FRAMING CLIMATE-CHANGE INFORMATION TO PROMOTE ACTION IN OLDER ADULTS
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Climate change poses an existential global risk, and mitigation requires population-level behavioral change. Due to their shortened time horizon, older adults may not perceive climate change as a personal risk within their lifetime and may be less likely to take action to combat climate change. Socioemotional selectivity theory (SST; Carstensen, 2006) posits that, as people age and perceive a shorter time horizon ahead, they become more focused on maintaining emotional wellbeing. This study, rooted in SST, manipulated the emotional framing of climate-change information in a sample of U.S. older adults. Participants were given EPA climate-change information localized to their state of residence and were instructed that, by taking action, the impact of climate change could be reduced (instilling hope) or that, by not taking action, the impact of climate change could be exacerbated (instilling fear). Afterward, they completed measures assessing their willingness to engage in pro-environmental behaviors and support of macro-level legislation to combat climate change. Compared to older adults who received the "hope" frame, older adults who received the "fear" frame reported greater willingness to engage in pro-environmental behaviors (p = 0.007) and greater support of legislation to combat climate change (p = 0.038), perhaps an effect of older adults' motivation to reduce the negative affective state induced by the "fear" frame. Implications of these results for catalyzing older adults toward climate action are discussed.

ROLE OF HOME ENVIRONMENT IN LTSS USE AMONG OLDER ADULTS IN THE US
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Older adults have shown increasing preference towards having help and health care in the comfort of their own homes rather than in an institutional setting. Research suggests that about 1 in 5 older adults with limitations in activities of daily living report needing more help than they receive. There is insufficient research examining how home inaccessibility and disorder relates to LTSS use for community-dwelling older adults in the U.S. This study addresses a gap in the literature by directly examining the relationship between home environment quality and LTSS use for a national sample of older adults. Data was analyzed from round eight (2018) of the National Health and Aging Trends Study (NHATS), an epidemiological panel study of nationally representative Medicare beneficiaries ages 65 and older living in the communities (n = 4,806). The final analytic sample included respondents with valid data on all variables (n = 4,265). Community dwelling adults with greater home accessibility had lower odds of having two or more LTSS caregivers, compared to the counterpart with lower home accessibility (OR = 0.246, SE = 0.094, p < 0.01). However, poor housing conditions had lower odds of having two or more LTSS caregivers (OR = 0.333, SE = 0.156, p < 0.05). Community-dwelling older adults who have accessible and organized homes are more likely to be independent and are less likely to depend on LTSS caregiving. Policies to improve home environment quality could benefit both older adults and those who care for them.

COMMUNITY TYPOLOGY IN OLDER KOREAN AMERICANS: IMPLICATIONS FOR MENTAL/COGNITIVE HEALTH
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The purposes of this study were to: (1) identify community typology in older Korean Americans; and (2) examine the associations of typology with loneliness, mental distress, and cognitive health. Guided by social capital conceptualization, we hypothesized that distinct community groups would be identified and that they would be differentially associated with sociodemographic, immigration-related, health, and social characteristics and mental/cognitive health. Data were drawn from a survey with older Korean Americans aged 60 and older, collected during 2017–2018 in diverse locations (n=2,138). To identify community typology, a series of latent profile analysis (LPA) were conducted using 15 community-related variables in three domains (neighborhood characteristics, social cohesion, ethnic attachment). After examining characteristics of the identified groups in relations with study variables, hierarchical multiple regression models of loneliness, mental distress, and self-rated cognitive health were estimated. Based on several model evaluation criteria, LPA model with five community groups was identified as best-fit (BIC=64,619, Entropy=.94). The five groups were identified as "a. high safety/cohesion/ethnic attachment" (10%), "b. high safety/low cohesion/ethnic attachment" (10%), "c. moderate neighborhood/low ethnic attachment/cohesion" (38%), "d. moderate neighborhood/high cohesion/ethnic attachment" (31%), and "e. low safety/moderate cohesion/ethnic attachment" (11%). In reference to the group with high on all three domains (a), group with low ethnic attachment/cohesion in moderate neighborhood (c) and group in unsafe environment with moderate cohesion/ethnic attachment (e) were consistently associated with elevated loneliness/mental distress and poor rating of cognitive health. The results suggest the need to understand profiles of community characteristics and their relationships with health/well-being among older immigrants.

EXAMINING THE ROLE OF OBJECTIVE AND SUBJECTIVE NEIGHBORHOOD CHARACTERISTICS ON HEALTH AND WELL-BEING IN MID-LIFE
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There is a long-standing literature that has documented how one's neighborhood context has the potential to shape mental and physical health across the adult lifespan. An abundance of research documents how various components of the neighborhood, such as disorder, cohesion, in addition to pollution and sidewalk quality are linked to short- and long-term mental and physical health outcomes across adulthood. One key component that has been less studied within this literature is the extent to which objective or subjective
neighborhood indicators exert a more potent impact on mental and physical health. Up to this point, much of the research has focused on subjective indicators of neighborhood context. This study explores whether and to what extent objective neighborhood factors of income inequality, residential stability, and greenness and subjective neighborhood factors of social ties, collective efficacy, and neighborhood disorder are predictive of mental and physical health in midlife. We use data from a sample of participants in midlife (n=800, aged 40-65) to analyze our research questions. Structural equation models found that both subjective and objective indicators of neighborhood were related to health and well-being when considered separately. When considered simultaneously, subjective neighborhood indicators (sense of community) mediated the association between objective constructs and health.

Our findings demonstrate the independent associations between objective and subjective neighborhood context and highlight the particularly strong association between subjective context and health and well-being. Our discussion elaborates on how our findings can inform interventions and sparking future research aimed at exploring potential mechanisms underlying the associations found.

IMPACT OF NEIGHBORHOOD GREEN INFRASTRUCTURE ON ACCESS TO SOCIAL CAPITAL ACROSS THE LIFE COURSE
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While the impact of neighborhood characteristics on access to social capital is well established, less is known about how neighborhood landscape design interventions play a role in shaping access to this resource and how this varies across the life course. In this study we examined the association between age and perceived impact of recently installed neighborhood block-scale green infrastructure (GI) on frequency of social interactions with neighbors. We also examined age variation in how alternative GI designs were perceived (e.g., how well cared for), and how these perceptions were associated with the anticipated impact on frequency of neighbor interactions. Data are from the Neighborhood, environment, and water research collaborations for green infrastructure (NEW-GI) project based in Detroit, MI. Four neighborhood GI interventions were installed in two Detroit neighborhoods in 2016. Surveys were conducted with residents living around the interventions in 2017-18 (n=171), and in nearby neighborhoods (n=145). Age was significantly associated with perceived impact of the landscape interventions on frequency of social interactions with neighbors. Specifically, older adults were significantly more likely to report that the landscape interventions that they were most familiar with resulted in increased frequency of interactions with their neighbors. Further, design alternatives perceived as more well cared for were anticipated to result in greater increases in the frequency of interactions with neighbors among older compared to younger adults. Results suggest neighborhood landscape interventions can improve access to social capital particularly among older adults, and perceptions of landscape care play a role in this process.

SESSION 6500 (POSTER)
ENVIRONMENT, DISASTERS, AND EMERGENCY PREPAREDNESS
THE AGE-FRIENDLY COMMUNITY ENVIRONMENT FACTORS CONTRIBUTING TO LIFE SATISFACTION OF OLDER ADULTS LIVING ALONE
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Age-friendliness studies in Korea have investigated a few subsets of the local community environments for older adults’ well-being. Little is known about comprehensively understanding which aspects in community contexts can help older individuals living alone improve their life satisfaction. To address the knowledge gaps, this study utilized the raw data from the 2020 National Survey of Older Koreans, and responses of 3,112 older adult single-person households were investigated. From an ecological perspective, hierarchical regression analysis was performed by distinguishing the community environments into three categories of the World Health Organization’s age-friendly environments: physical, social, and service environments. The results showed that the perception of the physical environment (housing, living facilities, and space) was positively associated with life satisfaction. Second, the social environment (social involvement, neighbor interaction, respect for older individuals, and political activity) was positively related to life satisfaction. Third, perceived service environment (difficulty in utilizing service) was negatively related to life satisfaction. Based on the findings, we proposed political and practical recommendations. Specifically, as a physical environment aspect, effective budget allocation and policy attention should be required for the autonomy and independence of older adults living alone in their daily lives by ensuring that housing and circumstances are suitable for aging-in-place. As a societal component, initiatives must be established to promote participation in decision-making processes that result in a more favorable social perception through social inclusion. Finally, for the service environment, we must advocate for increased accessibility to community supportive services (mobility, health care, food delivery, communication, and information).

COMMUNAL SUPPORT PREDICTS BETTER MENTAL HEALTH: KNOWLEDGE TRANSLATION AMONG OLDER ADULTS DURING COVID-19
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The well-being of older adults has been linked to the quality of their neighbourhood environment. Given that COVID-19 affected poorer neighbourhoods disproportionately, we partnered with community organizations to identify