This novel research was designed to explore the lived experience of the aging body and its impact on social exclusion in remote island environments. Twenty-three participants, aged 80 to 102 years old, in the Pacific Northwest, USA, were interviewed to explore the role their bodies played in everyday life. Despite presenting limited choices and lifestyle options, the island communities appeared to foster rather than impede a sense of competency and autonomy in the lives of these later life participants. Their ability to navigate their worlds, despite their physical limitations, was apparent in their reports of inclusion in the manner they desired. The island community context, characterized by low technology and mostly face-to-face encounters for goods and services, presented the participants with the possibility of accessible and meaningful engagement. Their sense of self and inclusion casts doubt on the dominant narrative of decline typically used to describe these late years. New narratives of corporeal being emerged from the data, demonstrating a complexity not captured by the singularity of the decline narrative. The visual methodology utilized enriched the depth and range of the semi-structured interviews, encouraging participants to think critically about their bodies. Possibilities for further research could explore the nuances of these new narratives and whether a different understanding of the older body may be useful.

MEASUREMENT INDICATORS OF AGE-FRIENDLY COMMUNITIES: FINDINGS FROM THE AARP AGE-FRIENDLY COMMUNITY SURVEY

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Cities and counties worldwide have adopted the concept of “age-friendly communities” to promote the well-being of older adults. An age-friendly community is a place that provides a safe and affordable built environment and a social environment that encourages older adults’ participation. A major limitation in this field is the lack of valid and reliable measures of age-friendly communities. This study used data from the AARP 2016 Age-Friendly Community Surveys (N=3,652 adults ages 65 and older). This study included 57 indicators of age-friendliness (e.g., housing, transportation, public space, civic engagement, volunteering, community, and health services); socio-demographic characteristics; and health-related characteristics. We randomly split the sample into two subsamples for confirmatory factor analysis (CFA) (n=1,682) and structural equation modeling (SEM) (n=1,682). The CFA resulted in a three-factor structure to measure age-friendly communities: built environment, transportation, and social environment. Model fit indices were acceptable (χ²(44)=14204.09; p<.001; RMSEA=.067; CFI=.912; TLI=.909; SRMR=.05). Internal reliability of the three-factor structure was excellent ranging from .93 to .96. The SEM model showed that older adults living in a community with a greater built environment (β=.119; p=.001) and the social environment (β=.199; p<.001) had higher levels of physical health, after adjusting for all other variables. The findings highlight that the measures of age-friendly communities are reliable and valid. Practitioners and policymakers should work on improving both the built and the social environment to promote the well-being of older adults. The findings also suggested that researchers can use the measures as an evaluation tool for an age-friendly community initiative.

MEASURING AGE-FRIENDLY COMMUNITIES IN NEW ENGLAND: PROMISING PILOT FROM THE NEW HAMPSHIRE ALLIANCE FOR HEALTHY AGING

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The New Hampshire Alliance for Healthy Aging is a wide-scale coalition building partnerships that support and promote healthy aging throughout the state. Through a collective impact approach, six domains (fundamental needs, living arrangements, caregiver support, social and civic engagement, physical and mental wellbeing, and advocacy) were defined to characterize and support the ongoing evaluation of age-friendly communities. This poster describes a measurement framework and the development of a strategy to support gathering data across northern New England. A committee of state and national experts has convened to identify the best available indicators and measures for each of the domains and to expose gaps in available data. Representation includes individuals representing the University of New Hampshire, Tri-State Learning Collaborative on Aging (TSLCA), UMass Boston’s Department of Gerontology, and the 100 Million Healthier Lives Initiative (Institute of Healthcare Improvement). Researchers scanned national and state level sources for credibility, consistency, and availability of comparison information. Across the six domains, 43 indicators were selected. 26 did not have available data. Factors measuring social determinants of health are central and especially difficult to quantify, demanding new strategies and data collection approaches. Funding is essential for efforts to define and pilot a new data module to capture a broader set of meaningful data to measure and evaluate age-friendly communities. Comprised of grassroots efforts across the fastest aging region of the country, Northern New England, under the Tri-State Learning Collaborative on Aging, is a prime location to use as a pilot project for this module.

MORE THAN JUST A ROOM: RESULTS FROM AN INTERGENERATIONAL HOME SHARING PROGRAM IN TORONTO

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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 was launched in Toronto, matching 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.

**NO LONGER AGING IN PLACE: HOUSING DECISIONS AFTER 100**

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The number of aging individuals is growing and, along with it, a subset of the oldest-old (those over 85 years), including centenarians. Although researchers have begun identifying issues and needs related to this population (Dunkle & Jeon, 2016), still little is known about decision-making processes as they relate to housing. In rural areas, in specific, centenarians are limited by few residential choices and lack of geographic mobility. In this study, decision-making processes are examined, with an emphasis on interactions between aging individuals and their rural family caregivers. In addition, since family caregivers typically experience a pattern of burnout over time (Yilmaz, Turan & Gundogar, 2009; Yikikan, Ayapak, & Görgelioğlu, 2015), a second focus of the study is caregiver stress. Data for the study are drawn from semi-structured interviews with a sample of family caregivers in the Midwest. All caregivers had a 100-plus family member recently placed, or in process of placement, at a residential long-term care facility. To meet criteria, all facilities were in towns of 4000 individuals or less. Data consisted of qualitative interviews with the primary family contact (female in all cases), and were analyzed according to Strauss & Corbin (1990). Decision-making themes centered primarily around work. Data are discussed in terms of family strengths, health and wellness, and the need for continued programming for family caregivers, particularly in rural areas.

**PATTERNS AND PREDICTORS OF RESIDENTIAL CARE TRANSITIONS OVER TIME AMONG MEDICARE BENEFICIARIES**

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Older adults prefer to age in place, but sociodemographic characteristics, health factors, and socioeconomic resources may influence their decision to move into other residential care settings (e.g., assisted living) or nursing homes. The characterization of residential care transitions and factors contributing to these transitions is limited. This study describes patterns and identifies predictors of transitions across community, residential care settings, and nursing homes among N=7076 Medicare beneficiaries in the National Health and Aging Trends Study, from 2011-2018. A discrete-time, multi-state Markov model was used to estimate the annual probabilities and hazards of transitioning across settings, adjusting for sociodemographic, health, and socioeconomic factors, mortality risk, as well as censoring from loss to follow-up. Most beneficiaries did not experience transitions: annual probabilities of remaining in the community, residential care settings, and nursing homes were 93%, 78%, and 73%, respectively. Being older, having dementia, being hospitalized in the last year, living alone, having multimorbidity, and having some or any functional limitations were associated with higher hazards of transition from the community to residential care settings and nursing homes. Being on Medicaid was associated with a reduced hazard of transitioning from the community to residential care settings (hazard ratio [HR]: 0.57; 95% CI: 0.36-0.91), but a higher hazard of transitioning from the community to nursing homes (HR: 1.37; 95%; CI: 0.98-1.91). As long-term services and supports increasingly shift from institutional to home and community-based care, our results can inform the design of federal and state policies targeting transitions across the care continuum.

**WHAT DOES IT MEAN TO AGE IN PLACE AS AN OLDER HOMELESS WOMAN? FACING AN ALTERED SENSE OF PLACE, BELONGING, AND IDENTITY**

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The emergence of “aging in place” as social policy in the U.S and globally reflects a deepening understanding that a home is more than a physical domicile, it also represents a source of personal and social identity and offers one a sense of place and belonging. In this qualitative study we explore the question, What does “aging in place” mean to older homeless women navigating the shelter system and streets? Using a phenomenological approach, we conducted semi-structured interviews with fifteen chronically homeless women in their fifties using the shelter system. Our analysis process was inductive and iterative with the culminating phases being the generation and interpretation of themes. Our analysis revealed the links between place, sense of belonging, and identity. To be displaced from a physical home can present...