

lives offers researchers and practitioners with a unique opportunity to examine how losses are experienced and carried into old age. Further, this study may assist with the development of interventions that help support bereaved individuals, specifically, interventions that focus on destigmatizing continuing bond expressions and provide assistance with communicating memorialization preferences.

Session 9245 (Poster)

ENVIRONMENT AND AGING, HOUSING

AESTHETICS AND ENVIRONMENT: WHAT IS THE ROLE OF BEAUTY IN SUPPORTING AGEING WELL?

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Access to beauty is intrinsic to psychological, social, and spiritual health. Aesthetic sensibility includes awareness initiated in both mind and emotion accessed through nurturing environments (Caspari, Eriksson, & Naden, 2011). While individual tastes vary and aesthetic preferences are culturally conditioned, an appreciation of natural and constructed beauty is fundamental to human meaning-making, creativity, and innovation (Hillman 1998). Beauty is thus an instrumental tool that may support ageing well. We investigated the question of what aesthetics/beauty meant to older adults in England, how they experienced it, and whether experiencing beauty sustained them. Three focus groups were conducted with community dwelling participants aged between 60 and 93 (median age 75) for a total N of 14. Five themes emerged related to experience: an unexpected recognition; an evolving openness to experience; a universal perception available in micro and macro environments; a force that can alleviate depression; and a relational quality of some interactions. The value of beauty was identified through all groups: participants found it difficult to imagine a world with no beauty in it. They wondered if age made discernment capacity greater. Appreciation of beauty in unexpected places like a cracked pot led participants to identify happiness and wellbeing as outcomes of perception. This study suggests that beauty is essential for wellbeing and human flourishing and can emerge in unlikely ways. Implications are that professionals should assist older people to consider the role of beauty in life and develop interventions to consciously keep beauty awakened in normal and aesthetically-deprived environments.

DECREASING BARRIERS TO CARE: VOICES OF RIDERS, DRIVERS, AND STAFF OF A RURAL TRANSPORTATION PROGRAM

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Eastern North Carolina (eNC) is a rural, poor, and underserved region of the state with 1 in 5 adults living below the poverty level. Residents experience health disparities driven by limited access to healthcare and inequitable distribution of social determinants of health. Project TRIP (Transporting Residents with Innovative Practices) is a potential solution to barriers in accessing care in eNC. Results presented include the first phase of a multi-phase study evaluating and replicating TRIP's effectiveness. Data from qualitative interviews with TRIP riders, drivers, and staff (e.g., case managers) will be presented (n= 20). As a result of the COVID-19 pandemic, interviews were conducted by telephone with the goal of understanding both strengths and weaknesses of the transportation program from riders, drivers, and staff to gain a holistic understanding of TRIP. Of the riders interviewed, the majority (91%) were age 50 and over and African American. Themes that emerged from the data that highlighted strengths of the program included: improved health outcomes, no wait times for pick up or drop offs, cost free, and accommodating service. Themes related to areas of weaknesses or improvement included: needing more transportation vendors and a dedicated TRIP case manager and scheduling concerns. The presentation will conclude with considerations in translating the findings into a pilot and expansion of TRIP in another eNC county (study phases 2 & 3), and how the data can inform the development of transportation interventions in other states, with the goal of increasing access to healthcare for vulnerable rural populations.

DISASTER PREPAREDNESS AMONG MIDDLE-AGED AND OLDER ADULTS: WHO IS THE LEAST PREPARED?

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Adverse impacts of natural disasters are viewed as particularly concerning for older adults. Disaster preparedness is an important step towards offsetting potential harm. Research comparing different age groups with respect to their disaster preparedness has produced inconclusive evidence. Some studies found older adults more prepared than younger age groups, whereas others found them to be equally or less prepared. To shed light on this issue, we examined disaster preparedness among N = 16,409 adults age 40 and older from the American Housing Survey. Using logistic regression analyses, we compared preparedness levels of four groups – households of middle-aged adults (age 40-64), older adults (age 65-84), oldest old adults (age 85+), and mixed households comprised of both middle-aged and older adults. Findings showed that households of older adults and the oldest old had significantly higher preparedness levels compared to middle-aged and mixed households, accounting for demographics, living alone, and disability. However, the oldest old group appeared less prepared compared to the older adult group. Thus, while our findings suggest that older adults aged 65-84 may be better prepared for

disasters than middle-aged adults, the oldest old group, who are likely at a higher risk of adverse impacts from natural disasters, may be less prepared than their relatively younger counterparts. Therefore, older adults should not be treated as a homogenous group when considering disaster preparedness. Rather, policies and interventions to improve disaster preparedness may benefit from focusing on specific high vulnerability groups.

HIGHER CHILDHOOD ADVERSITY REDUCES ENVIRONMENTAL SATISFACTION AMONG OLDER ADULTS

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Background: Childhood adversity (CA) is associated with increased physiological and psychological challenges in adulthood. Normal aging comes with changes that may put adults with a history of CA at increased risk of a poor quality aging experience. Because suitable person-environment fit is an important component of well-being, the present study explored two hypotheses: 1) Higher CA is associated with lower perceived neighborhood quality, and 2) Higher CA is associated with higher perceived inequality in home.

Methods: Using MIDUS 2011-2014 Refresher Survey (for this study, N=1,017 adults ages 55-76), Spearman's rho correlation coefficients were run to explore the associations between a previously validated CA score and two environmental satisfaction indices. Perceived inequality in home comprised ratings on six items and perceived neighborhood quality comprised ratings on four items.

Results: Hypothesis 1: There was a significant positive association between the perceived inequality in home and cumulative CA, $r_s(998) = .200, p < .001$. Hypothesis 2: There was a significant negative association between the perceived quality of neighborhood index and cumulative CA, $r_s(998) = -.182, p < .001$. The strength of the associations were weak.

Conclusions: Higher cumulative experiences of CA were associated with increased feelings of home environment inequality, and decreased feelings of neighborhood quality. Significant differences were evident after decades had elapsed, demonstrating the long-lasting reach of CA. Further research exploring policy and practice approaches to mitigating the effects of CA is needed to allow aging adults to achieve better person-environment fit and equitable access to successful aging.

MULTI-SECTOR COLLABORATION FOR IMPROVING HOME-BASED NUTRITION SUPPORTS: PROCESS FINDINGS FROM A CLINICAL TRIAL

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In-home supports and proper nutrition are critical to post-acute recovery and long-term health management for adults 60 and older. At the same time, such supports are often difficult to deploy in rural settings. To address these challenges, a unique multi-sector consortia was formed between a local Area Agency on Aging, a healthcare system, a health technology company, and a university to conduct a clinical trial

of a novel in-home health technology program coupled with customized chronic care nutrition support. Early stage clinical trial development required coordination across health and community-based organizations to develop a pathway for older adults to access the in-home project supports. At the conclusion of the year one, six project partners were interviewed using a semi-structured interview protocol examining the strengths of early project design and challenges inherent in the early phases of a community-based clinical trial. Thematic analysis uncovered six themes instructive in formulating efficacious clinical trial methodologies: 1) Logistical challenges related to the pandemic, including reduced patient numbers and the curtailing of in-hospital recruitment; 2) Partner collaboration as essential to designing preferred project modifications; 3) The challenge of converting project referrals into project enrollees; 4) A new appreciation among community partners regarding institutional review board requirements; 5) Recommendations for addressing emerging staffing challenges; and 6) The overriding importance of engaging older adults in their own care and health promotion post-discharge. Results will inform construction of a replicable model for establishing novel research partnerships that span healthcare, social services, the business sector, and higher education.

NATIONAL ESTIMATES OF CLIMATE-RELATED DISASTERS AMONG OLDER ADULTS WITH DEMENTIA

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Climate-related disasters can have devastating consequences, particularly for the growing population of older adults with dementia. Increasingly, older adults with dementia are aging in place at home, where they often receive assistance for mobility or self-care activities from family and/or paid caregivers. Understanding this population's experience with climate-related disasters is integral to mitigation, preparedness, and emergency response outside of institutional (e.g., nursing home) settings. We aimed to estimate the population of community-dwelling older adults—including those with dementia—who live in counties that experienced climate-related disasters. We used 2000-2016 data from the Health and Retirement Study (HRS), linked 2000-2018 with Federal Emergency Management Agency (FEMA) disaster data. We flagged each occurrence of climate-related disaster (e.g., hurricane, flood) and then identified HRS participants living in counties with a disaster declaration. Using survey weights, we obtained population-level estimates by disaster frequency and sample characteristics. In each two-year HRS period, we found that 14.26-20.50 million community-dwelling adults over age 65 in the contiguous US (32.2%-53.7%) resided in a county with at least one disaster. This includes 0.62 -1.12 million persons with dementia, 67.2%-76.8% of whom are reliant on caregivers. On average (per two-year period), more than one-third (36.3%) of community-dwelling older adults living with dementia lived in a county with a least