Apathy is a prevalent neurobehavioral symptom in dementia. Despite that environmental stimulation plays a key role in apathy, it is often overlooked in assessment. The Person-Environment Apathy Rating (PEAR) scale is currently the only validated apathy scale for persons with dementia that addresses environmental stimulation and is only available in English. This project translated the PEAR scale into Mandarin Chinese and evaluated its content validity. The PEAR scale includes two subscales: PEAR-Environment and PEAR-Apathy. Each subscale includes six items. The PEAR scale translation and validation were conducted through a four-step process. First, the PEAR scale was translated from English into Chinese by two bilingual PhD-prepared researchers. Second, the two Chinese versions of PEAR (PEAR-C) were back-translated into English by another two bilingual PhD-prepared researchers. Third, three content experts reviewed the two translated scales and reconciled a final PEAR-C scale. Finally, these three experts individually rated the PEAR-C and evaluated its content validity item-by-item in two aspects: 1) content equivalence: appropriateness to use this scale in Chinese cultural setting, and 2) semantic equivalence: the scale remains the same meaning after translation. The content validity index (CVI) was calculated to sum the ratings across experts. The CVI of content equivalence for all items was 1.0 for both subscales. The CVI of semantic equivalence was 0.98 for the PEAR-Environment and 0.97 for the PEAR-Apathy. The PEAR-C shows substantial content validity. Its reliability and construct validity need further evaluation. This scale is promising to assess apathy for individuals with dementia in the Chinese-speaking community.

Session 2190 (Symposium)

CAREGIVING THROUGH TURBULENT TIMES: FINDINGS FROM THE MIT AGELAB'S LONGITUDINAL STUDY OF FAMILY CAREGIVERS
Chair: Julie Miller
Discussant: Julie Miller

Nearly one in five Americans is an unpaid family caregiver, and the need for family caregivers is projected to grow over the next several decades in the face of longer lifespans (AARP 2020). Yet the increasing centrality of family caregivers for providing care to an aging population highlights two knowledge gaps: first, the degree and experience of burden and stress caregivers manage around balancing care with other family and work responsibilities; and second, a lack of knowledge about the caregiver journey and the microtasks of care, including how caregivers leverage – or not – different tools, technologies and resources to support the care they provide. To develop a deeper understanding of these questions and others, the MIT AgeLab has built a research panel of over 1200 caregivers providing care to another adult family member. This symposium will present findings from the MIT AgeLab Caregiver Panel, including: 1) an examination of the extent to which family caregivers identify as such and how they feel about their roles; 2) how family caregivers experienced the COVID-19 pandemic both personally and around the care they provide; 3) caregivers’ use of and attitudes toward technology to support the care they provide; and 4) what caregivers identify as their key unmet needs. The session will include a facilitated discussion around the intersection of COVID-19 with caregivers’ technology use, experience of caregiving, and future needs, as well as to identify additional research questions and directions for future research with the MIT AgeLab Caregiver Panel.

CAREGIVERS’ LANGUAGE AND EMOTIONS AROUND CARE
Lisa D’Ambrosio, Massachusetts Institute of Technology, Cambridge, Massachusetts, United States

Caregiving encompasses a range of roles and activities, but not all people providing care identify as “caregivers.” Understanding the vocabulary and emotions that caregivers have should first, contribute to an understanding of caregiving and caregivers per se, and second, aid in communicating with them more effectively. Analysis of survey data from members of the MIT AgeLab Caregiver Panel shows variance in self-identification as caregivers and in language and emotions around caregiving, reflecting diversity in the care experience, but consensus around the core concept of a caregiver. This presentation will report on how caregivers’ relationships, gender and care tasks affect their language and identify a caregiver experience-identity gap: a space between what caregivers do and what they report. We highlight how an understanding of caregivers’ experiences of what they do – as opposed to a catalog of tasks they do – may be more important for understanding their experience of strain.

TECHNOLOGIES AND SERVICES TO SUPPORT CARE: CAREGIVERS’ EXPERIENCES AND PERSPECTIVES
Chaiwoo Lee, Massachusetts Institute of Technology, Cambridge, Massachusetts, United States

Technologies developed to make life easier for the general population – including smart home products, internet-enabled services, communication platforms, and health management systems – also have the potential to assist individuals who provide care to loved ones. While caregivers may be eager users of technology to support their responsibilities, some technologies remain untapped resources. An in-depth survey conducted with the MIT AgeLab Caregiver Panel around attitudes toward and use of technology for themselves and for caregiving showed that while caregivers use a wide range of technologies for themselves, their use for caregiving is limited. However, while caregivers did not universally use technologies or services to support the care they provided, those who did so generally reported positive feelings about their use. This presentation will report on technology experiences – including perceived usefulness, ease of use and integration, impacts, and overall satisfaction – among caregivers of various characteristics and conditions.

CAREGIVING THROUGH THE PANDEMIC: EXPLORING THE IMPACTS OF COVID-19 ON CAREGIVERS AND THEIR CAREGIVING EXPERIENCES
Alexa Balmuth, MIT AgeLab, Cambridge, Massachusetts, United States

In the midst of the COVID-19 pandemic, many caregivers have been tasked with a unique role; not only to keep themselves safe and healthy, but also to protect and find new ways to aid their care recipients, many of whom are older adults at relatively high risk for severe complications from COVID-19.
These challenging circumstances have driven caregivers to quickly adapt as they continue to manage their personal lives and caregiving responsibilities. Utilizing three waves of survey data from the MIT AgeLab Caregiver Panel, this presentation will examine the attitudes, experiences and worries of family caregivers at several time points along the course of the COVID-19 pandemic, as well as caregivers’ preparations and coping behaviors along the way. Differences between caregiving situations will also be discussed.

Session 2195 (Paper)

Chronic Disease Management (HS Paper)

ENERGY DECLINE MAY PREDICT MILD PARKINSONIAN SIGNS IN COMMUNITY-DWELLING OLDER ADULTS
Rebecca Ehrenkranz,1 Qu Tian,2 Andrea Rosso,1 Nancy W. Glynn,4 Lana Cahine,3 James Hengenius,3 Xiaolan Zhu,3 and Caterina Rosano,3 1. University of Pittsburgh Graduate School of Public Health, Pittsburgh, Pennsylvania, United States, 2. National Institute on Aging, Baltimore, Maryland, United States, 3. University of Pittsburgh, Pittsburgh, Pennsylvania, United States, 4. University of Pittsburgh Graduate School of Public Health, Pittsburgh, Pennsylvania, United States

Mild Parkinsonian Signs (MPS) are common in older adults without overt neurological disease. MPS are often progressive and predict disability and dementia, yet little is known about predictors for MPS. Low self-reported energy is associated with mobility impairment, which is a hallmark of MPS. Yet whether self-reported energy relates to MPS is unknown. We explored the association of changes in self-reported energy with MPS in 293 participants (aged 83 ± 2.8 years, 58% women, 61% White) free of dementia and Parkinson’s Disease in the Health, Aging and Body Composition Study. Self-reported energy was assessed on a 0-10 scale annually between Year 2 and Year 10 (mean follow-up: 8 years) and its slope was estimated via linear mixed effects models. MPS were evaluated at Year 10 based on the Unified Parkinson Disease Rating Scale motor component. On average, self-reported energy declined 0.06 points per year. In a linear regression model adjusted for age, fatigue, and comorbidities, those with MPS had steeper SEL decline (β [Standard Error] = -0.358 [0.119]) in the prior eight years than those without MPS. Thus, declining self-reported energy may be a risk factor for MPS. Self-reported energy is easily evaluated in routine clinic visits, and may be a modifiable risk factor that can be targeted to reduce the incidence of MPS.

IMPLEMENTATION OF A SHARED DECISION-MAKING TOOL FOR OSTEOARTHRITIS TREATMENT TO REDUCE DECISIONAL CONFLICT
Yashika Watkins,1 Rose Gonzalez,2 Charla Johnson,1 and Ravneet Kaur,1 1. Chicago State University, Cliffside Park, New Jersey, United States, 2. Movement is Life, Lake Ridge, Virginia, United States, 3. Franciscan Missionaries of Our Lady Health System, Baton Rouge, Louisiana, United States, 4. University of Illinois at Chicago, Crown Point, Indiana, United States

Shared decision making is a key component of patient centered care where clinical evidence and the patient’s preference and values are considered. Physical activity and weight loss are often recommendations in the treatment plan, especially in mild to moderate stage of osteoarthritis (OA). Movement is Life (MIL) created an innovative SDM tool to provide a framework for patient-centered discussions. The tool leverages an underlying Markov Model and represents the likely pain, activity levels, and lost productivity at three future time points. By comparing the patient’s likely progression depending on treatment choices compared to doing nothing, the patient has an illustration of future state. A pilot of N=108 women, ages 45-64, with chronic knee pain for at least three months and at least one co-morbidity (obesity, hypertension, diabetes) were randomized to a control (n=54) or intervention (n=54) arm of the study at eight centers across the United States. Results showed the demographic profiles were similar between the groups. At one-month, n=47 control and n=50

HEALTHY LIFESTYLE AND SOCIAL NETWORK PROLONG DISABILITY-FREE SURVIVAL IN OLDER ADULTS WITH DIABETES
Ying Shang,1 Wei Wu,2 Abigail Dove,1 Jie Guo,1 Anna-Karin Welmer,3 Debora Rizzuto,1 Laura Fratiglioni,3 and Weili Xu,1 1. Karolinska Institutet, Solna, Stockholms Lan, Sweden, 2. Hubei University of Chinese Medicine, Hubei University of Chinese Medicine, Hubei, China (People’s Republic), 3. Karolinska Institutet 17175, Stockholms Lan, Sweden

Aim: We aimed to estimate the extent to which diabetes shortens disability-free survival, and identify which factors may prolong disability-free survival in older adults with diabetes. Methods: A total of 2,216 disability-free participants aged ≥60 were followed up to 15 years. Diabetes was ascertained through antidiabetic drug use, medical records, or HbA1c ≥ 6.5%. Disability-free survival was defined as the survival until the occurrence of disability. Data on behaviours (healthy vs. unhealthy), leisure activities (active vs. inactive), and social network (moderate-to-rich vs. poor) were collected at baseline. A favourable (vs. unfavourable) lifestyle profile was defined as the presence of at least one of healthy behaviours, active engagement in leisure activities, and/or moderate-to-rich social network. Data were analysed with Cox regression and Laplace regression. Results: During the follow-up, 1,345 (60.7%) participants developed disability/death. Diabetes was related to the outcome (HR 1.29, 95% CI 1.06–1.57), and shortened 2.15 (1.02–3.27) years of median disability-free survival. Additionally, disability-free survival (95% CI) was shortened by 3.29 (1.21–5.36), 3.92 (2.08–5.76) and 1.66 (0.06–3.28) years for participants with diabetes plus unhealthy behaviours, inactive leisure activities, or poor social network, respectively (reference: no diabetes plus healthy behaviours, leisure activities, or moderate-to-rich social network). Among participants with diabetes, a favourable profile led to a non-significant HR of 1.19 (0.93–1.56) for disability/death and prolonged disability-free survival by 3.26 (2.33–4.18) years than those with unfavourable profile. Conclusions: Healthy lifestyle and/or moderate-to-rich social network attenuates the risk of diabetes on disability/death and prolongs disability-free survival in people with diabetes by 3 years.