SESSION 2150 (PAPER)

LONGITUDINAL, INTERVENTION CLINICAL TRIALS, AND QUALITATIVE STUDIES TO EXAMINE CAREGIVER OUTCOMES AND EXPERIENCES

CAREGIVER SUBGROUP ANALYSES FROM AN EMBEDDED DEMENTIA CARE EFFECTIVENESS TRIAL

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Efficacious dementia care interventions for family/informal caregivers are increasingly being tested for effectiveness in “real world” service delivery settings. We conducted an effectiveness trial in which we embedded the Care of Persons with Dementia in their Environments (COPE) program into Connecticut’s publicly-funded Home and Community-Based Services program. COPE is designed to build dementia management skills in caregivers of people with dementia in the home setting. In published results from this trial with the full study cohort, caregivers who received COPE, compared to controls, experienced improved well-being due to the dementia management skills they learned (perceived well-being), but they did not experience reduced levels of distress due to dementia-related behavioral and psychological symptoms (distress). For this presentation, we determined COPE effects for selected caregiver subgroups on perceived well-being and distress. Regarding caregiver sex, we found that COPE effects were statistically significantly positive on both outcomes for females (both $p<.05$) but on neither outcome for males. Controlling for sex, we also found positive COPE effects on both outcomes for daughters (both $p=.03$) but on neither outcome for spouses or sons. For perceived well-being, we found positive COPE effects for White ($p<.001$) but not for Black caregivers. For distress, we found positive COPE effects for caregivers living apart ($p=0.03$) but not for those living together with people with dementia. Findings suggest that male, Black, and co-residing caregivers may need more support from COPE, and more broadly demonstrate the value of subgroup analyses in offering greater precision when embedding nonpharmacological interventions in effectiveness trials.

GENDER DIFFERENCES IN CAREGIVING PRACTICES AND MARITAL RELATIONSHIPS OF SANDWICH GENERATION COUPLES IN MUMBAI

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Over the next few decades, the most important demographic trend for the Asia Pacific region will be population aging. The increasing aging population in India and the fact that the economic dependence of the older adults is high and the cost of education and child care is on the rise pose serious challenges to generations of individuals and couples who are expected to take care of both their children and their parents. This study's primary objective is to comprehensively understand the effects of giving care to their children and their parents on various aspects of the life of sandwich generation couples. The study uses primary data of 300 multigenerational households and 100 two-generation/one-generation households in Mumbai. Specifically, the study attempts to understand the effect of giving care to two generations on the marital relationship of the caregiving couples. Additionally, the study also explores gender differences in caregiving practices. Results from bivariate and multivariate analyses show that providing simultaneous care to two generations significantly impacts the marital relationship of the sandwiched couples as opposed to couples staying in one/two-generation households. Results also show considerable gender differences in caregiving roles and time spent on caregiving. Women spend more time assisting in household activities, while men are more likely to provide monetary support. Thus, extensive research on the sandwich generation in India is necessary to ensure the socio-economic well-being of the couples, the welfare of their children and parents, and the physical and psychosocial health of these couples.

THIS TOO SHALL PASS: WEATHERING THE STORM AS OLDER FEMALE FAMILY CAREGIVERS FOR THOSE WITH AD/ADRD DURING COVID-19

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Background:

Older female caregivers of persons with AD/ADRD are under-represented, under-reported, and understudied. Purpose: This qualitative study aimed to understand how COVID-19 affects older female caregivers' lived experience, ongoing capacity, and willingness to provide care for their loved one(s) with AD/ADRD. Specific Aims: Aim 1: Explicate older female caregivers' lived experience in the context of caring for family members with AD/ADRD during COVID-19. Aim 2: Elucidate how COVID-19 affected older female caregivers' relationships with their family members with AD/ADRD. Method: 172 units of meaning were extracted from 327 pages of transcripts and 972 minutes of interviews with urban (n = 10) and rural caregivers (n = 10). Thematic analysis was then conducted.

Results:

Respondents, recruited with purposive and snowball sampling, saw hastened AD/ADRD progression in their family member(s) attributed to social isolation. For many, long-term placement was not an option for financial reasons. Respondents providing full-time caregiving depended heavily on their care recipients' financial resources for basic living expenses, reporting placement in long-term care would leave them at risk of homelessness. Black caregivers expressed an "unspoken" cultural taboo about placement. For all, caregiver disability was the only impetus for placement. Respondents in rural communities more often reported faith-based gratefulness, moments of joy, relational harmony resulting from "being stuck together", and less availability of resources allowing virtual support. Urban