

### IDENTIFYING THE TRAJECTORIES OF MULTIMORBIDITY AND THEIR CORRELATES AMONG KOREAN OLDER ADULTS

Sun Ah Lee,<sup>1</sup> Hey Jung Jun,<sup>1</sup> Susanna Joo,<sup>1</sup> and Hye Won Chai<sup>2</sup>, *1. Yonsei University, Seoul, Korea, Republic of, 2. The Pennsylvania State University, University Park, Pennsylvania, United States*

Multimorbidity, the co-existence of two or more chronic diseases, has become prevalent among the older population. This study focused on identifying different patterns of multimorbidity trajectories across older adulthood and examining their predictors. We used six waves of the Korean Longitudinal Study of Aging (KLoSA), a nationally representative longitudinal data collected every two years from 2006 to 2016. The sample was older adults aged 65 years and older in 2006 (N=1,668). Multimorbidity was measured as the self-reported number of medically-diagnosed chronic diseases, and Growth Mixture Modeling was used to examine multimorbidity trajectories. Identified patterns of multimorbidity trajectories were then used as outcome variables in multinomial logistic regression models. Independent variables were socio-demographic, psychological, health-related behavioral and interpersonal factors at baseline. At Wave1, 76% of the sample had no or one chronic disease and 24% had two or more. At Wave6, 49% had none or one and 51% had two or more. Results identified four patterns of multimorbidity trajectory: “maintaining-low” (59.1%; reference), “maintaining-high” (7.3%), “moderately increasing” (26.4%), and “rapidly increasing” (7.2%). In terms of the correlates of these patterns, female older adults and respondents with higher depressive symptoms were more likely to be in the “maintaining-high” group. In addition, respondents who had less frequent meetings with friends, neighbors or relatives were more likely to be in the “rapidly increasing” group. The findings suggest that there are distinct patterns of multimorbidity trajectories across older adulthood, and interventions focusing on depressive symptoms or social engagement may be useful in preventing the increase in multimorbidity.

### WAR COHORT DIFFERENCES IN MILITARY SERVICE APPRAISALS AND HOMECOMING EXPERIENCES

Dylan Lee,<sup>1</sup> Soyoun Choun,<sup>1</sup> Maria Kurth,<sup>1</sup> Hyunyup Lee,<sup>2</sup> and Carolyn M. Aldwin<sup>2</sup>, *1. OSU Oregon State University, Corvallis, Oregon, United States, 2. Oregon State University, Corvallis, Oregon, United States*

Nearly all the research on appraisals of military service and homecoming experiences have been done on World War II veterans. However, Spiro et al. (2016) hypothesized that there were war cohort differences in military experiences that could affect life-long adaptation. For example, Boscarino et al. (2018) found that Vietnam veterans reported less welcoming homecoming experiences than OEF/OIF/OND veterans. We examined war cohort differences among OEF/OIF/OND, Persian Gulf, and Vietnam combat veterans in military service appraisals and homecoming experiences. We used pilot data from Veterans Aging: Longitudinal studies in Oregon (VALOR) from an online survey. The sample included male and female combat veterans (Mage = 58.1, SD = 12.0, range = 35-83, 30.5% female): 39 from the OEF/OIF/OND, 68 from the Persian Gulf War, and 60 from the Vietnam War cohorts. Comparable to earlier studies (e.g., Aldwin et al., 1994), combat veterans were surprisingly

much more likely to endorse desirable appraisals than the undesirable ones, with each of the 14 desirable appraisals endorsed by over 90% of the veterans. Fewer endorsed the undesirable experience items; the most common was separation from loved ones and loss of friends. Most also reported positive homecoming experiences. Contrary to expectations, ANOVAs revealed that there were no significant differences in appraisals of desirable and undesirable military service experiences, nor in homecoming experiences among the war cohorts. In this small sample, military experiences were perceived similarly among combat veterans despite differences in wartime experiences. Most felt that positive experiences resulted from their desirable military service.

### COHORT DIFFERENCES IN CHANGES IN LIFE SATISFACTION AMONG OLDER JAPANESE

Takeshi Nakagawa,<sup>1</sup> and Erika Kobayashi<sup>2</sup>, *1. National Center for Geriatrics and Gerontology, Aichi, Japan, 2. Tokyo Metropolitan Institute of Gerontology, Tokyo, Japan*

Life span research has been interested in how sociocultural contexts shape individual development and aging processes. Empirical studies have reported that later cohorts show higher levels of well-being. However, more recent studies indicate that cohort differences are not sustained in very late life. The present study examined whether cohort differences in well-being, as measured by life satisfaction, are observed in the young-old and old-old, and further explored potential determinants of cohort differences. Using longitudinal data from a nationally representative study of older Japanese, conducted from 1987—2002, we compared earlier- and later-born cohorts in the young-old (N = 874; age 60—65; year of birth: 1922—1927 and 1931—1936) and old-old (N = 1,022; age 70—80; year of birth: 1907—1917 and 1919—1929), respectively. To control for covariates, we used case-matched groups based on age and gender. Results revealed that later cohorts exhibited higher levels of life satisfaction in both age groups. In the young-old, life satisfaction declined across cohorts. In the old-old, life satisfaction remained stable among earlier cohorts but declined among later cohorts. Socioeconomic, social, and health factors at the individual level and methodological factors (i.e., number of observations) did not fully explain the cohort differences in both age groups. Our results suggest that historical increases in levels of well-being are observed in late life, but that these improvements do not hold in very late life. Future studies should consider potential societal factors behind observed cohort differences in well-being.

### SESSION 3345 (POSTER)

#### LONG TERM CARE: ORGANIZATIONAL AND STAFFING ISSUES

#### KNOWLEDGE MANAGEMENT AND THE ADOPTION OF CULTURE CHANGE INITIATIVES BY HIGH-MEDICAID-CENSUS NURSING HOMES

Larry Hearld,<sup>1</sup> Akbar Ghiasi,<sup>1</sup> Jeffery Szychowski,<sup>1</sup> and Robert Weech-Maldonado<sup>1</sup>, *1. University of Alabama at Birmingham, Birmingham, Alabama, United States*

Culture change represents an organizational transformational process to become person-centered, through staff and