THE ASSOCIATION BETWEEN MIDLIFE EDUCATION AND DEPRESSIVE SYMPTOMS IN LATE LIFE: THE AGES-REYKJAVIK STUDY
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Background: Disability and depression are associated with cumulative health adversities such as socioeconomic status (SES), nutrition, medical care, and education among older adults. However, there is little evidence on the longitudinal association between mid-life education level with a disability and depressive symptoms in older adults in Iceland. The aim of the study was to examine the association between mid-life education and prevalence of activity of daily living (ADL) dependency and high depressive symptoms in late-life.

Methods: A large community-based population residing in Reykjavik, Iceland (n=4991, 57.3% women, 76.9±5.8 yrs) participated in a longitudinal study with an average of 25 years of follow-up. Mid-life education was categorized into 4 groups (primary, secondary, college, and university). ADL dependency and high depressive symptoms were assessed on average 25 (±4) years later. The 5-item ADL dependency score ranged between 0 (no difficulty) and 18. Depressive symptoms were assessed by the 15-item Geriatric Depression Scale (GDS).

Results: After controlling for demographic and health-related risk factors, those with higher education at mid-life were significantly less likely to have high depressive symptomatology (6 or higher GDS scores, Odds Ratio (OR) = 0.65, 95% Confidence Interval (CI): 0.52 – 0.82, P < 0.0001). However, mid-life education was not associated with ADL dependency in later life.

Conclusion: Our study shows that mid-life education is associated with depressive symptoms 25 years later, while no association found with ADL dependency among Icelandic older adults.

TRANSITION TO WIDOWHOOD: TRAJECTORIES OF DEPRESSIVE SYMPTOMATOLOGY AMONG JAPANESE OLDER ADULTS
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Spousal loss is one of the most consequential negative life events for the surviving partners. While there is abundant research on mental health and well-being of widows, most of these studies rely on the post-bereavement data. In this study, we use the data from the National Survey of Japanese Elderly (NSJE), which is a publicly available longitudinal data set collected from Japanese adults aged 60 years and older. The current study uses the first seven waves of data from 1987 to

LINKING RELIGIOUS IDENTITY, PARTICIPATION, AND FAITH TO DOMAINS OF MENTAL HEALTH IN LATE LIFE
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Religiosity in late life has been linked to psychological well-being outcomes. However, there has been insufficient attention to complex associations between different domains of religiosity and domains of psychological well-being. We explored associations between religious identity, religious participation, religious coping (trust in God), and mental health indicators of depressive symptoms, life satisfaction, and positive/negative affect among 797 independent, retirement community-dwelling older adults. At baseline, religious identity (expressed as self-concept) and religious participation (church attendance) each were associated with fewer depressive symptoms (b=-0.47, P<0.05; b=-0.19, P<0.05). Religious identity, however, was significantly associated with both life satisfaction and positive affects but not with negative affect. Religious coping was associated with greater life satisfaction and positive affect. Our longitudinal analysis documented a statistically significant decline in depressive symptoms, and increase in life satisfaction and positive affect, with corresponding increase in religious identity over time. However, changes in religious identity did not lead to significant changes in negative affect over time. Religious coping and church attendance fully explained the influence of religious identity on changes in life satisfaction. Although the influence of religious identity on depressive symptoms and positive affect was weakened, its significant influence was maintained even after the consideration of religious coping and church attendance. Beyond religious identity, we also observed a significant increase in positive affect with a corresponding increase in religious coping. Overall, our findings support expectations that religious identification and practices are associated with greater psychological well-being among community dwelling old-old adults.

(IQR =13 (52.1). Older patients reported higher depression and anxiety (IQR = 32 (11.5); N = 68) than younger patients (IQR = 28 (11.0); p < .01; N = 88). Multivariable analyses stratified by age showed significant effects of gender among older patients with women experiencing more psychological, care, communication, and sexuality needs than men. Multivariable analyses also showed age-related differences (p < .05) in the predictors of needs controlling for covariates (e.g., gender). Among older patients both higher depression and anxiety and lower self-efficacy beliefs were associated with more psychological, care, and communication needs. Among younger patients, higher depression and anxiety were associated with more psychological, logistic, daily living, and communication needs. Results emphasize the importance of tailoring care planning for patients based on age.
2006, where participants were followed every three to four years. Using the NSJE advances our understanding of the bereavement process as it allows us to observe the levels and trajectories of depressive symptom before, during, and after the loss of their spouses. In our analyses, we selected 522 participants (average age at bereavement: 75.0 years; 27% male) who experienced spousal loss at some point during the seven waves. We examined the trajectories of depressive symptoms assessed using CES-D as these participants transition to widowhood. The results showed a small significant increase in depressive symptoms leading up to the time of the loss. There was also a significant increase in symptoms at the time of the loss, but we did not observe any decline in symptoms after the loss. In addition, we found that their age at bereavement significantly moderated the pattern, such that the increase in depressive symptoms at the time of the loss was attenuated for older participants. The implications of these findings will be discussed.

Session 3080 (Symposium)

MULTIPLE PERSPECTIVES ON DISASTER PREPAREDNESS IN LONG-TERM CARE: FROM HEAT TO HOSPICE
Chair: David Dosa Co-Chair: Ross Andel
Discussant: Lisa Brown
Preparedness of residents in long-term care (LTC) exposed to disasters continues to warrant concern. Prior work by our research team highlights explicit evidence of the profound vulnerability of Florida nursing home (NH) residents exposed to Hurricane Irma in 2017. This research adds to our knowledge of the profound effect of disasters on long-term care residents. This symposium will utilize mixed methodologies to discuss the varied effects of Hurricane Irma on vulnerable older adults residing in Florida NHs and Assisted Living communities (ALCs). Using a novel methodology for identifying a cohort of ALC residents, the first presentation will present the morbidity and mortality effects of Hurricane Irma on Florida ALC residents and identify high risk groups by health condition. The second presentation will document the effect of Hurricane Irma on NH residents previously enrolled in hospice and exposure to the effect of the disaster on hospice enrollment after the storm. The third presentation will present qualitative results of interviews with ALC administrators highlighting the effect of the storm on both large and small (<25 beds) facilities. The fourth presentation will address the issue of heat exposure in the days after Hurricane Irma and consider the preventative effect of generators on morbidity and mortality. Finally, a fifth presentation will examine NH staffing level variation in the days leading to the hurricane. To conclude, this symposium offers a multi-faceted view of a disaster’s effects on LTC residents across Florida, including novel data from the NH environment and lesser-examined ALCs.

RESOURCES AND RELATIONSHIPS IN DISASTERS: DIFFERENCES AMONG SMALL AND LARGE ASSISTED LIVING COMMUNITIES
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Disaster preparedness among assisted living communities (ALCs) has not been widely researched, despite the growth of ALCs and evidence of disability in this population. An additional issue of concern is the way in which ALCs vary, including variation by size. The purpose of this paper was to explore the experiences of ALCs in Florida that experienced Hurricane Irma in 2017 and how experiences varied by ALC size. Qualitative interviews and focus groups were conducted with representatives of small ALCs (<25 beds; n=32) and large ALCs (25+; n=38). Transcripts were analyzed using Atlas.ti version 8, and research team members collaborated to reach consensus on codes and further analyze differences based on ALC size. Results suggest there are differences among ALCs in their disaster preparedness and response, and these differences are related to size (e.g., access to resources, organizational characteristics). Implications for ALC resident wellbeing and future disaster planning will be discussed.

THE ROLE OF HOSPICE IN FLORIDA NURSING HOMES POST-HURRICANE IRMA
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There is little known about the effect of hospice post-disaster. This study utilized exposure to Hurricane Irma (2017) to evaluate the differential mortality effect of the disaster on Florida NH residents (N=45,882) compared to a control group of residents in the same NHs in 2015 (N=47,690) by hospice status. We also examine the difference in hospice utilization rates post-storm for short- and long-stay (LS) residents. There was an increase in mortality for those in the cohort not on hospice within 90 days in 2017 compared to 2015 (OR= 1.06, 95% CI: 1.01, 1.11). For the rate of hospice enrollment post-storm among residents previously not on hospice, there was an increase among LS residents within 30 days (OR =1.15, 95% CI: 1.02, 1.23) and 90 days (OR = 1.12, 95% CI: 1.05, 1.20). It is important to further examine the increase in the rate of hospice enrollment in LS NH residents post-storm.

NURSE STAFFING IN NURSING HOMES DURING HURRICANE IRMA
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