

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 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 managers and neighborhood associations.

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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