

their current situation. These findings have meaningful implications for older adults facing decisions about where to age, as well as for the communities that serve them.

THAT'S MY CREATOR'S REALM: UNDERSTANDING AFRICAN AMERICAN ASSISTED LIVING RESIDENTS' END-OF-LIFE PREFERENCES

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Assisted living, one of the fastest growing formal long-term care options for older adults in the U.S., increasingly is a site for end-of-life care. Most residents are non-Hispanic and white, yet African Americans reside in these settings and relatively little is known about their end-of-life preferences. In this paper, we present an analysis of data collected as part of a larger five-year mixed-methods NIA-funded study (R01AG047048) examining end of life in assisted living. We analyze longitudinal qualitative data collected over two years in a large (>90 beds) care community catering to African American older adults. Drawing on 850 hours of participant observation, in-depth interviews with 25 residents, and record review data, we seek to: (a) understand residents' end-of-life preferences; and b) identify how and why preferences vary. Guided by principles of grounded theory, our analysis shows that most preferred a death where "you go to sleep and never wake up." Yet, residents varied in their preferences for the timing and location of death, nature of end-of-life care, and use of advanced directives. Age, health, health literacy, perceived quality of life, and not wanting to be a burden all influenced preferences. For most, religious beliefs were a key factor shaping these preferences. Perceiving that end of life, including how, when, where one dies, and the nature of suffering and care, ultimately is their "creator's realm," led to the near universal conclusion: "I got no control over it." We discuss implications of these findings for improving end-of-life care for African American residents.

SOCIAL CAPITAL AND HOME- AND COMMUNITY-BASED SERVICE UTILIZATION AMONG URBAN OLDER CHINESE ADULTS

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Home- and Community-Based Services (HCBS) are increasingly important for older adults who want to maintain their independence and remain in their communities. Although HCBS systems have been developed widely in many western countries and in some countries in Asia, China is just beginning to grapple with its rapidly aging population by offering HCBS in a limited fashion. The purpose of this study was to investigate the relationship between structural (e.g., citizenship activities, volunteering) and cognitive (e.g., social trust, a sense of belonging) social capital and HCBS utilization among older Chinese adults. The study also examined the mediating effect

of structural social capital for the the relationship between cognitive social capital and HCBS utilization. We frame the study within the Andersen behavioral model of health services utilization and argue that within this framework social capital is an enabling factor. We analyzed survey data from 456 community-dwelling older adults living in the Gusu district of the city of Suzhou, China in 2015. Structural equation modeling was used to test the hypothesized relationships. The results showed that both cognitive and structural social capital were significantly associated with HCBS utilization. Structural social capital also served as a mediator between cognitive social capital and HCBS utilization, even after controlling for sociodemographic characteristics and other relevant covariates. The findings supported the utility of employing Andersen's behavioral model and social capital theory for better understanding older Chinese adults' utilization of HCBS. Interventions for increasing social capital may be useful for improving HCBS utilization in Chinese urban communities.

TESTING THE RELIABILITY AND VALIDITY OF THE RESIDENT SATISFACTION INDEX

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Understanding residents' life satisfaction in assisted living (AL) is essential for creating supportive environments that are targeted toward the needs and desires of residents. Unfortunately, few measures have been developed and tested to evaluate residents' life satisfaction in AL. The purpose of this study was to test the reliability and validity of the Resident Satisfaction Index (RSI) which was designed to measure residents' life satisfaction in AL. Baseline data was used from a study testing the Dissemination and Implementation of Function Focused Care in AL. A total of 501 residents from 54 AL facilities were included in the sample. Based on Rasch analysis, there was evidence of internal consistency with an alpha coefficient of 0.95 and validity based on INFIT and OUTFIT statistics which ranged from 0.4 to 1.6. Item mapping showed the easiest item to endorse was item 10 which referred to perceptions of staff's kindness. The hardest item to endorse was item 17 which asked about staff's responsiveness to residents' needs. Differential item functioning (DIF) analysis was done to examine differences in item responses by age, gender, and cognitive status. The measure was equally appropriate for those with and without mild to moderate cognitive impairment and between males and females, 5 out of 22 items were answered differently based on gender. 117 (23%) participants scored so high in satisfaction that they could not be differentiated. Findings support the reliability and validity of the measure although we recommend adding more difficult items to better differentiate between residents.

DEVELOPING AND TESTING AN ASSISTED LIVING ENVIRONMENT MODEL

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