their age-friendly community work and the personal meaning they derive from participation. Based on iterative coding, findings indicate ways in which geographic differences in the structure and framing of local age-friendly community initiatives set the boundaries, scope, and potential customization of older adult engagement. Across geographies, motivations for starting and sustaining engagement included: perceived personal growth; social connectivity; outlets for advancing skills and passions; and satisfaction from making a difference in the lives of older adults and their broader community. These findings highlight the importance of conceptualizing older adult engagement in age-friendly community work as a dynamic process embedded within intrapersonal, interpersonal, organizational, and community contexts. Demonstrating multiple ways older adults contribute to placemaking, the findings have implications for older adult engagement at various levels and stages of age-friendly community initiatives.

EMANCIPATORY VISIONS: USING VISUAL METHODS TO CO-CONSTRUCT KNOWLEDGE WITH OLDER ADULTS

Jarmin Yeh, Laurent Reyes, and H. Shellae Versey. 1. University of California, San Francisco, San Francisco, California, United States; 2. UC Berkeley, Berkeley, California, United States; 3. Fordham University, Bronx, New York, United States

Research is a political activity. Researchers are responsible for theories and methods used to explore, explain, or ignore injustices. A need exists for developing new tools and pathways of knowledge based on experiences, language, and intellect of older adults from Black, Indigenous, and People of Color communities. This presentation argues for the utility of visual methods in critical qualitative research as a medium that allows researchers and participants to co-construct knowledge. Lessons learned about implementing projects using visual methods from the intersectional standpoint of the authors – three younger women of color – will be discussed. Promises and complexities of navigating interpersonal dynamics, decolonizing knowledge-production, and scaling visual methods on multiple levels will be elucidated. Collectively, we argue that visual methods are rigorous for subverting power dynamics rooted in extractive research practices, and provide a vehicle for community-engaged participatory action research that has potential to advance social justice in gerontology.

UNDERSTANDING THE ROLE OF SOCIAL INFRASTRUCTURE FOR OLDER ADULT ENGAGEMENT ACROSS GEOGRAPHIC CONTEXTS

Kenzie Latham-Mintus, Lucas Montgomery, and Jeffrey Wilson, IUPUI, Indianapolis, Indiana, United States

Using semi-structured interviews of older adults, living alone or with a partner in the community, this research explores themes related to aging in place, social infrastructure, and community engagement across geographic contexts in Indiana. In particular, we are interested in understanding how older adults experience and use the existing social infrastructure in their communities and how these experiences vary across the rural-suburban-urban continuum. Additionally, we examine how social interactions supported by social infrastructure influence the maintenance of social relationships including weak social ties. Because COVID-19 has significantly changed patterns of community engagement among older adults, respondents were asked to discuss their behavior pre- and post-COVID-19. Applying a thematic analysis approach to the data, we explore the interconnections among social infrastructure, community engagement, social relationships, and geographic settings with an emphasis on older adults’ experiences and perceptions.

PLACEMAKING AS CIVIC PARTICIPATION: A STORY OF AGENCY AND RESISTANCE AMONG BLACK AND LATINX IMMIGRANT OLDER ADULTS

Lauren Reyes, UC Berkeley, Berkeley, California, United States

Placemaking is a collective process that happens every day. However, little has been written about the ways older African Americans and Latinx immigrants create place in their everyday lives. Less has been said about the ways these efforts are examples of civic participation in the context of systemic inequality and oppression. Results from this phenomenological study that applies an intersectional life course perspective shows how older Black and Latinx immigrant adults maintain, preserve, and build their place in a society that continuously threatens their erasure. These results shine light on the ways Black and Latinx communities work to maintain the physical space (i.e., community safety and sanitation), preserve their culture and history, and build structures to ensure access to resources that will empower their communities. Their efforts across the micro, meso, and macro social environments and across time, demonstrates a concerted effort towards creating a dignified and just place in our society to nourish and sustain future generations.

SESSION 5081 (SYMPOSIUM)

DUALS AND ASSISTED LIVING: EXAMINING ACCESS AND OUTCOMES

Chair: Kali Thomas Discussant: Hyunjee Kim

Assisted living, a popular long-term care option for older adults needing personal care assistance, is increasingly serving a vulnerable population of low-income older adults dually-enrolled in Medicare and Medicaid (duals). However, we know very little about the needs of this population, their access to assisted living, the quality of care duals are receiving, and how this varies across states and assisted living providers. This symposium will include five presentations using national data and focused on access to assisted living for duals and the quality of care that duals in assisted living settings receive. The first two presentations take different approaches to investigate access to assisted living and how it relates to Medicaid policy: one examines Medicaid policies and their relationship to geographic access, and the other presents results from an analysis examining the association between Medicaid financing and segregation of duals. The next three presentations highlight important findings related to the quality of care for duals in assisted living; one focuses on concentration of duals in assisted living and its relationship with hospitalization and nursing home placement, one examines injury-related emergency department visits among duals, and the final presentation discusses the ability of duals in assisted living to age in place toward the end of life. The discussant, an expert in Medicaid policy, will conclude with a discussion of states’ different approaches for covering
services in assisted living through their Medicaid programs, highlighting the opportunities for increasing equitable access and ensuring high quality care is delivered to this vulnerable population.

MEDICAID POLICY AND ASSISTED LIVING ACCESS
Lindsey Smith, Brown University, Providence, Rhode Island, United States

Funding for home and community-based services (HCBS), including assisted living (AL), using Medicaid is limited to either Medicaid program waivers or state plan amendments. The Affordable Care Act (ACA) created a new option for the state plan, the Community First Choice 1915(K), that mandates all care is self-directed and inclusive of families in decision making while disallowing waiting lists. This presentation will provide an overview of the various combinations of Medicaid waivers and amendments used by states to cover services in AL. We will then share the results of a study that used coincidence analysis, a configurational comparative method, to compare states’ approaches to HCBS Medicaid coverage and a measure of AL geographic access. We found that both Medicaid waivers and 1915(K) amendments are associated with increased geographic access to AL.

MEDICAID FINANCING AND SEGREGATION OF DUALS IN ASSISTED LIVING
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We used 2018 Medicare enrollment data, a national directory of licensed ALs, and Medicaid state policies. We identified a cohort of 474,661 AL residents and a comparison cohort of 58,911,266 community-residing individuals. We compared the distribution of duals across ALs to the distribution of community-dwelling duals across ZIP codes by taking the ratio of AL Gini index for each state over the community Gini index for each state (the “Gini ratio” or GR). On average, states with both waivers and state plans covering services in AL had the lowest Gini ratio (less segregated than community; GR=0.87); States with no Medicaid financing for AL had the highest Gini ratio (more segregated than community, GR=1.16). Medicaid coverage for home and community-based services in AL is associated with increased access to AL for duals.

STRUCTURAL INEQUITIES IN OUTCOMES FOR DUAL-ELIGIBLE RESIDENTS IN ASSISTED LIVING
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We examined the association of AL residents’ dual-eligibility and the concentration of dually eligible residents in AL communities with residents’ risk of hospitalization and long-term nursing home admission. The exposure was dual status interacted with AL concentration: no-duals, minority-duals [<=50%] (reference group), and majority-duals (>50%). We found that duals in AL have higher risk of hospitalization and nursing home admission than non-duals. For both duals and non-duals, moving to an AL with a high concentration of duals conferred excess risk of hospitalization. Among duals, however, lower concentration of duals in ALs increases risk of long-term nursing home admission for duals, whereas it is protective for non-duals. The association of higher hospitalization with concentration of duals suggests that quality may be a concern in communities that specialize in care for duals. However, majority-duals ALs may be better equipped to provide more comprehensive care as an alternative to nursing homes.

DUAL ELIGIBILITY AND INJURY-RELATED EMERGENCY DEPARTMENT VISITS AMONG ASSISTED LIVING RESIDENTS
Cassandra Hua1, Portia Cornell2, Elizabeth White3, Katherine Kennedy4, Ian Nelson, and Kali Thomas3, 1, Brown University School of Public Health, Providence, Rhode Island, United States, 2. Providence VA Medical Center / Brown University, Providence, Rhode Island, United States, 3. Brown University, Providence, Rhode Island, United States, 4. Providence VA Medical Center, Providence, Rhode Island, United States, 5. Miami University, Oxford, Ohio, United States

Using 2018 Medicare data, we examined the relationship between dual eligibility and injury-related emergency department use among a cohort of assisted living residents (n=116,754). We fit multilevel models with random intercepts at the assisted living community and license type levels. The baseline rate of injury-related emergency department emergency department use was 0.17. After controlling for resident characteristics (i.e., age, sex, race, and chronic conditions), license type characteristics (i.e., dementia care licensure, staffing regulations), and assisted living community characteristics (i.e., size and percentage of residents with dementia), being dually eligible for Medicare and Medicaid was associated with a 12% increase in the probability of having an injury-related emergency department visit (b=.02, p<.001). Assisted living communities that serve duals may have fewer resources and staff to provide personal care, potentially leading to increased rates of injuries.

RETENTION OF DUALLY ELIGIBLE BENEFICIARIES IN ASSISTED LIVING AT THE END OF LIFE
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To examine to what extent dually eligible beneficiaries (duals) residing in assisted living remain there toward the end of life, we conducted a prospective cohort study of 98,944 Medicare beneficiaries present at validated AL ZIP codes in January 2017, and who died during a two-year follow-up. The outcome was AL residence in the last 30 days of life. We compared decedents who were not duals (80,156 decedents), with those newly dually eligible in 2017-2018 (3,722 decedents), and those already dually eligible in 2016 (15,066 decedents). Only 36.7% of new dual decedents resided in