

RESOURCES AND RELATIONSHIPS IN DISASTERS: DIFFERENCES AMONG SMALL AND LARGE ASSISTED LIVING COMMUNITIES

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Disaster preparedness among assisted living communities (ALCs) has not been widely researched, despite the growth of ALCs and evidence of disability in this population. An additional issue of concern is the way in which ALCs vary, including variation by size. The purpose of this paper was to explore the experiences of ALCs in Florida that experienced Hurricane Irma in 2017 and how experiences varied by ALC size. Qualitative interviews and focus groups were conducted with representatives of small ALCs (<25 beds; n=32) and large ALCs (25+; n=38). Transcripts were analyzed using Atlas.ti version 8, and research team members collaborated to reach consensus on codes and further analyze differences based on ALC size. Results suggest there are differences among ALCs in their disaster preparedness and response, and these differences are related to size (e.g., access to resources, organizational characteristics). Implications for ALC resident wellbeing and future disaster planning will be discussed.

THE ROLE OF HOSPICE IN FLORIDA NURSING HOMES POST-HURRICANE IRMA

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There is little known about the effect of hospice post-disaster. This study utilized exposure to Hurricane Irma (2017) to evaluate the differential mortality effect of the disaster on Florida NH residents (N=45,882) compared to a control group of residents in the same NHs in 2015 (N=47,690) by hospice status. We also examine the difference in hospice utilization rates post-storm for short- and long-stay (LS) residents. There was an increase in mortality for those in the cohort not on hospice within 90 days in 2017 compared to 2015 (OR= 1.06, 95% CI: 1.01, 1.11). For the rate of hospice enrollment post-storm among residents previously not on hospice, there was an increase among LS residents within 30 days (OR =1.15, 95% CI: 1.02, 1.23) and 90 days (OR= 1.12, 95% CI: 1.05, 1.20). It is important to further examine the increase in the rate of hospice enrollment in LS NH residents post-storm.

NURSE STAFFING IN NURSING HOMES DURING HURRICANE IRMA

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Little is known about the effect of hurricanes on nurse staffing in nursing homes. Hurricane Irma made landfall on September 10th, 2017 in Florida. This study examined daily nurse staffing levels from September 3rd-24th, 2017 in 653 nursing homes; 81 facilities evacuated and 572 facilities sheltered-in-place. Data from Payroll-Based Journaling (PBJ), Certification and Survey Provider Enhanced Reports (CASPER), and Florida's health providers' emergency reporting system were used. Among all facilities, we found significant increases in staffing for licensed practical nurses (p=.02) and certified nursing assistants (p<.001), but not for registered nurses (p=.10) before Hurricane Irma made landfall. In comparison to facilities that sheltered-in-place, evacuating facilities increased staffing levels of all nurse types (all p<.001). From one week before landfall to two weeks after landfall, an additional estimated \$2.41 million was spent on nurse staffing. Policymakers attempting to reduce the burden of natural disasters on nursing homes should reimburse staffing-related expenses.

EXCESS MORTALITY ATTRIBUTED TO HURRICANE IRMA AMONG ASSISTED LIVING RESIDENTS WITH CHRONIC CONDITIONS IN FLORIDA

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Little is known about the impact of hurricanes on residents in assisted living communities (ALs), especially among individuals with chronic conditions that increase their risk of death after storms. We examined how the association between exposure to Hurricane Irma in 2017 and mortality differed by select chronic conditions. With Medicare data, we identified cohorts of AL residents in 2015 (n= 30,712) and 2017 (n= 29,842) and compared their rates of 30-day and 90-day and mortality. We adjusted rates for demographic characteristics and other comorbidities. AL residents with diabetes were at highest risk of death after the storm; between 2015 and 2017 they experienced a 50% increase in their 30-day mortality rates (0.6% in 2015, 0.9% in 2017) and a 43% increase in their 90-day mortality rates (2.1% in 2015, 3.0% in 2017). Policy makers should consider strategies to ensure that diabetic residents maintain continuity of medical care during disasters.

HEALTH EFFECTS OF POWER LOSS AFTER HURRICANE IRMA ON NURSING HOME RESIDENTS IN FLORIDA

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Previous research establishes that hurricanes adversely affect nursing home (NH) resident health but specific causal pathways are still unclear. We combined power outage data with Medicare claims to determine the effects of power loss from Hurricane Irma (2017) among NH residents in Florida. Out of 580 facilities, 289 reported power loss. These facilities had higher star ratings; higher beds counts, and were preferentially in the Southeast region of Florida compared to facilities without outages. There were 27,767 residents living in a NH without power. They were comparable in characteristics to residents that did not lose power (N=26,383). We ran adjusted generalized linear models with robust standard errors, clustering for NH. We found power loss was associated with a trend towards increased odds of mortality within 7-days (OR:1.12, 95% CI:0.96, 1.30) and 30-days (OR:1.10, 95% CI:1.00, 1.21) post-storm, but not with hospitalization. Future research should investigate the time-specific effects of power outages.

Session 3085 (Symposium)

NEW DEVELOPMENTS IN VIEWS ON AGING RESEARCH: VARIABILITY, INNOVATIVE CONCEPTS, AND CONTEXTUAL PERSPECTIVES

Chair: Anna Kornadt

Co-Chair: Hans-Werner Wahl

Discussant: Susanne Wurm

Views on aging (VoA) such as attitudes toward own aging, awareness of aging or subjective age, have a large impact on outcomes related to positive development in later life. Recent research in this domain has focused on complex research designs and inter-systemic linkages at different levels. Indicators of short-term variability of VoA have increasingly been investigated, linking the respective findings with performance indicators, biomarkers, and trait-like data. In addition, bidirectional relationships of VoA and outcomes over time as well as data contextualizing VoA across historical time may offer new insights on the plasticity of VoA seen in bio-cultural co-construction. The symposium will showcase these recent trends with studies from the U.S. and Germany. First, Zhu and Neupert extend previous studies by linking established VoA indicators with future time perspective, all assessed by means of a daily diary study with 60-90 year-old adults. Kornadt et al. examined the variability of subjective age within a day and the relationship with trait subjective age and cortisol levels. Mejia et al. extend VoA to the area of subjective awareness of fall risks in daily life and links them with physical performance. Wettstein et al. investigate the bidirectional relationship of VoA indicators and perceived stress over time. Finally, we move from the micro to a macro-micro design in Wahl et al.'s presentation addressing historical change in VoA across 20 years in the Berlin Aging Study and in MIDUS. Susanne Wurm will discuss how different levels of VoA analysis will find better interlinkage in the future.

PERCEIVING MORE AGE-RELATED LOSSES? THE ROLE OF GENERAL CONTROL BELIEFS AND DAILY DISTURBANCE TO PLANS

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We examined daily fluctuations in future time perspective within the daily stress and awareness of aging processes. Awareness of age-related change (AARC) focuses on everyday experiences that highlight changes in behavior and functioning as a result of growing older. We integrated individual differences in control beliefs because those with higher control tend to be more resilient to stressors. We conducted a daily diary study of 112 older adults (aged 60-90) who completed measures of control beliefs at baseline and then daily measures of stressor exposure, appraisal (e.g., threats to future plans), and AARC for eight consecutive days. Increases in threats to future plans were associated with increases in AARC losses, and those with low control were especially vulnerable to increases in threats to future plans. With a constricted future time perspective, any threats to future plans may be especially harmful for older adults who are low in control beliefs.

SHORT-TERM FLUCTUATION OF SUBJECTIVE AGE AND ITS CORRELATES: AN ECOLOGICAL MOMENTARY ASSESSMENT OF OLDER ADULTS

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We examined short-term fluctuations of subjective age with data obtained from 123 young-old (Mage = 67.19 years) and 47 old-old adults (Mage = 86.59 years) who reported their momentary subjective age six times a day over seven consecutive days as they were going about their everyday lives. Participants felt younger on a large majority of occasions, and 25% of the total variability in subjective age could be attributed to within-person variation. Those with younger trait subjective ages exhibited larger moment-to-moment variation, while chronological age did not impact variability. Furthermore, we investigated relationships between within-day fluctuations of subjective age and daily cortisol fluctuations. Our findings extend the literature on subjective age by showing that how old people feel can vary on a momentary basis, that state and trait components of subjective age are related, and that fluctuations in subjective age are related to biomarkers of stress.

AWARENESS OF BALANCE AS AN INTRAINDIVIDUAL DYNAMIC OF OBJECTIVE AND SUBJECTIVE EXPERIENCES OF FALL RISK IN DAILY LIFE

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