Session 3445 (Symposium)

PARTNERSHIP WITH FAMILIES DURING HOSPITALIZATION OF PERSONS WITH DEMENTIA: INTERVENTION AND MEASUREMENT STRATEGIES

Chair: Marie Boltz
Co-Chair: Barbara Resnick
Discussant: JUDITH TATE

Persons with dementia have high rates of hospitalization and are at risk for complications including psychological distress, and functional and cognitive decline. In turn, their family caregivers often face increased stress related to lack of preparedness to meet the complex needs of the patient during hospitalization and in the post-acute period. Hospitalization provides an opportunity to reframe the role of family caregivers from the traditional passive one to that of partners with the hospital team. The aim of the Family-centered, Function-focused Care (Fam-FFC) clinical trial is to test a nurse-family partnership model that incorporates a four step approach to optimize behavioral, functional, and cognitive outcomes in hospitalized persons with dementia and increase preparedness of caregivers to continue to optimize these outcomes in in the acute and post-acute recovery period. In this symposium we provide a description of the intervention with regard to theoretical support, four step process, and cultural appropriateness of the process. Two presentations describe, among Black and white dyads, evidence to support the psychometric properties of major outcome measures, caregiving preparedness and neuropsychiatric symptoms, in hospitalized dyads living with dementia. The final presentation describes a strategy to engage the dyad in goal development and evaluation, and its effect upon hospital readmissions. Findings from this symposium will help to identify intervention and measurement resources for those working with hospitalized persons with dementia and their family caregivers, and guide ongoing research needs in this area. Our discussant will synthesize the research findings and discuss implication for research, policy, and practice.

ENGAGEMENT OF FAMILY IN A GOAL SETTING STRATEGY: IMPACT UPON 30-DAY HOSPITAL READMISSIONS

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Family-centered Function-focused Care (Fam-FFC) works with family caregivers as care partners in the assessment, function-promoting goal setting, implementation, and evaluation of goal attainment during hospitalization and immediate post-acute period. ANCOVA technique examined the preliminary impact of Fam-FFC upon 30-day hospital readmissions and logistic regression tested the association of goal attainment, measured with the Goal Attainment Scale (GAS) with 30-day hospital readmissions. The majority of the patients were Black (50%), female (62%), had a mean age of 81.6 (SD=8.4), mean Barthel Index of 60.29 (SD=27.7), and mean MoCA of 10.67 (SD=7.0). Goals represented six main categories: mobility, cognition, self-care, toileting, sleeping, and pain management. Patients in the intervention group had less 30-day hospitalizations (F= 4.6, p=.033) and goal attainment was significantly associated with less recidivism (B=.179, Wald= 2.8 (1), p=.045). FamFFC shows promise in reducing 30-day hospital readmissions; results support the contribution of family engagement and use of GAS

CULTURAL APPROPRIATENESS OF AN INTERVENTION TO PROMOTE FUNCTIONAL RECOVERY FROM HOSPITALIZATION: CAREGIVER VIEWS

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The Fam-FFC model includes caregiver education and care pathway to promote physical function, wellbeing, and cognition. The Ecological Model (EM) provided a framework to assess the cultural appropriateness of the Fam-FFC intervention, through interviews with family caregivers, patients, and nurse champions, and focus groups with staff. Findings are described within the eight dimensions of the EM: (1) language: perceptions of the dyads’ comfort level with intervention information; (2) persons: representation of dyads’ ethnic/ racial group within the nurse champions’ ethnicity/race; (3) metaphors: use of cultural terms equivalent to those used by participants; (4) content: integration of participants’ values, customs, and traditions in the intervention; (5) concepts: congruence of caregiving concepts with cultural norms; (6) goals: congruence of the intervention goals with participants’ cultural norms and goals; (7) methods: the culturally appropriateness of the delivery of the intervention; and (8) context: alignment of the intervention with the participant’s socio-community context.

THE PREPAREDNESS FOR CAREGIVING SCALE IN AFRICAN AMERICAN AND WHITE CAREGIVERS OF HOSPITALIZED PERSONS WITH DEMENTIA

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This study evaluated the Preparedness for Caregiving Scale (PCS) upon discharge from the hospital. The caregivers reported a mean age of 60.5 years (SD=13.9). The majority of caregivers were female (72%), married (59%), non-Hispanic/Latino (98%) and either white (52%) or African American (48%). Fifty percent were employed outside of the home and averaged 40.7 (SD=14.4) hours of outside work per week. The average PCS was 24.4 (SD=6.9, 0-32). One-factor structure of the PCS and measurement invariance by race was fully supported. Predicative validity revealed significant association between the PCS and anxiety (β=-4.1, t=-7.61(287), p <.001), depression (β=-.44, t =-8.39 (287), p <.001), and strain (β=-.48, t =-9.29(287), p <.001). The PCS is a valid and meaningful tool to measure preparedness in African American and white family caregivers of persons with dementia during post-hospitalization transition.

RELIABILITY AND VALIDITY OF THE NEUROPSYCHIATRIC INVENTORY QUESTIONNAIRE IN DYADS WITH DEMENTIA AT HOSPITALIZATION

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In this symposium we provide a description of the intervention with participants' cultural norms and goals; 7) methods: the culturally appropriateness of the delivery of the intervention; and (8) context: alignment of the intervention with the participant’s socio-community context.
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” (VCCY) 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**

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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**

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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**

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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