This study expanded on the limited psychometric testing of the Neuropsychiatric Inventory-Questionnaire (NPI-Q), and extended testing to include hospitalized persons with dementia upon admission to the hospital, with reports from family caregivers. Using data from 318 dyads in the ongoing Fam-FFC trial, a Rasch analysis was conducted. Most patients were female (62%), non-Hispanic (98%), and Black (50%) with a mean age of 81.62 (SD=8.43). There was evidence of internal consistency for all subscales (behavior, severity, caregiver distress); a DIF analysis showed invariance across race and gender. The items on the NPI-Q fit with each subscale. Hypothesis testing showed a significant association between the AD8 (F=30.04, p=.001) and MoCA (F=3.05, p=.03) with behaviors; the AD8 (F=27.91, p=.001) and MoCA (F=6.65, p=.01) with severity; and the AD8 (F=29.23, p=.001) with caregiver distress. Findings provide support for the NPI-Q use in persons with dementia during acute illness.

Session 3450 (Symposium)

PROMOTING SELF-CARE IN CAREGIVERS OF OLDER ADULTS LIVING WITH CHRONIC ILLNESS: THE ICARE4ME STUDY

Chair: Lauren Massimo
Co-Chair: Karen Hirschman
Discussant: Harleah Buck

Informal caregivers provide a substantial amount of social support to older adults which can be stressful and lead to poor self-care. When stressed, caregivers of persons living with chronic illness are less vigilant and less motivated to engage in self-care behaviors that are important for maintaining their own physical and emotional health. Support interventions can encourage self-care by helping caregivers to focus on values, solve problems, and transform their goals into action. In this symposium, we will discuss the iCareMe study, a randomized controlled trial (RCT) (NCT03988621) that tests a virtual support intervention which utilizes health coaching to increase self-care behaviors in caregivers of older adults living with chronic illnesses, such as heart failure and dementia. The first session will discuss the translation of self-care theory to the basis for the “Virtual Caregiver Coach for You” (ViCCY) intervention and will provide an overview of the iCare4Me randomized control trial designed for caregivers of persons living with advanced heart failure. The second session will describe the adaptation of the iCare4Me RCT to caregivers of persons living with dementia. The third session will highlight findings from a qualitative descriptive study examining the characteristics of effective health coaching used in these two RCTs. Finally, the last session will share findings from a cross-sectional analysis examining moderators of self-care in heart failure caregivers. Together, these presentations will illustrate the unique and innovative approach that iCare4Me has taken to improve self-care in caregivers of older adults living with chronic illness.

SELF-CARE THEORY AND TRANSLATION TO INTERVENTION

Karen Hirschman, and Barbara Riegel, University of Pennsylvania, Philadelphia, Pennsylvania, United States

Self-care is defined as a process of maintaining health through health promoting practices and managing illness when it occurs. Self-care is integral in the management of chronic conditions, but even those without illness engage in some level of self-care daily. In our on-going study we promote self-care as a means to control the stress associated with caregiving. We acknowledge the burden of caregiving for a loved one experiencing a serious chronic illness. That responsibility is typically associated with significant stress for the caregiver. We use stress theory to address the caregivers’ appraisal of events and coping responses. Three experienced health coaches were hired to provide 10 sessions of coaching over a 6-month period to each of the caregivers randomized to the intervention group. The emphasis of the iCare4Me coaching sessions is to address primary and secondary appraisal and coping as a means to improve self-care and thereby decrease stress.

IMPROVING SELF-CARE OF INFORMAL CAREGIVERS OF ADULTS WITH FRONTOTEMPORAL DEGENERATION

Lauren Massimo,1 Michelle Sharkey,2 and Lauren Fisher,1
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Frontotemporal degeneration (FTD) is a common cause of young-onset dementia that results in progressive deterioration in executive functioning and social comportment. A tremendous burden is placed on young caregivers, typically spouses, who often sacrifice their own self-care needs in order to manage the cognitive decline and subsequent functional impairments of their loved one, contributing to extraordinarily high levels of stress and depression in caregivers of individuals with FTD. Very few interventions have been tested specifically in FTD caregivers, and those that exist have generally focused on education around patient behavior management. In this session, we will discuss how we adapted the iCare4Me study, originally designed for heart failure caregivers, for caregivers of persons with FTD and we will share initial findings from iCare4Me for FTD, a randomized controlled trial which evaluates the efficacy of a virtual health coach intervention aimed at increasing self-care behaviors and reducing stress in FTD caregivers.

A QUALITATIVE STUDY OF CHARACTERISTICS OF AN EFFECTIVE HEALTH COACH: PERSONAL, PROFESSIONAL, AND PROGRAM BASED

Caitlin Clason,1 Frances Barg,2 and Barbara Riegel,1
1. University of Pennsylvania, Philadelphia, Pennsylvania, United States, 2. University of Pennsylvania Perelman School of Medicine, Philadelphia, Pennsylvania, United States

Health coaching continues to grow in popularity as an effective intervention to empower and engage patients and their caregivers. However, little is known about what characteristics contribute to the success of health coaches in implementing evidence-based interventions. This study examines the characteristics that contribute to effective health coaches. Semi-structured interviews were conducted with health coaches and an interdisciplinary research team of an ongoing study examining a virtual health coaching intervention. Interviewees identified three discrete themes of characteristics that contribute to the success of health coaches: personal (e.g. compassion), professional (e.g. transferability,...
of soft skills) and program based (e.g. training regimen). We conclude that it is not just innate personality attributes that make a health coach effective in their role, but training and program design intended to support health coaches are also important in implementing interventions.

**SUPPORT QUALITY MODERATES THE IMPACT OF TOTAL HOUSEHOLD OCCUPANCY ON SELF-CARE NEGLECT IN INFORMAL CAREGIVERS**

Austin Matus, and Barbara Riegel, University of Pennsylvania, Philadelphia, Pennsylvania, United States

Caregiver self-care may be impacted by the household environment. We evaluated the impact of support quality (e.g., ratings of quality of emotional support, information, material help, errands performed by others) and total household occupancy on a validated measure of self-care neglect in caregivers of patients with heart failure. Multivariate regression modeling was used to examine predictors of self-care neglect and we introduced an interaction term between support quality and household occupancy. The main effects model included terms for years of caregiving experience, hours caregiving daily, support quality, and total household occupancy (R2: 0.31; p < 0.05). The interaction term between support quality and household occupancy contributed significantly (p < .05) to the respecified model (R2: 0.41; p <0.05). We suggest that the potential benefit of total household occupancy on caregiver self-care depends on perceived support quality. Clinicians should assess quality of household resources with caregivers during interactions.

**Session 3455 (Symposium)**

**REINVENTING HOUSING CARE: ENVIRONMENTAL NEGOTIATIONS MADE IN CONGREGATE SETTINGS DURING COVID-19**

Chair: Ian Johnson
Discussant: Terri Lewinson

The COVID-19 pandemic prompted an urgent reconsideration of space and place within congregate housing. Research has only underscored the need for health-promoting physical alterations to residential environments (Peters & Halleran, 2020), but also generated lasting questions about the relationships between congregate environments and their residents, visitors, and workforce —among them, what ways can environments be negotiated to reduce risk (Dosa et al., 2020)? How can environments enact care for formal caregivers (Chen & Chavalier, 2021)? Who might be challenged by this care which may question the dangers associated with proximity (Lynn, 2020)? This symposium focuses on the ways stakeholders within congregate housing observed, related to, and negotiated changes to space and place during the pandemic. Paper 1 presents an organizational case study investigating provider perspectives of how housing and healthcare responses to COVID have shaped palliative care with unhoused patients during the pandemic. Paper 2 highlights the collaborative work of a multi-sector coalition working to address timely needs of residents in low-income senior buildings. Paper 3 reflects on the formation of a cross-national senior housing network and the interdisciplinary exchange of best practices and policy recommendations that emerged. The collective findings of these papers challenge previous notions of care in congregate environments, illuminate how provider networks respond to crises and share emergent knowledge, and consider how institutional decisions about the pandemic have re-placed and re-spaced provider and patient experiences. This symposium offers observations and strategies that may assist in envisioning successful congregate care during COVID-19 and beyond.

**EFFECTS OF THE COVID-19 PANDEMIC ON PLACE IN END-OF-LIFE CARE: INSIGHTS FROM A HOMELESS MOBILE PALLIATIVE CARE TEAM**

Ian Johnson, University of Washington, SEATTLE, Washington, United States

The effects of the COVID-19 pandemic on both those experiencing homelessness (Tsai & Wilson, 2020) and those with life-limiting illnesses (Abbott et al., 2020) is of great public health concern. This presentation details the findings from an organizational case study (Yin, 2014) aimed at investigating COVID-related changes to the service environments in which unhoused palliative care patients receive care. Through ethnographic field observation (Phillippi & Lauderdale, 2017) and interviews with a homeless palliative care team and their community partners (Turner, 2005), findings included 1) decreased staff capacity due to de-congregated care; 2) efforts to extend care in community settings due to relocation barriers; 3) conflict between reducing viral risk and honoring unique population needs; and 4) provider perceptions of COVID-19 as an “equalizer.” Findings illustrate the impact of emergency response within housing and healthcare systems on unhoused patients’ care and offer potential pathways to quality end-of-life care for homeless populations.

**THE ENACTMENT OF CARE: LESSONS LEARNED FROM A MULTISECTOR COALITION ADVOCATING FOR THOSE LIVING IN SENIOR HOUSING**

Tam Perry,1 Claudia Sanford,2 Dennis Archambault,3 Michele Watkins,4 Zach Kilgore,1 and Michael Appel,6 1. Wayne State University, Detroit, Michigan, United States, 2. United Community Housing Coalition, Detroit, Michigan, United States, 3. Authority Health, Detroit, Michigan, United States, 4. Volunteers of America-Michigan, Southfield, Michigan, United States, 5. CSI Support & Development, Warren, Michigan, United States, 6. Develop Detroit, Detroit, Michigan, United States

This presentation explores how a coalition, Senior Housing Preservation-Detroit, considered and planned for “care” in senior buildings in Detroit, Michigan. Detroit was one of the American cities affected in the early days of the pandemic; the coalition pivoted its work in creative, collaborative ways which included understanding the rapidly changing context for those living in low-income senior buildings. Older minority adults have been shown to be disproportionately affected by COVID-19; the coalition successfully advocated for testing to be brought to senior buildings (and now vaccine distribution) and addressed mask distribution and food insecurity in several senior buildings (see Archambault, Sanford and Perry, 2020). Without the long-established partnerships, “care” could not have been as coordinated, multi-sector and trusted. The presentation will discuss lessons learned that can