

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,<sup>1</sup> Claudia Der-Martirosian,<sup>2</sup> and Aram Dobalian,<sup>2</sup> 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 disproportionately 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,<sup>1</sup> and Nikki Bellamy,<sup>2</sup> 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; Iacoviello & 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