

whether the relationship between segregation and mental health service use differs by race/ethnicity. We linked residential segregation data from the National Neighborhood Change Database to the 2015 Medical Expenditure Panel Survey. The sample included 4,023 adults aged 65 and older. We measured mental health service use as visit(s) to a mental health professional and/or use of prescribed medication for mental health (1=yes, 0=no) during the past year. Residential segregation was assessed using a combined measure of isolation (level of interaction with the same racial and ethnic group members) and dissimilarity (evenness of distribution of racial groups). Indices ranged from 0 (integrated) to 1 (segregated). We adjusted for age, sex, race/ethnicity, marital status, education, income, attitude toward health care, health insurance, and mental health status. Multiple logistic regression analyses showed that older adults living in more segregated counties were less likely to use a mental health service than those living in more integrated counties (OR=0.77, $p=.04$). The relationship did not differ by race/ethnicity. As expected, Blacks and Hispanics underused mental health services compared to Whites. The findings highlight that racial segregation limits access to mental health care. Practitioners and policy-makers should identify mental health needs and service use patterns to target services effectively and efficiently. Future research should explore the intersection of income and mental health care resources in segregated neighborhoods.

RELATIONSHIP QUALITY PREDICTS ADVANCE CARE PLANNING ENGAGEMENT IN FAMILIES EXPERIENCING COGNITIVE DECLINE

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Although clinical guidelines recommend that people showing signs of cognitive decline engage in Advance Care Planning (ACP) while they still have decision-making capacity, too often this opportunity to clarify values and treatment preferences is missed among patients and their families. In reflection of the paucity of empirical data on factors influencing how this planning process begins for families experiencing cognitive decline, this study explored facilitators and barriers to ACP among adult children of parents showing signs of early- to mid-stage dementia, with a particular focus on relationship quality. Among this sample ($N = 315$), relationship quality positively and significantly predicted advance care planning engagement ($r = .349$, $p < .001$). Financial burden weakly and positively predicted ACP engagement ($r = .123$, $p < .05$), while both psychological burden ($-.614$, $p < .001$) and financial burden ($-.290$, $p < .001$) negatively and significantly predicted relationship quality. This study validates the use of the ACP Engagement Survey (ACPES) adapted for surrogates among adult children of people experiencing cognitive decline and contributes to a scarce literature on the impact of relationship quality on ACP engagement.

RELYING ON MYSELF: THE LIVED EXPERIENCE OF BEING AT RISK FOR FALLING IN THE HOSPITAL AMONG OLDER ADULTS

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Inpatient falls are a persistent problem and despite research efforts during the last decade, inpatient fall rates

have not significantly decreased. Older adults have an estimated 50% greater inpatient fall rate than younger adults. How older adults perceive their own fall risk affects their adherence to fall prevention recommendations. The aim of this phenomenological study was to gain a deeper understanding of the lived experiences of being at risk for falling in the hospital among older adults aged 65 years and older ($N=9$). Participants (female=55%, age range=67 – 86) were interviewed twice using video conferencing within two weeks of hospital discharge. The audio-recorded interviews were transcribed, and then analyzed using van Manen's interpretive phenomenological method. The Health Belief Model expanded with the concepts of independence, fear of falling, embarrassment, dignity, and positivity effect served as the theoretical framework. Five major interpretive themes emerged: Relying on Myself, Managing Balance Problems in an Unfamiliar Environment, Struggling to Maintain Identity, Following the Hospital Rules, and Maintaining Dignity in the Relationships with Nursing Staff. These themes describe how the participants thoughtfully planned their mobilization to avoid falls. This process was influenced by their struggling to remain independent, following the hospital fall prevention rules out of politeness, and experiencing both positive and negative relationships with nursing staff. Hospitalized older adults employed their self-efficacy to manage balance problems in the hospital. These findings have not been previously documented in the literature. Fall prevention interventions supporting hospitalized older adults' self-management of fall risk are needed.

RESEARCH CONCERNING THE CARE PLANNING BY CARE MANAGERS IN HOME-BASED COMMUNITY CARE SUPPORT CENTERS OF JAPAN

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The research was conducted between February 9 and 28, 2017. The care management centers were randomly selected from the national list of the centers. The data were collected by self-administered questionnaires mailed to the care managers at 500 care management centers in six prefectures in the Kinki area of Japan. The independent variables were gender, age, experience years of care managers and/or social workers, Clients' Physical and Mental conditions (CPM), Client's Lifestyle (CL), Physical and Mental conditions of the Caregivers (PMC), and Human and Financial resources for Clients and their Caregivers (HFCC). The dependent variables were the categorized contents in the care planning. They included the Approach for exploring Client's needs (AC), Coordination among Care services within the program in accordance with the needs of client (CC), Coordination among Formal services and informal supports without the program in accordance with the needs of clients (CF). We examined the relationships between the dependent and independent variables by using the Structural Equation Modeling. The results indicated that the goodness of the fit indices was acceptable, and we retained the models. In correlational analyses, AC was significantly correlated with PMC ($p<.01$), CPM ($p<.05$), and CL ($p<.001$). CC was significantly correlated with PMC ($p<.001$), CPM ($p<.001$), and CL ($p<.01$). CF was significantly correlated with PMC ($p<.05$), HFCC ($p<.05$), and CL ($p<.05$). In conclusion, our findings suggest