meso-level psychosocial factors that may improve loneliness, depressive mood, and cognitive function. Five variables were identified through focus groups with older adults and community organizations. These variables were drawn from validated scales, including communal provisions, neighbourhood friendship, self-expression, social experiences, and time outdoors. This paper presents preliminary findings from surveys administered to 151 community-dwelling older adults across British Columbia and interviews in four neighbourhoods. Purposeful and snowball sampling were used to recruit older adults (age 55+) from community centres and neighbourhood houses. Online surveys measured the five meso-level psychosocial exposure variables. Outcome variables included an index of loneliness, depressive mood, self-rated memory, semantic fluency and delayed recall. Data was geocoded and aggregated by Forward Sortation Area. Regression and cross-level mediation analysis were conducted. Four neighbourhoods were selected from a 2x2 matrix of high and low neighbourhood deprivation (CANUE, 2016). Mental health was associated with better social experiences (B=.26, p=.003). Time outdoors (B=.35, p=.047) was associated with better delayed recall. Mental health was better in poorer neighbourhoods (B=.20, p=.015). This was partially mediated by communal provisions (B=.19, p=.032). Social experiences (B=.23, p=.009) fully mediated these effects on mental health. Participants described being of local community services and took on opportunities to volunteer. Social experiences and neighbourhood resources may help support mental health and well-being among older adults during the pandemic and beyond.

AGING, DISPLACEMENT, AND COPING WITH COVID-19 IN PRECARIOUS SPACES IN NORTHEAST NIGERIA
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Nigeria is witnessing internal displacements due to terrorism and kidnapping across many communities with more of these evitable challenges in the North Eastern region. These challenges are impacting on older people amongst other social categories that have been displaced, killed or kidnapped across different communities. The outbreak of covid-19 and the poor social support for older persons and other vulnerable groups in Nigeria imply that survivors in such precarious spaces are likely to face challenges with implications on their well-being and meanings attached to life. This paper explores ageing in precarious spaces that have been ravaged by terrorism and banditry and the outbreak of covid-19. The narratives of the 15 older persons aged 57 to 82 years living in Internally Displaced Camps revealed some dimensions of hopelessness, despair and the acceptance of present challenges as fate and structural defects. Awareness and adherence to covid-19 protocol was poor. Moving away from communities of residence represent diverse forms of loss that transcends material things. Sharing of experiences, prayers and relief materials from non-governmental agencies were considered as instrumental in coping with their daily challenges. The hope of returning to their communities of residence was doubted and considered risky. The belief that their seeds would have a better future was expressed by all the participants, with the females affirming such expectation than the men. Integrating displaced older persons would require more than existing efforts being taken by Nigerian government across levels.

GEOGRAPHICAL VARIATIONS IN THE PRODUCTIVE ENGAGEMENT OF OLDER ADULTS
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While having opportunities to be productively engaged has implications for long, healthy lives, little is known about the geographical distribution of older adults engaged in productive activities. Using the nationally representative Health and Retirement Study, a sample of community-dwelling older adults age 65 and above in the year 2018 (n = 8,728) was used to compare working, volunteering, and caregiving rates between rural and urban areas and Census regions and divisions. Urban and rural rates of individuals who were working were significantly different (p < .05) in the Midwest region and the East North Central and Pacific divisions (e.g., 20.9% in rural Midwest vs. 14.8% in urban Midwest). Urban and rural caregiving rates were significantly different in the East South Central division (35.1% rural vs. 26.2% urban caregivers). Urban and rural rates of individuals who engaged in one or more productive activities (working, volunteering, and caregiving) were significantly different in the West North Central (64.9% rural vs. 56.6% urban) and Middle Atlantic (47.6% rural vs. 58.6% urban) divisions. Urban and rural volunteering rates were significantly different in the West region (37.0% rural vs. 30.2% urban). These findings suggest that older adults’ participation in working, caregiving, and volunteering roles may depend on where they live, and older adults are not a homogeneous group as commonly misunderstood. Future studies should explore the factors that influence these patterns of engagement.

THE IMPACTS OF WILDFIRES ON OLDER ADULTS: A SCOPING REVIEW
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Climate change is leading to worsening disasters that disproportionately impact certain populations, including older adults (Benevolenza & DeRigne, 2019). Older adults are more likely to encounter life-threatening challenges during disaster evacuation, less likely to receive disaster warnings, and more likely to experience greater financial losses following disasters (Acerno et al., 2006). While research has begun to measure these disparities, there is a gap in examining the effects of wildfire-specific disasters, which are increasing in intensity and severity (Hoover & Hanson, 2020). To examine this gap, scoping review methodology was used to analyze peer-reviewed studies of how wildfires affect older adults by looking at impacts and the disaster recovery cycle (i.e., preparedness, response, recovery, and mitigation). Authors screened 263 titles and abstracts, and 138 were reviewed in full. Eighty-one studies were included for data extraction and analysis. Preliminary findings illustrate that most literature focuses on the health impacts that older adults endure during and following wildfires, with a specific focus on the short and long-term effects of smoke and poor air quality on respiratory health. While previous literature has cited a need
for community response strategies that incorporate the needs of older adults, few findings addressed firsthand experiences of older adults during a wildfire event. However, one unique finding was the incorporation of Aboriginal and Indigenous Elders’ knowledge into fire management strategies. While recommendations for incorporating the needs of older adults into policy planning were briefly mentioned, most articles focused on problem scope rather than evaluating potential solutions.

HOUSING CHARACTERISTICS, NEIGHBORHOOD ENVIRONMENTS, AND SELF-RATED MENTAL HEALTH AMONG OLDER CANADIANS

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Previous studies have established a clear association between the surrounding environment and mental health. Whereas most literature has focused on neighborhood environment, very few studies have examined the role of housing characteristics in self-rated mental health (SRMH). Using data from the 2018 Canadian Housing Survey, this study investigated the relationships between housing characteristics, neighborhood environment, and SRMH among older Canadians and whether the relationships varied by education and gender. Using a sample of 21,725 Canadians, SRMH was measured by older adults’ self-evaluation of mental health on a 5-point scale. We categorized education into three groups: high school or less, some college, and university or beyond. Hierarchical linear regressions showed that men and women with high school education and women with some college educations were more likely to report worse SRMH when living in low-income housing. Reporting a home maintenance need was a unique risk factor of SRMH for men with a university education, whereas living in uninhabitable conditions uniquely predicted better SRMH for men with some college education. Regarding neighborhood environment, safer community was a protective factor of SRMH for women with university education only. Sense of belonging was positively associated with SRMH among older adults, few findings addressed firsthand experiences of older adults during a wildfire event. However, one unique finding was the incorporation of Aboriginal and Indigenous Elders’ knowledge into fire management strategies. While recommendations for incorporating the needs of older adults into policy planning were briefly mentioned, most articles focused on problem scope rather than evaluating potential solutions.

FACTORs IMPACTING EMERGENCY PREPAREDNESS AMONG COMMUNITY-DWELLING OLDER ADULTS

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Natural and manmade emergencies have become more frequent over the past 20 years and will continue to pose serious risks to public health and safety. Older adults are more adversely affected by—and less prepared for—emergencies than younger adults. However, little is known about the risk factors impeding emergency preparedness among older adults. This study uses the ecological systems approach to explore factors associated with emergency preparedness and how those factors influence adults 60 and older. The study analyzed cross-sectional data taken from 690 community-dwelling older adults who participated in Wave 5 of the National Poll on Healthy Aging. The sample was broken down into the following two groups for comparison: individuals aged 60–69 (n = 383) and individuals 70 or above (n = 307). The self-reported measures of sociodemographic characteristics, physical health, mental health, and previous experience of a disaster were utilized via regression analysis to predict emergency preparedness. Emergency preparedness was assessed using X dichotomous questions (60-69: M = X; 70+: M = X). The results revealed that living alone and having a Hispanic background were negatively associated with emergency preparedness among those aged 60–69, while mental health status was positively associated with emergency preparedness among those aged 70+. Previous experience of a disaster positively impacted emergency preparedness among the sample. Implications for policy and practice focus on shifting the perspective of the disproportional risks for older adults around emergencies to one that values and supports older adults’ strengths and insights.

RECENT ADVERSITY AND LIFE SATISFACTION AMONG CHINESE OLDER ADULTS: ROLE OF GENDER AND NEIGHBORHOOD COHESION

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A growing body of literature suggests that recent adversity impedes psychological wellbeing. Little is known about whether living in a cohesive neighborhood could buffer the negative consequences of adverse experience and whether such associations vary by gender. This study aims to examine the association of recent adverse events and perceived life satisfaction among Chinese older adults, and to explore the potential moderating role of gender and neighborhood cohesion. Data were from a cross-sectional study conducted with community-dwelling older adults aged 60 years and above in Anhui Province, China in 2014 (N=1,960). Recent adversity was measured by six events in the past two years (health decline, economic difficulty, loss of intimate people, loss of an important item, major life event, conflict with family or close friends/neighbors). Multilevel ordered logit regression with interaction term of adversity and neighborhood cohesion was performed. Models were further conducted on stratified samples to compare gender differences. Individuals experiencing any recent adverse event are 84% less likely (p=.008) to report a higher level of life satisfaction. Living in neighborhoods with better cohesion increased the likelihood of reporting better life satisfaction by 6% (p=.031). Modeling on the stratified samples showed that the above-mentioned significant relationships hold for male sample only. Recent adversity may negatively affect life satisfaction among Chinese older adults. Living in neighborhood with higher levels of cohesion could help buffer such negative influences, particularly for older men. Findings highlight the critical role of neighborhoods in combating the negative psychological consequences of adversity among Chinese older adults.