MENTAL HEALTH OF HOLOCAUST SURVIVORS AND OTHER OLDER ADULTS DURING THE COVID-19 PANDEMIC IN ISRAEL

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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 representing factors critical. Results indicate managing a major disaster and 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 managers 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 subsequent years (39% at T=6). The probability of using nursing home care at the onset was significantly greater for women vs. men (Adjusted risk ratio (ARR)=1.21; p=0.010); non-Hispanic white vs. Hispanic (ARR=1.62; p=0.004); those with low vs. high wealth (ARR=1.60; p < 0.001); those without a spouse vs. with a spouse prior to the onset (ARR=1.39; p < 0.001); and those with all adult children living far vs. at least one coresident adult child prior to the onset (ARR=1.51; p < 0.001).

Public policies and interventions aimed at providing for the needs of people with dementia should consider disparities in care use across racial/ethnic and socioeconomic groups.

GENDER DIFFERENCES IN AVOIDING LATER-LIFE DISABILITY: A LIFE COURSE PERSPECTIVE

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Identifying the early origins of adult health has underscored how experiences in the earliest stages of life can have lasting consequences. Whereas most research on the early origins of adult health has linked childhood conditions to worse health in adulthood, this study considered whether childhood conditions are associated with healthy aging. Guided by the World Health Organization’s emphasis on functional ability as a core component of healthy aging, the present study investigated the association between childhood social conditions and avoiding later-life limitations in basic and instrumental activities of daily living, referred to as disability-free status. This study also tested potential health-related and socioeconomic mediators and examined whether these life course antecedents of healthy aging vary by gender. Analyzing a sample of 9,376 adults over age 50 from the Health and Retirement Study over 10 years (2006-2016) revealed that childhood socioeconomic disadvantage reduced the odds of avoiding disability over time. For women, adult health lifestyles mediated this relationship whereas adult socioeconomic status (SES) mediated this relationship for men. Conditional indirect effects indicated that the mediational effects of body mass and education differed between men and women (i.e., moderated mediation). The direct effects of childhood and adult SES also varied by...
gender. These results demonstrate that the life course antecedents, especially SES, of healthy aging are distinct for men and women. Interventions should prioritize reducing early-life exposure to socioeconomic disadvantage, especially for women. Given the gendered differences in the mediating effects, midlife interventions can be tailored for men and women.

OLDER AMERICANS WITH DISABILITY ARE VULNERABLE TO ECONOMIC AND FOOD INSECURITY DURING COVID-19
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This study investigated whether older Americans with physical disability were vulnerable to three types of economic insecurity (difficulty paying regular bills, difficulty paying medical bills, income loss) and two types of food insecurity (economic obstacles, logistical obstacles) during the early months of the COVID-19 pandemic. We evaluated the extent to which associations are moderated by three personal characteristics (age, sex, race/ethnicity) and two pandemic-specific risk factors (job loss, COVID-19 diagnosis). Data were from a random 25 percent subsample of the Health and Retirement Study participants who completed a COVID-19 module administered in 2020. Our analytic sample included 3,166 adults aged 51 and older. We estimated logistic regression models to document the odds of experiencing each hardship. Persons with three or more functional limitations reported significantly higher odds of both types of food insecurity, and difficulty paying regular and medical bills, relative to those with no limitations. After controlling for health conditions, effects were no longer significant for paying medical bills, and attenuated yet remained statistically significant for other outcomes. Patterns did not differ significantly on the basis of the moderator variables. Older adults with more functional limitations are vulnerable to economic and food insecurity during the pandemic, potentially exacerbating the physical and emotional health threats imposed by the pandemic. Our findings reveal an urgent need to promote policies and procedures to protect older adults with disability from economic and food insecurity. Supports for older adults with disability should focus on logistical as well as financial support for ensuring food security.

TOWARD A MULTIDIMENSIONAL UNDERSTANDING OF LATER LIFE DISABILITY: A LATENT PROFILE ANALYSIS
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Disability is difficult to define succinctly. Current literature on disability has primarily focused on physical functional limitations. However, relying on a single dimension or index cannot accurately represent disability as the experience of disability is nuanced and complex. To address these gaps, this study aims to understand the multidimensional nature of disability among retired, community-dwelling older adults. Using a sample of 414 older adults between the ages of 72 and 106 years (M=84.84, SD=4.56), latent profile analysis was employed to identify classes based on five indicators of disability across three domains. The five indicators of disability included difficulties with activities of daily living (ADLs), cognitive impairment, physical impairment, sensory impairment, and participation restrictions. Three classes were found to represent the data best. The most favorable and highly functioning group comprised the highest number of participants (n=242, 59.5%). The next group, class 2 (n=157, 37.9%), was characterized by high physical impairment and ADL-difficulty. The smallest group, class 3 (n=15, 3.6%), had the highest ADL-difficulty and participation restrictions but drastically lower cognitive and sensory impairment. Multinomial logistic regression revealed that class membership was related to sociodemographic characteristics. Finally, class membership predicted several mental health outcomes such as depressive symptoms, positive affect, and life satisfaction in the expected direction. If supported by future work, these findings could inform practitioners in developing more specific interventions relevant to older adults based on their disability profiles. Understanding various combinations of disablement has potential implications for services and interventions to be tailored to individuals’ distinct disability-related needs.

Session 2270 (Symposium)

NEW BRAIN AGING CENTER
Chair: Feng Lin
Co-Chair: Yeates Conwell
Discussant: Janine Simmons

Evidence indicates an association between emotional well-being (EWB) and underlying brain processes, and that those processes change with both normal and pathological brain aging. However, the nature of these associations, the mechanisms by which EWB and its component domains change with brain aging, and how those changes may be associated with common neuropathologies like Alzheimer’s disease and related dementias (ADRD), are largely unexplored. The NIA-funded Network for Emotional Well-being and Brain Aging (NEW Brain Aging) has the goal of developing a nationwide community of investigators dedicated to research that identifies and tests mechanisms by which brain aging influences EWB and how EWB may impact risk for and progression of ADRD. Synthesizing human and animal literature, our premise is that relationships between EWB and ADRD are bidirectional – normal and pathological changes in aging brain influence EWB and EWB contributes to brain health and illness, such as ADRD. NEW Brain Aging will identify and coalesce resources for interested investigators and provide pilot funding opportunities to stimulate research and development of the field. Component presentations of this symposium will include (1) an overview by Dr. Robert Kaplan of the current state of research on EWB; (2) the role of animal studies (Kuan Hong Wang) and (3) human subjects research (Feng Yankee Lin) in EWB and aging; and (4) design of NEW Brain Aging and resources it will provide.