

explore why social support from family is different from social support from other sources regarding mortality risk in older Chinese Americans.

FACTORS RELATED TO THE DIGNITY OF OLDER PEOPLE IN TEHRAN IN 2020

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The elderly are the fastest growing segment of the population globally. This is also the case in developing countries such as Iran. The fear of aging and the refusal to accept older adults into the mainstream of society affects the dignity of older people. This study was conducted to describe factors and dignity of older people in Tehran, Iran. This descriptive, correlational study was conducted on a sample of 215 older people above age 60 in 10 public parks in five regions of Tehran in 2020. A socio-demographic questionnaire and patient dignity inventory were used for data collection. Content validity and Cronbach's alpha were used for evaluating the validity and reliability of questionnaires. Data were analyzed with SPSS. 60% of subjects were male and 40% female with a mean age of 68(\pm 5.05) year. The mean scores for dignity domains ranged from 67.30 (\pm 17.56) for symptom distress, to 93.01(\pm 10.90) for dependency on a 100-point scale. The scores of dignity domains were significantly associated with job status, housing status, income source, health insurance, chronic diseases, annual physician referral rates, and hospitalization in last year. The best predictors of dignity were health insurance and annual physician referral rates. The findings of this study showed that the dignity of older people is related to a number of factors. Monitoring modifiable factors such as health insurance and annual physician referral rates and non-modifiable factors such as chronic diseases will help us to preserve or improve the dignity of older people.

IF YOU DON'T USE IT, YOU LOSE IT: PERSPECTIVES OF OLDER ADULTS ON AGING IN PLACE IN SUBSIDIZED HOUSING

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Nearly 3 million older Americans with low incomes live in subsidized housing. This population has disproportionate rates of functional impairment, cognitive impairment, and nursing home admission. Patient-centered interventions are needed to improve aging in place for this population, but little is known about resident perspectives on this topic. We interviewed 58 residents aged 62 or older and 8 caregivers from 7 housing sites. We analyzed transcripts using qualitative thematic analysis. Participants reported that several factors impacted their ability to age in place. First, most participants noted the importance of physical environment, including the design and location of their apartment building. Physical accessibility and proximity to community resources facilitated aging in place, while features such as heavy doors and smoke in communal areas posed challenges.

Second, most participants identified the importance of the building's social environment; support received from other residents and on-site staff facilitated aging in place, while gossip and unpleasant residents were barriers. Third, participants noted that health issues such as arthritis limited their ability to function independently, regardless of environment. Participants emphasized the importance of physical activity for preventing functional decline, stating, "if you don't use it, you lose it." Older adults living in subsidized housing view their environment as central to their ability to age in place. Our findings suggest that interventions to improve aging in place in these settings must focus not only on optimizing residents' physical function, but also on using the environment to promote resident independence and quality of life.

OLDER ADULTS' EXPERIENCE OF HEALTH AND LIFE EVENTS AS REPORTED ONLINE OVER 150 CONSECUTIVE WEEKS

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Key activities and life events that impact quality of life and health may be gleaned from cross-sectional annual surveys or for medical data, derived intermittently from electronic health records. These methods cannot reflect the day-to-day and week-to-week changes that typically occur in domestic life. To assess the frequency and types of major life activities and events occurring at finer-grained temporal scale, we queried online, every week, three domains of activity and function (life events such as having an overnight visitor, travel away from home; health-related events such as medication changes, falls, ER/hospital visits, health limitations; and internal states such as pain, mood, or loneliness). Over a mean assessment period of 2.9 \pm 1.2 years, 16,738 online surveys were completed by 129 community-residing volunteers with mean age 84 years. Overall the most frequent events reported were physical health limitations (14%), travel away from home (12%) and overnight visitors (9%). Needing new in-home assistance for medication management, bathing, dressing or grooming was rare (1%). Accidents were also rare (1%). Low mood, pain ratings (0-10 scale) and loneliness were infrequently reported; 4% low mood, 8% pain rated > 5, 3% reporting loneliness. Low mood and increased pain intensity were highly correlated with health changes (medication changes, ER/hospital visits, health limitations, falls; all $p < 0.0001$). Continuous home-based online assessment of life activities and health can provide a more detailed and timely characterization of older adult function. These data may be used to guide more timely and effective health maintenance programs and interventions.

REFRAMING AGING: PENN'S VILLAGE MEMBERS THRIVE WHILE AGING IN PLACE

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