presence of depressive symptoms. Adult children were asked whether their parents informed them of their depressive symptoms or if they suspected that their parents were depressed. Logistic regressions were conducted. Parents’ self-reported depressive symptoms were associated with both adult children’s awareness (OR:3.28 (2.00-5.39)) and suspicion (OR:3.10 (2.02-4.77)) of their parents’ depressive symptoms. Results remained consistent among mother-child and father-child dyads. Study findings underscore the importance of incorporating adult children’s perspective in mental health research in the Chinese community.

PROFILE OF PARENT-CHILD WELL-BEING IN IMMIGRANT FAMILIES
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Earlier caregiving research focused on psychological well-being of either caregivers or care recipients, while less is known about the caregiving pattern with optimal outcome for both caregivers and care recipients. Data were from the PINE and PIETY studies, with 804 parent-child dyads. Depressive symptoms were measured by PHQ-9 with a cutoff of 5 distinguishing happy or depressed. Parent-child dyads were divided into four groups: happy-parent-happy-child (HPHC, n=572, 71.1%), depressed-parent-happy-child (DPHC, n=139, 17.3%), happy-parent-depressed-child (HPDC, n=65, 8.1%), and depressed-parent-depressed-child (DPDC, n=28, 3.5%). Multinomial logistic regression was used to compare the sociodemographic differences among the groups. Compared to the HPHC group, the DPHC group had older parents, more mother-child dyads and lower-income children, the HPDC group had more female children. However, there was no significant difference between the HPHC and the DPDC group. Future research could explore the predictors of parent-child well-being to inform intervention strategies.

THE ASSOCIATION BETWEEN PARENTS’ PHYSICAL FUNCTION AND ADULT CHILDREN’S CAREGIVING BURDEN
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Using data from 544 older parents-adult children Chinese American dyads, this study aims to understand the association between older parents’ physical function and their adult children’s perceived caregiving burden. Parents’ physical function was assessed by the Katz Index of Activities of Daily Living (ADL) and the Lawton Instrumental ADL (IADL), with higher scores indicating more functional limitations. Adult children’s caregiving burden was assessed in five dimensions, including time dependence, developmental, physical, social, and emotion burden. Logistic regression was used to examine the association. More ADL limitations were associated with a higher likelihood of developmental burden (OR:1.14 (1.06-1.23)) and physical burden (OR:1.14 (1.06-1.23)) burden. More IADL limitations was associated with a higher likelihood of time dependence burden (OR:1.08 (1.03-1.12)), developmental burden (OR:1.06 (1.03-1.09)), and physical burden (OR:1.08 (1.04-1.12)). Parents’ physical function was not related to children’s social and emotional burdens. Practice and research implications will be discussed.

MAJOR DISASTERS’ IMPACTS ON LONG-TERM CARE SETTINGS, VULNERABLE OLDER ADULTS, AND CARE PROVIDERS
Chair: Leah Haverhals Co-Chair: Katie Cherry
The COVID-19 pandemic has disproportionately negatively affected older adults, and has specifically devastated older adults who are minorities and those who reside in long-term care (LTC) facilities. For professionals working in LTC facilities, major stressors and challenges due to the pandemic must be navigated, sometimes in parallel with the effect that major disasters like hurricanes can have on LTC facilities. This symposium will focus on the impact major disasters, including the COVID-19 pandemic and Hurricane Irma, had on LTC settings and those who live and work there, as well as older adults who are minorities and their communities. First, Dr. Roma Hanks will present findings from a study of community members and leaders in a majority African-American community in the United States (US) about their experiences with and challenges faced related to the pandemic. Second, Dr. Lisa Brown will share experiences and perceptions of mental health clinicians from across the US who worked in LTC settings before and during the pandemic. Third, Dr. Ella Cohn-Schwartz will describe how the pandemic impacted Holocaust survivors ages 75+ in Israel compared to older adults who did not experience the Holocaust. Fourth, Dr. Lindsay Peterson will present findings from interviews with nursing home and assisted living community representatives in the US regarding vulnerabilities LTC facilities experienced related to Hurricane Irma in 2017. As a whole, these presenters will provide insights into experiences of older adults, care providers, LTC facilities, and communities as they navigated challenges associated with the COVID-19 pandemic and a major hurricane.

JUST ANOTHER STORM: CONCEPTUALIZING OLDER ADULTS’ PERCEPTIONS OF THE COVID-19 PANDEMIC
Christopher Freed,1 Shoon Lio,2 Martha Arrieta,1 and Roma Hanks,1 1. University of South Alabama, Mobile, Alabama, United States, 2. Spring Hill College, Mobile, Alabama, United States

Older adults of color who experience health disparities are especially vulnerable to health and economic adversity related to COVID-19. This study focuses on nine zip codes wherein 70.2% of residents are of African-American descent and an estimated 31.5% of residents live in poverty. To understand the lived experience of the COVID-19 pandemic, perceived challenges of COVID-19, and the dissemination of information related to COVID-19, we collected interview and focus group data in Spring 2020 from fifteen community members, leaders, or advocates. Analyses reveal that older individuals approach
the COVID-19 pandemic with familiar disaster mitigation strategies. Other persons perceive the pandemic as another community challenge that African-Americans must confront. Older adults report generational differences in perceptions of the risk of COVID-19 and compliance with health guidelines. Overall, analyses reveal a deeply cultural context for intergenerational responses associated with COVID-19 and a sense of agency among older community leaders as health advocates.

PERCEPTIONS OF MENTAL HEALTH CLINICIANS WORKING IN LONG-TERM CARE FACILITIES DURING THE COVID-19 PANDEMIC
Rachel Ward,1 Savannah Rose,1 Lisa Lind,2 Roma Hanks,3 and Lisa Brown,4 1. Palo Alto University, Palo Alto, California, United States, 2. Deer Oaks Behavioral Health, San Antonio, Texas, United States, 3. University of South Alabama, Mobile, Alabama, United States, 4. Palo Alto University, Moss Beach, California, United States

During the COVID-19 pandemic, mental health clinicians were initially not considered essential workers, and most were prevented from entering long-term care (LTC) facilities. This study investigated the perceptions and experiences of licensed clinicians who were providing services in LTC settings before and during the pandemic. Respondents included 126 clinicians from 31 states who completed a 90-item survey to assess the impact of COVID-19. Visitor restrictions were perceived to have had a negative effect on patients’ emotional, behavioral, and cognitive status. The pandemic adversely impacted clinicians financially, personally, and emotionally, with more than half (67%) reporting that they experienced burnout. This study found that the COVID-19 pandemic adversely impacted clinicians working in LTC settings, their patients’ wellbeing, and the delivery of mental health services. Understanding the impact that the COVID-19 pandemic has had on LTC patients and clinicians alike has implications for the provision of services during future pandemics.

MENTAL HEALTH OF HOLOCAUST SURVIVORS AND OTHER OLDER ADULTS DURING THE COVID-19 PANDEMIC IN ISRAEL
Yaacov Bachner, Sara Carmel, and Ella Cohn-Schwartz, Ben-Gurion University, Beer-Sheva, HaDarom, Israel

Holocaust survivors could be especially vulnerable to the negative effects of the COVID-19 pandemic due to their early life traumas. Thus, the current study examines the effects of the pandemic on the mental health of Holocaust survivors in Israel, compared to adults who did not experience the Holocaust. We collected quantitative data from 305 adults aged 75+ (38% Holocaust survivors) in Israel during the COVID-19 pandemic. The results indicate that Holocaust survivors were worried to a greater extent from COVID-19 and reported greater depression which became worse during the pandemic. On the other hand, despite these differences, the two groups were similar in their will to live. In conclusion, Holocaust survivors seem to be more vulnerable to the COVID-19 pandemic, strengthening the vulnerability hypothesis, while also showing resilience in their will to live. Policy makers and practitioners should pay special attention to this particularly vulnerable population during these difficult times.

DISASTER VULNERABILITY IN LONG-TERM CARE: THE IMPORTANCE OF SOCIAL AND ORGANIZATIONAL CONNECTIONS
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The risks to older adults in nursing homes (NHs) and assisted living communities (ALCs) exposed to disasters are evident in prior research. However, little research has been conducted to understand the factors related to facilities’ vulnerability. This research examined NH and ALC experiences during Hurricane Irma in 2017. Qualitative interviews were conducted with representatives of facilities (N=100), transcripts were analyzed using Atlas.ti version 8. Team members met to reach consensus on codes and major themes and subthemes, which they analyzed using a conceptual model designed to identify factors related to the disaster vulnerability in long-term care (LTC). We found physical factors (e.g., location, physical characteristics) are important, but physical strength is not enough. Multiple social/organizational factors are critical. Results indicate managing a major disaster and protecting LTC residents involve social and organizational connections across a range of groups from staff and family members to emergency mangers and neighborhood associations.

Session 2265 (Paper)

MOBILITY, DISABILITY, AND SOCIAL CONTEXTS

FORMAL AND INFORMAL CARE USE OVER THE COURSE OF COGNITIVE DETERIORATION AMONG ADULTS WITH A DISABILITY
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The dynamics between formal and informal care among persons with a disability may substantially differ over the course of their cognitive decline.

Based on a nationally representative study of older adults, the analysis sample included 3,685 individuals who had at least one activity of daily living (ADL) limitation. We estimated probabilities of using formal care and informal care in the years before and over the course of dementia after controlling for sociodemographic factors, survey mode, and proxy interview status.

The adjusted probability of receiving care from an informal helper increased before the onset of dementia: 36% in 4 years prior to the onset (T=-4); 46% at T=-2. In contrast, the increase in the probability of using formal care was pronounced primarily at the onset of dementia; for example, the probability of overnight nursing home stay was 12% at T=-2 vs. 31% at T=0, which continued to increase over the