women of color whose race and gender create unique spaces for PA engagement. Although AA women desire to engage in PA, they face social, structural, and behavioral barriers to PA, challenges that parallel those faced in preventing premature aging (Li et al., 2018). Extant literature on AA women’s PA investigates social determinants of health (SDOH) and calls for more attention as to how these factors intertwine to shape these women’s PA over time (Fleury & Lee, 2006). Culturally responsive physical activity programs (CRPA) offer a framework for addressing these factors synergistically to promote PA in a way that is desirable to AA women. Specifically, CRPA provides a strength–based approach to explicate the ways PA can redress social, structural, and behavioral causes of cognitive decline and barriers to PA (cf., Joseph et al., 2020). The purpose of this poster is to explore the benefits of CRPA interventions on preventing cognitive decline. Implications include refining current models of PA as premature aging prevention measures by increasing our knowledge of the sociocultural factors shaping AA women’s aging and PA behavior and providing greater insight into the mechanisms for recruiting and retaining AA women into PA-based cognitive decline interventions.

SESSION 6310 (POSTER)

FAMILY CAREGIVING I

DEMENTIA CAREGIVER PERCEPTIONS OF TELE-DEMENTIA CARE FOR VETERANS DURING THE COVID-19 PANDEMIC

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The estimated 5 million persons living with dementia in the United States have been greatly impacted by the medical and psychosocial impacts of the COVID-19 pandemic, respite program closures, social isolation, and Veterans seen within the Veterans Health Administration system are particularly vulnerable. Telemedicine provides needed specialty dementia care to these patients with complex needs in their homes, and its uptake has increased during the pandemic. This qualitative, observational study explored informal caregivers’ perceptions of tele-dementia care for Veterans seen at 2 sites, Palo Alto and Cleveland, via semi-structured interviews. Twenty-five caregivers (Mean age = 67y, SD=12y, 88% women) were interviewed over telephone following a tele-dementia visit. Themes that emerged from the interviews were that tele-dementia visits: (1) saved caregivers 2.6h±1.5h (Range: 0.5 to 6h) of travel time, (2) required limited preparation compared to in-person visits, (3) mitigated COVID-19 risk and avoided needs for masking and social distancing, (4) avoided behavioral challenges during appointments, and (5) allowed participation from home with minimal disruption of routine. Caregivers described significant physical challenges that made leaving the home for appointments difficult including balance issues, incontinence, and difficulties getting into vehicle. Caregivers plan to continue using tele-dementia services beyond the pandemic due to the convenience. Taken together, these findings indicate that caregivers find tele-dementia care convenient, comfortable, helpful, and timesaving and highly satisfactory. A combination of both in-person and virtual visits would be an ideal future state. This study illustrates how caregivers experience virtual visits for dementia care and will shape future intervention design.

IMPROVING CAREGIVER ASSESSMENT AND COMMUNICATION ABOUT PAIN IN RELATIVES WITH DEMENTIA

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Pain is under-detected and poorly managed in persons with dementia (PWD). Family caregivers are well situated to detect and facilitate management of pain in PWD, but they receive little guidance and training in these tasks. Our group developed the Pain Identification and Communication Toolkit (PICT), a manualized, multicomponent intervention to help caregivers recognize pain in their care recipients and communicate their observations to healthcare providers. PICT includes a) training in administering an observational pain assessment tool, b) coaching in effective pain communication, and c) building caregivers’ skills through practice. To evaluate PICT’s acceptability, feasibility, and preliminary efficacy, we conducted a pilot randomized controlled trial of N=34 caregivers (n=18 randomized to PICT; n=16 randomized to a control condition). Participants were from diverse racial and ethnic backgrounds (14% Black; 15% Hispanic; 8% Asian; 8% multiracial). Of the caregivers enrolled in the intervention group, 66.7% reported that PICT improved their confidence in identifying pain symptoms, and 83.3% reported that PICT improved their confidence in communicating pain-related concerns to providers. Retention was excellent: 100% of caregivers in the PICT group completed all intervention sessions (4 total); only 5% prematurely terminated the study (did not complete the 12-week post-assessment questionnaire). Notably, caregivers in the PICT group showed a significant improvement in confidence communicating with healthcare providers from baseline to 12-week follow-up (M=3.9 vs. M=4.4; p<.01). Collectively, these findings suggest PICT’s potential as an intervention to help caregivers recognize and communicate about pain in PWD and that a full-scale efficacy trial with larger sample is warranted.

INFORMAL CAREGIVING NETWORKS FOR PERSONS WITH DEMENTIA SUPERIMPOSED ON COMPLEX MULTIMORBIDITY

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Informal caregiving research has focused on the primary caregiver and caregiver-patient dyad. Thus, we know little
about caregiving beyond the dyadic relationship. This study was to gain a comprehensive understanding of informal caregiving networks for individuals with dementia superimposed on complex multimorbidity. We used egocentric social network analysis to obtain caregiving information of 46 patients with moderate to severe cognitive impairment, 5 chronic conditions on average, and undergoing hemodialysis (4.3 mean years). Most patients (n=35, 77.8%) were Black, 22 (47.8%) male, and mean age of 73.9 years. Starting with the primary family caregiver (FCG), up to 2 additional FCGs were recruited for each patient, totaling 76 FCGs (46 primary, 30 non-primary). Most were a child of the patient (n=39, 51.3%), female (n=57, 75%), and 54.2 years of age. Of the 46 networks, 16 (35%) included only one FCG (singletons). Multimember networks (n=30, 65%) provided longer caregiving than singletons (7.7 vs 3.8 years, p=0.008). Average network size was 2.8, and 26 (54.5%) networks had at least one male caregiver. Among the 30 multimember networks, average size was 3.8, density (proportion of possible ties) was 0.9, and mean degree and maximum degree (number of ties per member to other network members) were 2.5 and 2.8, respectively. Higher mean and maximum degrees were associated with fewer 12-month patient hospitalizations (r=-0.47, p=0.01; r=-0.43, p=0.02, respectively). Including additional caregiver informants significantly increased network size, ties and maximum degree centrality compared to those based on primary caregiver only, allowing for fuller network description.

RESOURCES AND EXPERIENCES AMONG DIVERSE DEMENTIA CAREGIVERS BY GEOGRAPHIC CONTEXT

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Rural caregivers are often underserved by caregiving services, yet little is known about how the intersectionality of geographic context and race/ethnicity relates to caregiving resources among dementia caregivers. We examined whether 1) caregiving resources and experiences differ across metro and non-metro areas; and 2) the use of caregiving resources is associated with geographic context by race/ethnicity, controlling for age, gender, and education. We analyzed a sample of caregivers of care recipients aged 65 years or older with ‘probable’ dementia (n=808) in the 2017 National Health and Aging Trends Study (NHATS) and the associated National Study of Caregiving (NSOC). We defined geographic context by the recipient’s residence in metro (urban) or non-metro (rural) counties and grouped formal (respite care, support groups, caregiving training) and informal (family or friend help) resources. Among minority caregivers, 47% of those living in metro and 36% in non-metro areas used a formal service, and 83% and 72%, respectively, used informal resources. Among White caregivers, estimates were 44%, 48%, 76%, and 66%, respectively. Multivariate regression analyses revealed that non-metro White dementia caregivers had 2.04 times higher odds (95% CI=1.10-3.78) of using formal resources than metro White dementia caregivers. This pattern was not observed among minority dementia caregivers. The use of informal resources did not differ across geographic contexts by race/ethnicity. Findings suggest the influence of geographic context on the use of formal caregiving resources varies by race/ethnicity. With higher rates of dementia in non-metro areas, formal caregiving resources among non-metro minority dementia caregivers need more attention.

THE ROLE OF SUPPORT IN THE LIVED EXPERIENCE OF DEMENTIA CAREGIVERS: A SYSTEMATIC REVIEW AND THEMATIC SYNTHESIS

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People living with dementia have complex care needs, which are primarily met by unpaid family caregivers. Family caregivers are often underprepared and under-supported in these roles and often experience negative health impacts associated with their caregiving responsibilities. Research suggests caregiving experiences and associated outcomes can be improved through the use of supportive resources which vary widely in design, access, and implementation. Yet how dementia caregivers perceive, identify, and experience supports in the context of their lived experience is less well understood. Understanding caregivers’ un-proscribed conceptualizations of “support” holds important implications for the optimal design of supportive interventions, which are often under-utilized. The objective of this qualitative evidence synthesis was to systematically identify, appraise, and synthesize evidence regarding dementia caregivers’ conceptualization of support through qualitative studies focused broadly on eliciting caregivers’ reports of lived experience. Forty-one qualitative studies were analyzed and synthesized according to methods suggested by Sandelowski (2007) and Graneheim & Lundman (2004). Six themes were identified and synthesized across included studies which include a range of domains from accessibility, awareness, usability, and match of informal and formal support for caregivers’ needs and the needs of their care recipient. Caregivers conceptualized support broadly, extending beyond traditional resources to address aspects of their caregiving role. Findings demonstrate that caregivers readily distinguish between formal and informal support, but do not necessarily evaluate them uniformly and are perhaps focused on the fit of support that extends beyond the caregiving role and is more aligned with how caregivers view support in their daily lives.

THEORETICAL IMPLICATIONS AND IMPACT OF SELF-COMPASSION IN CAREGIVERS OF PEOPLE LIVING WITH DEMENTIA

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