

change—accelerate the need for systematic efforts to improve housing for diverse individuals, families, and communities as they age. This symposium features gerontological research explicitly designed to advance policy, practice, and advocacy on aging and housing. The first presentation demonstrates the use of data from U.S. surveys to better characterize the nature of current and future challenges in access to affordable, accessible, and safe housing for older adults. The second paper presents findings from a mixed-methods action research project in Toronto involving tenants living in properties managed by the second largest senior housing provider in North America. The paper indicates how findings on facilitators and threats to aging in place directly inform policy implementation on integrated services in Toronto. The third paper presents findings from a longitudinal, in-depth interview study with leaders of age-friendly community initiatives in suburban New Jersey, demonstrating the simultaneous challenges and opportunities of embedding housing advocacy at the local level within broader age-friendly community change efforts. The fourth paper presents three case studies based on interviews with key stakeholders involved with anti-displacement housing preservation and public housing organizing in New York City, highlighting the often invisible work of older, lower income, African American women at the center of advocacy efforts to preserve affordable housing. Guided by interdisciplinary critical work on ethical responses to population aging, the discussant will integrate themes from the papers to propose a framework for research, policy, practice, and advocacy.

CAN THE NATION'S HOUSING SUPPORT A POPULATION SEEKING TO AGE IN PLACE?

Jennifer Molinsky, *Harvard University, Cambridge, Massachusetts, United States*

While surveys report that most older adults wish to “age in place,” the nation’s current housing and neighborhoods fall short on several dimensions needed to support independence and health in later life. Drawing from national data (including the American Housing Survey, American Community Survey, Health and Retirement Survey, and Survey of Consumer Finances), we describe the current housing and living situations of older adults and key challenges they face in securing affordable, accessible housing while also securing supportive services. We identify three challenges: the unaffordability of housing, which causes budgetary tradeoffs in healthcare spending; a lack of accessibility features in homes and neighborhoods, which can limit independence and safety, and the low-density location of much of the US housing stock (including that inhabited by older adults), where service delivery is difficult and the potential for isolation is high. We conclude with an overview of the policy implications of these challenges.

PROMOTING AGING IN PLACE IN SOCIAL HOUSING

Christine Sheppard,¹ Tam Perry,² Andrea Austen,³ and Sander Hitzig,⁴ 1. *Sunnybrook Research Institute, Toronto, Ontario, Canada*, 2. *Wayne State University, Detroit, Michigan, United States*, 3. *City of Toronto, Toronto, Ontario, Canada*, 4. *Sunnybrook Hospital, North York, Ontario, Canada*

As cities around the globe plan for current and future older cohorts, there is a need to explore innovative housing models to help older adults age in place. This paper presents findings from an action-research academic/community partnership on a new service model at Toronto Community Housing, the second largest social housing landlord in North America and home to 27,000 older adults. As Toronto works to improve delivery of housing/support services, more knowledge was needed to understand the inadequate and inconsistent delivery of services to tenants. Interviews/focus groups with older tenants and service providers (N=116) identified challenges related to unit condition (e.g., pest control) and tenancy management (e.g., arrears), and that the fragmentation of housing and health services negatively impacts older tenants’ abilities to access supports and age in place. The presentation will conclude with discussion of planning and policy decision making approaches relevant to both Canadian and American contexts.

OLDER WOMEN CAUSING A RUCKUS: GENTRIFICATION, DISPLACEMENT, AND TENANT ADVOCACY

H. Shellae Versey, *Wesleyan University, Middletown, Connecticut, United States*

Gentrification is a process through which lower-income neighborhoods experience large-scale investments and an influx of wealthier residents, often displacing lower-income residents. The restructuring of neighborhoods for newer, wealthier residents can compromise belonging, place attachment, and security for existing residents. This study explores resistance to displacement through tenant advocacy and organizing in New York City. This research specifically focuses on the efforts of older, lower-income, African American women, who are most at risk for eviction and housing stability, and yet are at the center of advocacy efforts to preserve affordable, low-income housing. In three case studies, we interview key stakeholders invested in anti-displacement housing preservation, eviction resistance, and public housing organizing to highlight the often invisible work taking place from within socially vulnerable communities. Implications for policy and future directions for applied research are discussed.

SESSION 6215 (SYMPOSIUM)

SERVICE DEVELOPMENT AND IMPLEMENTATION: LEARNING FROM DIVERSE CASE EXAMPLES

Chair: Liat Ayalon

Co-Chair: Mary Wyman

Discussant: Anne Martin-Matthews

The development of health and social services should be based on a thorough needs assessment with all stakeholders, followed by ongoing monitoring of implementation and subsequent short and long term outcomes. Relying on four different service models, this symposium reviews their evaluation processes and summarizes the main lessons learned, in order to inform future efforts. Wyman and colleagues outline efforts to develop culturally-sensitive dementia care services for American Indian and Alaska Native older adults and caregivers using qualitative interviews and community-based participatory research methods. Findings offer guidance for

culturally-tailored implementation of services. Shepherd-Banigan et al. report on a quantitative needs assessment of over 1,500 caregivers of older Veterans enrolled in Veterans Administration healthcare. Providing care to individuals with co-morbid conditions predicted higher levels of distress and burden among caregivers, pointing to likely benefit from additional caregiver-focused support programs. The paper by Gum and co-authors moves to assessment of outcomes by examining mortality and other outcomes among older adults screened by an Area Agency on Aging and either receiving or waiting for services. Finally, the paper by Ayalon and Shinan-Altman use service evaluation to demonstrate the importance of needs assessment and the gap between the vision of service developers and real life constraints. The included papers discuss the value of various methodologies, illustrating the important role that assessment and evaluation play in service development and implementation for older adults and caregivers.

LESSONS FROM AN EVALUATION OF A TRAINING PROGRAM OF PAID ELDERCARE WORKERS

Liat Ayalon, *Bar-Ilan University, Ramat Gan, HaMerkez, Israel*

The present study is based on a three-year evaluation of an Israeli training program for local paid elder care workers, called "community care." Interviews were conducted with all stakeholders involved in the program, including program developers, facilitators, funders, trainees, dropouts, employers, and older care recipients. Qualitative thematic analysis was used, supplemented by quantitative data concerning the program's inputs, outputs and outcomes. The program had multiple strengths, including a substantial funding stream and a highly skilled and committed team. Yet, out of 130 participants (in the 7 training programs evaluated), only 94 completed the program and 31 were later employed as care workers. Three main challenges to the efficacy of the training program were identified. The findings stress the importance of adequately conducting the appropriate needs assessment prior to embarking on a new social program and illustrate the tension between an ideal prototype and real-life constraints.

PERSPECTIVES ON DEMENTIA SERVICE USE AND FAMILY CAREGIVING AMONG THE ONEIDA NATION OF WISCONSIN

Mary Wyman,¹ Nickolas Lambrou,¹ Debra Miller,² Sunshine Wheelock,³ Florence Petri,⁴ Marlene Summers,¹ Carey Gleason,⁵ and Dorothy Edwards,¹ *1. University of Wisconsin, Madison, Wisconsin, United States, 2. Oneida Comprehensive Health Division, Madison, Wisconsin, United States, 3. Oneida Elder Services, Madison, Wisconsin, United States, 4. Oneida Nation Commission on Aging, Madison, Wisconsin, United States, 5. University of Wisconsin School of Medicine and Public Health, Madison, Wisconsin, United States*

Prevalence of dementia among American Indian/Alaska Natives (AI/AN) is higher than in white populations, and AI/AN communities experience dementia care service gaps. This study explored perspectives within AI/AN communities regarding dementia, the family caregiver role, and home and community-based service use. Using tenets of

Community-Based Participatory Research, qualitative interviews and a brief survey were conducted with 22 members of the Oneida Nation of Wisconsin (mean age 71 years, 73% female). Of the sample, 63.6% identified as a past or current family caregiver for a loved one with dementia. Awareness of services varied; 82% were aware of memory cafes, 75% knew of the caregiver support group, and 43% were familiar with dementia care specialist services. Thematic analysis revealed shared values of involving the family and community in dementia care, and offer guidance to support greater engagement in services. Implications for culturally-tailored service provision within AI/AN communities are discussed.

FAMILY CAREGIVERS OF VETERANS EXPERIENCE HIGH BURDEN, MENTAL HEALTH DISTRESS, AND FINANCIAL STRAIN

Megan Shepherd-Banigan,¹ Sophia Sherman,² Jennifer Lindquist,² Katherine Miller,² Matthew Tucker,² Valerie Smith,³ and Courtney Van Houtven,⁴ *1. Duke University School of Medicine, Durham, North Carolina, United States, 2. US Department of Veterans Affairs HSR&D, Durham, North Carolina, United States, 3. U.S. Department of Veterans Affairs HSR&D, Durham, North Carolina, United States, 4. US Department of Veterans Affairs, Durham, North Carolina, United States*

We describe the caregiving experiences and needs of family caregivers of older Veterans enrolled in the U.S. Department of Veterans Affairs (VA). We conducted telephone surveys with 1,509 caregivers to assess caregiver health and well-being. Caregivers were primarily female, <50 years old, white, and the Veterans' spouse. Veterans had substantial functional limitations and required care for multiple conditions, commonly, mental illness, dementia, and heart disease. On average, caregivers provided care for 9.6 hours per day and 6.7 days per week. Burden and depressive symptoms were above clinical thresholds with average scores of 21.8 (Zarit burden) and 11.5 (CES-D 10). Levels of perceived loneliness and financial strain were high. As this population needs emotional support, respite care services, social engagement, and training to care for aging Veterans, the expansion of enhanced caregiver services and supports to this population (expected in 2020) through the VA Mission Act of 2018 will be beneficial.

MORTALITY AND HEALTH OUTCOMES FOR OLDER ADULTS SCREENED BY AN AREA AGENCY ON AGING OVER A 4.5-YEAR PERIOD

Amber Gum,¹ Lawrence Schonfeld,¹ Kevin Kip,¹ Mary Goldsworthy,¹ Jesse Bell,² Kyaien Conner,¹ Ohad Green,³ and Katie Parkinson,⁴ *1. University of South Florida, Tampa, Florida, United States, 2. University of south florida, Tampa, Florida, United States, 3. University of Oxford, Oxford, England, United Kingdom, 4. Senior Connection Center, Inc., Tampa, Florida, United States*

Area Agencies on Aging (AAA) screen older adults and oversee delivery of a wide range of home- and community-based services (HCBS). We examined the assessment process, services, and mortality and health outcomes for older adults screened by an Area Agency on Aging in west-central Florida. Most were self/family referred (78.9%). Using data from July 2013-December 2018, 23,225 older adults were screened.