

non-Hispanic Whites. Living in neighborhoods with higher poverty rates and females were also related to higher depressive symptoms. This study contributes to explore the subtle nature of depressive symptomatology and race both at individual-level and neighborhood-level.

RURAL RESIDENTS' HOPES AND FEARS ABOUT AGING IN PLACE: THE NEED TO IMPROVE ACCESS TO AGING RESOURCES

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To support older adults' preferences to age in place, home and community-based aging-related resources are available, but are often under-utilized. Many barriers prevent individuals from accessing aging-related resources, especially in rural and geographically isolated locations. Therefore, we set out to better understand the perspectives of community members who plan to age in place in rural areas. We administered a survey as part of a broader university-community partnership called Senior Access Points (SAP), which addresses aging-related resource access. Participants were $N = 210$ individuals living in rural regions across Northern Colorado, ranging from 37 to 94 years old (mean age = 68.91, $SD = 8.85$). We assessed hopes and worries about growing older at home, and awareness of available resources. Two independent coders applied a pre-determined coding scheme, then achieved consensus ratings. An overwhelming majority of participants affirmed the importance of being able to remain in their current home (94.8%) or community (95.3%) as they age. Top hopes for aging in place centered around health/medical; housing/home services; and independent rural lifestyle. The top worries were related to health/medical; housing/home services, and transportation. Resource awareness was low: 43.3% of all participants were not aware of any available resources. Overwhelmingly, rural residents hope to grow older at home, but may not know how to connect to resources that support this goal. The resource needs we identified are being used to inform community-driven approaches to improve both awareness and availability of community resources in these rural communities.

STAGES OF CHANGE IN PHYSICAL ACTIVITY AND NEIGHBORHOOD WALKABILITY AMONG OLDER ADULTS LIVING IN THE URBAN SETTING

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Insufficient physical activity (PA) is considered an independent risk factor for chronic diseases. Although older adults living in lower-income areas often experience obstacles to walking locally, few studies have compared their walking experiences and the degree of readiness to change on engaging in PA. The purpose of this study was to compare perceptions of neighborhood walkability by the stages of change among older adults living in a lower-income community. Participants were recruited in 2018 at a regional health clinic in Flint, MI. To be eligible, participants had to be over

65 years old and Flint residents. Of the 132 participants, the mean age was 69.74 ($SD=5.00$) years old. The majority of respondents were female (66%); African American (77%); single, divorced, or widowed (75%); and educated below a GED level (84%). The results showed that older adults at the pre-contemplation/contemplation stage (PC/C) were less likely to perceive the availability of sidewalks on most streets and more likely to complain about much traffic along the street than those at the action/maintenance stage (A/M) ($p < 0.05$). After controlling for covariates, multiple regression analysis showed that those at PC/C were less likely to state that their neighborhoods were accessible ($\beta = .17^*$) and to perceive the presence of walking hazard (e.g., lack of sidewalks) ($\beta = -.17^*$). Those who engaged in PA less than 30 minutes per day perceived the neighborhoods were accessible ($\beta = .23^*$). Findings suggest that it is essential to develop friendly support systems and accommodations to encourage walking in lower-income communities.

TESTING FRAILTY, ACCESSIBLE HOUSING, AND CHANGES IN LIVING ARRANGEMENTS USING THE HEALTH AND RETIREMENT STUDY

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This study examined housing accessibility elements of community-dwelling older adults using the Health and Retirement Study (HRS). Housing accessibility elements were tested as moderators in the relationship between prior frailty and later living arrangements. HRS physical measures were used to construct the Physical Frailty Phenotype and the Continuous Frailty Scale. The analytic method for the study was multinomial logistic regression. Latent class analysis was also used to identify housing accessibility element use-types. Study findings will be presented. Strengths and weaknesses of using the HRS to measure home accessibility and construct frailty scales will also be discussed.

THE RELATIONSHIP BETWEEN FAMILY AND RESIDENTIAL SETTINGS: AGING IN PLACE VS LONG TERM CARE FACILITY IN SOUTH KOREA

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Objective: This study aims to explore the factors influencing long-term-care beneficiaries' decisions between home health care and institutional care in South Korea. This study further investigated the association between these two types of long-term care services and emotional, financial, and physical burden alleviation among the beneficiaries and their family members. Methods: We analyzed data from 2019 Long-Term Care Survey. Out of 5,606 respondents, 4,079 long-term care beneficiaries and family members were included in this study. Logistic regression models were conducted to understand factors associated with types of long-term care services, and the association between types of long-term care services and burden alleviation. Results: Having a spouse, having children, or a shorter geographic distance between the beneficiaries and their family members were factors associated with higher likelihood of receiving

home health care rather than institutional care. Also, more severe mobility limitation, outpatient care, and fall experiences were associated with higher likelihood of receiving institutional care. Utilization of institutional care was significantly associated with higher alleviation of physical burden. No significant differences between home health care and institutional care were found on emotional and financial burden alleviation. Conclusions: The findings suggest that family resources may be beneficial for older adults to pursue aging in place in later life. However, the physical toll of their family members may exist. Our findings provide evidence to inform public policy decisions on long-term care services for older adults and their family members.

Session 9040 (Poster)

Aging in Place II

GEOGRAPHIC DISTRIBUTION OF AVAILABILITY OF ADULT DAY SERVICES IN MISSOURI

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Adult day service (ADS) is an important component of long-term supportive services. Geographic availability of ADS is an essential factor for aging in place especially for people with assistance needs. This study aims to examine the geographic distribution of availability of ADS and its relationship with the disadvantaged characteristics of neighborhoods. Data from the Missouri Department of Health and Senior Services and the American Community Survey were utilized. Geographic availability of ADS was measured as capacity (number of clients served) of ADS centers per week divided by the number of people who were 65 or older and under poverty at the census tract level. To examine neighborhood disadvantaged characteristics, principal component analysis was applied to construct a socioeconomic deprivation index (SDI). Using geographic information systems, we mapped ADS centers, geographic availability of ADS, and SDI scores. Pearson correlation coefficient was calculated between geographic availability of ADS and SDI scores. In 92.3% of the census tracts in Missouri, ADS centers are not available. Further, ADS centers are less likely to locate in rural areas or census tracts with higher numbers of residents 65 or older and poor. Also, lower availability of ADS was associated with higher levels of neighborhood disadvantage at a marginal level ($r = -0.163$). Our findings suggested that strategies should be identified to provide ADS in rural areas, especially in the areas with higher levels of neighborhood disadvantage. Further investigation on the geographic distribution of ADS accessibility and its association with neighborhood characteristics is warranted.

HOUSING, NEIGHBORHOOD FACTORS, AND COGNITIVE STATUS OF OLDER ADULTS LIVING IN HOUSES VERSUS APARTMENTS

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This study examines associations between housing, neighborhood factors and cognitive status among community-dwelling older adults, and how the associations differ between older adults who live in houses and in apartment buildings. Specifically, using the neighborhood stressor theory, three research questions are examined: 1) What individual-level factors predict late-life cognitive status? 2) After controlling for individual-level factors, what housing and neighborhood factors are significant in predicting older adults' cognitive status? 3) How do individual, housing, neighborhood predictors of cognitive status differ between house and apartment residents? Using data from the Wave 3 NSHAP, multilevel linear regression analyses are conducted with the total sample. Results suggest that individual-level factors including young-age, female, white, and having a bachelor's degree are associated with better cognitive status. After controlling for individual-level factors, housing and neighborhood factors including quality maintenance and high level of community safety are associated with higher cognitive scores. In addition to the additive model, we also test the interactive effect between housing type and three level of factors – individual level, housing, and neighborhood factors. Findings suggest that the joint effect of depression and housing type on cognitive status is significant. To explore the last research question, we conduct parallel regression analyses by housing type. Findings suggest that quality maintenance and high level of community safety are associated with higher cognitive scores among house residents only. Findings highlight the predictors of cognitive health vary between older adults living in different residential environments.

MOTIVATIONS TO JOIN AND STAY A MEMBER OF A VILLAGE FOR OLDER ADULTS

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People join a customer-driven organization with motivations that may not be static over time, an important issue for long-term organizational viability. In this study, we examined motivations among members of ShareCare, the first Village for older adults in the U.S. Using qualitative data from a random sample of 91 members, we compared motivations for becoming a member and for continuing membership. Motivations to join and continue membership are not necessarily the same. Motivations were categorized as: instrumental, social, and altruistic motivation. We categorized length of membership as short-term: 8-years or less (51.63%) and long-term: 9-years and more (49.37%). While 36% of members joined only for instrumental motivation, 59% continued membership only for instrumental motivation. While about 52% joined with multiple motivations, only 35% of members mentioned multiple motivations when continuing their membership. Finally, 18% of short-term members mentioned altruistic motivation when continuing their membership, while 28% of long-term members mentioned altruistic motivation when continuing their membership. While people's motivation might change over time, altruistic motivation may be the greatest motivating factor for long-term memberships. Long-term members may identify themselves as supporters rather than users of the