

were female (69%; $n = 50$) and half were White (53.5%; $n = 38$). LSC explained 34% variance in function ($F = 3.805$ (8, 59); $p = .001$) when environmental supports (social network), challenges (driving time it took the participant to get to the nearest full-service grocery store) and individual factors were controlled for. There was a significant difference between Black and White participants with environmental challenges ($p = .001$) and function ($p = .001$). Individual factors included challenges (age-related physiological changes, disease burden, and mental health limitations) and buoy (assistive devices), these explained 22% variance in self-reported frailty ($F = 3.099$ (6, 65); $p = .01$). Number of assistive devices was the only significant predictor of self-reported frailty.

MOVES TO AGE-RESTRICTED HOUSING AND FUNCTIONAL HEALTH TRAJECTORIES AMONG INDEPENDENT LIVING OLDER ADULTS

Noah Webster, and Simon Brauer, *University of Michigan, Ann Arbor, Michigan, United States*

Where independent living older adults live has been found to have strong links with disability. For example, older adults living in age-restricted housing contexts (e.g., retirement communities) have been found to have worse functional health compared to those living in non-age-restricted settings. Theories and empirical research demonstrate positive and negative aspects of living in age-restricted housing. Recent availability of population-level longitudinal data with sufficiently large samples has made examination of this heterogeneity possible. In this study we examine whether a move to age-restricted housing is associated with functional health trajectories and whether age at time of move moderates this link. We examine these questions using nine waves of longitudinal data from a representative sample of 8,687 U.S. adults age 65 and older from the National Health and Aging Trends Study. Spline-like growth curve models were estimated to determine the intercept, slope prior to move to age-restricted housing, and slope after the move. We also tested whether these processes are conditional on age at time of move. Results indicate that regardless of age all respondents experienced a decline in functional health following a move to age-restricted housing. However, there is variation in the steepness of this decline by age at time of the move. People who move to age-restricted housing earlier experience a less steep decline in functional health post-move compared to those who move later. Findings suggest moving to age-restricted housing earlier may enable older adults to utilize resources often available in these settings to prevent steep health declines.

NEIGHBORHOOD WALKABILITY AND PHYSICAL AND MENTAL HEALTH AMONG OLDER ADULTS LIVING IN A DEPRIVED COMMUNITY

Jennifer Blackwood,¹ Rie Suzuki,² Shailee Shah,³ and Noah Webster,⁴ 1. *University of Michigan--Flint, Michigan, United States*, 2. *University of Michigan-Flint, Flint, Michigan, United States*, 3. *University of Michigan-Flint, University of Michigan-Flint, Michigan, United States*, 4. *University of Michigan, Ann Arbor, Michigan, United States*

Background: Identifying the factors to improve the quality of life (QOL) is vital to decrease morbidity and mortality rates among older adults. Although unfavorable neighborhood

features have a significant negative impact on QOL, few studies have investigated these relationships in a deprived community. The purpose of the study was to understand how neighborhood walkability is associated with QOL using the SF-36 among urban-dwelling older adults. Methods: This is a cross-sectional survey. Participants were recruited in 2018 and 2019 at regional health clinics in Flint, MI. To be eligible, participants had to be over 65 years old and Flint residents. Results: Of the 132 participants, the majority were female (66%), African American (77%), single, divorced, or widowed (75%), and educated below GED level (84%). After adjusting for gender, assistive device use, medication, and the Supplemental Security Income receipt, multiple regression analysis revealed that those with better perceptions of land-mixed use and accessibility within their neighborhood were more likely to have better physical health ($\beta = .36$, $p < .05$). However, the perceptions of greater pedestrian safety were associated with the poor physical and mental health (PCS; $\beta = -0.19$, $p < .05$; MCS; $\beta = -0.25$, $p < .05$). Perceptions of the presence of walking hazards and crime were not significantly associated with QOL. Discussion: Findings suggest that neighborhood walkability characteristics are associated with physical health. The development of walking programs with accessible neighborhoods will be urgent to improve the health-related QOL for older adults living in a targeted community.

RACE/ETHNICITY MODERATION ON THE RELATIONSHIP BETWEEN NEIGHBORHOOD MINORITY COMPOSITION AND DEPRESSIVE SYMPTOMS

Seungjong Cho, *Texas Tech University, Lubbock, Texas, United States*

Research showed neighborhood of residence is an important determinant of depressive symptoms. However, the complex effects of neighborhood racial/ethnic composition and individuals' race/ethnicity on depressive symptoms were not fully explored in previous studies. This study tested whether individuals' own race/ethnicity moderates the relationship between neighborhood racial/ethnic composition and depressive symptoms. Applying social disorganization theory, this study investigates the relationships between neighborhood racial/ethnic composition (proportion of racial and ethnic minorities), individual race/ethnicity, and depressive symptoms. This study used a merged data from Health and Retirement Study 2016 and the American Community Survey 2014-2018 ($N = 5,241$; all age 50 or older). This study applied a mixed-effects negative binomial regression model. It has four statistical models by race/ethnicity: (a) non-Hispanic Blacks only, (b) Hispanics only, (c) non-Hispanic Whites only, and (d) combined model. Covariates were included two individual-level variables (age and gender) and three census tract-level variables (the proportions of (a) population of income below the poverty level; (b) population of unemployed; (c) population of aged 65 and over). The results showed none of the neighborhood racial/ethnic minority composition was associated with depressive symptoms for the final combined model. The moderation effects of individuals' race/ethnicity were not significant. Not as a moderator but as the main effect, both non-Hispanic Blacks and Hispanics had higher depressive symptoms, compared to