PROFILES OF FAMILY AND FRIEND CAREGIVERS OF COMMUNITY-DWELLING PEOPLE WITH DEMENTIA: A LATENT CLASS ANALYSIS

Eric Jutkowitz,1 Lauren Mitchell,2 and Joseph Gaugler,3
1. Brown University, Providence, Rhode Island, United States,
2. Virginia Commonwealth University, Richmond, Virginia, United States,
3. University of Minnesota, Minneapolis, Minnesota, United States

People living with Alzheimer’s disease and related dementias (ADRD) receive most of their care from family/friends, but little is known about the organization of this care. We used data from the Health and Retirement Study and latent class analysis to determine variation in the hours of care received by community-dwelling people with ADRD from disease onset up to 6-years post onset. At incidence (n=1,158), the latent class analysis identified two groups of caregiving patterns. In the first group, 10% (n=109) of people with ADRD received 481 hours (SD=177) of care. Most care was provided by a spouse (411 hours) with less from children (28 hours), other family/friends (17 hours), and paid individuals (25 hours). In the second latent class, the remaining 90% (n=1,049) of people with ADRD received 114 hours (SD=202) of care which was distributed between spouses (12 hours), children (51 hours), other relatives/friends (22 hours), and paid individuals (29 hours). By 6-years post incidence, 7% (n=76) of the original ADRD cohort remained in the community, and we identified two latent classes independent of those identified at incidence. Almost 15% (n=11) of people with ADRD received a majority of care from a spouse (376 hours) with care supplemented by children (10 hours) and paid individuals (54 hours). The remaining 85% (n=65) of people with ADRD received 294 (SD=314) hours of care from spouses (13 hours), children (104 hours), other family/friends (83 hours), and paid individuals (67 hours). Policies/interventions supporting caregivers must account for the heterogeneity in the organization caregivers.

RACIAL DIFFERENCES IN POST-ACUTE UTILIZATION AFTER HIP FRACTURE IN MEDICARE BENEFICIARIES WITH ADRD

Indrakshi Roy,1 Amol Karmarkar,2 Amit Kumar,3 Meghan Warren,2 Patricia Pohl,1 and Maricruz Rivera-Hernandez,3
1. Northern Arizona University, Flagstaff, Arizona, United States,
2. Virginia Commonwealth University Health, Richmond, Virginia, United States,
3. Northern Arizona University, Flagstaff, Arizona, United States

BACKGROUND: The incidence of hip fracture in patients with Alzheimer’s disease and related dementias (ADRD) is 2.7 times higher than it is in those without ADRD. Care complexity, including extensive post-acute rehabilitation, increases substantially in patients with ADRD after hip fracture. However, there are no standardized post-acute care utilization models for patients with ADRD after hip fracture. Additionally, there is a lack of knowledge on how post-acute utilization varies by race/ethnicity, in this population.

OBJECTIVES: To investigate racial differences in post-acute care utilization following hip fracture related hospitalization in patients with ADRD.

METHODS: A secondary analysis was conducted on 120,179 older adults with ADRD with incident hip fracture, using 100% Medicare data (2016-2017). The primary outcome was post-acute discharge dispositions (skilled nursing facility [SNF], inpatient rehabilitation facility [IRF], and Home Health Care [HHC]) across various racial groups. Multinomial logistic regression examined the association between race and post-acute discharge dispositions after accounting for patient-level covariates.

RESULTS: Compared to non-Hispanic Whites, minority racial groups have significantly lower odds of being discharged to SNF, IRF; or HHC, as compared to home. Adjusted odds ratio for Hispanics discharged to SNF was 0.28 (CI=0.24-0.31), to IRF was 0.46 (CI=0.39-0.52) and HHC was 0.64 (95% CI =0.54-0.75), as compared to home. CONCLUSION: ADRD patients have higher risk of hip fracture. Findings from this study will provide insight on how to reduce racial and ethnic disparities in post-acute care utilization in vulnerable populations and improve quality of care and health outcomes.

SLEEP DISTURBANCE AND DEMENTIA RISK: FINDINGS FROM 8 YEARS OF PROSPECTIVE DATA

Roger Wong, State University of New York Upstate Medical University, St. Louis, Missouri, United States

Recent evidence indicates sleep disturbances increase dementia risk. Despite extensive support for this finding, numerous studies are based on cross-sectional data and no research has examined this relationship using a national sample. The purpose of this study was to analyze how sleep disturbances are associated with dementia risk. This study used eight annual waves (2011-2018) of prospective data from the National Health and Aging Trends Study, a large nationally representative U.S. sample of older adults. At each wave, sleep disturbances were measured as: 1) trouble falling asleep in 30 minutes, 2) trouble falling asleep after waking up early, and 3) taking medication to help sleep. The dependent variable was number of years to a new dementia diagnosis. Multivariate analyses were conducted using the Cox proportional hazards model with survey sampling weights applied for a national sample of 6,800 community-dwelling older adults dementia-free at baseline. After controlling for sociodemographics (age, sex, race, education, etc.) and health (mental health, physical health, chronic disease, etc.), trouble falling asleep in 30 minutes was not associated with dementia risk, (Hazard Ratio [HR]=1.01, p=.98), however, trouble falling asleep after waking up significantly decreased risk (HR=0.40, p<.01), and taking sleep medications significantly increased risk (HR=1.72, p<.01). Our findings suggest mixed evidence on how sleep disturbances are associated with dementia risk, but needing sleep medications may be predictive of elevated dementia risk. Future research should explore pathways or behaviors that may decrease dementia risk among individuals who wake up at night, but have trouble falling back to sleep.

STATEWIDE IMPLEMENTATION OF THE MUSIC & MEMORY PROGRAM: FACILITATORS, BARRIERS, AND LESSONS LEARNED

Jung Kwak,1 Jung-Hwa Ha,2 and Katherine Britt1,
1. University of Texas at Austin, Austin, Texas, United States,
2. Seoul National University, Seoul, Republic of Korea

The movement of evidence-based interventions into routine institutional settings like nursing homes is challenging.
Among non-pharmacological interventions to address behavioral problems of residents with dementia, Music and Memory (M&M), a popular individualized music listening program, has been shown to have potential to improve quality of life among residents. To examine facilitators and barriers to implementation and sustainability of the M&M program in nursing facilities, a statewide (online and mail) survey of nursing homes was conducted in Wisconsin where the statewide implementation of the program occurred. The response rate was 41% (N=161). Descriptive statistics and content analysis were conducted. Over 80% of facilities provided the M&M program, and 86% of them planned to continue the program. The majority of respondents found the M&M to be beneficial to residents but also reported that the program was not equally effective for everyone, and M&M was time and labor intensive. Barriers to sustainability were: lack of buy-in by direct care staff, use of technology, costs of equipment, inconsistent volunteers, and families not supportive or helpful. Facilitators were: support of facility personnel, family, and volunteers; observing positive effects of program, M&M training provision and support, family involvement, and accessibility of equipment. Targeted resident selection is needed to identify the residents most likely to benefit from the program to avoid possibility of increased agitation or discomfort. Careful consideration is needed for facilities to identify realistic costs, labor, and staff buy-in to promote success.

THE VOICES OF PERSONS LIVING WITH DEMENTIA: EXPLORING THEIR INFORMATION NEEDS TO LIVE WELL
Michelle Kimzey, Ramona Baucham, Chelsea Martin, and Carol Howe, Texas Christian University, Fort Worth, Texas, United States

There are unique challenges and considerations when receiving the diagnosis of dementia. There are interventions, services, and supports for people with dementia and their care partners, yet they are often unknown, disconnected, and may not be widely available or easily accessible. Health literacy was defined as the degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions. Using a descriptive qualitative design, the purpose of this study was to describe how persons living with dementia and their care partners obtain, understand, and use information to make health decisions to live well with dementia. The convenience sample consisted of 28 care partners and 15 people living with dementia participating in 6 separate focus groups. To illuminate findings, data was analyzed using a hybrid approach (deductive followed by inductive). Four themes emerged deductively as persons gain health literacy in dementia (access, understand, appraise, and understand). The notable finding is the trend at diagnosis where they first are “seeking the expert” and as they move from dependence and gain understanding they are “becoming the expert”, and finally as they apply information they are “acting as the expert” for themselves and others. Engaging them in research not only gave them a voice but more importantly it influenced the health information that will be developed and implemented by them. These findings suggest there is a wealth of knowledge to be gained by persons living with dementia and their care partners.

TRIPLE JEOPARDY? STRESS AMONG DEMENTIA CAREGIVERS THROUGH THE LENS OF INTERSECTIONALITY
Ruotong Liu, and Iris Chi, University of Southern California, Los Angeles, California, United States

Despite the benefits to economy and public health, caregivers are negatively affected by caregiving activities. Dementia caregivers, compared to other caregivers, are experiencing higher levels of stress, due to reasons such as the care recipients’ changes in personalities and behaviors. Previous studies have documented differences in caregiver stress across gender and racial/ethnic groups. However, few studies have looked into caregiving differences within both gender and race/ethnicity through an intersectionality framework. This paper seeks to explore what are the differences in caregiving stress across the intersectionality of race and gender. Using Round 3 and Round 7 of NSOC and NHATS data, we examined differences in caregiver stress across and within different gender and racial/ethnic groups in terms of financial, emotional, and physical stress. 1,206 caregivers were included with 61% female, 50% White, and 32% Black caregivers. Logistic regression results indicate that female is less likely to have financial stress, but more likely to experience emotional stress. Compared to White, Black caregivers are worse off financially but better off physically. Both Black and other racial/ethnic caregivers are less likely to have emotional stress. Within the intersectionality framework, compared to White female, Black male are 3.4 times more likely to experience financial stress, all the other groups are 38%-71% less likely to have emotional stress, and Black female are 53% less likely to have physical stress compared to White female. The findings highlighted that in order to develop more effective interventions or policies, unique areas are to be focused for different population subgroups.

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COGNITION AND COGNITIVE ASSESSMENT

A MULTIPLE STAKEHOLDER PERSPECTIVE FOR EVALUATING COMMUNITY-BASED DEMENTIA CARE
Johan Suen, Duke-NUS Medical School, Singapore, Singapore

For holistic interventions and research on dementia, it is fundamental to understand care experiences from the perspectives of carers, care recipients, and care professionals. While research on care dyads and triads have highlighted the effects of communication and interactional aspects on care relationships, there is a lack of knowledge on how individual-contextual and relational factors shape the provision and receipt of care in terms of decision-making processes, resource allocation, and expectations of care outcomes. Thus, this paper sheds light on (i) how carers negotiate care provision with other important life domains such as employment, household/family roles and conflicts, as well as their own health problems, life goals, values, and aspirations for ageing; (ii) how older adults with dementia perceive support and those who provide it; (iii) the structural constraints faced by care professionals in delivering a team-based mode of dementia care; and, taken together, (iv) how community-based dementia care is impeded by barriers at the individual,