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 multilevel 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 example, 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% in 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 the 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
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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, pay 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.