highlighted the need for safe and inclusive communities. Given that LMIC will be home to the majority of older adults (Gonzales et al. 2015), we undertook a scoping review of features of rural communities that influence wellbeing of older people in countries across Latin America and Sub-Saharan Africa. The review included literature in English, French, Spanish and Portuguese, using search engines MEDLINE, CINAHL Complete, PsycInfo, SocINDEX, SciELO, AJOL (Africa Journals Online), LILACS, Redalyc, LatinIndex and Clacso. Findings illustrate diversity in how community features including remoteness, infrastructure and belonging influence material, social and subjective wellbeing of older residents.

Session 3635 (Symposium)

SHIFTING ISSUES OF SUPPORT EXCHANGE UNDER 20-YEAR IMPLEMENTATION OF JAPANESE LONG-TERM CARE INSURANCE PROGRAM
Chair: Tomoko Wakui

Japan has faced numerous issues in the last twenty years with its mandatory long-term care (LTC) insurance program. This LTC insurance program obviously affected older adults’ informal support exchanges, reducing support from family and the community, which became more valuable, subjectively. Furthermore, changes in support have impacted older adults’ subjective well-being and children’s perceived care motivation. Additionally, a mandatory uniform system challenges the issue of tolerance of diversity, meaning how non-traditional families’ opinions be involved LTC situations. This symposium discusses unexpected shifting issues in Japan in the implementation of a public LTC program with a focus on older adults’ support exchanges. The first paper examines the long-term impacts of formal and informal support by examining the effects of implementing formal services. The second paper assesses a community’s role in relation to family in the presence of a public LTC program. The third paper examines the subjective impacts of older parents, who provided support to adult children and their reciprocal expectations of receiving LTC. The fourth paper, on the other hand, articulates reciprocal impacts on sons’ care motivation, which has become more important, since the introduction of the LTC program reinforced men’s participation in LTC. Finally, the fifth paper clarifies how a uniform program accommodates informal support from non-traditional families when the program premises the presence of family in advanced care planning. This symposium illustrates diversity in how community features including remoteness, infrastructure and belonging influence material, social and subjective wellbeing of older residents.

TRENDS IN INFORMAL AND FORMAL LONG-TERM CARE USE AMONG OLDER ADULTS WITH DISABILITIES IN JAPAN
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Whether increased formal long-term care (LTC) reduces informal LTC use by serving as a substitute or has a complementary role that boosts both informal and formal LTC use has been an important issue for evaluating LTC policy effectiveness. We described trends in in-home LTC use among older adults and LTC availability in relation to changes in LTC policy in Japan. In addition, we examined whether these trends differ by living arrangements, gender, income, and disability levels. We used five waves of repeated cross-sectional data starting in 1999 to 2017. The use of both informal and formal LTC types combined increased until 2006 and then gradually decreased while remaining higher than in 1999. Although implementing the LTC program may have temporarily contributed to the complementary use of both LTC types, eligibility limitations brought about by LTC reform potentially reduced the effects of formal LTC’s complementary role.

NEIGHBORHOOD RELATIONSHIP MATTERS FOR WHOM?: INTERACTION WITH FAMILY STRUCTURE AND FUNCTIONAL CONDITIONS
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Living environment is considered to have unignorable effect on our health and well-being, especially when we face shrinkage of mobility as we age. Social interaction with neighbors constitutes our social environment, and it may affect our well-being by interacting with other social resources such as support from family and professional care providers. In this study we examined the effect of social environment in neighborhood on older people’s well-being, and how its effect is moderated by their family structure, functional conditions, and LTC service usage. Data was obtained from the survey conducted in 2012 with nationally representative sample of Japanese adults aged 60 years and older. The results showed that for people with functional limitation but were not certified as needing LTC, neighborhood social network was positively associated with well-being. These results suggest the unique function of neighbors for frail people to keep everyday life in the community.

WHEN DOES SUPPORT TO ADULT CHILDREN NEGATIVELY AFFECT THE SUBJECTIVE WELL-BEING OF OLDER JAPANESE?
Erika Kobayashi, Tokyo Metropolitan Institute of Gerontology, Itabashi-ku, Tokyo, Japan

Providing time and money to adult children may enhance perceived usefulness and consequently the subjective well-being (SWB) of older parents. However, non-reciprocal relationships with children and conflicts with leisure activities could negatively affect parents’ SWB. It was hypothesized that a substantial amount of support to children would be associated with lower SWB when older parents (a) had a low expectation of receiving long-term care from the children, and (b) were engaged in hobbies/learning activities. Life satisfaction and depressive symptoms measured as SWB were predicted based on the Generalized Estimating Equations, using panel data (2012-2017) with a nationwide representative sample of Japanese adults aged 60 years and older (1,212 parents). Providing child-rearing support (i.e., grandchild care) of 30 hours or more per month was positively associated with SWB regardless of conditions (a) and (b).
Hypothesis (b) was partially supported: providing financial support enhanced depressive symptoms among older adults with hobbies/learning.

ROLE OF EMOTIONAL ATTACHMENT AND RECIPROCITY IN SONS' PERCEIVED CARE MOTIVATION FOR PARENTAL FIGURES
Ryo Hirayama, Ichiro Kai, and Tomoko Wakui
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The collapse of the traditional Japanese household system and the subsequent social advancement of women has led supporting parents as a family matter, and led more men to assume caregiving roles; however, very few studies have focused on sons' care motivation. This study aimed to understand adult sons' perceived care motivation and to examine the respective related factors of emotional attachment and reciprocity. A total of 1322 men (M [age] = 44.5) participated in a web-based questionnaire survey. Perceived care motivation for providing five types of support (e.g., helping with daily activities and housework) to each parent and parent-in-law was assessed. Regression analyses revealed that emotional attachment with parents and parents-in-law predicted perceived care motivation for all types of support. Furthermore, the role of reciprocity was indicated by the association between rearing by mother-in-law and son-in-law's motivation to provide assistance in financial matters, housework, and visiting a hospital.

WHO SHOULD MAKE CARE ARRANGEMENT FOR OLDER ADULTS? HETERONORMATIVE FAMILY RESPONSIBILITY IN JAPAN
Ryo Hirayama, Osaka City University, Osaka, Osaka, Japan

In Japan, despite the greater availability of public care services upon implementation of national long-term care insurance, families are still considered as primarily responsible to make care arrangement for older adults. My aim in this study was to explore (hetero)normative ideas about families that underlie Japan's institutionalized practices of elder care. In doing so, I focused on care managers, who are certified care practitioners helping families to make care arrangement, and whether they would count older adults’ same-sex partners as legitimate family members to participate in such arrangement. Data were collected from 1,580 care managers working for officially designated in-home care providers across the nation. Preliminary analysis revealed that although most care managers believed the voices of same-sex partners should be preferably reflected in the process of care arrangement, they also thought that these partners could not participate in such process without permission from older adult’s “blood relatives” (e.g., siblings).

Session 3640 (Symposium)

SOCIAL DETERMINANTS OF MEN’S HEALTH ACROSS THE LIFE COURSE
Chair: Roland Thorpe, Jr. Discussant: Keith Whitfield

There is a paucity of research focusing on the complex interaction between social, behavioral, biological, and psychosocial factors, and health outcomes among men. This symposium contains a collection of papers that discuss some key social determinants of health (SDOH) that can provide insights to advance our understanding of men’s health and aging across the life course. Dawn will discuss the Stroke Counseling for Risk Reduction (SCORRE) intervention designed to increase awareness, risk perceptions, and health behaviors to reduce stroke risk in African Americans. Findings suggest tailoring the intervention to the needs and preferences of young African American men. Archibald and colleagues seek to determine if race differences in allostatic load (AL) among adult men vary by age. Black men 45-64 had a higher AL score (PR = 1.14, 95% CI 1.02, 1.28) than White men. Skipper and colleagues used a grounded theory approach to examine the negative interactions of 35 religious middle and old age Black men. Analyses reveal that church-related negative interactions broadly fall within the following themes: (1) ageism within intergenerational churches, (2) people are messy, and (3) issues with leadership. Bruce and colleagues examine the association between religious service attendance and mortality among Black men. Participants who attended at least once per week were 18% less likely to die than their peers who did not attend a religious service at all (HR 0.82; 95% CI 0.68-0.99). These presentations collectively will bolster our knowledge on key SDOH among men across the life course.

TAILORING STROKE COUNSELING FOR RISK REDUCTION INTERVENTION TO AFRICAN AMERICAN MEN
J. Taylor Harden, Laura Salazar, Gayenell Magwood, Patricia Clark, and Dawn Aycoc, University of Texas at Austin, Austin, Texas, United States, 2. Georgia State University, Atlanta, Georgia, United States, 3. Medical University of South Carolina, Charleston, South Carolina, United States

Early life course achievement and maintenance of ideal cardiovascular health is associated with reduced risk of developing stroke later in life. The Stroke Counseling for Risk Reduction (SCORRE) intervention is an age-and-culturally relevant intervention originally designed to correct inaccurate stroke risk perceptions and improve lifestyle behaviors to reduce stroke risk in AAs age 20-35. In a study testing SCORRE, fewer men participated, but most were not at a stage of readiness for behavior change; many did not think they were at risk despite averaging three modifiable risk factors, and while improvements in outcomes were observed in women they were not in men. These differences led to tailoring SCORRE to young AA men. The methods for tailoring SCORRE and resulting strategies for attracting, engaging, and empowering them towards stroke risk reduction, including hypotheses concerning food supply, housing, economic and social relationships, education, and mental health care will be raised for discussion.

IT’S NOT HEALTHY FELLOWSHIP: NEGATIVE INTERACTIONS AND THE IMPLICATIONS FOR MIDDLE- AND OLD-AGE BLACK MEN
Loren Marks, Cassandra Chaney, and Antonius Skipper, 1. Brigham Young University, Provo, Utah, United States, 2. Louisiana State University, Baton Rouge, Louisiana, United States, 3. Georgia State University, Atlanta, Georgia, United States