

## NEIGHBORHOOD AGE COMPOSITION AND THE EXPERIENCE OF DAILY AGE DISCRIMINATION

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The age composition of one's neighborhood can either protect one from or expose one to daily age discrimination, including microaggressions such as disrespect, insults, and condescension. We analyzed data from 4,011 persons aged 35 to 86 who participated in the 2004-2006 wave of the National Study of Midlife in the United States (MIDUS). Of these, 13.3% reported daily discrimination that they attributed to their age. Controlling for own age, persons who lived in neighborhoods that were representative of the age structure of the U.S. population and persons who lived in neighborhoods that overrepresented older adults were significantly less likely to report daily age discrimination than were persons who lived in neighborhoods that overrepresented families (i.e., midlife adults and minors). Neighborhood age composition was not associated with daily discrimination attributed to other personal characteristics (e.g., sex/gender; race/ethnicity). We conclude that the age of one's neighbors influences one's subjective experience of age.

## AGE NORMS, DISSOCIATION AND DYSPHORIA FOR WOMEN AND MEN

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This paper investigates how internalized age norms relate to perceptions of one's own age, as well as how these ideas differ by gender. Using data from 3,809 participants in the 2004-2006 wave of the National Study of Midlife in the United States (MIDUS II), I analyze how men and women regard their own real, subjective, and preferred ages. Regression models indicated that for both genders, greater age dissociation (i.e., discrepancy between real and subjective age) corresponded with high age estimations of the beginning and ending of middle age, as opposed to low age estimations for the opposite gender. Results indicated age dysphoria (i.e., discrepancy between real and preferred age) was stronger for men, and that age norms contributed more to age dysphoria for men. Overall, findings indicate that women and men have different experiences of subjective age. Implications for theorizing age norms will be discussed.

## DRIVING AND WELL-BEING IN LATER LIFE: WHAT ROLE DOES AGE IDENTITY PLAY?

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Older adults' reduction in driving tends to reduce their psychological well-being. Explanations for this pattern often focus on diminished driving's consequences for social interaction, particularly the heightened risk of isolation. We consider a novel explanation, centering on the effects of withdrawal from driving on age identity. We examine this explanation in regression models using data from the National Health and Aging Trends study (2011 and 2012). We find that reduced frequency and greater self-regulation of driving are associated with older identities, providing a partial explanation for the effect of diminished driving on well-being. Our findings not only illuminate a process linking driving with well-being in later life but also point to the impact of gradual

role loss on age identity, an observation with implications for the study of other roles.

## SESSION 1580 (SYMPOSIUM)

### IMPROVING ADL ABILITY THROUGH NURSE, OCCUPATIONAL THERAPY AND HANDYMAN INTERVENTION: CAPABLE

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We present initial results from the 280 CAPABLE participants enrolled in a CMMI project. Participants are low-income, cognitively intact, older adults with functional limitations. They are an average of 74.7 (SD-7.2) years old and are predominantly African American (81.5%) and women (85.8%). They had an average of 3.3 (SD 1.34) chronic conditions and reported difficulty in 4.1 (SD 2.0) out of 8 activities of daily living at baseline. Five months later, at the conclusion of the program, participants had difficulty with only 2.1 (SD 2.1) of 8 ADLs. 79% of the study participants reported difficulty with fewer ADLs at followup. For those with depressive symptoms ( $\geq 5$  on Patient Health Questionnaire-9), there was a clinically significant decrease in symptoms (an average decrease from 10.0 (SD 4.7) to 6.6 (SD 5.1)). Home environmental hazards declined by 54% (from 3.5 -SD 1.8- to 1.62 -SD 1.2) on the CDC Home Hazard Scale.

### CAPABLE: FINDINGS AND PROCESS RESULTS FROM THE CMMI INNOVATION CHALLENGE DEMONSTRATION

Chair: S.. Szanton, *Johns Hopkins University, Baltimore, Maryland*

Affordable Care Act Implementation provides opportunities to address the most costly patients: those eligible for both Medicare and Medicaid with multiple chronic conditions and functional limitations. We present results from a program requiring three paradigm shifts: focusing on functional consequences of disease rather than disease itself; addressing home alterations as health policy rather than social policy; adopting a patient-directed approach versus prescriptive disease management. The program, Community Aging in Place, Advancing Better Living for Elders (CAPABLE) is a nurse, occupational therapist, handyman program to address participants' self-identified functional goals. This symposium will present data from a completed Center for Medicare and Medicaid Innovations (CMMI) project. The 1st presenter will report overall results of the primary outcomes from the CMMI trial. The other presentations will describe the process through which the older adults achieved reductions in these outcomes. Specifically, the 2nd presenter will present results from the occupational therapy aspect of the trial. This presenter will describe the older adults' functional goals, what the OT and older adult did together to achieve them, and report the predictors of successful goal attainment. This presentation will include examples of home modifications and home repairs made to support these goals. The 3rd presenter will