examined the influence of humor and spirituality on resiliency of 156 (age 60 years and older) community-dwelling members of an Osher Lifelong Learning Institute located in the western region of the United States who completed a pen and paper and electronic newsletter surveys. The majority of the sample used humor to cheer themselves when feeling depressed, were amused by the absurdities of life, used humor to feel better and to cope with problems, and believed their humorous outlook prevented them from being upset or depressed. Almost three-quarters of the sample looked to a spiritual force for strength, support, and guidance, 58% worked together with a spiritual force and less than 39% thought about how their lives were part of a larger spiritual force. In the final hierarchical regression model (F (5, 143, = 8.895, p = .000), only spirituality (β = -.238, p < .001) and humor (β = .444, p < .000) were statistically significant; whereas age, gender and living with another were not statistically significant. The findings suggests that humor along with spirituality are two internal resources that promote resiliency in older adults. Humor infused in informal interactions and planned activities as well as spiritual support may contribute to the promotion and enhancement of resiliency in community-dwelling older adults.

FACTORS ASSOCIATED WITH HOSPITAL-TO-HOME DISCHARGE: USING A DECISION TREE ANALYSIS
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Because the number of older adults discharged home is increasing, a comprehensive geriatric assessment (CGA) becomes a helpful tool to make a decision about discharge destination. This study aimed to examine the predictors related with discharge destination using the component of CGA. We used decision tree analysis with the Classification and Regression Trees algorithm. Study participants were older adults over 65 years old who were admitted to geriatric department at a university-affiliated hospital in Korea. The older adults were assessed by multi-professional team at the initial stage of their hospitalization and received blood tests and the CGA. A total of 184 patients was included. The mean age was 84.6 years old and 61.6% were female. The analysis revealed arm circumference and level of frailty were significant predictors of home discharge. Specifically, 90.1% of patients had discharged home if their upper arm circumference was more than 18.3 centimeters, and 36.4% was discharged home if it was less than 18.3 centimeters. Among older adults with the arm circumference more than 18.3 centimeters, 57% of robust older adults and 91.7% of prefrail or frail older adults were discharged home. These robust older adults had relatively better daily living ability, and discharged to other facilities rather than home for rehabilitation. As many frail older adults are discharging to their own home, clinicians need to pay more attention to them. Also it is encouraged to perform the CGA, which includes nutritional assessment in it, for inpatient older adults.

DO THE PRESENCE OF ADULT CHILDREN AND THEIR MARRITAL STATUS MATTER FOR ACCESS TO THE PUBLIC LONG-TERM CARE SYSTEM?
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Knowing how the presence of family affects access to the public long-term care system is important for evaluating the adequacy of the system. This study examined the relationship between the presence of adult children and their marital status, and access to a public system by examining the gap between self-reported care needs and the official certification as needing care under the Japanese public long-term care insurance system. Data from Japan’s 2016 Comprehensive Survey of Living Conditions were used. A total of 23,466 older adult claimants, aged 65 years and older were analyzed. Outcomes were whether or not claimants were officially certified as needing care under the system, and the relationship of the presence of both live-in and live-out children and their marital status were examined controlling for claimants’ age, gender, education, financial status, and physical and cognitive conditions. Females comprised 64.8% of the sample, and the average age was 83 years (SD = 7.8). The percentage of claimants living with a single or married child were 25.2% and 26.9%, respectively, and 60.1% were parents of children who lived independently. The percentage who were officially certified as needing care was 68.5%. Logistic regression analysis revealed that claimants with a live-in child were less likely to be officially certified as needing care, and claimants with live-in a single child were less likely to be officially certified compared with those with a married child. Live-in single children may provide long-term care by themselves, and the excess burden on them needs to be further investigated.

AMERICAN INDIAN FEMALE CAREGIVERS: STRESS AND RESILIENCE
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Background/Introduction: Increased stress has been found to be a part of the caregiving experience. However, how stress is handled is important. Resilience has been shown to decrease stress in non-caregivers. There is a lack of information about American Indian (AI) caregiver stress. In this study, we seek to investigate if resilience acts as a stress buffer in this population of AI female caregivers. Methods: The Hopi Adult Caregiver Survey was conducted in 2017 with 44 female Hopi caregivers. Resilience and stress scale questions were asked as well as variables potentially affecting these. Resilience as measured by the Connor Davidson Resilience Scale-10 (CD-RISC) and stress as measured by the Perceived Stress Scale-10 scores were calculated as well as categorical levels of higher and lower stress/resilience. Variables possibly associated with each were assessed using linear regression analyses. Results: Forty-four female caregivers were surveyed. The overall mean stress score for caregivers was 17.9 Â± 6.2 on the PSS. For difference between