Social isolation is a risk factor for morbidity and mortality comparable to well-established risk factors including smoking, hypertension, and a sedentary lifestyle. Specific mechanisms that connect social isolation to important health outcomes remain unclear. We examine the cross-sectional relationship between social isolation and two biological markers: Interleukin-6 (IL-6) and C-Reactive Protein (CRP) in a nationally representative population of community dwelling older adults (IL-6: n=4336, CRP: n=4178) from the National Health Aging Trends Study in 2017. Adjusting for age, gender, race, income, tobacco use, body mass index, and multiple chronic conditions, we found that social isolation compared to no social isolation was associated with higher levels of IL-6 (p = 0.043) and CRP (p = 0.038). These results suggest that investigating inflammatory pathways between social isolation and morbidity and mortality is important.

THE HOME, BLOCK, AND COMMUNITY ENVIRONMENTS AND BIOMARKERS OF AGING IN THE NATIONAL HEALTH AND AGING TRENDS STUDY

Laken Roberts,[1] Laura Samuel,[2] Danielle Boyce,[1] Melissa Hladek,[2] Sarah LaFave,[2] and Sarah Szanton,[2] *1. Johns Hopkins University School of Nursing, Baltimore, Maryland, United States, 2. Johns Hopkins University, Baltimore, Maryland, United States*

Prior studies have linked household and community conditions to the health and functioning of older adults. However, few studies have investigated associations between household, block, and community environmental conditions with biomarkers of aging. This study used NHATS Round 7 (2017) data on 3,283 community-dwelling older adults to test cross-sectional associations between interior and exterior household disorder, block disorder, community social cohesion, and four biomarkers: C-reactive protein, hemoglobin A1c, cytomegalovirus, and interleukin-6. Survey-weighted models adjusted for age, sex, race/ethnicity, income, education, homeownership, housing type, and metropolitan area; HbA1c was stratified by diabetes diagnosis. Greater interior household disorder was associated with higher IL-6 (β=0.06, SE=0.025, p=0.014) and, among diabetics, greater block disorder was associated with higher HbA1c (β=0.11, SE=0.05, p=0.046). These results link home and block environmental characteristics with biomarkers of aging, suggesting that modifiable aspects of older adults' living environments may be related to disease and disability risk via physiologic dysregulation.

GREATER SUBJECTIVE WELL-BEING ASSOCIATED WITH LOWER INFLAMMATORY PROTEINS IN AN OLDER ADULT SAMPLE FROM THE NHATS

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Subjective well-being (SWB), comprised of cognitive and affective evaluations of life, is associated with better health outcomes and lower mortality, but mechanisms are poorly understood. We examine the associations between SWB and its subscales with two biomarkers: Interleukin-6 (IL-6) and C-Reactive Protein (CRP), both common inflammatory indicators associated with mortality and increased cardiovascular disease. Dried blood spot data collected from 4,648 older adults NHATS participants in 2017 was used. After adjustment for age, sex, race/ethnicity, education, tobacco, body mass index and chronic disease, we found greater SWB and greater scores on subscales including positive affect, self-realization and personal mastery were all significantly associated with decreased IL-6 and CRP. Conversely, increases in negative affect was significantly associated with increased IL-6 and CRP values. This study adds evidence of a potential mechanistic mind-body connection pathway.

SESSION 5590 (SYMPOSIUM)

FACTORS THAT PROMOTE VULNERABILITY VERSUS RESILIENCE AMONG OLDER DISASTER SURVIVORS

Chair: Judith Robertson Phillips
Discussant: Rachel Pruchno

Catastrophic environmental events, such as floods and hurricanes, are associated with widespread destruction and loss of life. Older adults, who often have health challenges and medical co-morbidities, appear to be at greater risk for adverse post-disaster outcomes, such as depression, worry, and medical uncertainty, than younger adults impacted by the same disaster. Researchers, therefore, are interested in identifying factors that tend to bring about vulnerability and adverse outcomes for older adults during and after a disaster, as well as factors that may generate resilience and psychological well-being for older adults. The purpose of this symposium is to present research based on multiple disaster experiences and to examine factors associated with vulnerability and resilience. The first two speakers introduce empirical findings from research that addresses flooding, the 2016 Baton Rouge flooding and the frequent flooding of coastal Louisiana brought about by coastal erosion. The next two presenters explore successful VA and Non-VA Home-Based programs during and after the 2017 Hurricane Maria in Puerto Rico and during the 2017 Atlantic hurricane season. The final speaker highlights the impact of lifetime trauma on the recovery of older adults following a natural disaster. Collectively, these presenters will provide evidence of how lifetime adversity is a factor promoting vulnerability for older adults after a disaster. Critically, they will also examine how age, disaster preparedness, intense patient tracking, VA support networks, and community resources and programs are protective factors generating resilience post-disaster for older adult populations.

DISASTER STRESSORS AND PSYCHOLOGICAL WELL-BEING AFTER A FLOOD

Katie E Cherry, Alyssa De Vito, Matthew Calamia, and Emily Elliott, *Louisiana State University, Baton Rouge, Louisiana, United States*

Hurricanes and floods have mental health consequences for younger and older adults alike. In August of 2016, historic flooding in Baton Rouge, Louisiana resulted in billions of dollars in damages. In this study, we compared 223 mostly middle-aged and older adults on mental health indicators. The majority of the sample (n = 137) were non-coastal residents and the remainder (n = 86) were former