mortality rates among older adults. Although unfavorable neighborhood features have a significant negative impact on QOL, few studies have investigated these relationships in a deprived community. The purpose of the study was to understand how neighborhood walkability is associated with QOL using the SF-36 among urban-dwelling older adults.

**Methods:** This is a cross-sectional survey. Participants were recruited in 2018 and 2019 at regional health clinics in Flint, MI. To be eligible, participants had to be over 65 years old and Flint residents.

**Results:** Of the 132 participants, the majority were female (66%), African American (77%), single, divorced, or widowed (75%), and educated below GED level (84%). After adjusting for gender, assistive device use, medication, and the Supplemental Security Income receipt, multiple regression analysis revealed that those with better perceptions of landmixed use and accessibility within their neighborhood were more likely to have better physical health ($\beta = .36$, p < .05). However, the perceptions of greater pedestrian safety were associated with the poor physical and mental health (PCS; $\beta = -.19$, p < .05; MCS; $\beta = -.25$, p < .05). Perceptions of the presence of walking hazards and crime were not significantly associated with QOL.

**Discussion:** Findings suggest that neighborhood walkability characteristics are associated with physical health. The development of walking programs with accessible neighborhoods will be urgent to improve the health-related QOL for older adults living in a targeted community.

**RACE/ETHNICITY MODERATION ON THE RELATIONSHIP BETWEEN NEIGHBORHOOD MINORITY COMPOSITION AND DEPRESSIVE SYMPTOMS**

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Research showed neighborhood of residence is an important determinant of depressive symptoms. However, the complex effects of neighborhood racial/ethnic composition and individuals’ race/ethnicity on depressive symptoms were not fully explored in previous studies. This study tested whether individuals’ own race/ethnicity moderates the relationship between neighborhood racial/ethnic composition and depressive symptoms. Applying social disorganization theory, this study investigates the relationships between neighborhood racial/ethnic composition (proportion of racial and ethnic minorities), individual race/ethnicity, and depressive symptoms. This study used a merged data from Health and Retirement Study 2016 and the American Community Survey 2014-2018 (N=5,241; all age 50 or older). This study applied a mixed-effects negative binomial regression model. It has four statistical models by race/ethnicity: (a) non-Hispanic Blacks only, (b) Hispanics only, (c) non-Hispanic Whites only, and (d) combined model. Covariates were included two individual-level variables (age and gender) and three census tract-level variables (the proportions of (a) population of income below the poverty level; (b) population of unemployed; (c) population of aged 65 and over). The results showed none of the neighborhood racial/ethnic minority composition was associated with depressive symptoms for the final combined model. The moderation effects of individuals’ race/ethnicity were not significant. Not as a moderator but as the main effect, both non-Hispanic Blacks and Hispanics had higher depressive symptoms, compared to non-Hispanic Whites. Living in neighborhoods with higher poverty rates and females were also related to higher depressive symptoms. This study contributes to explore the subtle nature of depressive symptomatology and race both at individual-level and neighborhood-level.

**RURAL RESIDENTS’ HOPEs AND FEARS ABOUT AGING IN PLACE: THE NEED TO IMPROVE ACCESS TO AGING RESOURCES**

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To support older adults’ preferences to age in place, home and community-based aging-related resources are available, but are often under-utilized. Many barriers prevent individuals from accessing aging-related resources, especially in rural and geographically isolated locations. Therefore, we set out to better understand the perspectives of community members who plan to age in place in rural areas. We administered a survey as part of a broader university-community partnership called Senior Access Points (SAP), which addresses aging-related resource access. Participants were N = 210 individuals living in rural regions across Northern Colorado, ranging from 37 to 94 years old (mean age = 68.91, SD = 8.85). We assessed hopes and worries about growing older at home, and awareness of available resources. Two independent coders applied a pre-determined coding scheme, then achieved consensus ratings. An overwhelming majority of participants affirmed the importance of being able to remain in their current home (94.8%) or community (95.3%) as they age. Top hopes for aging in place centered around health/medical; housing/home services; and independent rural lifestyle. The top worries were related to health/medical; housing/home services, and transportation. Resource awareness was low: 43.3% of all participants were not aware of any available resources. Overwhelmingly, rural residents hope to grow older at home, but may not know how to connect to resources that support this goal. The resource needs we identified are being used to inform community-driven approaches to improve both awareness and availability of community resources in these rural communities.

**STAGES OF CHANGE IN PHYSICAL ACTIVITY AND NEIGHBORHOOD WALKABILITY AMONG OLDER ADULTS LIVING IN THE URBAN SETTING**

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Insufficient physical activity (PA) is considered an independent risk factor for chronic diseases. Although older adults living in lower-income areas often experience obstacles to walking locally, few studies have compared their walking experiences and the degree of readiness to change on engaging in PA. The purpose of this study was to compare perceptions of neighborhood walkability by the stages of