members and chart review on 238 AL residents, from 91 AL communities in seven US states. We found that 85% of family reported that medication had been administered for agitation or aggression, 93% of the sample experienced at least one potential side effect, and 19% experienced five or more. The most common potential side effects were neurologic/psychological effects (89% of residents), and somnolence during the day (81%). Six percent of the sample experienced at least one potential adverse event. This work implies a need for caution when prescribing antipsychotics to older adults with dementia in AL. Medication management efforts should extend to monitoring AL residents for potential side effects and adverse events from specific psychoactive medications.

LOCAL NURSING HOME PRESCRIBING PATTERNS AND PSYCHOACTIVE PRESCRIBING IN ASSISTED LIVING

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Because prescribing practices in long-term care settings may reflect regional influences, we examined how potentially inappropriate antipsychotic and antianxiety medication prescribing in assisted living (AL) compared to prescribing in nursing homes (NHs) based on their proximity, using generalized linear models adjusting for facility characteristics and state fixed effects. Data were derived from a seven state sample of AL communities and data for the same seven states drawn from publicly available data reported on the Nursing Home Compare website. In adjusted analyses, AL rates of antipsychotic use were not associated with the rates in the nearest or farthest NHs. However, AL communities that were affiliated with a NH had lower rates of potentially inappropriate antipsychotic use (b=-0.27[95%CI=-0.50,-0.04]). In a separate model, antianxiety medication prescribing rates in AL were significantly associated with neighboring NHs' rates of prescribing (b=2.65[95%CI=1.00,4.29]). Findings suggest efforts to change prescribing in NHs may influence prescribing in AL.

SESSION 6205 (SYMPOSIUM)

REFRAMING AGING-IN-THE-RIGHT-PLACE FOR HOUSING INSECURE OLDER ADULTS

Chair: Sarah Canham Co-Chair: Mineko Wada Discussant: Stephen Golant

Amidst rising costs of housing and changing personal needs, considerations of the availability of appropriate and accessible housing are becoming increasingly salient for older adults. While it has been widely acknowledged that older adults would prefer to age-in-place, recent reframing of this trend promotes the ideal as aging-in-the-right-place. This symposium will provide an updated understanding of

how to support older adults' ability to age-in-the-right-place, regardless of income or physical, mental, or social status. Presenters include international and interdisciplinary researchers representing perspectives from gerontology, social work, community planning, and health sciences. The symposium will begin with Wada examining resilience scholarship, with a focus on older people who are experiencing homelessness, which has been largely neglected. In the next presentation, Humphries will outline distinct, senior-specific needs and shelter/housing solutions for newly and chronically homeless older adults. Following, Canham will describe promising practices of shelter/housing to support aging-inthe-right-place for older people experiencing homelessness in Montréal, Calgary, and Vancouver identified through an environmental scan. Extending these efforts to an international scale, Mahmood will outline findings from a scoping review of supportive shelter/housing options, supports, and interventions. A final presentation will report on how community development practices implemented by a not-for-profit affordable housing provider promote older tenants' food security and social support needs. Stephen Golant, a leading expert on housing, geography, and long-term needs on older adults, will discuss implications of these studies for policy and practice for supporting housing insecure older adults while advancing scholarship on aging-in-the-right-place for this marginalized population. Environmental Gerontology Interest Group Sponsored Symposium.

ADVANCING THE CONCEPT OF RESILIENCE FOR OLDER PEOPLE WHO ARE EXPERIENCING HOMELESSNESS

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- 3. University of Dundee, Dundee, Scotland, United Kingdom

Current conceptualizations of resilience have overlooked the lived expertise of older people experiencing homelessness (OPEH) - individuals who have much insight to offer in terms of progressing notions on how people 'stand up' to adversity and 'bounce back' to a state of physical and psychological homeostasis across the life course. Drawing from extant literature and data from a community-engaged research project, which interviewed 40 participants and examined the health supports needed for individuals experiencing homelessness upon hospital discharge, we provide a comparison of resilience among homeless individuals generally and resilience among OPEH. Based on narratives of significant adversity experienced by OPEH in Vancouver, Canada, we offer a critical analysis of 'resilience in ecological context' that identifies unique characteristics of resilience at micro, meso, exo, and macro system levels. We discuss how our conceptual model of resilience pertinent to OPEH can be used to shape research, policy, and practice. Part of a symposium sponsored by the Environmental Gerontology Interest Group.

CONCEPTUALIZING THE SHELTER AND HOUSING NEEDS AND SOLUTIONS OF OLDER PEOPLE EXPERIENCING HOMELESSNESS

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