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

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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

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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

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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

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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