

engaged to capture local language and meanings. Results: A phrase - 'there's someone at home' - was used by rural childless older adults to explain their AIP decision, which demonstrating the role of kinship relations. Three sub-themes were emerged regarding to the phrase: 1) reciprocity, as the support were mutual and predictable; 2) justified conflicts, as older adults and 'someone' managing the support relation with subtle conflict; 3) unspoken agreement, as childless older adults being constrained by filial piety when negotiating for further support. All of sub-themes were related with sense of certainty. For participants who were over 75, growing old were "naturally" related with decreased social support. The daily-based kinship support and sense of certainty was particularly important among childless older adults who would like to choose AIP but still questioning the sustainability of self-reliance at an uncertain rural place.

THE EFFECT OF NEIGHBORHOOD EXPERIENCES ON POSITIVE MENTAL HEALTH AMONG COMMUNITY-DWELLING OLDER ADULTS

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Given reduced life spaces, the neighborhood often functions as a social venue for older adults. Yet how these everyday social spaces affect older adults' psychosocial wellbeing remains largely unknown. Drawing on the GRP-CARE Survey data, this paper examined the relation between neighborhood experiences and positive mental health. Participants were 601 community-dwelling Singaporeans aged 50+ who lived in public housing neighborhoods. Neighborhood experiences were measured using the four-factorial, 16-item OpenX scale (Gan, Fung, Cho, 2019); positive mental health was measured using a six-factorial, 19-item scale (Vaingankar et al., 2011). Both scales have good psychometric properties and had been validated. Path analysis between relevant factors of both scales was conducted using Stata, within a theorized model of causation from neighborhood environment to social factors to psychosocial health. Age, education, ethnicity and sex were controlled for. Multiple linear regression analysis showed a strong, positive association between neighborhood experiences and mental health ($p=0.000$) even after controlling for personal traits (operationalized as depressive symptoms, GDS) in addition to sociodemographic variables. Path analysis showed that two distinct neighborhood health processes mediated this association. These were (1) the potential for a sense of community in the neighborhood improved emotional support, and (2) having better neighborly friendships improved interpersonal skills. These neighborhood health processes provide us with new lenses to understand older adults' everyday experiences of their neighborhoods. Community-based interventions to improve older adults' psychosocial wellbeing may be developed to facilitate these processes. Spatial and programmatic implications will be discussed in relation to age-friendly cities and communities (AFCC).

THE INTERSECTIONALITY OF PERSON, SPACE, AND TIME FOR UNDERSTANDING AGING IN PLACE

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Aging in place is interpreted differently across times and disciplines in the literature. Multiple interpretations of aging in place can lead to differences in expectations and goals when planning products, services, and technologies for older adults. We conducted a historical review across databases in the fields of anthropology, architecture, gerontology, medicine, psychology, and sociology to explore the evolution of 'aging in place' term across time and disciplines. We included articles that used the terminology "aging in place" or "ageing in place" in titles, abstracts, keywords, or subject. From the aging in place definition excerpts collected, we identified the preliminary themes and grouped them into three main themes: people, space, and time. Although the narrative of aging in place is highly related to living spaces, the cause and influencing factors are tied beyond the space. Person and time-related factors that are related to the aging experience impact the way aging in place is defined. When designing products, services, and technologies to support successful aging in place, designers, researchers, policymakers, and care-givers should be aware that aging in place is at the intersection of personal, spatial, and temporal elements of older adults' lives. Based on the multiple perspectives of disciplines, we concluded that aging in place is beyond the matter of location, but also takes into account the person's capacity and the changes over the person's lifespan. Foundational understanding of the multiple factors that influence aging in place is critical to support older adults to have a healthy and optimal aging experience.

TRAINING CLINICIANS TO SUPPORT AGING IN PLACE IN A MEDICAID HOME AND COMMUNITY-BASED WAIVER PROGRAM

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A randomized trial in 18 home and community-based waiver sites implemented an aging-in-place model for 12,000 disabled older (mean age 78) adults. The trial was underpinned by the Knowledge-to-Action model and utilized 7 implementation strategies, including a 5.5-hour online social worker (SW) and registered nurse (RN) training. Baseline self-efficacy and attitudes of SWs and RNs were measured using validated scales, and knowledge uptake and satisfaction with a tool designed by the team. Characteristics, knowledge uptake, and satisfaction of SWs versus RNs were compared using t-, Wilcoxon, and chi-square tests. Two hundred forty-one RNs and 264 SWs participated. RNs were older (mean age 50; standard deviation [SD] 10.95) than SWs (41.35; SD=11.21) $p<.01$; and >90% overall were female. RNs had more professional experience, while SWs worked more years in the waiver ($p<.01$). SWs had greater self-efficacy ($t(497)=2.99$, $p<.04$), better attitudes ($t(500)=2.59$, $p<.01$), employability ($t(500)=2.99$, $p<.04$), and balance ($t(491)=2.03$, $p<.05$) than RNs. No differences were found