

indicators of older adults age 60+ in Massachusetts (MA), New Hampshire (NH), Rhode Island (RI), and Connecticut (CT). For this study rates were calculated from the following data sources: Medicare Current Beneficiary Summary File 2014-2018 (2014-2015 MA, NH, and 2016-2017 RI, CT) and the Behavioral Risk Factor Surveillance System (2013-2015 MA, 2014-2016 NH, 2015-2017 RI, CT). Small area estimation techniques were used to calculate age-sex adjusted community rates for more than 170 health indicators (<https://healthyagingdatareports.org/>). This research examines disparities in rates across the 4 states for 4 behavioral health indicators: substance use disorder (SUD), tobacco use disorder (TUD), opioid use disorder (OUD), and excessive drinking. Results varied across states with RI reporting the highest rates of substance (7.0%) and tobacco use (10.8%) disorders, CT had the highest rate of opioid use disorder (2.2%), and MA and RI reporting the highest rates of excessive drinking (9.3%). Overall, MA had the greatest disparities in rates for all indicators (SUD: 6.6% (5.35-15.99%); TUD: 10.2% (2.67-24.20%); excessive drinking: 9.3% (5.63-19.98%)), indicating behavioral health disparities by community are most pronounced in MA. This study found behavioral health issues are prevalent among New England older adults and should no longer be overlooked. Furthermore, visualizing the community rates makes disparities evident and may guide resources and services to areas of highest need.

#### POST-RECESSION HOUSING INSECURITY AND PHYSICAL AND MENTAL HEALTH OF MIDLIFE AND AGING ADULTS

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Housing insecurity, or limited/unreliable access to quality housing, is a powerful chronic stressor that can negatively affect individual health and well-being. This study extends prior research by examining the effect of multiple forms of housing insecurity on both the mental and physical health of aging adults using the Midlife in the United States study (MIDUS; N = 2532; M age = 63.42; 57% women; 16% black). Participants reported on experiences of anxiety/depression in the past year, number of chronic health conditions experienced in the last year, and experiences of housing insecurity since the 2008 recession (e.g., homelessness, threatened with foreclosure or eviction, missed rent or mortgage payment). 14% of participants reported experiencing one or more housing insecurity events in the aftermath of the recession. Higher levels of housing insecurity were experienced by midlife participants (ages 46-65) and black participants. Regression results showed that, even when controlling for prior health, housing insecurity was significantly associated with higher odds of experiencing anxiety/depression and additional chronic health conditions. These results suggest that housing insecurity experiences are fairly prevalent among midlife and aging adults, and that housing insecurity experiences leave these adults susceptible to compromised mental and physical health. This work has various implications for policy around addressing housing access and affordability issues for aging adults as a public health

concern. Subsequent analyses will examine age, gender, and race/ethnic differences in these associations between housing insecurity and health outcomes.

#### ROLE OF COMMUNITY CENTERS IN PROMOTING SUSTAINABLE REGIONAL LIFE OF COMMUNITY-DWELLING OLDER ADULTS WITH FRAILTY

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Japan's long-term care insurance system, which is a formal service, focuses only on older adults requiring care and support. Therefore, to create supportive communities for frail older adults, appropriate measures have been taken to establish community centers within their walking distance. However, the specific functions of these centers largely remain unknown. Accordingly, this study is aimed at clarifying the role of community centers by analyzing their services and management systems. In February 2020, we conducted a questionnaire survey (36% response rate) and four semi-structured interviews in O city, which has 36 community centers (81.45km<sup>2</sup>, 36.4% elderly population). Results from the questionnaires revealed that the most frequent users of the community center were in their 70s (61.5%); such centers tended to provide informal services, such as exercises and cafes. Meanwhile, 57.2% of community centers collaborate with formal service providers. Community centers tend to be operated together with parent facilities, such as hospitals and nursing homes(61.2%). The results of the onsite survey showed that, in three cases, the community centers were situated within 200 meters of the parent facility. The findings show that these community centers facilitated creation of a supportive community that provides informal services to the frail elderly. Furthermore, they are operated in cooperation with formal service providers, hospitals, and nursing care facilities and are located in close proximity to one another. To summarize, the community centers continue to play a role in providing seamless services to the frail elderly even as their physical functions evolve.

#### ROLE OF HOME-MODIFICATION TRAINING FOR CARE MANAGERS

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With the aging of society, the long-term care insurance system -which includes home modifications to continue living at home- was established in 2000. However, the quality of home modifications has been persistent issue, and effective training is expected to conclusively solve this problem. To this end, the purpose of this study is to clarify the rational for training care managers who plan home modifications.

A survey comprising two sets of questionnaires was conducted; one set encompassed all 62 municipalities in Tokyo, whereas the other involved care manager who participated in training program. The results of the first questionnaire showed that, out of 62 municipalities, 9 (14.5%) provided training on home modification, of which 8 (88.9%) provided training on administrative procedures. In one municipality that provided training on practical aspects of home modification, we provide questionnaires to 59 care managers participating in the training. Lectures on administrative procedures, physical conditions of invalids, and reading drawings were conducted by administrative staff, occupational therapists, and architects, respectively. Afterwards, the participants attended a planning workshop. According to the questionnaire conducted after the workshop, 80.4% of the participants could understand home modifications in the system, 85.5% understood how to modify homes based on the occupants' symptoms and physical conditions, 81.6% could interpret drawings, 90.2% could plan modifications, and 81.6% found the training useful. These findings indicate that the training of care managers has indeed been effective in actual practice. Improving the quality of home modifications through multidisciplinary cooperation is significant in maintaining home life.

#### WEATHER-RELATED DISASTER IN A DIVERSE COHORT OF AGING ADULTS

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As climate change contributes to increasing frequency and intensity of weather-related disasters, it is critical to define characteristics that increase risk of poor health outcomes during and after events. Given the aging of the United States (US) population and over-representation of older adults in disaster-prone areas, disaster-related impacts on older adults present a growing public health challenge. We linked data from the REGARDS study, a cohort of 30,107 Black and White adults (mean age 65 years at baseline, 2003-2007), with community data from the National Establishment Time Series database and longitudinal weather-related disaster data from the Spatial Hazard Events and Losses Database for the US. We calculated disaster exposure for each year for the county in which the respondents lived from 2003 – 2015: 84% of county-years showed at least some impacts, including 16% of counties experiencing medium impacts (\$10- \$50 property damage per capita or 2 fatalities) and 12% severe (greater than \$50 per capital or 3 fatalities); this mirrors that of the continental US (77% some impact, 15% medium, 13% severe). REGARDS participants exposed to moderate or severe disasters were more likely to be Black and low socioeconomic status compared to those who were not exposed. For community characteristics, higher disaster exposure was associated with a greater density of resources including ambulatory care, food stores, social services, and destinations for daily living. Our approach showcases how disaster preparedness systems need better data about specific

individual-and community-level factors that increase risk among older adults to better serve communities.

## Exercise and Physical Activity

### Session 9250 (Poster)

#### “ALL THEY DO IS WALK”: SUCCESSFUL AGING AND SYMBOLIC BOUNDARIES AMONG A SELF-ORGANIZED MALL WALKERS CLUB

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**Objectives:** This study examines how successful aging discourse manifests through physical and social participation among members of a self-organized mall walkers club. There is a paucity of research investigating successful aging in situ and theorizing the relationship between successful aging discourse and community participation. I draw on symbolic boundaries—a concept from cultural sociology—as a way to make sense of what mall walkers say and do. **Methods:** I draw on data from 15 months of participant observations and interviews of mall walkers, all of whom are over 65 and predominantly Caribbean-Canadian women **Results:** I identify three common boundaries: personal, interpersonal, and community, that mall walkers draw on to challenge narratives of decline and internalize dimensions of successful aging. **Discussion:** These findings uncover the ways members in a self-organized community reinforce boundaries that highlight how certain dimensions of successful aging as something to be proud of and desirable. This article contributes to research on intersubjective experiences of aging by revealing how successful aging is rooted in community participation, rather than individual achievement.

#### ACTIGRAPHY-BASED ASSOCIATIONS BETWEEN CHRONOTYPE AND PHYSICAL ACTIVITY IN OLDER ADULTS

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Chronotype is a measure of the time of day people prefer to be most active or to sleep. There is a known relationship between chronotype and engagement in physical activity in young and middle-aged adults, such that individuals with a morning chronotype engage in more physical activity compared to those with an evening chronotype. Our study aimed to replicate this finding in an older adult sample. Actigraphy can be used to measure both physical activity and sleep. Because of its ability to capture information about bedtime and arise time, actigraphy can serve as an objective measurement of chronotype. Participants were 159 older adults (ages 60-89, M = 74.73) who wore an ActiGraph GT9X on their non-dominant wrist for 7 days in a free-living environment. Chronotype was measured continuously using the midpoint of the ActiGraph-calculated sleep interval. We used multiple regression to determine the relationship between physical activity and chronotype adjusting for sex, age, and body mass index. Results suggest that while these variables explain a significant amount of variance in physical activity,  $R^2 = 19.0\%$ ,  $F(4, 152) = 8.921$ ,  $p < .001$ , there is no