lives offers researchers and practitioners with a unique opportunity to examine how losses are experienced and carried into old age. Further, this study may assist with the development of interventions that help support bereaved individuals, specifically, interventions that focus on destigmatizing continuing bond expressions and provide assistance with communicating memorialization preferences.

Session 9245 (Poster)

ENVIRONMENT AND AGING, HOUSING

AESTHETICS AND ENVIRONMENT: WHAT IS THE ROLE OF BEAUTY IN SUPPORTING AGEING WELL?

Access to beauty is intrinsic to psychological, social, and spiritual health. Aesthetic sensibility includes awareness initiated in both mind and emotion accessed through nurturing environments (Caspari, Eriksson, & Naden, 2011). While individual tastes vary and aesthetic preferences are culturally conditioned, an appreciation of natural and constructed beauty is fundamental to human meaning-making, creativity, and innovation (Hillman 1998). Beauty is thus an instrumental tool that may support ageing well. We investigated the question of what aesthetics/beauty meant to older adults in England, how they experienced it, and whether experiencing beauty sustained them. Three focus groups were conducted with community dwelling participants aged between 60 and 93 (median age 75) for a total N of 14. Five themes emerged related to experience: an unexpected recognition; an evolving openness to experience; a universal perception available in micro and macro environments; a force that can alleviate depression; and a relational quality of some interactions. The value of beauty was identified through all groups: participants found it difficult to imagine a world with no beauty in it. They wondered if age made discernment capacity greater. Appreciation of beauty in unexpected places like a cracked pot led participants to identify happiness and wellbeing as outcomes of perception. This study suggests that beauty is essential for wellbeing and human flourishing and can emerge in unlikely ways. Implications are that professionals should assist older people to consider the role of beauty in life and develop interventions to consciously keep beauty awakened in normal and aesthetically-deprived environments.

DECREASING BARRIERS TO CARE: VOICES OF RIDERS, DRIVERS, AND STAFF OF A RURAL TRANSPORTATION PROGRAM
Abby Schwartz,1 Alice Richman,2 Mallary Scott,3 Haiyong Liu,4 Weyling White, and Caroline Doherty,4, 1. East Carolina University, School of Social Work, Greenville, North Carolina, United States, 2. East Carolina University, East Carolina University, North Carolina, United States, 3. East Carolina University, Greenville, North Carolina, United States, 4. Roanoke Chowan Community Health Center, Ahoskie, North Carolina, United States

Eastern North Carolina (eNC) is a rural, poor, and underserved region of the state with 1 in 5 adults living below the poverty level. Residents experience health disparities driven by limited access to healthcare and inequitable distribution of social determinants of health. Project TRIP (Transporting Residents with Innovative Practices) is a potential solution to barriers in accessing care in eNC. Results presented include the first phase of a multi-phase study evaluating and replicating TRIP’s effectiveness. Data from qualitative interviews with TRIP riders, drivers, and staff (e.g., case managers) will be presented (N=20). As a result of the COVID-19 pandemic, interviews were conducted by telephone with the goal of understanding both strengths and weaknesses of the transportation program from riders, drivers, and staff to gain a holistic understanding of TRIP. Of the riders interviewed, the majority (91%) were age 50 and over and African American. Themes that emerged from the data that highlighted strengths of the program included: improved health outcomes, no wait times for pick up or drop offs, cost free, and accommodating service. Themes related to areas of weaknesses or improvement included: needing more transportation vendors and a dedicated TRIP case manager and scheduling concerns. The presentation will conclude with considerations in translating the findings into a pilot and expansion of TRIP in another eNC county (study phases 2 & 3), and how the data can inform the development of transportation interventions in other states, with the goal of increasing access to healthcare for vulnerable rural populations.

DISASTER PREPAREDNESS AMONG MIDDLE-AGED AND OLDER ADULTS: WHO IS THE LEAST PREPARED?
Caitlin Connelly,1 Kathrin Boerner,2 Natasha Bryant,3 and Robyn Stone,4, 1. University of Massachusetts Boston, Asheville, North Carolina, United States, 2. University of Massachusetts Boston, Boston, Massachusetts, United States, 3. LeadingAge LTSS Center @UMass Boston, Washington, District of Columbia, United States, 4. LeadingAge, Washington, District of Columbia, United States

Adverse impacts of natural disasters are viewed as particularly concerning for older adults. Disaster preparedness is an important step towards offsetting potential harm. Research comparing different age groups with respect to their disaster preparedness has produced inconclusive evidence. Some studies found older adults more prepared than younger age groups, whereas others found them to be equally or less prepared. To shed light on this issue, we examined disaster preparedness among N = 16,409 adults age 40 and older from the American Housing Survey. Using logistic regression analyses, we compared preparedness levels of four groups – households of middle-aged adults (age 40-64), older adults (age 65-84), oldest old adults (age 85+), and mixed households comprised of both middle-aged and older adults. Findings showed that households of older adults and the oldest old had significantly higher preparedness levels compared to middle-aged and mixed households, accounting for demographics, living alone, and disability. However, the oldest old group appeared less prepared compared to the older adult group. Thus, while our findings suggest that older adults aged 65-84 may be better prepared for