years, SD=10.01) underwent CST with 21 continuing onto maintenance CST. Pre-/post intervention measures of cognition, depression, quality of life, and mobility were taken.

Using a paired samples t test, there is a statistically significant difference of SLUMS score after CST ( $t_{93}=6.123, p<.001$ ). On average, post-scores were 2.4 points higher. A statistically significant post-test difference of Cornell Scale for Depression in Dementia exists ( $t_{94}=-6.743, p<.001$ ) as well as Quality of life ( $t_{94}=5.931, p<.001$ ). Results remained significant when comparing results at 12-month mark to baseline. There was no statistically significant difference in caregiver quality of life, caregiver depression, or mobility. CST proves to be an effective form of treatment among older adults with mild to moderate dementia. Implications for integration into practice and education will be highlighted.

## SESSION 4025 (SYMPOSIUM)

### THE EVOLUTION OF HEALTH AND LONG-TERM CARE INTEGRATION IN THE U.S., CHINA, TAIWAN, AND JAPAN

Chair: Y.W. Glavin, *Case Western Reserve University/ Taipei Medical U, Mayfield Village, Ohio*

Co-Chair: R. Browdie, *Benjamin Rose Institute*

This Symposium reviews and compares care integration trends in China, Taiwan, Japan and the US. Presentations include development in the context of distinctive policy and cultural environment of each respective system. Integration strategies (or models) are concluded from policy analyses, demonstrations and national surveys/studies, ranging from overall financing, payment methods, shared risk and care management to technology applications, with common goal to improve care, reduce cost and ensure system sustainability.

Josh Wiener will review past and current initiatives to integrate care in the US, including Social/ HMOs, the Program for All-inclusive Care for the Elderly (PACE), Dual Eligible Special Needs Plans (D-SNPs) and the Centers for Medicare & Medicaid dual eligible demonstrations.

John Campbell will discuss LTC Insurance in Japan, efforts between Long Term Care and Health Care Insurances to support community-based integrated care, especially for the elderly with heaviest needs. He will discuss integration in the context of distinctive features of Japan's LTCI system.

Yu-Chun Lee will discuss two financing alternative for long term care in Taiwan: insurance and tax-based financing. Discussion will focus on to what extend these two financing models support care integration. Conclusions derived from policy analyses, budget projections and national LTC surveys will be discussed.

Shuang Liu will discuss China's "Medical and Personal Care Integration" policy and conclude from the Comprehensive Home Care Survey to identify opportunities for hospital and home care agency to collaborate on care integration beyond structure changes.

Ye-Fan Wang Glavin and Rich Browdie will serve as moderators

### INTEGRATED CARE IN THE UNITED STATES: OPTIONS AND ISSUES

J.M. Wiener, *RTI International, Washington, District of Columbia*

Older people with disabilities in the United States currently receive care in a fragmented and uncoordinated

financing and service delivery system, both within and between the health and long-term care systems. Financing for acute care is largely the responsibility of Medicare and the federal government, while long-term services and supports (LTSS) is dominated by Medicaid and state governments. As a result, no organization is responsible for managing all aspects of care for a person. The fragmented financing and delivery system has negative consequences for older people, including high levels of hospitalization and potentially avoidable hospitalizations. This presentation will review past and current initiatives to integrate care, including Social/ HMOs, the Program for All-inclusive Care for the Elderly (PACE), Dual Eligible Special Needs Plans (D-SNPs) and the Centers for Medicare & Medicaid dual eligible demonstrations.

### LONG-TERM CARE INSURANCE VS. TAXATION: POLICY IMPLICATIONS TOWARD AN INTEGRATED CARE

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World Health Organization (WHO) global strategy calls for fundamental paradigm shift to a people-centered integrated health system to improve quality, responsiveness, efficiency and financial sustainability. The elderly in Taiwan will grow from 12.6% in 2016 to 41% in 2036. Current Ten-Year Long-Term Care Plan provides home and community services to 35.7% elderly by tax. Government has been working on a universal Long-Term Care Insurance implemented under the existing National Health Insurance Administration to foster an integrated care delivery through seamless financing, uniform assessment/management and IT linkages. The new administration switches to a tax-based financing. This presentation will compare social insurance vs. tax-based financing affecting the creation of an integrated and comprehensive care system. Conclusions derived from policy analyses, need/budget projections & public opinions from national LTC surveys will be discussed relating system design (single payer vs. local government administration), financial sustainability, population and benefit coverage and incentives for integrations.

### POLICY CONSIDERATIONS IN SUPPORTING CARE INTEGRATION IN CHINA BASED ON A HOME CARE SURVEY IN CHENGDU

S. Liu, B. Dong, S. Wang, *West China Hospital, Sichuan University, Chengdu, China*

Integration of medical services and personal care is top national policy in China. This presentation will address issues and considerations of Integrated Care development based on findings from the Comprehensive Home Care Survey conducted in City of Chengdu (from January to June 2016) with (n=490) included in the study. Study indicates standardized care and quality monitoring are lacking. General services provided are food preparation, ADL assistance, house-keeping, companion to Dr's appointments and injections. Home care staff often lack of professional training and comprehensive assessments are rarely conducted. The study encourages collaboration between hospitals and home care agencies but should go beyond structure merge or hospital service expansions. The strategies should be staff education