Villages help older neighbors age-in-place as they manage their environments, take advantage of opportunities for social and civic engagement, and improve or maintain health and well-being. National surveys repeatedly indicate that older adults prefer community living as long as possible. But communities change, and post-retirement living may require rebuilding social connections with old and new neighbors. Fortunately, today's retirees bring a wealth of knowledge and skills to later life which they are happy to share. Drawing on the talents and career experiences of older adults in Center City, Philadelphia, Penn's Village (PV) was created in 2007 to address the needs and wishes of neighbors wanting to stay in their own homes as they aged. A member of the Village-to-Village Network, PV (a 501c3) has itself matured through board development, strategic planning, and member engagement. In reframing aging in Center City, PV currently offers its over 300 members and volunteers an array of educational and recreational programs (e.g., talks, affinity groups, social events and outings); services (including transportation, home repairs, IT support, companionship, accompaniment to medical appointments), and opportunities to use their personal knowledge and skills to help their neighbors-- as drivers, companions, volunteer staff and co-chairs/members of committees (e.g., Board of Directors, Program, Welcoming, Marketing & Communications, Finance, Fundraising). In FY2019, volunteers provided nearly 1200 services to PV members. Our most recent survey responses indicate that 82% of volunteers found their work highly meaningful and 79% of those who received services believed their quality of life was greatly improved.

THE FACTORS ASSOCIATED WITH DAILY LIFE SUPPORT FOR SINGLE OLDER ADULTS TO REMAIN AT THEIR HOME

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Japan aims to enable older adults to remain at home in their familiar environment. However, the factors associated with daily life support for older adults who require medical and nursing care to remain at home are unclear. This study aimed to clarify the factors associated with daily life support for single older adults needing medical and nursing care to remain at home. Our participants were single older adults aged 65-94 years receiving medical and nursing care and their care providers. First, we analyzed records, which were written by care providers, regarding ten older adults who received medical and nursing care from 2014 to 2018. We categorized occurrences which exert single older adults' life on change into six factors, such as gradual frailty and loss of a loved one. Then, to consider how they experience these factors, we conducted semi-structured interviews with three additional older adults who were single and received home visiting nursing care service in 2020. During this process, four multidisciplinary researchers discussed the factors associated with daily life support for single older adults; finally, three factors were derived. The first one pertained to health conditions: receiving sufficient medical and nursing care maintain older adults' physical condition. The second related to the environment: maintaining social interactions (neighbors and friends). The third pertained to older adults'

values and meanings to remain at home. This study suggests that care providers focus on these three factors to help older adults who received medical and nursing care to remain at their home.

URBAN-RURAL DIFFERENCES IN GEODETIC DISTANCE BETWEEN HOME AND THE NEAREST PHARMACY AMONG OLDER PENNSYLVANIA ADULTS

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Aim: We examined differences in geodetic or straight line distance between home and the nearest community pharmacy among rural and urban older adults in Pennsylvania. Method: The addresses of 241,398 older adults (≥65 years) and 2,880 community pharmacies enrolled in Pennsylvania's Pharmaceutical Assistance Contract for the Elderly (PACE) program in 2018 were geocoded. We identified pharmacies in the same or adjacent counties for each enrollee and measured the geodetic distance between home and those pharmacies. The pharmacy with the shortest distance from home was identified as the nearest pharmacy for each enrollee. Enrollees' home addresses were categorized as urban or rural at the county level, based on the Center for Rural Pennsylvania's definitions. T-tests and chi-squared tests were used for analyses. Results: Overall, 37% were rural older adults and the mean distance between home and the nearest pharmacy was 1.60 ± 2.21 miles. The mean distance between home and the nearest pharmacy was significantly greater in rural compared to urban older adults $(2.78 \pm 2.93 \text{ versus})$ 0.91 ± 1.19 ; p<.0001). A higher proportion of rural older adults resided >5 miles away from the nearest pharmacy compared to urban older adults (19.19% versus 1.80%; p<.0001). Moreover, 2.96% of rural older adults resided >10 miles away from the nearest pharmacy compared to 0.08% of urban older adults (p<.0001). Conclusion: Older patients in rural counties need to travel longer distances for pharmacy access than in urban counties. Efforts to provide convenient access to medications and pharmacy services for rural older patients are necessary.

SESSION 2893 (POSTER)

ASSESSMENT

A SYSTEMATIC REVIEW OF MISSOURI LYMPHEDEMA SYMPTOM ASSESSMENT TOOLS IN ORIGINAL RESEARCH AND REVIEW ARTICLES

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Despite advances in cancer treatment, many survivors face a significant challenge of cancer-related lymphedema, together with aging. Aging results in structural changes in the lymphatic system. Beginning in 1998, tools have been developed at the University of Missouri to assess symptoms of lymphedema in cancer patients. The objective of this review was to synthesize evidence regarding use of