potential value of conducting remote home assessments in rural areas to ensure equity of access to home modifications for older adults with disabilities during the pandemic and beyond.

OPENING THE DOOR TO AGING IN PLACE: FINDINGS FROM THE INTERGENERATIONAL TORONTO HOMESHARE PROGRAM
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Older adults prefer to live in their own homes for as long as possible— to ‘age in place’— but for myriad reasons, may be unable to do so. To address this, a number of housing alternatives have been explored, including homesharing, or homeshare, an exchange-based shared housing approach with the potential to empower older adults to age in place by enabling them to obtain additional income, companionship, and assistance with completing household tasks in exchange for renting out a room in their home. An intergenerational homesharing pilot program in Toronto matched older adults (55+) with postsecondary students. With limited research in the area, a mixed methods research study was embedded within the pilot project with the goals of: 1) conducting a scoping review to map and synthesize the literature related to outcomes of homeshare participation for this population, 2) conducting in-depth interviews with homeshare participants (N=22) to learn about their experiences, and 3) conduct a full evaluation and exit survey to better understand the implications of the project. Results were organized around the following themes: (1) benefits and challenges of participating in homeshare for older adults; (2) intergenerational engagement as social exchange; and (3) the key role of agency facilitation as a determinant of the experience of homesharing for older adults. Results spoke to the unique benefits and challenges of participating in homeshare for this population. Findings were used to derive implications for policy and practice, as well as highlight areas for future research.

INTEGRATED CARE POLICY AND PRACTICE IN THE US: THE SCENARIO OF AGING IN CHINATOWN
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Background: Older Chinese adults, the fastest-growing population among older immigrants, experience multiple barriers to access quality physical and behavioral health care, including low English proficiency, low health literacy, and segregation between health care and social care sectors (Tsoh et al., 2016). While integrated care attempts to address these issues, there is still a lack of culturally sensitive integrated care practices to address the needs of older Chinese immigrants.

Methods: This article reviews the definition and history of integrated care policies in the U.S., and compares four integrated care models on the service user and community levels, including the Chronic Care Model (CCM), Program of All-Inclusive Care for the Elderly (PACE), Patient Navigation Model, and Delivery System Reform Incentive Payment (DSRIP) Program.

Results: Taking the community-dwelling older Chinese immigrants as the context, this article discusses factors that are essential to this group of older adults and proposes a framework to integrate social determinants of health in the development of integrated care practice with the infusion of cultural values and norms.

Conclusion: Integrated care for older immigrants asks for a complicated mass reconstruction of current care systems. We propose an innovative framework that fully takes advantage of CBO’s capacity in providing culturally appropriate services is proactive and preventive in nature by addressing social determinants of health directly, recognizes the role of family and community in older immigrants’ life and aging process, and provide equal attention to the older adults’ needs in health, mental health, and elderly care.

SESSION 6240 (POSTER)

AGING IN PLACE: SOCIAL DETERMINANTS OF HEALTH

AGING IN PLACE: TURNING TO THE VOICES OF EXTENSION EDUCATORS
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Most adults report a preference for aging-in-place (AIP) – remaining safely in their own home and community as they age, even as they become more dependent on others. When attempting to determine options and feasibility for AIP, older adults and/or their families – especially those living in non-metropolitan rural areas and small towns, may turn to Extension educators for information and guidance. For the current study we interviewed seven family-focused Extension educators responsible for 25 counties throughout a Midwestern state to explore the challenges, supports, patterns of experience, and service/policy recommendations that these professionals find relevant to AIP in their regions. The principal investigator (PI) conducted each semi-structured interview by phone; each audio-recorded interview lasted approximately 60 minutes. Two trained research assistants and the PI applied combined deductive-inductive thematic analyses to the transcribed interview data following Braun and Clarke (2012), utilizing MAXQDA, and ensuring trust-worthiness during the coding process. Five major categories with sub-themes emerged: Challenges to AIP (e.g., transportation), Supports to AIP (e.g., churches), Most-Challenged Populations (e.g., middle-income families who neither can afford in-home assistance nor are eligible for government aid), Attitudes Toward AIP (e.g., caution against social isolation), and Recommendations for Services/Policies to Facilitate AIP (e.g., government funding, in-home technology assistance). Some variation across counties was apparent with, for example, one county making concerted efforts to retain young adults in its communities (i.e., reducing out-migration), thus enhancing family presence making AIP more
feasible, non-isolating. Our findings will be especially noteworthy to social service providers and aging-focused public policymakers.

SPIRITUAL RESILIENCE: THE ROLE OF RELIGIOSITY IN BUFFERING THE EFFECT OF NEIGHBORHOOD DISORDER ON COGNITIVE DECLINE
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Living in neighborhoods with high levels of disorder and danger can induce psychological distress and compromise cognitive function. However, not all individuals who live in difficult life circumstances have poor health outcomes. Research on resilience shows that some older adults maintain healthy profiles despite adversity, but this has not been tested with respect to cognitive aging. In this paper, we focus on religiosity—religious belief and attendance—as a source of resilience and how it can reverse or reduce cognitive risks in later life that result from long-term exposure to neighborhood disorder. We used 2006-2016 Health and Retirement Study (HRS) to investigate how religiosity moderates the relationship between neighborhood disorder and cognitive decline. We assessed trajectories of cognitive functioning using the Telephone Inventory for Cognitive Status. We measured neighborhood disorder and neighborhood unsafety using the 2006/2008 HRS interviewer observation data and Housing data. We found that individuals living with higher levels of neighborhood disorder had lower cognitive functioning at baseline. The disorder effect was mitigated by religious belief—for instance, poor neighborhood conditions were negatively associated with cognitive function only for those with lower religious belief. The protective effect of religious belief was more pronounced among older Black women. This is consistent with prior literature that spirituality serves as a protective factor in the African American community, especially among women, for triumphing over adversity and lack of secular resources over the life course.

GEOGRAPHIC PROXIMITY TO NEIGHBORHOOD RESOURCES AND DEPRESSIVE SYMPTOMS AMONG KOREAN OLDER ADULTS
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Given the importance of geographic proximity to neighborhood resources especially during the COVID-19 pandemic, this study examine whether the relationship between geographic proximity to neighborhood resources (e.g., hospitals, public transportation, etc.) and depressive symptoms varied by geographic location (i.e., rural vs. urban areas) among older adults in South Korea and whether this relationship was mediated by participation in social activities (e.g., education, club, community, etc.). The nationally representative samples, Korean older adults aged 65 or older, were drawn from the 2020 Survey of Living Conditions and Welfare Needs of Korean Older Persons (N=9,732, Urban=6,975, Rural=2,757). Hierarchical regression models, Baron and Kenny’s steps, and Sobel Test for the mediation effect were conducted. Results showed that geographic proximity was negatively associated with depressive symptoms in urban areas (β=-.041, p<.001), while positively associated in rural areas (β=.034, p<.01). Participation in social activities partially mediated the relationship in urban areas (Ζ=2.162, p<.05), while there was no significant mediation effect in rural areas. Additionally, geographic proximity to hospitals or public transportation was significantly associated with depressive symptoms in rural areas. The findings suggest that geographic proximity to neighborhood resources helps older adults reduce social isolation, which may improve mental health of older adults living in urban areas during the pandemic. However, geographic proximity to neighborhood resources could make older adults living in rural areas become depressed, emphasizing that the characteristics of the urban and rural areas need to be considered to create an aged-friendly environment.

NEIGHBORHOOD PREDICTORS OF MENTAL HEALTH OF OLDER AMERICANS: EVIDENCE FROM A 5-YEAR LONGITUDINAL STUDY
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With increasing dependence on other people in old age, environmental resources become an important asset for older adults to experience healthy aging. Data on the longitudinal relationship between neighborhood and mental health in late life is scanty. This study utilized hierarchical multiple regression model analysis to investigate whether and which neighborhood factors predicted depression and anxiety among older Americans followed up for over five years within the same neighborhood. Two waves of data containing a cohort of 1,731 older adults from the NSHAP project were used. Outcome measures were depression and anxiety. Predictors were four neighborhood factors: Social cohesion (NSC), social ties (NSC), neighborhood problems (NP), and perceived neighborhood danger (PND). We adjusted for demographic and physical health characteristics. The mean age of the respondents was 71.4 ± 6.5 years and were mostly females (55.5%). Lower NSC and a higher PND significantly predicted depression. However, the model only explained 2.8% of the variance in depression. In the covariate-adjusted model, none of the neighborhood factors predicted depression, but the model significantly improved to 32.5%. NP was the only significant predictor of anxiety in the final model and explained 27.8% of the variance in anxiety. Covariates, which are primary determinants of mental health disparity, have a much larger role to play. This study sheds some light on the complexity of the relationship between neighborhood and mental health in older adults. Future policy development and interventions should target improving both physical and...