Individuals had an average of 2.6 years follow-up in the dataset, during which time 63.6% received additional assessments: follow-up screening (50.6%), comprehensive assessment for enrollment in HCBS (35.7%), or assessments for congregate meals or other services (13.7%). Results revealed differences in mortality: 22.5% of clients receiving services died compared to 32.1% of clients prioritized as lower risk and on waiting lists for services. Long-term care placement and functional decline outcomes also will be reviewed, along with implications for service delivery and managing waitlists.

SESSION 6220 (SYMPOSIUM)

SOCIAL AND PHYSICAL CONTEXTS OF LONG-TERM SERVICES AND SUPPORTS

Chair: Chanee Fabius

Discussant: Philippa Clarke

In the coming years, inevitably growing numbers of older populations will yield more older Americans with extensive medical and long-term care needs. This will lead to an increasing need for long-term services and supports (LTSS) to assist older adults with routine daily activities (e.g., bathing, dressing, medication management). There is a growing interest in understanding how social and physical environments contribute to health outcomes and the provision of services and resources for older persons with disabilities requiring assistance from LTSS. Decisions about care and subsequent experiences are likely a result of factors that extend beyond personal preference or individual factors, such as neighborhood quality, housing context, and living situations (i.e., homebound status) among community-dwelling older adults. Given population aging and the shift of LTSS from nursing homes toward community settings, there is a pressing need for more information about contextual factors that might help better develop supports for vulnerable older adults. This symposium will feature four presentations that provide novel insight regarding social and physical contextual factors contributing to LTSS. Presentations leverage data from the National Health and Aging Trends Study (NHATS), a nationally representative survey of Medicare beneficiaries aged 65 and older, and will describe: 1) associations between individual and home environment risk-factors, neighborhood-level social deprivation, and falls; 2) the relationship between neighborhood-level social deprivation and caregiving intensity (number of hours of caregiving per week) among community-dwelling older adults; 3) associations between living in single-family vs. multi-unit housing and social networks; and 4) community tenure among homebound older adults.

NEIGHBORHOOD SOCIAL DEPRIVATION AND CAREGIVING INTENSITY FOR COMMUNITY-DWELLING OLDER ADULTS WITH DISABILITIES

Chanee Fabius, John Mulcahy, Safiyyah Okoye, and Jennifer Wolff, *Johns Hopkins Bloomberg School of Public Health, Baltimore, Maryland, United States*

There is growing interest in the role of "place" in the provision of long-term services and supports (LTSS) for older adults with disabilities, who receive ~16 billion hours of care per year from family and unpaid caregivers, but information is lacking. Using data from the 2015 National Health and Aging Trends Study (NHATS) linked to census-tract-level information from the American Community Survey, we described the association between caregiving intensity (hours of care received per week) and neighborhood social deprivation among N=2125 community-dwelling older adults with disabilities. Individuals receiving 40 hours or more of help per week had greater levels of functional impairment and dementia, and more often lived in neighborhoods at the highest quartile of social deprivation compared to those receiving fewer than 20 hours of care (26.8% vs. 21.7%, respectively). Findings have policy implications for targeting LTSS strategies toward addressing inequities in social determinants of health for vulnerable populations.

HOME AND NEIGHBORHOOD CONTEXT AND FALL RISK AMONG OLDER AMERICANS

Safiyyah Okoye, John Mulcahy, Chanee Fabius, and Jennifer Wolff, *Johns Hopkins Bloomberg School of Public Health, Baltimore, Maryland, United States*

Falls result from complex interactions between individuals and their environment and are the leading cause of injuries among older adults. A nascent literature demonstrates an association between neighborhood characteristics and falls. However, available evidence is from small, nonrepresentative samples and generally focuses on individual, home, or neighborhood risk-factors rather than the contribution of all three. We link information from N=6,489 community-dwelling participants in the 2015 National Health and Aging Trends Study with the Social Deprivation Index (SDI), which yields a census-tract-level score of socioeconomic disadvantage, to assess associations between home and neighborhood context and falls in the previous year. Household financial strain was associated with a 31% increased risk of falling, and indoor trip hazards with a 14% increased risk, after adjusting for individual factors and neighborhood SDI (all $p < 0.05$). Findings reflect the interplay between home and neighborhood context and fall-risk, and can inform community-based fall-prevention interventions.

HOW LONG DO OLDER ADULTS REMAIN HOMEBOUND IN THE COMMUNITY? IMPLICATIONS FOR LONG-TERM SERVICES AND SUPPORT SYSTEMS

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A large and growing population of older adults with multimorbidity, cognitive impairment, and functional disability live in the community but are homebound (never/rarely leave home). While homebound status is associated with decreased access to medical services and poor health outcomes, it is unclear how long individuals remain homebound. We used the National Health and Aging Trends Study (NHATS), a nationally representative sample of Medicare beneficiaries age 65 and over, with survey weighting to assess duration of homebound status in the community. Among the incident homebound in 2016 (n=253) , only 28% remained homebound after 1 year. 21% died, 18% were recovered, and one-third left the home but still reported difficulty. As the locus of long-term care shifts from nursing homes to the