SESSION 3020 (SYMPOSIUM)

CAREGIVING AND COGNITIVE IMPAIRMENT IN MEXICO AND THE US

Chair: Phillip Cantu Co-Chair: Sunshine Rote Discussant: Joseph Gaugler

Dementia is one of the most common causes of disability and dependence in the world. The growing dementia population in Mexico is exemplary of many low- and middle-income countries (LMICs). While the U.S. has a highly developed formal long-term care system, the use of institutional care among Latinos has been low. Mexico lacks a publicly financed long-term care system, and it does not have a national-level mandatory registry of institutions, compulsory standards of care, nor a regulatory body to oversee management, quality of care standards for services, or the accreditation and evaluation of service providers. There are no policies, public programs, or services to provide dependency care, including support for people living with dementia and their family caregivers. As in other LMICs, there is limited public support for the aging population in Mexico, leaving families with the main responsibility of providing care and economic security for older adults. “Informal” and family caregivers for older adults with cognitive impairment are critical components of how older adults with cognitive impairment are able to remain in the community. This symposium will reflect the broad spectrum of caregivers and care context in the U.S. and Mexico to shed light on sources of care for older adults living with cognitive impairment.

RACIAL AND ETHNIC DIFFERENCES IN HEALTH OF SPOUSES OF COGNITIVELY IMPAIRED OLDER ADULTS

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Introduction: A large body of research in the U.S. shows that non-Hispanic black (black) and Hispanic older adults have higher rates of cognitive impairment and dementia compared to Whites. Little research has examined how cognitive life courses differentially affect spouses of cognitively impaired older adults.

Objectives: This paper will describe the different life courses of spouses of cognitively impaired older adults by race and ethnicity in the U.S.

Methods: Using data from the 2010 Health and Retirement Survey, we examine differences in the health of spousal dyads where one partner becomes cognitively impaired over follow up, by 2016. Spousal dyads are limited to Hispanic (n=464 dyads), black (n=345 dyads), or white (n=2,409 dyads) couples who were both cognitively normal at baseline and had cognition information at follow up.

Results: Hispanic and Black dyads were more likely to have at least one partner become cognitively impaired over the follow up period despite being younger than White dyads. A total of 23% of Hispanic dyads, 26% of Black dyads and 16% of White dyads were N/CI at follow up. Despite fewer chronic conditions at baseline, a higher proportion of Hispanic dyads with no chronic conditions had at least one member become cognitively impaired (20%) compared to Whites (6.28%).

Conclusion: Our results show that health of couples changes differently by race and ethnicity. A higher proportion of Hispanic and Black dyads have partners with cognitive impairment and the cognitive impairment happens earlier in life.

MEXICAN AMERICAN CAREGIVER HEALTH AND TURNOVER: THE ROLE OF STRESSORS, RESOURCES, AND BACKGROUND FACTORS

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The purpose of this study is to explore the role of caregiver background, stressors, and resources for Mexican American caregiver turnover and depressive symptoms. Using two waves of the Hispanic Established Epidemiologic Study of the Elderly Caregiver Supplement (H-EPESE CG, 2010/2011-2016 N=333) and informed by the sociocultural caregiver stress process model, we estimate logistic and OLS regressions of caregiver turnover and caregiver depressive symptoms over five years. Neuropsychiatric expressions of dementia were significantly associated with caregiver turnover and relative to caregivers who were adult children of the care recipient, grandchildren caregivers and other kin and non-kin caregivers were more likely to experience caregiver turnover. While depressive symptoms were relatively low at both waves, there was a greater increase in depressive symptoms for caregivers who completed the interview in Spanish, which was partially explained by lower caregiver resources (e.g., support from others). The findings demonstrate the need for dementia care supports for Mexican American caregivers, improving support systems for Spanish-speaking caregivers, and supporting Mexican American caregivers who may be entering the role unexpectedly (e.g., grandchildren or non-kin).

PATHWAYS OF CARE: THE EXPERIENCE AND COSTS OF CARING FOR FAMILY MEMBERS LIVING WITH DEMENTIA IN MEXICO

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Introduction: Formal health and social security institutions are not unequipped to respond to significant dementia prevalence, and currently, no publicly funded national level dementia care policies are in place. However, little is known about the economic, social and health consequences for those providing care.

Methods: This paper presents families’ health and social dementia care seeking trajectories and the structural factors that shape them. It is based on results of almost 2 years of highly inductive fieldwork, carried out before and during the ongoing COVID-19 pandemic, and includes 50 in-depth interviews with 23 unpaid family caregivers.

Results: Lack of awareness and knowledge about dementia and normalization of cognitive impairment as part of aging result in long delays in seeking care. When there