

non-Hispanic Whites. Living in neighborhoods with higher poverty rates and females were also related to higher depressive symptoms. This study contributes to explore the subtle nature of depressive symptomatology and race both at individual-level and neighborhood-level.

RURAL RESIDENTS' HOPES AND FEARS ABOUT AGING IN PLACE: THE NEED TO IMPROVE ACCESS TO AGING RESOURCES

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To support older adults' preferences to age in place, home and community-based aging-related resources are available, but are often under-utilized. Many barriers prevent individuals from accessing aging-related resources, especially in rural and geographically isolated locations. Therefore, we set out to better understand the perspectives of community members who plan to age in place in rural areas. We administered a survey as part of a broader university-community partnership called Senior Access Points (SAP), which addresses aging-related resource access. Participants were $N = 210$ individuals living in rural regions across Northern Colorado, ranging from 37 to 94 years old (mean age = 68.91, $SD = 8.85$). We assessed hopes and worries about growing older at home, and awareness of available resources. Two independent coders applied a pre-determined coding scheme, then achieved consensus ratings. An overwhelming majority of participants affirmed the importance of being able to remain in their current home (94.8%) or community (95.3%) as they age. Top hopes for aging in place centered around health/medical; housing/home services; and independent rural lifestyle. The top worries were related to health/medical; housing/home services, and transportation. Resource awareness was low: 43.3% of all participants were not aware of any available resources. Overwhelmingly, rural residents hope to grow older at home, but may not know how to connect to resources that support this goal. The resource needs we identified are being used to inform community-driven approaches to improve both awareness and availability of community resources in these rural communities.

STAGES OF CHANGE IN PHYSICAL ACTIVITY AND NEIGHBORHOOD WALKABILITY AMONG OLDER ADULTS LIVING IN THE URBAN SETTING

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Insufficient physical activity (PA) is considered an independent risk factor for chronic diseases. Although older adults living in lower-income areas often experience obstacles to walking locally, few studies have compared their walking experiences and the degree of readiness to change on engaging in PA. The purpose of this study was to compare perceptions of neighborhood walkability by the stages of change among older adults living in a lower-income community. Participants were recruited in 2018 at a regional health clinic in Flint, MI. To be eligible, participants had to be over

65 years old and Flint residents. Of the 132 participants, the mean age was 69.74 ($SD=5.00$) years old. The majority of respondents were female (66%); African American (77%); single, divorced, or widowed (75%); and educated below a GED level (84%). The results showed that older adults at the pre-contemplation/contemplation stage (PC/C) were less likely to perceive the availability of sidewalks on most streets and more likely to complain about much traffic along the street than those at the action/maintenance stage (A/M) ($p < 0.05$). After controlling for covariates, multiple regression analysis showed that those at PC/C were less likely to state that their neighborhoods were accessible ($\beta = .17^*$) and to perceive the presence of walking hazard (e.g., lack of sidewalks) ($\beta = -.17^*$). Those who engaged in PA less than 30 minutes per day perceived the neighborhoods were accessible ($\beta = .23^*$). Findings suggest that it is essential to develop friendly support systems and accommodations to encourage walking in lower-income communities.

TESTING FRAILTY, ACCESSIBLE HOUSING, AND CHANGES IN LIVING ARRANGEMENTS USING THE HEALTH AND RETIREMENT STUDY

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This study examined housing accessibility elements of community-dwelling older adults using the Health and Retirement Study (HRS). Housing accessibility elements were tested as moderators in the relationship between prior frailty and later living arrangements. HRS physical measures were used to construct the Physical Frailty Phenotype and the Continuous Frailty Scale. The analytic method for the study was multinomial logistic regression. Latent class analysis was also used to identify housing accessibility element use-types. Study findings will be presented. Strengths and weaknesses of using the HRS to measure home accessibility and construct frailty scales will also be discussed.

THE RELATIONSHIP BETWEEN FAMILY AND RESIDENTIAL SETTINGS: AGING IN PLACE VS LONG TERM CARE FACILITY IN SOUTH KOREA

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Objective: This study aims to explore the factors influencing long-term-care beneficiaries' decisions between home health care and institutional care in South Korea. This study further investigated the association between these two types of long-term care services and emotional, financial, and physical burden alleviation among the beneficiaries and their family members. Methods: We analyzed data from 2019 Long-Term Care Survey. Out of 5,606 respondents, 4,079 long-term care beneficiaries and family members were included in this study. Logistic regression models were conducted to understand factors associated with types of long-term care services, and the association between types of long-term care services and burden alleviation. Results: Having a spouse, having children, or a shorter geographic distance between the beneficiaries and their family members were factors associated with higher likelihood of receiving