

crime and 3) changes to the people living in their communities. The findings suggest that resident perceptions can help us better understand how neighborhood dynamics work their way into the lives of long-term residents. The results are particularly important as they provide the foundation for exploring how residents responded to neighborhood decline and why residents remained within their neighborhoods when so many others left.

PERCEIVED NEIGHBORHOOD ENVIRONMENTAL FACTORS RELATED TO SARCOPENIA IN URBAN-DWELLING OLDER ADULTS

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Sarcopenia is common among older individuals and has adverse health outcomes. However, little is known about its association with neighborhood environmental factors. We explored the relationship between sarcopenia and neighborhood environmental factors among community-dwelling older adults aged 70–84 years in urban areas in the Korean Frailty and Aging Cohort Study. There were 1,776 participants in this cross-sectional study (mean age 75.9±3.8 years, 54.1% women). Sarcopenia was defined using the Asian Working Group for Sarcopenia guidelines. The neighborhood environmental factors were assessed using the 17-item Environmental Module of the International Physical Activity Questionnaire (IPAQ-E). The prevalence of sarcopenia was 22.5%. In the multivariate analysis adjusted for potential confounders, compared to the 5th quintile of the IPAQ-E score, the odds ratio (OR and 95% confidence interval [CI]) for sarcopenia in the 1st, 2nd, 3rd and 4th quintile were 2.14 (1.41-3.26), 1.70 (1.11-2.61), 1.76 (1.16-2.68) and 1.62 (1.07-2.47), respectively. Sarcopenia was associated with environmental factors including access to destinations ($\beta = -0.015$) and neighborhood safety ($\beta = -0.008$) (all $p < 0.05$). Furthermore, no access to public transportation (OR 2.05, 95% CI 1.20-3.50), poor access to recreational facilities (OR 1.40, 95% CI 1.02-1.92), no presence of destination (OR 1.53, 95% CI 1.07-2.21), hill hazard (OR 1.34, 95% CI 1.02-1.77), and lack of safety from traffic (OR 1.35, 95% CI 1.02-1.79) was associated with an increased risk of sarcopenia. Our study suggests that neighborhood environmental characteristics are associated with sarcopenia and better neighborhood environmental strategies can help prevent sarcopenia among older adults.

PERCEPTION OF NEIGHBORHOOD CHARACTERISTICS DURING CHILDHOOD AND COGNITIVE HEALTH AMONG OLDER ADULTS IN CHINA

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Neighborhood environments shape the availability of resources for social engagement and social interaction, which are associated with better health outcomes. However, these contextual factors are also considered sources of potential social distress and tension, increasing the risk of subsequent health deficits, including cognitive decline. Our understanding of the linkage between childhood neighborhood environments and cognitive functioning in later life is limited. This study employed three waves of nationally representative data from the China Health and Retirement Longitudinal Study (2011-2015; N = 11,105) to investigate the relationship between self-reported neighborhood social cohesion during childhood (i.e., neighborhood safety, neighbors willing to help, and close-knit neighborhood) and cognitive functioning (Chinese version of TICS). We employed latent growth curve modeling to test hypotheses relating to life course models of childhood conditions and later life cognitive functioning (the long arm of childhood). The results showed that perceptions regarding the willingness of neighbors to help and close-knit neighborhood characteristics during childhood were positively associated with levels of later life cognitive function. Further, growing up in a neighborhood characterized by the willingness of neighbors to help others was negatively associated with the rate of cognitive decline, net of childhood and adulthood covariates. Self-report of neighborhood safety during childhood was unrelated to cognitive function (level and change). These findings underscored the long-term ramifications of childhood conditions as potential risk factors for later-life cognitive health. Social cohesion at the neighborhood level as experienced during childhood may be a protective factor for healthy cognitive aging among older Chinese adults.

PERSONAL SUPPORT NETWORKS OF OLDER ADULTS IN RELATION TO THEIR PERCEPTIONS ABOUT DISASTER MANAGEMENT

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Personal support networks are essential in ensuring the health and well-being of older adults especially in handling disaster situations. This study assessed the characteristics of personal support networks of older adults in relation to their perceptions about disaster management. Adults between ages 63 and 88 from Eastern Iowa participated in a survey prior to receiving a disaster preparedness education program. About half (47%) were living alone, 66% were female, and 53% had a high school diploma or fewer years of education. Forty-seven participants identified 308 support network members, with an average network size of 6.55 members ranging from 2 to 17. A greater number of network members with whom participants discussed disaster/emergency plans was associated with higher perceived response efficacy (preparation/planning “will help handle the situation better”; $r = 0.45$, $p = 0.002$), lower perceived barriers (preparation is “difficult to do”; $r = -0.34$, $p = 0.021$), and higher self-efficacy to handle disaster situations ($r = 0.32$, $p = 0.030$). Having more members who would help “if something went wrong” was associated with higher self-efficacy to prepare