ACCEPTABILITY DATA OF A TECHNOLOGY-ENABLED CARE COACHING SERVICE FOR CAREGIVERS OF INDIVIDUALS WITH DEMENTIA

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This poster presents acceptability data from the Kinto Care Coaching Intervention, an innovative technology-enabled care coaching service for caregivers of individuals with dementia. The 30-day program provides caregiver support and financial information through: 1) an initial one-on-one care coaching meeting; 2) interactive and on-going support and educational resources through an app; 3) access to support groups; and 4) if needed, additional meetings with their care coach. The solution is funded through the NIH’s Small Business Innovation and Research (SBIR) program, with the specific goals of developing mobile technology that is: 1) acceptable and usable for caregivers of all ages and 2) supports cost-effective deployment of the coaching intervention at scale. To assess program acceptability, participants completed a survey after their one-on-one care coaching meeting and after the 30-day program. On average, participants (n=32) were M=51.94 (SD=12.07) years old; 68.8% female; 71.9% White; 75% married; and 56.3% worked full-time. Using a 5-point Likert scale, nearly all participants (96.6%) indicated they ‘agreed’ or ‘strongly agreed’ that their care coach was: helpful in explaining the program; provided useful information; assisted with developing goals; and were supportive.

Participants rated the program resources and technology as very helpful with mean ratings ranging from 4.41 to 4.69. When asked about the overall program acceptability, participants indicated they were extremely satisfied with the program (M=4.81; SD=.40), with 100% of participants ‘agreed’ or ‘strongly agreed’ that they were satisfied. Discussion will highlight key program components along with next steps in testing program efficacy.

A LATENT CLASS ANALYSIS OF STRESSORS AND RESOURCES AMONG SPOUSAL CAREGIVERS TO OLDER ADULTS IN THE UNITED STATES

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Spousal caregivers to older adults experience differing intensities of co-occurring caregiving stressors and resources. Analyzing their heterogeneous profiles can improve recognition of spousal caregivers needing support and caregiving impact on their health. This study aims to identify latent classes among spousal caregivers to older adults and to explore the associated background characteristics and health outcomes. Using pooled data from Round 5 and Round 7 of National Study of Caregiving and the linked National Health and Aging Trends Study, eight indicators for stressors and three indicators for resources are included for latent class analysis to identify distinguishable spousal caregiver subgroups. ANOVA test or Chi-square test are used to understand the different characteristics across spousal caregiver classes. Multivariate regression is conducted to examine associations between class membership and health outcomes. Three latent classes are identified among the 793 included spousal caregivers: low-stress low-support class (39%), medium-stress high-support class (36%), and high-stress medium-support class (25%). Compared to the other two classes, high-stress medium-support class includes more female than male, medium-stress high-support class has greater portions of non-Hispanic Black individuals, and caregivers in low-stress low-support class have fewer comorbidities. In addition, compared to low-stress low-support class, spousal caregivers in high-stress medium-support class reported lower (0.42 unit) level of self-rated health and higher (1.87 unit) level of depressive symptoms. These results confirmed the heterogeneity among spousal caregivers, and highlighted the elevated needs to address the physical and mental health needs among spousal caregivers whose levels of resources could not offset the caregiving stress they experience.

THE RELATIONSHIP BETWEEN ATTACHMENT, RELATIONSHIP QUALITY, AND DAILY STRESS AMONG DEMENTIA CAREGIVERS

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The current study assesses the relationship between attachment style, relationship quality, and daily stress among family caregivers of persons with dementia. The study incorporates a longitudinal burst design. In an initial meeting with the investigator, participants completed measures
of attachment style (Experiences in Close Relationships Questionnaire Revised), past and current relationship quality (RQ), emotion regulation (Emotion Regulation Questionnaire), and caregiver burden (Zarit Burden Interview). For the next 14 days, participants were sent a link to a brief survey that included the Positive Affect and Negative Affect Schedule and the Perceived Stress Scale. They were also asked to estimate what proportion of their daily stress did they attribute to caregiving. There are significant positive correlations between caregiver burden and current negative RQ, $r = 0.70, p = .008$, as well as between attachment anxiety and current negative RQ, $r = 0.60$, $p = .029$. According to regression analyses, attachment anxiety predicts negative current RQ, $R^2 = .37, F(1, 11) = 6.32, p = .029$. Current negative RQ predicts caregiver burden, $R^2 = .49, F(1, 11) = 10.55, p = .008$. Additional analyses will explore the link between attachment style, emotion regulation, burden, relationship quality, and longitudinal assessments of daily stress and affect. Though preliminary, study results suggest that beyond caregiver burden, daily stress and well-being of caregivers is impacted by the relationship between attachment, relationship quality, and emotion regulation.

STUDENT CARE PARTNERING AMONG STUDENTS AT A HBCU: EXPLORING THE POTENTIAL IMPACT ON STUDENT PERSISTENCE
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The number of students enrolled in higher education who are taking care of older adults, many of whom may be suffering from an illness, is expanding. The numerous factors in care partnering can compromise student success and persistence towards graduation. While most care partners experience challenges, the care partnering experience of Black students is magnified because Historically Black Colleges and Universities (HBCUs) have a higher enrollment of nontraditional and first-generation college students. Students may be primary care partners who provide most of the care, or they may provide supportive care as secondary, tertiary, and auxiliary care partners within an extended family or kinship network. Aging in place, within the context of family and community, emerges from African culture and tradition deeply grounded in filial loyalty. Care partnering is nuanced in the interaction of race, ethnicity, gender, family relationships, and student status; however, little is known about the lived experience of Black student care partners and how to support them to facilitate their persistence towards graduation. This poster describes initial efforts to understand Black student experiences in care partnering in the context of a Mid-Atlantic HBCU and suggests the next steps in a multi-year research program.

INCREASING MEDICATION SAFETY AWARENESS IN RURAL OLDER ADULTS
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Compared to urban populations, rural residents have a higher incidence of chronic diseases and poorer health outcomes. Most medications in the United States are consumed by older adults who are more susceptible to adverse drug events due to the presence of multiple chronic conditions and physiologic changes in the body. This community-based project evaluated the impact of an interdisciplinary medication education intervention on medication knowledge and adherence to medications and refills. The study was a quasi-experimental pretest/posttest design with a convenience sample. The project was marketed via a multi-media approach. Most participants reported learning of the event at a senior center. Each participant received a private educational session for their specific medications with a nurse practitioner, pharmacist, or pharmacy resident. Forty-nine older adults participated in the study with 48 (97.9%) completing both the pretest and posttest. The average age of participants was 71.4 years and the average number of medications per participant was 5.4. There was a statistically significant difference in the adherence to medication and refills subscale score ($p = .003$). There was no statistically significant difference in the medication knowledge subscale ($p = .192$), however, the scores did trend upward indicating an increase in medication knowledge. Forty-four (89.8%) participants reported they were more comfortable understanding their medication since participating in the program and 48 (98%) reported they would recommend the program to others. The results of this study suggest community-based outreach medication educational programs can increase adherence to medication and refills for older adults residing in rural areas.

RELATIONSHIPS AMONG ATTITUDES TOWARD DEMENTIA, QUALITY OF LIFE, AND MIDLIFE WOMEN’S SYMPTOMS IN FAMILY CAREGIVERS
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Attitudes towards dementia and caregiving differ by family caregivers’ racial/ethnic backgrounds. However, there is a gap in the literature on midlife women family caregivers’ attitudes toward Alzheimer’s Disease (AD) and family caregiving. The study purposes were to (1) explore racial/ethnic variations in midlife women family caregivers’ attitudes toward AD and family caregiving and (2) examine the relationships among their attitudes towards dementia and caregiving, quality of life, and physical and psychological symptoms. This cross-sectional study was conducted through an online survey among 36 Whites, 41 African Americans, 40 Hispanics, and 55 Asians. The structured measures consisted of two types of attitudes (Attitude toward AD and Related Dementias Scale and Questions on Attitudes toward AD Caregiving), health-related quality of life (EQ-5D-5L), and multidimensional symptoms (Midlife Women’s Symptom Index). The data were analyzed using one-way ANOVA and multiple linear regression analyses with SPSS 26. Asian caregivers perceived the care recipients’ symptoms as more bothersome than White caregivers.