DIFFERENCES IN SUBJECTIVE AGE BY FILIAL CARE-GIVING STATUS AMONG US ADULTS IN MID AND LATER LIFE
Hyojin Choi,1 and Kristin Litzelman,2 1. University of Wisconsin–Madison, Madison, Wisconsin, United States, 2. University of Wisconsin-Madison, Madison, Wisconsin, United States

Subjective age is an important indicator of age identity and is associated with both psychological and physical well-being. Previous studies have revealed that older adults who feel younger than their chronological age show better health status, better life satisfaction, and less risk of mortality. Considerable evidence shows that stress contributes to feeling older than one’s chronological age. Given the fact that taking a caregiving role involves stress, it is expected that caregiving might accelerate subjective aging. This study examined the association between the stressor of caregiving and subjective age in mid and later life. Data were drawn from the Health and Retirement Study in 2014 and 2016. Participants aged 50 years and over (n=1,087) were identified according to adult-child caregiver status at across the two waves: those who provided care consecutively (long-term caregivers), those who became caregivers in 2016 (new caregivers), those who were no longer providing care in 2016 (recent caregivers), or those who did not report providing care in both 2014 and 2016 (non-caregivers). Linear regression analysis showed that new caregivers reported feeling older than their chronological age compared to non-caregivers. However, long-term or recent caregivers did not show significant differences in subjective age compared to non-caregivers. The finding is consistent with the stress process theory and adaptation hypothesis. Although the onset of caregiving stress may accelerate subjective aging, this deleterious effect may decrease over time due to family caregivers’ adaptability. Future research will examine the role of support, resilience and mastery in this pathway.

DIRECT-TO-CAREGIVERS RESEARCH DISSEMINATION: A NOVEL APPROACH TO TARGETING END-USERS
Lee Lindquist,1 Anna Liggett,3 Vanessa Ramirez-Zohfeld,2 and Shahla Baharlou,1 1. Northwestern University Feinberg School of Medicine, Chicago, Illinois, United States, 2. Northwestern University Feinberg School of Medicine, Northwestern University Feinberg School of Medicine, Illinois, United States, 3. Icahn School of Medicine at Mount Sinai, Icahn School of Medicine at Mount Sinai, New York, United States

Dissemination of geriatrics research usually occurs through conference presentations or publications viewed by colleagues in the same field. Older adults and their family caregivers have limited direct access to research findings. We sought to pilot a direct-to-caregiver workshop with the intent to disseminate geriatrics research directly to family caregivers of older adults. As part of an academic national conference, an ‘Updates in Geriatrics Research’ workshop is presented as a compilation of innovative research published in the prior year. We distilled workshop content into a lay format which was presented to family caregivers at two community-based caregiver symposiums. Mixed method surveys were completed by family caregiver attendees with open-ended responses analyzed using content and constant-comparative techniques. Of the 29 survey respondents, all were female, mean age 58.9 yrs. (range 52-72), providing care to older adults, mean age 87.2 years (range 66-97). Respondents unanimously identified learning information pertinent to their care recipient. When asked: Do you feel that direct-to-caregiver research dissemination is useful, all respondents selected yes. Open-ended responses for reasons why revealed two main themes: 1.) Creating informed caregivers: “Caregivers need this information in their toolbox.” and 2.) Empowering caregiver-advocates: “The more we know, the better we can advocate for our loved ones and challenge their health care.” Respondents all planned on sharing information with others, specifically family, friends, and physicians. In conclusion, disseminating geriatrics research direct-to-caregivers is feasible. Researchers, who present their work for scientific conferences, should consider translating their findings into presentations for community-based family caregivers.

DYNAMICS OF UNMET NEED FOR SOCIAL CARE IN ENGLAND
Athina Vlachantoni, Jane Falkingham, Maria Evandrou, and Min Qin, University of Southampton, Southampton, England, United Kingdom

Meeting individuals’ social care needs is a core element of UK social policy. However, the conceptualisation and operationalisation of ‘unmet need’ remain a challenge. This paper advances our understanding by incorporating a temporal dimension in the conceptual framework on unmet need to investigate the dynamics of met and unmet need for social care over time. Using data from Waves 6, 7 and 8 of the English Longitudinal Study of Ageing, this paper examines five possible trajectories among individuals with a social care need at baseline: 1) no longer having such a need; 2) having continued needs met; 3) delayed needs met; 4) newly arisen unmet needs; and 5) persistent unmet needs. The results indicate that amongst those with need at baseline unmet need has decreased over time, indicating that some needs may be fulfilled with a delay. However, a significant proportion of older people experienced persistent unmet needs, particularly those who were younger, living alone, with educational qualifications, and with fewer difficulties with Activities of Daily Living at baseline. Understanding the dynamics of unmet need can support policymakers in ensuring that those facing an elevated risk of persistent unmet need over time do not fall through the social care safety net.

EXAMINING PHYSICAL AND SOCIAL ENVIRONMENTS OF KOREAN AMERICAN FAMILY CAREGIVERS OF PERSONS LIVING WITH DEMENTIA
Kathy Lee,1 Jon Shuffler,2 Hyo-Won Shin,1 Joshua Grill,3 Chang Hyun Seo,2 and Christina Miyawaki,1 1. University of Texas at Arlington, Coppell, Texas, United States, 2. University of Texas at Arlington, University of Texas at Arlington, Texas, United States, 3. UC Irvine Institute for Memory Impairments and Neurological Disorders (UCI MIND), UC Irvine Institute for Memory Impairments and Neurological Disorders (UCI MIND), California, United States

...