use among older adults, most do not discriminate whether non-use is due to health reasons or otherwise. Recent studies also reveal that older adults use the internet to keep in touch with family and friends, highlighting that limitations in internet use may be detrimental for their well-being. We therefore, examine the key correlates of health-related difficulty in internet use, and how it may affect quality of life by reducing the size of their social support networks. Data were from a national survey of older Singaporeans \((n=3966)\) conducted in 2016-17. Multinomial logistic regression and mediation analysis were used to identify older adult subgroups more likely to experience health-related difficulty in internet use, and whether such difficulty affected older adults’ quality of life through their social support networks. Results showed that males, those of Malay ethnicity, those with less education, and those with more instrumental activity of daily living (IADL) limitations were more likely to experience health-related difficulty in internet use. Social support networks mediated the relationship between health-related difficulty in internet use and quality of life. These findings suggest that other than managing the health conditions of older adults who face health-related difficulty in internet use, offline modes of keeping them socially connected may promote their quality of life.

**EXPLORING THE POWER OF COMBINATORIAL HEALTH TECHNOLOGIES TO SUPPORT SELF-MANAGEMENT OF COPD AMONG OLDER PEOPLE**

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Ways to address the increasing healthcare needs of older people are a priority for the National Health Service (NHS) in England. The NHS England Test Bed programme was designed to trial new models of care that are supported by digital health technologies. This paper reports on findings from one Test Bed programme, the Lancashire and Cumbria Innovation Alliance (LCIA) – a partnership between NHS England, industry and Lancaster University, which ran from 2016 to 2018. A key aim of the LCIA Test Bed was to explore the extent to which supported self-care telehealth technology helped older people with long-term conditions to better self-manage their own care, promoting independence and enabling them to remain at home for longer. Each patient received a combination of health technologies over a six-month period. This paper presents results from the qualitative data that formed part of a large-scale mixed-methods evaluation. Specifically it draws on the analysis of 34 observational interviews with 17 participants with chronic obstructive pulmonary disease (COPD) to understand the role of these technologies in the self-management of their care. The data revealed that the majority of participants felt more confident about self-managing COPD as a result of their participation in the programme. These increases in confidence were the result of participants’ increased knowledge and skills in managing their COPD. The paper demonstrates how patients learned to better manage their respiratory condition, the impact of this learning on their daily lives and that of their family carers, and the implications for healthcare practice.

**SESSION 2313 (SYMPOSIUM)**

**EAST MEETS WEST: BUILDING DEMENTIA-FRIENDLY COMMUNITIES: REFLECTIONS ON GLOBAL EXPERIENCES**

Chair: Fei Sun, Michigan State University, East Lansing, Michigan, United States
Discussant: Nancy Hooyman, University of Washington, Seattle, United States

The emergence and rapid development of dementia friendly initiatives (DFIs) represents growing global awareness of needs of persons living with dementia (PWD). Policy and practice efforts across regions and countries made to make physical and social environments more friendly, inclusive, and capable for PWD vary. When designing, implementing and evaluating DFIs, countries at different socioeconomic development stages need to set priorities based upon their local needs and cultural norms. This East Meets West symposium aims to understand the variability and progress of the DFI in the global context, highlighting experiences from two countries: U.S.A. and China, where about one third of the world’s total estimated 47 million PWD live. The first study from Shanghai emphasizes efforts by local health care professionals to promote dementia screening and improve diagnosis, with the ultimate goal to improve dementia literacy and build a dementia friendly city. The second paper describes a community-based participatory approach to develop dementia friendly communities in Beijing, highlighting the significance of non-governmental and governmental collaboration. The DFI in Florida underscores the partnership among multiple sectors with an emphasis of the involvement of PWD, while the DFI in rural Michigan stresses care system
coordination. The last paper based upon an online survey of DFI stakeholders from six WHO regions echoes successful features of DFIs (i.e., involvement of PWD, multi-sectorial partnership) identified in Chinese and U.S. examples, and identifies variations in strategies used to modify physical and social environments across countries. Invited panelists from different sectors will share comments in the end.

BUILDING A CONTINUOUS DEMENTIA MANAGEMENT MODEL IN COMMUNITIES OF SHANGHAI
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Over 10 million people with Alzheimer’s disease or related dementias (ADRD) live in China. In Shanghai, the prevalence of ADRD is about 3-4% among aged 60 or older, and approximately 70-85% have never been diagnosed. This study reported the pilot testing results of a dementia management model launched by Shanghai Mental Health Center to build dementia friendly communities. The dementia management model links screening, diagnosis, care planning, treatment, and services, to improve dementia literacy and standard diagnosis rate. About 3,786 senior residents were screened using the AD 8 and MoCA scales. The cognitively intact group was suggested for annual check-up, while at-risk groups were referred to formal diagnosis and intervention. About 125 older adults with a mild cognitive impairment diagnosis were provided referrals for cognitive training, and 109 diagnosed with dementia were provided medical and social interventions. This management model adds to dementia awareness and education.

INVOLVING COMMUNITY GOVERNMENTAL ORGANIZATIONS IN THE ESTABLISHMENT OF DEMENTIA-FRIENDLY COMMUNITIES IN BEIJING
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China has about 20% of the world’s total dementia population. Since most elders with dementia are living at home with care by family members, communities are fundamental support resources for families as well as patients. Dementia-friendly community initiatives aim to empower families with dementia and increase their social inclusion. Within the Chinese political context, the community level governmental organization called Ju-wei-hui has played a key role in community engagement. Within this context, a Community Based Participatory Action Research (CBPAR) process is utilized to increase public awareness on dementia and caring strategies. Our team collaborated with 15 Ju-wei-hui offices across Beijing to design a series of courses and teaching modules together. Five hundred community residents participated and positively evaluated the project. A major finding is that CBPAR could be an effective strategy to develop dementia-friendly communities across China.

CREATING DEMENTIA-FRIENDLY COMMUNITIES IN CENTRAL FLORIDA IN THE UNITED STATES
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The Dementia Care & Cure Initiative in Florida is a statewide movement to advance dementia friendly communities. With 25% of the state over the age of 65, Florida has one of the highest rates of dementia in the nation. The taskforce based in Orlando involves a partnership of representatives from social service agencies, law enforcement, healthcare providers, and research partners, as well as consumers. The task force commissioned a series of five focus groups with 43 consumers. These focus groups produced short and long-term recommendations, identifying such issues as needed training for emergency personnel and law enforcement, improving inter-provider communication, and providing culturally competent programming for a diverse region. The taskforce has been planning with the Mayor’s office and law enforcement to initiate training and support for community engagement, and planning for implementation of these goals. Recommendations from the groups and from the taskforce to community leaders will be discussed.

BUILDING DEMENTIA-FRIENDLY COMMUNITY IN MICHIGAN: THE EXPERIENCES OF BATTLE CREEK
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Alzheimer’s disease is now the 6th leading cause of death in Calhoun County – a mostly rural county of 156,000 people in southwest Michigan. In 2017, a cross-sector collaborative launched Dementia Friendly Battle Creek led by CareWell Services Area Agency on Aging. This study focuses on evaluation of the progress and outcomes of this initiative. The goal is to create a community that features high awareness of dementia, coordinated systems of care, and an environment that promotes dignity and engagement of PWD. Using participatory community planning, three Pillars of Impact were developed: Awareness, Coordination, and Environment. More than 500 people have engaged in the effort through trainings, educational programs, expanded supportive services, and the creation of integrated pathways of care for PWD. Additionally, more than $100,000 has been leveraged to support the effort. Challenges included sustaining momentum & gaining buy-in from local municipalities and health care providers.

DEVELOPING A DEMENTIA-FRIENDLY COMMUNITY GLOBAL TOOLKIT: INSIGHTS FROM STAKEHOLDERS IN WHO MEMBER COUNTRIES
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Drawing on perspectives from stakeholders involved in dementia friendly initiatives (DFIs) in WHO member countries, this paper describes the characteristics of DFIs around the world and summarizes success factors and barriers to implementation. Data were collected through an online consultation survey of 129 stakeholders from 46 countries in all six regions of WHO. Most DFIs present three essential