

HOW DRIVING STRESS, CONFIDENCE, AND THOUGHTS ABOUT DRIVING ALTERNATIVES AFFECT TRANSPORTATION PLANNING

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Although many older adults will eventually not be able to safely drive themselves, comprehensive planning for a non-driving future is infrequent. To better understand the factors that predict transportation planning, the role played by several different aspects of driving were assessed. We analyzed whether stress about driving, enjoyment of driving, driving confidence, recent experience with negative driving events, and thoughts about how well other transportation modes could meet one's future needs played a role in planning. Age, gender, race, and income were also controlled for in the models. More transportation planning was significantly associated with experiencing driving as more stressful and with reporting less confidence in one's driving skills. Level of driving enjoyment and the number of concerning driving events experienced during the past year (e.g., crash, near crash, driving conversations, health issues, etc.) were not significantly related to planning. Respondents were also asked about how well other transport modes (e.g., rides with other drivers, buses, light rail, taxis, etc.) could meet their needs when they can no longer drive. This factor explained more of the variance in the planning outcome than any of the other factors, with a larger number associated with more planning. This result suggests that engaging in more planning may be associated with an openness to non-driving options, but it is unclear if that is a result of more planning, or a precursor to this activity.

FINDINGS FROM THE ENTOURAGE NOORD PROJECT: CO-CREATING NEW HOUSING MODELS FOR OLDER ADULTS IN BRUSSELS

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In response to the challenge of an ageing population and the housing crisis in Brussels, the practice-based project 'Entour-Age Noord: Inspiring and innovative housing & work' was launched. A main objective was to develop various innovative and small-scaled housing models for older adults. The new housing models were designed to reinforce quality of life of older people who are ageing in the neighbourhood whilst allowing them to choose the models best suited to their needs and wishes. Given the complexity and multidimensionality, participatory-action research was used and the project was divided into six different 'work packages' (WP's). Within these WP's, different stakeholders and end users (older people, informal caregivers, neighbourhood residents, Community Land Trust, etc.) were involved during various activities (service design methodology, architectural workshops, inspiring visits, focus groups etc.) in order to co-create the answers. First, based on the results, eight personas (=conceptual models of targeted groups) were developed. Second, stemming from the participants needs and wishes (e.g. desire for more social interaction), architectural and spatial design characteristics were detected (e.g. provide common/shared spaces that stimulate encounter). Based on these personas and spatial characteristics, two prototypes of

new housing models were conceptually elaborated on paper and two were operationalized and prepared in practice. The spatial and architectural characteristics are not limited to old age but can be of interest of any age group. Future housing developments could take these suggestions into consideration. Furthermore, experiences, opportunities and pitfalls of a co-creative decision-making process with older adults will be discussed.

A STUDY ON CHANGES IN RESIDENTIAL LIFESTYLE AND AWARENESS OF RESIDENTS IN A HOUSING COMPLEX REGENERATION PROJECT

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In Japan, where the ratio of elderly citizens exceeds 27%, there are issues such as the aging of residents and an increase in the number of people living alone. The present study aims to identify the elements required for a community base, based on temporal changes in daily life activities of residents in Housing Complex T, where more than 40% of residents are elderly, and in the surrounding area. A questionnaire survey was conducted with residents of Housing Complex T and residents in the surrounding area in 2010 (856/4,940 responses) and in 2018 (1,194/5,049 responses). The survey results showed that half of the elderly people participated in group circle activities during the day, and there was no change between 2010 and 2018. More than half of the residents of the housing complex utilize the supermarket within the housing complex several times a week. However, only 20% of the residents in the surrounding area use the supermarket. Parks were being utilized by 29.9% of housing complex residents and 37.6% of the residents outside of the complex, while the library was being utilized by 37.1% of housing complex residents and 39.1% of the residents outside of the complex. Public facilities are being utilized. These results show that it is important to provide architectural functions with high public utility within the property of housing complexes; they should be well known by residents of the surrounding area in order to create a community.

THE DUKE INTERAGENCY CARE TEAM: A BRIDGE TO GERIATRIC COMMUNITY RESOURCES

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The Duke Geriatric Workforce Enhancement Program aims to improve linkages between primary care practices (PCP's) and community-based organizations by developing an interdisciplinary, community-based team to consult with PCPs, identifying resources to help vulnerable older adults. The Inter-agency Care Team (ICT) includes a nurse practitioner, pharmacists, community resource specialists,

geriatricians and geriatrics and advanced practice nursing fellows. PCP's refer older adults with complex care needs through the EHR for virtual consultation by the ICT. Team members review medical records and call participants and caregivers to obtain permission for the consult, gather information on function, social factors, medical problems, and their perceived needs. The ICT meets to review each case and sends written recommendations to the PCP and patient. To date, the ICT performed consultations for 73 older adults with a mean age of 76 years. 69% were female. 71% were black and 26% white. Frequently identified needs included personal/home safety (74%), medication management (64.3%), food security (63.0%), cognition (49.3%), transportation (38.4%) and advance care planning (31.5%). In the 90 days before consultation, 32.9% of patients had ED visits and 21.9% were hospitalized. In the 90 days after, 24.7% had ED visits and 13.7% were hospitalized. (Differences were not statistically significant.) ICT provided virtual consultation for complex older adults with prevalent social needs and high rates of ED visits and hospitalization. The team worked with PCP's to connect these patients more directly to community resources. Further study is needed to know rates of adherence with recommendations and true impact on health outcomes.

THE SIGNIFICANT ROLE OF HOUSING COORDINATION IN CONNECTICUT'S MONEY FOLLOWS THE PERSON PROGRAM

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Housing coordination, a central component of the Money Follows the Person program, allows older adults and people with disabilities to experience greater independence and sense of well-being (Butler & Cabello, 2018; Koenig, 2015). This study was part of the 2017 Money Follows the Person (MFP) Process Evaluation involving 26 key informants (KIs) who completed telephone interviews sharing their experiences about program implementation. Of these, 13 KIs providing housing coordination services to the MFP transition team were asked about the housing coordination training they received and suggestions to improve the training. They were also asked about housing resources, how they develop their housing inventory, and recommendations for a "Housing Best Practices Report." Interviews were audio-taped and transcribed. Data were analyzed using ATLAS.ti. Results demonstrate a need for more training and assistance to enable housing coordinators to expand their knowledge of housing alternatives, increase their awareness of housing policy/process changes, and further inform consumers about housing choices. Suggestions to improve housing coordination included offering more creative solutions during monthly housing coordination phone calls. Housing inventory challenges mentioned by KIs included time constraints, limited staff, administrative delays, and lack of affordable housing. Suggestions for housing inventory development focused on improving the management/maintenance of housing inventories. Best housing practices underscored the importance of communicating, teaming, building relationships with

landlords and management companies, and standardizing housing policies and procedures. Overall recommendations included strengthening collaboration among housing coordinators to identify and implement best practices and improving housing inventory development to widen housing options for consumers.

PLANNING FOR AGING IN PLACE IN RURAL AREAS: PERCEPTIONS AND NEEDS OF OLDER ADULTS

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Most individuals prefer to live independently in their homes, but will need support to age-in-place safely. Rural-dwelling individuals historically have worse health, limited income, and restricted access to adequate services/supports compared to their urban counterparts. Community-based aging services organizations (i.e., Area Agency on Aging; AAA) offer in-home health, social support, and information/referral to community resources that support older adults in both urban and rural communities. A representative sample of adults aged 60+ (N=253, mean age=74) were surveyed via computer-assisted-telephone interviews about their health status, needs, and service utilization. Over half (54%) lived in rural counties, which was significantly associated with receiving insufficient health care services ($X^2=9.227$, $p=.002$). Insufficient service access was also associated with experiencing a fall ($X^2=7.315$, $p=.007$). While 53% reported having chronic conditions, most individuals still reported good health and their top reported needs included: yard work, interior/exterior house repairs, and housework. Content analysis of open-ended survey responses regarding future care needs revealed participants anticipate help from family/friends or neighbors; reliance on physicians for referrals; and expect insurance to cover their needs. Participants had varying awareness levels of available community resources and identified concerns about adequacy of services (e.g., mental health; transportation) and health insurance barriers (e.g., reimbursement; vision/dental coverage). Preparing for future needs and anticipating changing functional capacity is critical, especially among rural-dwelling older adults with chronic conditions. To improve ability for adults with diverse needs to age-in-place, preventive services/supports that span the continuum of care needs and that complement informal family care are necessary.

INSTABILITY OVER THE LIFE COURSE AND POVERTY IN OLDER ADULTHOOD: A MIXED-METHODS STUDY

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Over half of older adults (age 65+) who rent their home are cost burdened, paying more than one-third of their income on rent (JCHS). Government programs are in short supply, and most who qualify for housing assistance will wait months or years to receive a voucher or unit. This mixed