

There was also a significant improvement the total FI from pre to post-test at 6-month. These outcomes illustrate that it is important to operationalize the outcomes for older adults by evaluating the success as the ability of the older adult to flourish when they can maintain current functioning, access to resources have sufficient support systems in place.

NEIGHBORHOOD CONDITIONS AND SELF-NEGLECT IN LATER LIFE: LONGITUDINAL EVIDENCE FROM THE NSHAP

Laura Upenieks,¹ James Iveniuk,² and Markus H. Schafer¹,
1. *University of Toronto, Toronto, Canada, Canada*, 2. *Wellesley Institute, Toronto, Ontario, Canada*

Self-neglect includes persistent inattention to personal hygiene and the conditions of one's immediate living environment and is known to be associated with an increased risk of mortality among older adults. Although previous studies have shown that many individual factors predict self-neglect, neighborhood characteristics have received much less attention. Extant research has yet to consider connections between the conditions of one's neighborhood and self care over time. Using nationally representative longitudinal data from the National Social Life, Health, and Aging Project (NSHAP), we consider several features of neighborhood context in later life, including self-reported perceptions of neighborhood cohesion and neighborhood danger, neighborhood disorder (measured by interviewer ratings), and concentrated neighborhood disadvantage (using census data). Adjusting for individual-level factors (including social connection, physical and cognitive health, and demographics), results from both lagged dependent variable and cross-lagged panel models find higher levels of neighborhood disorder to be associated with higher self-neglect scores (measured by interviewer ratings) over time. Social cohesion, perceived neighborhood danger, and collective efficacy were not associated with self-neglect when controlling for neighborhood disorder. These findings suggest that improving neighborhood disorder may be an effective approach for self-neglect prevention in later life

THE PHYSICAL AND SOCIAL ENVIRONMENTS, SOCIAL ACTIVITIES, AND SUBJECTIVE WELL-BEING: FINDINGS FROM THE K2 STUDY

Midori Takayama,¹ Yoshiko Ishioka,¹ and Ikuko Sugawara²,
1. *Keio University, Tokyo, Japan, Japan*, 2. *University of Tokyo, Bunkyo, Tokyo, Japan*

It has been pointed that the environments effect subjective well-being(SWB). However, it is still not clear what aspects of environments effect SWB among older adults and if degree on physical condition of older adults cause the difference on relations between and environments and SWB. In this study, firstly, we examined the relationship between the physical and social environments, social activities, and SWB in a sample of older Japanese. Secondly, we examined the differences on the effects of environments on SWB between older adults with lower physical functions and those with higher physical functions. We used data from locally representative longitudinal study of older adults 75±1, 80±1, and 85±1 years of age (at baseline) , which was conducted in Japan (The Keio-Kawasaki Aging Study(K2 study) ; N = 1388). Concerning the environments, we assessed the

physical environments (public spaces and buildings, and accessibility) and the social environments (culture and recreation programs, and inclusive social environment). Results from covariance structure analyses showed that the accessible physical environment and the social environments were significant predictors of SWB, and showed that accessibility and the social environments influenced SWB via participation of social activities, too. Moreover, results from multiple group structural equation modeling showed that accessibility was a stronger predictor of SWB among older adults with lower physical functions, while accessibility was not a predictor among older adults with higher physical functions. The potential benefits of this approach provide a basic developing compensation model of SWB for this population of older adults.

COMPARISON OF NURSING HOME STAFF'S PERCEPTIONS OF NOISE TO MEASURED NOISE LEVELS

April Ames,¹ Stacie Dubin,¹ Michael Valigosky,¹ and Victoria Steiner¹, 1. *University of Toledo, Toledo, Ohio, United States*

A noisy environment may affect the ability of healthcare staff in nursing facilities to effectively complete tasks and provide quality care to residents. Staff may also become irritable or annoyed due to their perception that noise levels are too loud. The purpose of this descriptive study was to examine the differences in nursing home staff's perceptions of noise levels compared to measured noise levels in four nursing home facilities in Ohio. A questionnaire was also distributed to examine the perceptions of noise levels by staff and the effects of noise on their health. The majority of the respondents (n=90) were white females. They described all facilities as being moderately noisy which was consistent with the measured noise levels. The loudest perceived noise sources included door/patients alarms and floor cleaners, which was confirmed by measured noise levels. The majority of facilities identified the nurses station as one of the noisiest locations; however, this was inconsistent with measured noise levels. Overall, respondents at all facilities felt neutral or disagreed that the noise levels impacted themselves or the residents. However, some respondents agreed that in a noisy environment it is easier to make job errors, difficult to concentrate on work, and they find themselves irritable or agitated. Perceptions of noise should be considered along with measured noise levels because tolerance levels differ among individuals and mental activities involving memory or complex analysis are sensitive to noise which may affect job performance.

JOINING AND REMAINING: FACTORS THAT CONTRIBUTE TO MEMBERSHIP IN A VILLAGE

Ruth E. Dunkle,¹ Karen Harlow-Rosentraub,¹ Garrett T. Pace,¹ and Larry Coppard¹, 1. *University Of Michigan, Ann Arbor, Michigan, United States*

Many older people want to age in place with one popular model of care being the Village Model. Understanding why people join and why they continue as members are important considerations for a Village to survive. Utilizing open-ended data from a representative sample of current members of a Village (N=100), we examined the reasons for people

becoming members as well as continuing their membership. Twenty six percent of the sample were men, age ranged from 50-95, 30% lived alone and 58% believed that their health was very good. Data were coded by three researchers with discrepancies resolved by discussion to refine the codes. Three categories were identified: instrumental, social, and altruistic. The most frequent reason for joining was instrumental (35%) where the member wanted the services provided by the Village. It was also the most frequent reason for continuing membership (57%). An analysis was also conducted to examine predictors of reasons for joining and continuing membership in the Village. These included, age, gender, health, and living alone. Results indicate that men were less likely to join or continue their membership for instrumental reason compared to women, and members who live alone were more likely to become a member for social reasons. When age at entrance into the Village was examined, each increasing year of age was associated a .01 increase in the probability of continuing as a member for instrumental reasons. Findings provide guidance in issues related to sustaining membership in a Village.

EFFECTS OF AGE ON CONNECTION TO NATURE AND POSITIVE AFFECT

Amy Knepple Carney,¹ and Julie Patrick², 1. *University of Wisconsin-Oshkosh, Oshkosh, Wisconsin, United States*, 2. *West Virginia University, Morgantown, West Virginia, United States*

Socioemotional selectivity theory posits that when we feel our time as limited, when a person ages, emotion based goals become a priority (Carstensen, Isaacowitz, & Charles, 1999). Although previous studies have shown that all age groups benefit from a connection to nature (CN; Bisceglia, Perlman, Schaack, & Jenkins, 2009; Han, 2008; Mayer et al., 2009), there have been no studies conducted to determine if there are age differences in CN and how that relation contributes to positive affect. Analyses were conducted with a sample size of 152 participants with an average age of 37.55 years (SD = 15.64; Range 18 -89). Age was significantly positively associated with CN, $r(151) = .16$, $p < .05$. Additionally, an ANOVA showed that middle-aged to older adults reporting significantly higher CN than younger adults. The relation of positive affect to age and CN was then examined. In the analysis examining the effects of age and CN on positive affect, the model was significant, $F(3, 146) = 8.48$, $p < .05$, $R^2 = .15$. Both, CN, and age, uniquely contributed to the variance accounted for on positive affect, although, the interaction of CN and age did not uniquely contribute to the variance. These results may be indicative of socioemotional selectivity theory, in that older adults were choosing connection to nature because it fulfilled more emotional activities/goals than the younger adults in the study. Because previous research has all but ignored the association of CN and age and their relation to positive affect, it should be considered in future research.

DISASTER PERCEPTIONS AND PREPAREDNESS BEHAVIORS AMONG U.S. OLDER ADULTS

Melissa Krook,¹ and Peter Vitaliano¹, 1. *University of Washington, Seattle, Washington, United States*

U.S. economic loss from natural disasters hit an all-time high in 2017 with 16 climate events totaling \$306 billion. However, disasters' costliest effects may result from emotional and psychosocial health. Research suggests those who are: seniors, distressed, and/or experience early-life vulnerabilities have increased risk for negative health responses. This study addresses the need to reduce vulnerability/increase preparedness by evaluating how older adults (OA) perceive/prepare for disasters, including influential psychological factors. Literature review results indicate OA are: (1) among our most vulnerable populations for disasters, (2) underprepared, though resources are available, and (3) preparing friends/family before themselves. The Socioemotional Selectivity Theory (SST) posits: alongside aging, time perceptions become constrained, motivations shift, and we prefer positive over negative information. Therefore, I asked: (1) if OA are intuitively resistant to negative information, like impending disasters, how might we reframe it to align with their desire for positive information? (2) If we approach OA through positive experiences, will they be motivated to prepare? I employed a model: preparedness behavior (PB) is a function of vulnerability (V) and resilience (R). A survey was developed to assess how factors of V and R would interact/influence PB. I will pilot test this survey through evaluating community-living OA. PB is expected to be negatively related to V, positively related to R. This study extends disaster research by using psychological variables to predict preparedness and evaluating preparedness motivation using SST as a guiding framework. Results should increase knowledge about OA's disaster preparedness perceptions and factors to mitigate increased preparedness.

THE ROLE OF SENSE OF COMMUNITY IN CHANGING THE HEALTH-PROMOTING EFFECT OF BUILT ENVIRONMENT: A COMMUNITY SURVEY

Jennifer Y.M. Tang,¹ Cheryl Chui,² Tuen Yi Chiu,¹ Rebecca Chiu,³ Vivian W. Lou,⁴ Michael Tse,⁵ Angela YM Leung,⁶ and Terry Lum², 1. *Sau Po Centre on Ageing, The University of Hong Kong, Pok Fu Lam, Hong Kong*, 2. *Department of Social Work and Social Administration, Pok Fu Lam, Hong Kong*, 3. *Department of Urban Planning and Design, the University of Hong Kong, Pok Fu Lam, Hong Kong*, 4. *The University of Hong Kong, Hong Kong, P.R.C., Hong Kong*, 5. *Centre for Sports and Exercise, the University of Hong Kong, Pok Fu Lam, Hong Kong*, 6. *Centre for Gerontological Nursing, School of Nursing, The Hong Kong Polytechnic University, Hong Kong, Hong Kong*

Previous research that studies the impact of built environment on health often attribute the enabling effects of environment on physical activity participation and opportunities for social interaction. Few studies have explored how the role of subjective feeling, such as the feeling of connectedness with the community, affects the association between built environment and physical and mental health. We conducted a cross-sectional survey with 2,247 residents aged 50 years or above in five districts in Hong Kong. We tested the mediation effect of sense of community in the relationship between physical environment and health using the path analysis. We administered a questionnaire to assess the residents' perceived age-friendliness of outdoor spaces and buildings in the