

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.

#### THE ASSOCIATION BETWEEN MIDLIFE EDUCATION AND DEPRESSIVE SYMPTOMS IN LATE LIFE: THE AGES-REYKJAVIK STUDY

Milan Chang,<sup>1</sup> Chiharu Nishizuka,<sup>2</sup> Hrafnhildur Eymundsdottir,<sup>3</sup> Sigurveig Sigurdardottir,<sup>4</sup> Alfons Ramel,<sup>4</sup> Vilmundur Gudnasson,<sup>4</sup> and Palmi Jonsson,<sup>5</sup>  
 1. *The Icelandic Gerontological Research Institute, Reykjavik, Hofuoborgarsvaio, Iceland*, 2. *Faculty of Social Science, Reykjavik, Hofuoborgarsvaio, Iceland*, 3. *The Icelandic Gerontological Research Institute, Gardabaer, Hofuoborgarsvaio, Iceland*, 4. *University of Iceland, Reykjavik, Hofuoborgarsvaio, Iceland*, 5. *University hospital Landspítali, Reykjavik, Hofuoborgarsvaio, Iceland*

**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

Masumi Iida,<sup>1</sup> Shohei Okamoto,<sup>2</sup> Ikuko Sugawara,<sup>3</sup> and Erika Kobayashi,<sup>4</sup>  
 1. *Arizona State University, Tempe, Arizona, United States*, 2. *Tokyo Metropolitan Institute of Gerontology, Itabashi, Tokyo, Japan*, 3. *Bunri University of Hospitality, Suginami-ku, Tokyo, Japan*, 4. *Tokyo Metropolitan Institute of Gerontology, Itabashi-ku, Tokyo, Japan*

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 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 Aniel

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 expound on 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 multifaceted view of a disaster's effects on LTC residents across Florida, including novel data from the NH environment and lesser-examined ALCs.