

selecting the normative HCAP sample, standardizing scores by age and gender, and establishing diagnostic cutoffs for impairment ($>1.5SD$ below the mean in two domains derived from the model with informant-rated deficits).

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IMPLEMENTING EVIDENCE-BASED CREATIVE ARTS THERAPIES IN FACILITIES CATERING FOR OLDER ADULTS

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Implementing Evidence-Based Creative Arts Therapies in Facilities catering for Older Adults Daphna M. Kalir, Shoshi Keisari, Hod Orkibi, Rim Abu-Nashef, Neta Singer Abstract Creative Arts Therapies (CATs) utilize various art forms to foster psychological growth, particularly among older adults. The current study explored the implementation patterns of CATs in facilities that cater to older adults' needs in Israel, and especially the barriers and facilitating factors of the implementation processes. Our research consisted of two studies: a qualitative study aimed to identify barriers and facilitators to CATs implementation, and a quantitative study that included a survey to characterize CATs implementation in Israel. The qualitative sample ($n = 18$) included managers, social workers, CATs therapists, and older adult clients in community settings. The quantitative study distributed a structured survey to 62 CAT therapists treating older adults, analyzing therapist demographics, practice settings, and key variables. Subgroup comparisons highlighted differences in training, supervision, and work environments, offering a comprehensive view of CATs implementation. Barriers to CATs implementation included a lack of legally established standards, insufficient funding, preconceptions about CATs and mental health among older adults, and decision makers, and limited awareness of the field. Facilitating factors included prior familiarity of managers and policymakers with CATs, recognition of their effectiveness, therapists' strong motivation, flexible intervention strategies, and implementation frameworks. Findings underscore the need to raise awareness of CATs' benefits and ensure accessible mental health care for community-dwelling older adults. Addressing misconceptions about CATs and mental health treatment is essential for improving attitudes among older adults and policymakers.

SESSION 4210 (PAPER)

NEW HORIZONS IN HOUSING RESEARCH

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AGING WELL IN THE HEART OF AMERICA: OPTIMIZING HOUSING OPTIONS THROUGH POLICY REFORM

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This research study investigates the growing housing availability and affordability challenges facing older adults in Kansas City, Missouri. Using the capability approach and the rational comprehensive model as theoretical frameworks, the study analyzes the current state of housing and proposes improvements to address availability and affordability concerns for older adults. A qualitative research design was employed, involving semi-structured interviews with 15 participants, including public officials, experts, and community members. Thematic analysis

was used to analyze the interview transcripts, identifying recurring patterns and themes related to the participants' perspectives on housing concepts, policies, and recommendations for improvement. The analysis revealed four key themes: affordability and availability deprivation, policy gaps, the need for targeted capital resources and rational decision-making, and potential policy solutions. The findings highlight a critical gap between existing housing policies and the needs of older adults, underscoring the necessity for increased affordability and availability of housing options. The study proposes several policy recommendations, including streamlining the regulatory process, enhancing public and private partnerships, directed capital for housing from local, state, and federal government, using implementation science to enact policy. These recommendations aim to address the identified challenges and ignite policy reform on behalf of older adults providing suitable and supportive housing.

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ASSOCIATIONS OF HOUSING DISREPAIR WITH FUNCTIONAL DISABILITY AMONG OLDER ADULT HOUSEHOLDS IN THE UNITED STATES

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Housing disrepair (leaking roofs/walls, broken plumbing/heating) is increasingly common among older adults who often struggle to repair and maintain their homes. Unknown is whether housing disrepair is associated with rates of functional disability and if this association varies for higher and lower income households. Drawing on cross-sectional data ($N = 17,610$ households with older adults ≥ 65 years) from the U.S. Census Bureau's American Housing Survey national survey (2023), we characterized housing disrepair and its associations with functional disability. Housing disrepair was measured as occupant report of at least one of 40 problems across 8 categories (electricity, heating, inside structural, bathroom, kitchen, outside structural, water, sewer). Overall, 36.2% of older adult households reported disrepair; 38.5% among low-income and 34.9% among moderate/high-income households. Functional disability (measured as older adult occupant with difficulty bathing or dressing, doing errands, concentrating or remembering, or climbing or walking stairs) was more prevalent among households with disrepair than without (36.3% vs 24.8%). In a fully adjusted logistic regression model, the odds of an older adult occupant having a functional disability was 1.81 (95% CI 1.65, 1.98) times as high in households with vs without disrepair. In additional adjusted models stratified by income, the odds ratios for the association between disrepair and functional disability were similar in low-income (OR 1.87; 95% CI 1.65, 2.12) and moderate/high-income households (OR 1.77; 95% CI 1.55, 2.02). Further research is needed to establish a causal relationship between housing disrepair, income, and disability and identify causes and interventions to decrease disrepair among older adult households.

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ENVIRONMENT AND SOCIAL SERVICE FOR AGING IN PLACE DECISIONS: A DIFFERENT SCENARIO BY HEALTH STATUS

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In the era of longer life spans, Aging in Place (AIP) has become a global topic. AIP goes beyond staying in the community and requires meeting various needs. A well-developed social service

environment is key to effective AIP strategies, yet Korea still lacks sufficient support. This study examines the role of social services in Korea, considering the influence of the environment. Specifically, it examines how awareness of social services moderates the relationship between both physical and social environments and the planning for AIP, considering health status. Logistic regression was conducted using data from the 2023 National Survey of Older Koreans ($n=9,770$). Those with higher satisfaction with both physical and social environment are more likely to AIP, when they are in good health. These relationships were stronger for people who have higher awareness of social services. However, when they are in deteriorating health, having higher satisfaction with physical environment was related to less intention to AIP, and these associations were only significant for older adults with more knowledge of social services. The results show that improving the suitability of physical and social environments for older people is essential. In addition to the need for diverse social services to support AIP regardless of health status, older adults must also be aware of the availability and accessibility of these services. Lastly, Korean older adults, who are generally reluctant to burden their children, require a tailored AIP strategy that emphasizes the need for a Respite Care system.

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HOUSING ADEQUACY AND HOME MODIFICATION IMPLEMENTATION AMONG HOUSEHOLDS WITH OLDER ADULTS LIVING IN THEM

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Given the significance of aging in place (AIP) for fulfilling preferences of older adults and guiding policy options to improve their safety and wellbeing, it is important to understand relationships between amenable factors that may facilitate aging at home. The quality of homes in which older adults live can be a facilitator or a barrier to AIP. Housing adequacy is a measure of physical housing quality, which includes characteristics such as whether units have hot/cold running water, flush toilets, or electrical problems. Home modification (HM) is one potential strategy to improve the physical quality of the home environment and to accommodate functional changes experienced by many older people. This study employed data from the American Housing Survey to examine the relationship between housing adequacy and implementation of HMs during a two-year period (2017 through 2019). We controlled covariates for household-level demographics (e.g., age of householder, disability) and housing characteristics (e.g., housing type, year built) within a logistic regression model. Results show that housing adequacy was not associated with HM implementation. Among household demographic variables, education level and presence of at least one person with a disability predicted implementation of HMs in 2019. Among housing variables, age of home structure, metropolitan status, and whether HMs had been implemented previously were statistical predictors of HMs in 2019. Findings provide insights into household-level associations with HM implementation and may be used to inform better understanding of precursors as to why older people may choose to adapt their homes for AIP.

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PARTNERING TO SUPPORT NEEDS-APPROPRIATE HOUSING FOR PHYSICALLY DISABLED AND OLDER VETERANS

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The number of homeless Veterans aged 55 and older increased by 150% from 2010 to 2023, creating a significant housing stability crisis. While the Veterans Health Administration (VHA) provides programs like Housing and Urban Development-Veterans Affairs Supportive Housing (HUD-VASH) to support Veterans transitioning out of homelessness; older Veterans and those living with physical disabilities require specialized assistance to maintain independence. This VHA quality improvement project aimed to identify barriers and facilitators to HUD-VASH teams and community collaboration as they support Veterans living in least restrictive settings and to develop an implementation blueprint to guide optimal collaboration. We conducted qualitative interviews with 18 regional HUD-VASH geriatric specialists across VHA nationally and facilitated user-centered design (UCD) sessions with VHA staff and community agency representatives at two VA medical centers. Our integrated analysis from the interview and UCD datasets used Shepherd et al.'s framework for interagency collaboration, including elements such as Memoranda of Understanding, Shared Goals, Policies and Procedures, Role Descriptions, Information Sharing, and Regular Meetings. Key challenges included communication barriers, administrative complexity, resource limitations, partnership difficulties, and Veteran-specific obstacles. Geographic diversity, unclear role definitions, and lack of centralized information sharing were major barriers to effective collaboration. Many findings applied to multiple framework elements. Our integrated data informed an implementation blueprint for potential implementation by VHA HUD-VASH teams nationwide. This project offers a structured approach to addressing the complex housing needs of aging and physically disabled Veterans through improved community collaboration. Future research should evaluate the effectiveness of the implementation blueprint in practice.

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SUPPORTING AGING-IN-PLACE: AN INNOVATIVE PROGRAM FOR OLDER ADULTS LIVING IN SUBSIDIZED HOUSING

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Traditional Assisted Living Facilities (ALFs) remain financially out of reach for many low-income older adults. This study examines an innovative assisted living model that was developed in NJ, which decouples supportive services from residential facilities, allowing seniors to receive personal care, health monitoring, and social services while remaining in subsidized public housing. By leveraging existing public housing infrastructure, this approach provides a cost-effective alternative to institutional care, promoting aging in place while maintaining access to essential services. This study utilizes a SWOT (Strengths, Weaknesses, Opportunities, and Threats) analysis to evaluate the model's effectiveness, feasibility, and scalability. Findings indicate the program's strengths include affordability, flexibility, and resident autonomy, while the weaknesses highlight challenges related to care coordination, funding sustainability, and workforce capacity. The opportunities for expansion are significant given the policy