In this paper, we undertake an analysis of marital/cohabitation sequences over a person’s entire life course, examining intersections between race and cohort. We draw upon data from a nationally representative survey of older Americans (collected in 2005/2006; N=3005). Using optimal matching and cluster analysis, we find three clusters: those who have been without a partner for many years (10%), those who recently lost a spouse (27%), and those who are still married (62%). All three clusters tended to marry young; only 2% never married or cohabited. Non-Hispanic Black respondents were far less likely than Non-Hispanic White respondents to be in the still-married cluster. The oldest Hispanic respondents were also more likely to be in the recently-unpartnered cluster, compared to younger Hispanic respondents. Cluster membership was also associated with being married ten years later (2015/2016; 1535 retained), with the longstanding-unpartnered cluster less likely to be married, compared to the recently-unpartnered cluster.

**SESSION 2560 (SYMPOSIUM)**

**EMBRACING DIVERSITY BY FOSTERING STRONG COMMUNITY CONNECTIONS**  
Chair: Robyn Golden  Co-Chair: Erin Emery-Tiburcio  
Discussant: Rani Snyder  

Age-Friendly Health Systems are essential; however, most health and healing take place outside of the walls of a hospital or physician’s office. Thus, it is imperative that health systems foster strong community connections, in particular with older adults from underserved communities who experience multiple barriers to quality, age-friendly health care. At Rush, there are several interdisciplinary initiatives designed to ensure that the 4Ms reach beyond the medical center and impact historically marginalized communities. In this symposium, we present three of these innovative approaches to bringing the 4Ms to into the community. Each presentation will describe the program and community served, explore how the 4Ms concepts are integrated, and present outcomes data on the program impact to date. Facilitating Caregiver Health and Wellness: Age-Friendly Health System Caring for Caregivers (AFHS-C4C) is an initiative to expand the age friendly health system to include caregivers. CATCH-ON Connect enables older adults to do What Matters to them by expanding virtual access to older adults, often from underserved communities. Finally, Rush@Home addresses the 4Ms by removing barriers to care and enabling older adults with medically complex needs to receive care in their home. The interactions of these programs will be discussed briefly by the session chair, along with service and policy implications of multiple programs addressing the 4Ms of an Age-Friendly Health System within one community.

**FACILITATING CAREGIVER HEALTH AND WELLNESS: AGE-FRIENDLY HEALTH SYSTEM CARING FOR CAREGIVERS (AFHS-C4C)**  
Robyn Golden1, Diane Mariani1, Leslie Pelton2, Teresa Moro1, and Ellen Carbonell1, 1. Rush University Medical Center, Chicago, Illinois, United States, 2. Institute for Healthcare Improvement, Boston, Massachusetts, United States

Family caregivers of older adults are vital partners in health care. The health care system is uniquely positioned to connect with caregivers and help address their own needs. The Age-Friendly Health System Caring for Caregivers (AFHS-C4C) model focuses on achieving health system change by identifying and incorporating caregivers into standard health care practices while assisting caregivers with their own health and well-being. Created at Rush University Medical Center, this model was tested in six AFHS. At Rush, caregivers (n=322) were mostly female (74%) and African American (38%) or white (37%). Between baseline and follow-up, statistically significant (p<.05) decreases were observed in caregiver burden (BSFC: 18.51 to 13.82), depression (PHQ-9: 8.40 to 4.09), and anxiety (GAD-7: 7.73 to 5.15). Application of this program at additional sites has yielded important lessons learned about engagement, training needs, and sustainability. These lessons will be discussed in the context of scaling and spreading interventions nationally.

**INCREASING TECHNOLOGY ACCESS TO FOR UNDERSERVED COMMUNITIES: CATCH-ON CONNECT**  
Erin Emery-Tiburcio1, Siqi Wang2, Steven Reaves2, and Salvador Castaneda2, 1. Rush University Medical College, Chicago, Illinois, United States, 2. Rush University Medical Center, Chicago, Illinois, United States

Many older adults from underserved communities do not have access to technology or a reliable internet connection. Even when access is not an issue, older adults often find technology challenging. CATCH-ON Connect provides community-dwelling adults age 65+ with cellular-enabled tablets with pre-installed apps to enable them to reduce social isolation and engage in telehealth visits. This program also provides personalized technical assistance and education about accessing electronic health records and the 4Ms. For example, participants are encouraged to address the 4Ms during telehealth visits. Among 139 participants enrolled, 51% were non-Hispanic Black, 30% non-Hispanic white, 13% Hispanic, and 7% other. Willingness to engage in telehealth appointments increased 9% (p<.05), discussions with primary care providers about mobility increased by 13% (p<.001), and loneliness scores decreased by 0.6 (p<.05) in the first three months of participation. Implementation and policy implications for ongoing technology device and training services will be discussed.

**EXPANDING HOME-BASED PRIMARY CARE FOR MEDICALLY COMPLEX PATIENTS: RUSH@HOME**  
Walter Rosenberg, Nathaniel Powell, Elizabeth Davis, Leticia Santana, and Robyn Golden, Rush University Medical Center, Chicago, Illinois, United States

Medically complex older adults from underserved communities experience multiple barriers to obtaining necessary health care and services. Often these individuals are largely unable to leave their homes due to a lack of community resources facilitating travel to and from provider appointments. Rush@Home is a home-based primary care program that focuses on the 4Ms by incorporating patient navigation and social work services for medically complex older adults. The majority of the patients enrolled in the Rush@Home program identify as Black and/or Latino (>50%) and reside...
on the West Side of Chicago which is historically underserved in terms of health care access. To date, Rush@Home has enrolled n=234 participants with n=176 patients who are currently active in the program. Among participants there less than a 10% readmission rate and an ED visit rate of approximately 5%. This presentation will discuss the Rush@Home data and the importance of community engagement.

SESSION 2570 (SYMPOSIUM)

ESPO AND SOCIAL RESEARCH, POLICY, AND PRACTICE SECTION SYMPOSIUM: WHAT AROUND THE PERSON MATTERS: REIMAGINING ENVIRONMENTAL JUSTICE AND AGING
Chair: Kexin Yu Co-Chair: Sarah Dys

From Lawton’s seminal Ecological Theory of Aging (ETA) to the recent development of Wahl’s COntext Dynamics of Aging (CODA), conceptual and empirical work has repeatedly shown that the living environments fundamentally influence health and wellbeing in later life. The CODA framework posits five correlated contexts that can predict developmental outcomes in aging: physical, social, service, socioeconomic, and technological contexts. The ongoing COVID-19 pandemic further manifested the lack of environmental justice for marginalized and minoritized older adults, calling for reflection on the paradigm for ecological aging research, practice, and actionable policymaking. This SRPP/ESPO symposium featured emerging and established scholars’ work that shed light on reimagining environmental justice for older adults with diverse abilities, backgrounds, and resources. Panelists will share stories of their professional development journeys, highlighting empirical evidence with under-researched, systematically excluded populations and examining new directions in aging and environment research. Topics include accessible and affordable housing, built environment, neighborhood contexts, conceptualizing the community, and the experiences of those most likely to bear the burden of precarious housing in later life. This symposium will hold the space for emerging scholars to learn and discuss short- and long-term practice and policy priorities for promoting environmental justice for older adults and provide tools to conceptualize their research informed through ecological and equity-centered perspectives.

CONTEXTS OF COGNITIVE DECLINE: MAPPING NEIGHBORHOOD OPPORTUNITIES AND BARRIERS FOR HEALTHY AGING IN PLACE
Jessica Finlay1, Robert Melendez2, and Philippa Clarke1,
1. University of Michigan, Ann Arbor, Michigan, United States, 2. Social Environment and Health Program, Institute for Social Research, University of Michigan, Ann Arbor, Michigan, United States

Stark geographic variation in later-life health outcomes suggests that local built and social environments are critical in shaping disease and disability, physical and cognitive function, and engagement in everyday life among older adults. This paper presents a community-engaged mapping project aiming to depict the uneven distribution of hazards and amenities relevant to cognitive aging across the United States. Living in neighborhoods with opportunities for social interaction (e.g., coffee shops, senior centers), intellectual stimulation (e.g., museums, libraries) and physical activity (e.g., parks, walkable streets) may slow rates of cognitive decline and reduce risk for Alzheimer’s disease. We assembled a community advisory board to translate research findings into a pilot website and interactive map that assesses neighborhoods for cognitive aging resources and amenities. The objective is to increase public awareness and inform public health and policy efforts to ameliorate community barriers and create more equitable opportunities to promote healthy aging in place.

TOWARD STRUCTURAL CHANGE: ADVANCING PRAXIS ON AGE-FRIENDLY CITIES AND COMMUNITIES
Emily Greenfield, Rutgers, The State University of New Jersey, New Brunswick, New Jersey, United States

The global age-friendly cities and communities (AFCC) movement has inspired leaders across the public, private, and academic sectors to re-imagine how environments can better support long and healthy lives. There is growing recognition, however, of structural and other constraints that impede the translation of AFCC aspirations into systematic, comprehensive, impactful, and sustainable action. This paper will describe the importance of researchers’ engagement in AFCC praxis to better support the movement toward structural change for aging equity and healthy aging. The paper will present a case example of academic researchers’ long-standing involvement in collaborative efforts toward the development and sustainability of age-friendly community initiatives in New Jersey. The case will emphasize the importance of creating synergies across research, teaching, and service activities; cultivating coordinated AFCC efforts across the micro, meso, and macro levels; and developing sustainable structures for deliberate inter-organizational and multi-sectoral partnerships toward short- and long-term goals.

A JOURNEY INTO HOW PLACE MATTERS
Terri Lewinson, The Dartmouth Institute for Health Policy and Clinical Practice, Lebanon, New Hampshire, United States

It is now well known that housing is a significant determinant of health and that systematic inequities shape the influence of home for many people. In this paper, I will present my research program designed to incrementally understand housing-health experiences of low-income residents in hotels, assisted living facilities, and senior housing apartments using qualitative, community-based, and biomedical approaches in Metropolitan Atlanta. Focused through an ecological lens, I will share insights from pedagogical and policy experiences that contributed to (and detracted from) the promotion of environmental justice for marginalized communities using inclusive strategies that were respectful of population identity. In this talk, I will discuss how institutional influences shaped opportunities for me to advance work on healthy housing as a social justice issue and detail my current project exploring air quality in a nontraditional home setting.