Social isolation is a risk factor for morbidity and mortality comparable to well-established risk factors including smoking, hypertension, and a sedentary lifestyle. Specific mechanisms that connect social isolation to important health outcomes remain unclear. We examine the cross-sectional relationship between social isolation and two biomarkers: Interleukin-6 (IL-6) and C-Reactive Protein (CRP) in a nationally representative population of community dwelling older adults (IL-6: n=4336, CRP: n=4178) from the National Health Aging Trends Study in 2017. Adjusting for age, gender, race, income, tobacco use, body mass index, and multiple chronic conditions, we found that social isolation compared to no social isolation was associated with higher levels of IL-6 (p = 0.043) and CRP (p = 0.038). These results suggest that investigating inflammatory pathways between social isolation and morbidity and mortality is important.

THE HOME, BLOCK, AND COMMUNITY ENVIRONMENTS AND BIOMARKERS OF AGING IN THE NATIONAL HEALTH AND AGING TRENDS STUDY
Laken Roberts,¹ Laura Samuel,² Danielle Boyce,¹ Melissa Hladek,² Sarah LaFave,² and Sarah Szanton,²
1. Johns Hopkins University School of Nursing, Baltimore, Maryland, United States, 2. Johns Hopkins University, Baltimore, Maryland, United States

Prior studies have linked household and community conditions to the health and functioning of older adults. However, few studies have investigated associations between household, block, and community environmental conditions with biomarkers of aging. This study used NHATS Round 7 (2017) data on 3,283 community-dwelling older adults to test cross-sectional associations between interior and exterior household disorder, block disorder, community social cohesion, and four biomarkers: C-reactive protein, hemoglobin A1c, cytomegalovirus, and interleukin-6. Survey-weighted models adjusted for age, sex, race/ethnicity, income, education, homeownership, housing type, and metropolitan area; HbA1c was stratified by diabetes diagnosis. Greater interior household disorder was associated with higher IL-6 (β=0.06, SE=0.025, p=0.014) and, among diabetics, greater block disorder was associated with higher HbA1c (β=0.11, SE=0.05, p=0.046). These results link home and block environmental characteristics with biomarkers of aging, suggesting that modifiable aspects of older adults’ living environments may be related to disease and disability risk via physiologic dysregulation.

GREATER SUBJECTIVE WELL-BEING ASSOCIATED WITH LOWER INFLAMMATORY PROTEINS IN AN OLDER ADULT SAMPLE FROM THE NHATS
Melissa Hladek,¹ Shang-En Chung,¹ Thomas KM Cudjoe,² Laura Samuel,¹ Sarah Szanton,¹ and David Roth,¹ 1. Johns Hopkins University, Baltimore, Maryland, United States, 2. Johns Hopkins University School of Medicine, Baltimore, Maryland, United States

Subjective well-being (SWB), comprised of cognitive and affective evaluations of life, is associated with better health outcomes and lower mortality, but mechanisms are poorly understood. We examine the associations between SWB and its subscales with two biomarkers: Interleukin-6 (IL-6) and C-Reactive Protein (CRP), both common inflammatory indicators associated with mortality and increased cardiovascular disease. Dried blood spot data collected from 4,648 older adults NHATS participants in 2017 was used. After adjustment for age, sex, race/ethnicity, education, tobacco, body mass index and chronic disease, we found greater SWB and greater scores on subscales including positive affect, self-realization and personal mastery were all significantly associated with decreased IL-6 and CRP. Conversely, increases in negative affect was significantly associated with increased IL-6 and CRP values. This study adds evidence of a potential mechanistic mind-body connection pathway.

SESSION 5590 (SYMPOSIUM)

FACTORS THAT PROMOTE VULNERABILITY VERSUS RESILIENCE AMONG OLDER DISASTER SURVIVORS
Chair: Judith Robertson Phillips Discussant: Rachel Pruchno

Catastrophic environmental events, such as floods and hurricanes, are associated with widespread destruction and loss of life. Older adults, who often have health challenges and medical co-morbidities, appear to be at greater risk for adverse post-disaster outcomes, such as depression, worry, and medical uncertainty, than younger adults impacted by the same disaster. Researchers, therefore, are interested in identifying factors that tend to bring about vulnerability and adverse outcomes for older adults during and after a disaster, as well as factors that may generate resilience and psychological well-being for older adults. The purpose of this symposium is to present research based on multiple disaster experiences and to examine factors associated with vulnerability and resilience. The first two speakers introduce empirical findings from research that addresses flooding, the 2016 Baton Rouge flooding and the frequent flooding of coastal Louisiana brought about by coastal erosion. The next two presenters explore successful VA and Non-VA Home-Based programs during and after the 2017 Hurricane Maria in Puerto Rico and during the 2017 Atlantic hurricane season. The final speaker highlights the impact of lifetime trauma on the recovery of older adults following a natural disaster. Collectively, these presenters will provide evidence of how lifetime adversity is a factor promoting vulnerability for older adults after a disaster. Critically, they will also examine how age, disaster preparedness, intense patient tracking, VA support networks, and community resources and programs are protective factors generating resilience post-disaster for older adult populations.

DISASTER STRESSORS AND PSYCHOLOGICAL WELL-BEING AFTER A FLOOD
Katie E Cherry, Alyssa De Vito, Matthew Calamia, and Emily Elliott, Louisiana State University, Baton Rouge, Louisiana, United States

Hurricanes and floods have mental health consequences for younger and older adults alike. In August of 2016, historic flooding in Baton Rouge, Louisiana resulted in billions of dollars in damages. In this study, we compared 223 mostly middle-aged and older adults on mental health indicators. The majority of the sample (n = 137) were non-coastal residents and the remainder (n = 86) were former coastal residents and the remainder (n = 86) were former
coastal residents who had permanently relocated inland after catastrophic losses in the 2005 Hurricanes Katrina and Rita. Multiple regressions confirmed elevations in symptoms of depression and post-traumatic stress for both adults with flood damage in 2016 and also those who doubly flooded in 2016 and 2005. Age had a protective effect for symptoms of depression and worry. Prior lifetime trauma was a risk factor for depression. Implications of these data for understanding age-related vulnerabilities after multiple disasters are discussed with suggestions to strengthen post-disaster resilience.

AGING IN HIGH-RISK COASTAL REGIONS: EXAMINING SOCIAL INFRASTRUCTURE NEEDS OF OLDER ADULTS LIVING IN THE GULF COAST
Alexis Merdjanoff, New York University, New York, New York, United States

This study examines how coastal erosion, flooding susceptibility, and extreme hazard risk in Louisiana communities shape decisions to age in place. The decision to age in place is not only related to one’s physical health and cognitive capabilities but strongly connected to neighborhood cohesion, sociocultural contexts, economic resources, familiarity with surroundings, and a sense of security. However, research on the types of individual and community resources that older adults need in order to successfully age in environmentally vulnerable communities is exceptionally sparse. Using in-depth interview data collected from older adults (n=20) living in coastal Louisiana parishes, this research aims: 1) to gain a deeper understanding of how coastal erosion and frequent flooding influence the decision to age in place; 2) to compile evidence as to how coastal communities can create resources that promote resilience, despite environmental risk; and 3) to use this evidence to increase awareness and enhance policy discussions on coastal adaptation.

YOU CAN'T JUST HOPE FOR THE BEST: VA AND NON-VA HOME-BASED LONG-TERM CARE IN PUERTO RICO FOLLOWING HURRICANE MARIA
Leah Haverhals, Department of Veterans Affairs, Denver, Colorado, United States

This research describes how home-based long-term care settings in Puerto Rico, connected to the United States Department of Veterans Affairs (VA) and in non-VA settings, prepared for and secured the safety and wellbeing of elderly and disabled persons during and after Hurricane Maria, which struck Puerto Rico on September 20, 2017. I collected data via in-person interviews, home visits, and field observations between January-March 2019. Guided by a social vulnerability and health model, I interviewed a multitude of people connected to and/or caring for elderly and disabled populations in these settings. Results emphasize importance of disaster preparedness, incorporating lessons learned from hardships, and how Puerto Rico’s colonial status and economic realities influenced recovery. VA’s interconnected nature provided a stronger support network compared to non-VA settings that were often independently or family run. Regardless of setting, the resilience and collaborative spirit of Puerto Ricans proved instrumental in recovery and disaster management.

PREPAREDNESS AND RESPONSE ACTIVITIES OF THE VA HOME-BASED PRIMARY CARE PROGRAM AROUND THE FALL 2017 HURRICANE SEASON
Tamar Wyte-Lake,1 Claudia Der-Martirosian,2 and Aram Dobalian,2 1. US Department of Veterans Affairs, North Hills, California, United States, 2. Veterans Emergency Management Evaluation Center, North Hills, California, United States

Individuals aged seventy-five or older, who often present with multiple comorbidities and decreased functional status, typically prefer to age in their homes. Additionally, as in-home medical equipment evolves, more medically vulnerable individuals can receive care at home. Concomitantly, large-scale natural disasters disproportionally affect both the medically complex and the older old, two patient groups responsible for most medical surge after a disaster. To understand how to ameliorate this surge, we examined the activities of the nine US Department of Veterans Affairs Home-Based Primary Care programs during the 2017 Atlantic Hurricane Season. These and similar programs under Medicare connect the homebound to the healthcare community. Study findings support early implementation of preparedness procedures and intense post-Hurricane patient tracking as a means of limiting reductions in care and preventing significant disruptions to patient health. Engaging with home-based primary care programs during disasters is central to bolstering community resilience for these at-risk populations.

TRAUMA AND ADVERSITY: FACTORS IMPACTING VULNERABILITY AND RESILIENCE AMONG OLDER DISASTER SURVIVORS
Molly Davis,1 and Nikki Bellamy,2 1. George Mason University, Fairfax, Virginia, United States, 2. Center for Mental Health Services (CMHS), Substance Abuse and Mental Health Services Administration (SAMHSA), Rockville, Maryland, United States

Most would agree that older adults represent a highly vulnerable group prior to, during and post disaster. Age-related vulnerabilities often lead into an increased risk for traumatic experiences and post-traumatic stress symptoms after a disaster. Trauma informed principles offer a possible way to reduce the vulnerability of older adults after a disaster. For example, utilizing the trauma informed question “what has happened to you” shifts the focus from a deficit approach and allows for a deeper understanding of the impact of traumatic life experiences on current functioning and reaction to the disaster. It is this understanding of trauma’s impact that may have a role in how older adult disaster survivors view, respond, and recover after a natural disaster (Seery et al. 2010; Laciocciello & Charney, 2014). In addition, understanding the role of lifetime adversity provides critical insights for disaster planning, reducing vulnerability and promoting resilience among older disaster survivors.

SESSION 5595 (SYMPOSIUM)

FINDINGS FROM THE VIRGINIA COGNITIVE AGING PROJECT: INDIVIDUAL DIFFERENCES, WELL-BEING, AND COGNITION
Chair: Karen Siedlecki