a 14-day period, 1,190 trips were recorded by older adults and 71.3% of these trips were completed through driving their own personal vehicles. Participants designated 84.5% of trips as important and 72% of the trips improved their mood. Individual (physical and cognitive functioning, cost, time), environmental (lighting, sidewalk conditions, traffic, location of bus stops, weather), and behavioral (no history of bus use, peer to peer information sharing, tracking led to future planning) barriers and facilitators to alternative transportation use such as riding the bus, walking and biking were identified.

ASSESSING AGE-FRIENDLY COMMUNITY PROGRESS: WHAT HAVE WE LEARNED?
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The Global Network of Age-friendly Cities and Communities has grown steadily over the past decade across the United States, however surprisingly little is known regarding their accomplishments to date. We utilized content analysis to assess the progress reported by American age-friendly communities (n = 30) that joined by end of year 2015 using the Age-Friendly Community Evidence-based Tool with expanded program evaluation measures including health equity as defined by the World Health Organization. We employed deductive analytic techniques to assess reported community performance in eleven thematic areas across the range of structures and processes that characterize age-friendly efforts. We found strong evidence in the areas of leadership and governance, harnessed resources, application of age-friendly framework, and in multisector collaboration as well as reported provisions. All of the communities reported health equity aims, particularly in promoting accessible physical environments and social inclusion efforts. Our analysis further revealed areas for continued improvement.

Session 4500 (Paper)

Aging in Place (SRPP Paper)

AGE-FRIENDLY COMMUNITIES AND AGING IN PLACE: FINDINGS FROM LATENT PROFILE ANALYSIS
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Older adults prefer to live in their current home or community and ‘Aging in place’ has been shown to reduce the cost of caring for older adults and help their successful aging. Although age-friendly communities (AFC) initiatives have been helpful to aging in place, little has been known about the relationship between the types of AFC and aging in place. Using the 2017 AARP Age-Friendly Community Survey, we included 1,079 adults aged 65 or older. We measured aging in place as ‘move to a different community’, ‘move into a different residence within your current community’, and ‘stay in your current residence’, and included eight AFC constructs. We identified the type of AFC using Latent Profile Analysis: low-friendly, mid-friendly, and high-friendly. We also ran multinomial logistic regression to examine whether the types of AFC were associated with aging in place. Of the total participants, 26.0% lived in the low-friendly community, 23.7% in the mid-friendly community, and 50.3% in the high-friendly community. Older adults living in the high-friendly community were more likely to stay in the current residence (64.7%) than those in the low-friendly (47.1%) (χ2=28.680, p<.001). Also, older adults living in the low-friendly community (OR=3.05, p<.001) and the mid-friendly community (OR=1.42, p<.10) were more likely to move to a different community compared to those living in the high-friendly community. This result suggests that it is important to build an AFC to promote aging in place. For the growing number of older adults’ lives, policymakers should consider expanding the AFC initiatives.

HOME AND COMMUNITY FEATURES, PERCEIVED AGE-FRIENDLINESS, AND INTENTION TOWARD AGING IN PLACE
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Promoting age-friendliness of communities and supporting aging in place (AIP) are of great importance in aging societies. However, little is known about the mechanism linking home and neighborhood features, older adults’ global assessment of community, and their willingness to age-in-place despite the importance in developing policies and interventions. This study used the 2015 AARP Age-Friendly Community Survey, which includes 66 home and neighborhood features under the eight domains specified by the WHO’s Age-Friendly Cities Guidelines. A series of linear regression models were estimated to examine the interrelationship between the availability of age-friendly features in eight domains, perceived age-friendliness of community, and intention toward AIP. Overall, a greater availability of age-friendly features was positively associated with perceived age-friendliness of community and AIP intention. The relationship between age-friendly features and AIP intention was mediated by perceived age-friendliness of community (50.3% to 96% of the total effects). When perceived age-friendliness of community was introduced to models, the direct effects of housing, outdoor spaces and buildings, and transportation domains remained significant. Findings suggest that a greater availability of age-friendly features influence older adults’ perception on their community, leading to the development of a desire to age-in-place. Domains of housing, outdoor spaces and buildings, and transportation may be the most important features in promoting age-friendliness of community and the key determinants of aging-in-place. Policy makers and practitioners may need to prioritize promoting age-friendly built environment before social environment in building age-friendly communities.

OLDER ADULTS’ PERCEPTIONS OF SMART CITY INITIATIVES TO AGE IN COMMUNITY
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This project explores older American adults’ perceptions of smart city initiatives for them to “age in community” particularly in the northeast region. As the U.S. population
is aging, it is imperative that the American cities can support their citizens to live in their preferred community environments for as long as they want. While there are many definitions of a smart city, some exemplary smart city initiatives can be characterized as actively utilizing information and sensor technologies to promote efficiency and sustainability of city-wide systems, ultimately enhancing the quality of citizens' life. This project examines, in particular, seven smart city initiatives that are implemented globally: smart streetlights, health and fall monitoring system, community ridesharing, enhanced CCTVs, “age-friendly map,” contact tracing app, and smart traffic system. By surveying those age 55 and older, with a representative sampling from the nine states in the northeast region, this project found that the vast majority of older Americans in this region would prefer to age in rural and suburban communities, and depending on where they prefer to age in (rural-exurban-suburban communities vs. urban-urban center communities) and gender (female vs. male), they perceive particular sets of smart city initiatives as more important for them to age in community. Furthermore, regardless of the community/location preference and demographic (gender, income level, and age) differences, 40% of the respondents expressed no concern of data or information privacy issues from these initiatives, opening some doors for the municipalities that plan to adopt some of these initiatives in the near future.

THE COST EFFICIENCY OF HOME MODIFICATIONS TO REDUCE HEALTH CARE COSTS
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The existing quantity of housing dedicated for older adults is not sufficient to meet the needs of this growing population. And even as the Centers for Medicare and Medicaid Services reimbursement structures are shifting from traditional inpatient and outpatient settings to care in the home, it is a commonplace that most homes were not designed or built to support the needs of aging residents or the provision of healthcare. It is time for America’s 100 million existing houses to be made as safe and accessible as possible for aging in place. Falls cost over $50 billion a year in medical expenses. This paper distills current knowledge regarding healthcare cost reductions from home modifications, and then calculates the cost efficiency to society and to the federal government of providing government subsidies for home modifications for older adults at the ages of 50, 65 and 75. Cost sharing among insurers, government and the beneficiary is one way to achieve the positive social returns.

TYPES OF LATE-LIFE CHALLENGES TO AGING IN PLACE
Kyeongmo Kim, Virginia Commonwealth University, Henrico, Virginia, United States

Many older adults prefer to live within their community because they have built strong relationships with their neighbors and neighborhood. Although housing-related factors promote aging in place, findings on the relationships of late-life challenges to aging in place (e.g., cost of living, autonomy) and relocation are mixed. Less is known about the types of challenges to aging in place and about the relationship between the types of challenges and relocation. Using data from the AARP 2015 Age-Friendly Community Surveys (N=3,190 adults aged 65 and older), this study examined the intersection of challenges to aging in place (e.g., home size, cost, safety, independence, family, transportation) and relocation (i.e., move to a different home outside of their community). Using latent class analysis (LCA), we identified five subgroups of late-life challenges to aging in place: multifaceted challenges, cost of living, independence, social connection, no concern. Findings from LCA with a distal outcome showed that older adults with multifaceted challenges (b=0.77, p<.001), were more likely to move out of their community, compared to those with lower levels of challenges, even after adjusting for age, sex, education, income, and chronic diseases. Also, those with challenges regarding the cost of living (b=0.84, p<.001), independence (b=0.64, p<.001), and family connection (b=0.43, p<.001) were more likely to expect to move out of their community. The findings highlight that older adults have different types of challenges to aging in place. Practitioners and policymakers should provide more individualized supportive services, considering the types of challenges to promote aging in place.

Session 4505 (Symposium)

AMBULATORY ASSESSMENT OF SOCIO-AFFECTIVE AND COGNITIVE AGING: ZOOMING INTO DAILY PROCESSES
Chair: Tabea Meier
Co-Chair: Andrea Horn
Discussant: Christina Roecke

Ambulatory assessment methods offer new possibilities to study cognitive, emotional, and social processes in the setting in which they naturally occur, namely in the daily life of individuals and couples. This allows to zoom into processes with great relevance for healthy aging and well-being over the lifespan. Research on daily psychological processes opens the door for investigating the interplay with contextual (daily stress, social resources) and stable factors (relationship quality status, accumulated discrimination) that are known to shape these dynamic processes. This symposium will present and discuss innovative contributions investigating daily emotional and cognitive functioning and their interplay with social and individual characteristics over the adult lifespan. The first study by Haas and colleagues will present experience sampling data on daily prospective memory performance in couples. Haas et al., will offer a dyadic perspective on cognitive functioning by examining how prospective memory performance is co-regulated in the daily lives of younger and older couples. Meier et al., will present another study from the same couples project; here the focus is on age differences in couples’ “we-ness” and its relationship with daily positive emotional experiences and how they are shared with the partner. The series of talks will be completed by Zavala et al., who examined associations between stress and emotional health in daily life and its interplay with prior discrimination experiences of an age-diverse sample of BIPOC adults. After these individual contributions, Christina Roecke will discuss the presented studies and provide her reflections on the results and their implications.