involved a prior substantiated APS report. This presentation highlights how surrogates perpetuate abuse and outcomes on older adult victims. Our findings inform practice and policy for better prevention, detection, investigation, and intervention in these challenging cases.

SELF-NEGLECT: ONE PATHWAY TO SURROGATE DECISION-MAKING
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Self-neglect, the most frequently reported allegation to Adult Protective Services (APS), involves profoundly harmful behaviors often due to functional or cognitive limitations, health problems, and insufficient resources that result in older adults insufficiently meeting their basic needs. Outcomes include high risk of illness, hospitalization and readmission, hospice and nursing home use, early mortality, and placement under surrogate decision-making authority of either well-intended or opportunistic others. APS staff are charged with assessing self-neglect and intervening to reduce client danger. A nationwide APS survey revealed program policies, procedures, resources, and needs affecting the client welfare. For example, 92% of APS programs have provisions for seeking guardianship for self-neglecting individuals, in 25% of programs staff serve as court-appointed guardians, and a wide variety of tools are used within APS programs to assess clients’ mental capacity. Key study findings, implications, and recommendations will be presented.

A SCENARIO-BASED INVESTIGATION OF SURROGATE DECISION MAKING FOR OLDER ADULTS
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3. Virginia Tech, BLACKSBURG, Virginia, United States

Surrogate decisions involve complex, challenging choices; surrogate decision-makers make treatment decisions for approximately 40% of hospitalized adults and 70% of older adults, and up to 95% of critically ill adults of any age. The purpose of our study was to understand how people make decisions for others and how surrogate decision making is linked to people’s cognition, self-efficacy, and demographic differences in acute (e.g., health and medical care, financial management, and end of life) versus general scenarios (spending time with family, contacting an insurance company on behalf of a family member). Participants were recruited through Amazon’s Mechanical Turk. We collected data from 290 adult participants aged 18 years or older. On average, people reported a higher level of confidence in general versus acute scenario. The differences of confidence in scenario-based surrogate decision-making links to decision-makers’ cognition, self-efficacy, the experience of decision-making, the experience of caregiving, and demographic factors.

SESSION 6185 (SYMPOSIUM)
PERCEPTION VERSUS REALITY: SUBJECTIVE AND OBJECTIVE NEIGHBORHOOD CHARACTERISTICS AND COGNITIVE FUNCTION IN REGARDS
Chair: Jessica Finlay
Co-Chair: Philippa Clarke
Discussant: Lisa Barnes

Does the world shrink as we age? The neighborhood captures a spatial area someone inhabits and moves through on a daily basis. It reflects a balance between internal perceptions and abilities, and the external environment which may enable or restrict participation in everyday life. We frequently hear that older adults have shrinking neighborhoods given declining functional mobility. This is associated with declines in physical and cognitive functioning, depression, poorer quality of life, and mortality. Knowledge of the interplay between objective and subjective neighborhood measurement remains limited. This symposium will explore these linked yet distinct constructs based on secondary data analyses of the Reasons for Geographic and Racial Differences in Stroke (REGARDS) study, a racially diverse sample of 30,000+ aging Americans. Finlay investigates how someone’s perceived neighborhood size (in number of blocks) varies by individual and geographic characteristics including age, cognitive function, self-rated health, and urban/rural context. Esposito’s analyses focus on neighborhood size in relation to race and residential segregation. Clarke compares subjective perceptions of neighborhood parks and safety from crime to objective indicators, and examines variations by health and cognitive status. Barnes will critically consider implications for how older adults interpret and engage with their surrounding environments. The symposium questions the validity of neighborhood-based metrics to reflect the perspectives and experiences of older residents, particularly those navigating cognitive decline. It informs policy-making efforts to improve physical neighborhood environments and social community contexts, which are critical to the health and well-being of older adults aging in place.

MY NEIGHBORHOOD IS FUZZY, NOT HARD AND FAST: A MIXED-METHODS STUDY OF NEIGHBORHOOD SIZE AMONG AGING AMERICANS
Jessica Finlay, Joy Bohyun Jang, Michael Esposito, Sandra Tang, Anam Khan, and Philippa Clarke, University of Michigan, Ann Arbor, Michigan, United States

In this exploratory sequential mixed-methods study, interviews with 125 adults aged 55-92 living in the Minneapolis (Minnesota) metropolitan area suggest that neighborhood boundaries are “fuzzy”. Qualitative analysis of neighborhood perceptions identified race, mobility, driving status, social connections, housing insecurity, land use, urbanicity, and crime as key themes. Over 8,000 REGARDS participants (mean age 72) indicated how many blocks composed their neighborhoods (mean=9.9, SD=35.4). Linear regression models showed that being over the age of 85, white, less educated, lower income, less physically and cognitively healthy, and living outside of a metropolitan area significantly
predicted smaller self-reported neighborhood sizes. Further, there was significant variation among participants residing in the same areas as other respondents. The mixed-methods results indicate that neighborhoods are fluid and dependent on a mix of personal and geographic factors. Findings inform the scale of environmental audits, place-based interventions, and community outreach programs targeting older adults.

BLACK-WHITE INEQUITIES IN PERCEPTION OF ACCESS TO NEIGHBORHOOD RESOURCES AMONG OLDER ADULTS
Michael Esposito, Dominique Sylvers, Philippa Clarke, Jessica Finlay, Joy Bohyun Jang, and Sandra Tang, University of Michigan, Ann Arbor, Michigan, United States

Drawing on insights from critical race scholarship, this study examines how access to neighborhood resources varies among black and white older adults. Using Bayesian multi-level models, we estimate how evaluations of one’s neighborhood environment (e.g., perceived access to parks) varies by race, conditional on objective environmental measures (e.g., park area in one’s neighborhood). Results suggest that within the same spatial areas, individuals occupying marginalized statuses are less likely to perceive their neighborhoods as providing sufficient/accessible collective goods. Conditional on living in tracts with equal public park infrastructure, for instance, black respondents are 15% [95-CI: 8%, 22%] more likely to describe their neighborhoods as “lacking accessible parks.” Results suggest that these inequities are further exacerbated by race-related structural features (e.g., residential segregation) and other markers of welfare and marginalization (e.g., cognitive function). Overall, findings suggest that access to neighborhood-resources—and the benefits they confer—are fashioned by broader systems of power and inequality.

PARKS AND SAFETY: HOW COGNITIVE DECLINE MAY IMPACT ACCESS AND PERCEPTION
Philippa Clarke, Michael Esposito, Joy Bohyun Jang, Sandra Tang, Anam Khan, Dominique Sylvers, and Jessica Finlay, University of Michigan, Ann Arbor, Michigan, United States

Older adults’ perceptions of the presence and quality of neighborhood resources provide important information about the potential benefit of those resources but are not necessarily concordant with the actual physical resources available in that environment. There is debate about whether subjective perceptions of local context are more important for individual behavior and well-being than objective indicators of resources. However, little research has examined how cognitive function is related to differences in the perceived availability and quality of neighborhood resources among older adults. We found that subjective reports of neighborhood safety and adequacy of parks were positively associated with objective measures of property crime and park density. Cognitive function was associated with higher subjective neighborhood evaluations, but adults with lower cognitive function reported more discordance between objective and subjective measures of neighborhood resources. These findings inform how neighborhood resources may have different consequences for older adults experiencing cognitive decline.

SESSION 6190 (SYMPOSIUM)

PERSON-CENTERED HEALTH CARE: AN APPROACH THAT INTEGRATES ACUTE AND LONG-TERM CARE Chair: Yuchi Young
Discussant: Barbara Resnick

The world population is aging. The proportion of the population over 60 will nearly double from 12% in 2015 to 22% by 2050. Global life expectancy has more than doubled from 31 years in 1900 to 72.6 years in 2019. The need for long-term care (LTC) services is expanding with the same rapidity. A comprehensive response is needed to address the needs of older adults. Learning from health systems in other countries enables health systems to incorporate best long-term care practices to fit each country and its culture.

This symposium aims to compare long-term care policies and services in Taiwan, Singapore, and the USA where significant growth in aging populations is evidenced. In 2025, the aging population will be 20% in Taiwan, 20% in Singapore and 18 % in the USA. In the case of Taiwan, it has moved from aging society status to aged society, and to super-aged society in 27 years. Such accelerated rate of aging in Taiwan is unparalleled when compared to European countries and the United States. In response to this dramatic change, Taiwan has passed long-term care legislation that expands services to care for older adults, and developed person-centered health care that integrates acute and long-term care services. Some preliminary results related to access, care and patterns of utilization will be shared in this symposium. International Comparisons of Healthy Aging Interest Group Sponsored Symposium.

IMPACT OF HEALTH SYSTEMS ON LIFE EXPECTANCY IN TAIWAN, SINGAPORE, AND THE USA: SIMILARITIES AND DIFFERENCES
Ya-Mei Chen,1 Yuchi Young,2 and Patrick Schumacher,3
1. National Taiwan University, Taipei, Taiwan (Republic of China), 2. SUNY at Albany, Rensselaer, New York, United States, 3. University at Albany State University of New York, Rensselaer, New York, United States

Like Singapore, Taiwan has universal health care and universal long-term care (LTC). The USA has neither. Those who need LTC in the US pay out of pocket, buy private LTC insurance or spend down to qualify for Medicaid; there are inherent issues related to cost and quality. For example, nursing home care costs over US$100,000/year and only about 8% of the population has private LTC insurance. Many people become impoverished or struggle financially to qualify for Medicaid. Conversely, Taiwan has universal LTC insurance that offers comprehensive services for all, but it is relatively new and its impact remains to be seen. Similarities and differences related to LTC quality indicators such as functional independence, and the NCQA quality measures (e.g., effectiveness of care, access/availability) in Taiwan, Singapore and the US will be presented. The results of this comparison can inform policy makers and stakeholders leading to best practices. Part of a symposium sponsored by International Comparisons of Healthy Aging Interest Group.