

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

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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

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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

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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

district. We used the Brief Sense of Community Scale and the 12-item Short-form Health Survey to measure sense of community and physical and mental health. We found that age-friendliness of outdoor spaces was modestly correlated with mental health ( $r = 0.10$ ,  $P < 0.001$ ) but not with physical health ( $r = 0.02$ ,  $P = 0.4$ ), whereas age-friendliness of buildings correlated with both ( $r = 0.05$ ,  $P = 0.01$ ;  $r = 0.06$ ,  $P = 0.004$ ). Sense of community mediated 25.9% of the total effect between outdoor space and physical health, 20.4% between outdoor space and mental health, and 42.5% between service and building on physical health. To conclude, sense of community was a partial mediator of the environment-health relationship. Future design of built environment should take into consideration its potential influence on sense of community and health.

#### MEMORY FOR PICTURES AND WORDS AFTER A NATURAL DISASTER

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The pictorial superiority effect (PSE) is the finding that memory for pictures exceeds that of memory for matching words for people of all ages (Cherry et al., 2012). We examined free recall of line drawings and matching words in adults enrolled in the LSU Flood Study, an interdisciplinary study of disaster stress and cognition. We tested the hypothesis that disaster stress would be associated with deficits in memory for pictures and words. Participants were sampled from a three-parish (county) region of Baton Rouge, LA that was severely devastated by the 2016 flood ( $N = 202$ , age range: 18-88 years). They received multiple tests, including the Montreal Cognitive Assessment (MoCA; Nasreddine et al., 2005), and self-report measures of executive function and functional impairment (Barkley, 2011). Three groups were compared: (1) non-flooded adults as controls, (2) once-flooded adults with structural damage to homes and property in 2016, and (3) twice-flooded adults who had relocated to Baton Rouge because of catastrophic losses in Hurricanes Katrina and Rita and flooded again in 2016. Results yielded a PSE in free recall for all disaster exposure groups ( $p < 0.001$ ). Follow-up analyses by age group revealed that older adults showed the same memorial advantage of pictures relative to words as did their younger counterparts across all disaster exposure groups. These results imply that single and multiple disaster exposures do not appear to disrupt cognition assessed with traditional, laboratory-based measures. This research was supported by a grant from the National Science Foundation (Award Number 1708090).

#### HAVE I GOT A JOB FOR YOU: OCCUPATION-RELATED ASTHMA THROUGHOUT LIFE IN THE UNITED STATES

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Work exposures to asthma triggers can cause or aggravate asthma, which affects twenty-five million Americans including many older workers, and retirees who want to work or need to do so for income. Asthma trigger exposures have particular risk for older workers. Older adults who develop asthma have poorer health outcomes than people who had childhood asthma, yet older workers with low incomes may have limited ability to leave a job despite health risks. We studied occupation-related asthma using the nationally representative Panel Study of Income Dynamics (PSID) (1968-2015,  $n=13,957$ , 205,498 person-years). We compared asthma outcomes in occupations with likely asthma trigger exposures to those in occupations with limited exposures. Methods included: prevalence ratios; incidence risk ratios (log-binomial regression adjusted for age, sex, race/ethnicity, education, atopy, current and past smoking, and survey design); attributable risk fractions; population attributable risks; and microsimulation. The adjusted prevalence ratio comparing high risk occupations to low was 4.1 (95% confidence interval, CI 3.5-4.8); adjusted risk ratio 2.6 (CI 1.8-3.9); attributable risk 16.7% (CI 8.5-23.6); population attributable risk 11.3% (CI 5.0-17.2). In microsimulations, 14.9% (CI 13.4-16.3) with low trigger exposures reported asthma during working life, compared with 23.9% (CI 22.3-26.0) with high exposures. Asthma triggers at work may cause or aggravate more than 10% of adult asthma, and increase asthma risk by 60%. Lung health contributes importantly to well-being, and the ability to work at older ages. Results highlight needs for policies and employer actions to reduce asthma trigger exposures, and for public education about lung health.

#### NEIGHBORHOOD SOCIAL ENVIRONMENT AND PHYSICAL FUNCTION: EVIDENCE OF RACIAL AND ETHNIC DIFFERENCES

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Empirical and theoretical scholarship suggest that as individuals age and their physical, cognitive, and social needs change, their neighborhood environment becomes increasingly important to their health and well-being. Despite recent advances in this area of research, a number of critical gaps remain. Namely, few studies examine the associations between neighborhood social environments and performance-based physical function. Furthermore, racial and ethnic differences are widely understudied. The objectives of this study are (1) to examine the association between neighborhood social cohesion and physical disorder on physical function in older adults, and (2) to identify potential racial/ethnic differences in these associations. Data come from round five (collected in 2015) of the National Health and Aging Trends Study (NHATS;  $N=5,619$ ). A series of adjusted linear regression models were used to predict performance-based physical function based on characteristics of the neighborhood social environment (i.e., cohesion, disorder). Results showed that only neighborhood physical disorder was statistically significantly associated with poorer physical function ( $p < 0.05$ ). Similarly, when stratified by race/ethnicity, only neighborhood physical