parks and trails using geospatial measurements as well as self-reported activity-friendliness of neighborhoods (ease of walking, biking, and recreating) in 1140 participants (ages 28-49 years) in the ongoing Colorado Adoption/Twin Study of Lifespan behavioral development and cognitive aging (CATSLife). Physical health indicators included BMI, resting heart rate, and mean arterial blood pressure. The relative similarity of siblings’ accessibility was evaluated to consider self-selection; all models were adjusted for sociodemographics including education. BMI was associated with accessibility to parks, with each increasing log(mile) distance associated with 1.2 BMI unit increase (se=.49, p<0.02). Self-reported neighborhood activity-friendliness was comparable in prediction of BMI (p<0.01). Greater trail accessibility was associated with lower resting heart rate (b=-.30, se=.14, p<0.04) and mean arterial pressure (b=-.33, se=0.14, p<0.03), whereas self-reported neighborhood activity-friendliness was not associated (p>0.40). Measures of park accessibility tended to be more similar among identical twins (median ICC = 0.30) than fraternal twins or siblings (median ICC = 0.15) or siblings in adoptive families (median ICC = 0.12), excluding siblings who live together. Measures of trail accessibility were consistent across sibling types (median ICCs = 0.25-0.27). Sibling similarity for park accessibility modestly increased with genetic relatedness suggesting potential heritable contributions, whereas comparable similarity was apparent for trail accessibility. Altogether, small associations were observed for park and trail access with physical health, with indications of environmental selection.

EVALUATING THE INTERNATIONAL CLASSIFICATION OF FUNCTIONING, HEALTH, AND DISABILITY MODEL AS AN AGING MODEL
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The study provides a possible theoretical framework for future aging studies focusing on a comprehensive understanding of the relationship between physical functions, social participation, and context factors including environmental and personal variables. The International Classification of Functioning, Health, and Disability (ICF) model has received considerable studies in rehabilitation counseling fields as it bridges the gap between functional limitations and overall health status for social participation. The ICF model focuses beyond physical conditions and embraces social supports and personal coping styles. This study verifies the validity of the ICF model with a data set collected from a fall prevention program. For the methods, a structural equation modeling was estimated with latent variables including body structure, body functions, activities, and personal factors. The latent variables were suggested by the ICF framework. The results showed that the estimation outcome exhibited an acceptable goodness of fit, χ²(11) = 30.401, p = .001 (due to the large sample size of 691), RMSEA= .051 [.030, .072], CFI = .968, TLI = .919, SRMR = .029. The equation level good of fit also was great with an overall R squared of .828. In conclusion, the ICF model was valid and has been tested in the aging studies with the data set collected from a fall prevention program for older adults. As the ICF model includes more variables than medical models such as personal attributions, a holistic understanding regarding aging experience among older adults from various backgrounds will become possible, which is an urgent need for diverse America.

TESTING THE MISSING MECHANISM OF DEMOGRAPHIC AND HEALTH VARIABLES IN THE HEALTH AND RETIREMENT STUDY
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Studies using data from longitudinal health survey of older adults usually assumed the data were missing completely at random (MCAR) or missing at random (MAR). Thus subsequent analyses used multiple imputation or likelihood-based method to handle missing data. However, little existing research actually examines whether the data met the MCAR/MAR assumptions before performing data analyses. This study first summarized the commonly used statistical methods to test missing mechanism and discussed their application conditions. Then using two-wave longitudinal data from the Health and Retirement Study (HRS; wave 2014-2015 and wave 2016-2017; N=18,747), this study applied different approaches to test the missing mechanism of several demographic and health variables. These approaches included Little’s test, logistic regression method, nonparametric tests, false discovery rate, and others. Results indicated the data did not meet the MCAR assumption even though they had a very low rate of missing values. Demographic variables provided good auxiliary information for health variables. Health measures (e.g., self-reported health, activity of daily life, depressive symptoms) met the MAR assumptions. Older respondents could drop out and die in the longitudinal survey, but attrition did not significantly affect the MAR assumption. Our findings supported the MAR assumptions for the demographic and health variables in HRS, and therefore provided statistical justification to HRS researchers about using imputation or likelihood-based methods to deal with missing data. However, researchers are strongly encouraged to test the missing mechanism of the specific variables/data they choose when using a new dataset.

THE EFFECT OF LONG-TERM CHANGES IN DAILY STRESS PROCESSES ON PROSPECTIVE HEALTH: AN APPLICATION OF THREE-LEVEL SEM
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The study of change over time, contexts, cohorts, and people is influenced by the sampling of observations within longitudinal studies. Intensive measurement designs, embedded within long-term longitudinal studies, provide new opportunities to understand changes in dynamic processes, as well as determinants and consequences of these changes over time. The present investigation examined whether short-term dynamic associations accounted for individual differences in prospective health functioning. We used measurement burst data from the National Study of Daily Experiences subsample (N = 2485) embedded within the Midlife in the United States