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 (81.45㎢, 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.