news regarding death and dying during this period can be understood at three levels: (a) euphemism of death: the language of death and its relationship with power and social hierarchy; (b) definition of “good death”: including preferences for location, cause, and experiences of death and dying; and (c) Western influence on the death narrative: missionaries’ efforts to incorporate Catholic and Chinese traditions to attract more believers. This paper argues that the current Chinese people’s perception of death is inherited and evolved from those historical roots, which has practical implications for the systematic development of hospice care in China. Suggestions include changing the language used in the hospice policy, emphasizing the importance of confidentiality in home-based hospice programs, and building a hospice system based on public perceptions of so-called “good death” while advocating for individualized definitions of this concept.

**SESSION 1345 (POSTER)**

**ENVIRONMENT AND AGING**

**NAVIGATING DISASTERS: A CASE STUDY VA AND NON-VA HOME-BASED LONG-TERM CARE IN PUERTO RICO FOLLOWING HURRICANE MARIA**

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This research describes how Department of Veterans Affairs (VA) and non-VA home-based long-term care (LTC) environments prepared for and secured the safety and wellbeing of elderly and disabled persons in the wake of Hurricane Maria, which struck Puerto Rico on September 20, 2017. In-person interviews, home visits, and field observations were conducted in Puerto Rico from January-March 2019. Staff from three of the VA’s Caribbean Healthcare System’s home-based LTC programs were interviewed, as well as caregivers in non-VA LTC environments. Veterans, family members of Veterans, family members of VA caregivers, and community members with expertise in disaster recovery were also interviewed for a total of N = 58 interviews and N = 12 home visits. Preliminary results of qualitative content analysis show VA and non-VA LTC environments prepared residents and caregivers for Hurricane Maria through providing education and recommendations in advance, including having enough medications and food on hand. Participants described Hurricane Maria not simply as a disaster but a “crisis” and a storm unlike any they had ever experienced. The interconnected nature of the VA seemed to provide a stronger support network compared to non-VA environments that were often independently run. Health of Veterans and non-Veterans was reported to be mostly stable during recovery. Perspectives from VA and non-VA entities allowed for a fuller picture to emerge around how Hurricane Maria impacted home-based LTC environments in Puerto Rico. This research can inform policies and procedures for such environments caring for elderly and disabled populations in areas prone to disasters.

**HOUSING AFFORDABILITY AND INTER-REGIONAL MOVES AMONG OLDER ADULTS**

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Housing prices have risen in urban areas across the US since 2000, with only a brief interruption after the housing crisis of 2008. At the same time, prosperous urban areas have pulled away from declining urban and rural areas. Older adults are more likely to be affected by both increases and divergence of housing prices: owners may not be able to afford rising property taxes (though they benefit from increasing home equity), and renters are especially vulnerable. Housing affordability constraints may also affect the places where older adults can afford to move. In this paper, we compare the residential mobility patterns of adults aged 50+ living in high-cost, mid-cost, and low-cost areas from 2000-2014, using data from the Health and Retirement Study with county-level US Census and American Community Survey contextual data, as well as the Zillow Home Value Index. We find that both homeowners and renters living in high-cost areas remain in place at higher rates compared with those living in mid-cost and low-cost areas. Among those who move, older adults living in high-cost regions move towards mid-cost and low-cost regions more often than the reverse. The differences are particularly pronounced for renters. The overall outcome is a net movement of older adults away from high-cost areas towards mid-cost and low-cost areas. Among those who move, older adults living in high-cost regions move towards mid-cost and low-cost regions more often than the reverse. These shifts have consequences for the well-being of older adults facing budget constraints that may limit the areas where they can afford to live or move, and broader implications for the future of urban areas.

**FLOURISHCARE: HELPING OLDER ADULTS FLOURISH IN RURAL COMMUNITIES**

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Flourishing represents living within an optimal range of human functioning. To foster older adults flourishing, our FlourishCare model of care coordination was developed as part of a HRSA Geriatric Workforce Enhancement Program (GWEP) to transform PC sites by delivering coordinated services in 6 rural KY counties. FlourishCare is unique in its integration of academic teams, community health teams and mental health specialists within age-friendly primary care health systems.FlourishCare recognizes that many of the largest drivers of health care costs fall outside the clinical care environment. One of the major components of Flourish is the involvement of community health navigators (CHNs), community education coordinators (CECs) and community coalitions working with the health teams to respond to the social determinants of health. For each patient that is referred and agrees to participate in the program, the CHN performs Flourish clinical and home assessments and obtains medical records. A repeated measure designed was used to assess the 60 patients who have baseline assessments results along with at least a 6-month assessment and in some cases a 12-month assessment (n= 20). Patients have demonstrated a significant increase in their flourishing across all determinants of health.
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 be 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...