

areas of service improvement toward becoming more person-centered. Overall, this service-oriented approach to surveying has yielded more actionable results and has been adopted by DOEA as the preferred method for all client-level surveying.

STORIES OF THE EXPERIENCE OF SEARCHING FOR LONG-TERM CARE AND ELDERCARE: CASE STUDY AND NARRATIVE PERSPECTIVES

Connie Corley,¹ and Ryan McCarty,² 1. *Fielding Graduate University, San Gabriel, California, United States*, 2. *Aging Simplified, Royse City, Texas, United States*

With over 40 million individuals aged 65 years and older in the US, and by 2050 rising to an estimated 89 million, age matters, driving an increased need for long-term care/eldercare. Coupled with the higher costs of care, the search for long-term care/eldercare services can be a difficult prospect for adult children decision-makers. We present the experiences of adult children decision-makers in the US, using two methodological approaches: narrative and case study using autoethnography. In a narrative inquiry of 9 caregivers responsible for making long-term care/eldercare decisions for their parent(s) the zoom model was applied to conduct the analysis. Findings suggest that decision-makers have a strong sense of duty towards helping their loved ones find long-term care solutions. Decision-makers searched for many types of care solutions ranging from home health care to nursing homes. The experiential response most consistently stated by the participants was stress. These results are augmented by an autoethnographic case study in "six acts" illustrating how sense of agency in the caregiving journey can be enhanced. Participants with industry experience had a minimal advantage over those with no experience when it came to navigating the search for long-term/eldercare. We highlight why stories of family search for long-term care/eldercare matter, and how they can be leveraged for fundraising, advocacy, and healing. Implications for policy, research, education and practice are highlighted.

THE DIFFERENTIAL EFFECTS OF CAREGIVING INTENSITY ON OVERNIGHT HOSPITALIZATION IN THE PREVIOUS 2 YEARS

Kylie Meyer,¹ Zachary Gassoumis,² and Kathleen Wilber,² 1. *UT Health Sciences at San Antonio, San Antonio, Texas, United States*, 2. *University of Southern California, Los Angeles, California, United States*

Caregiving for a spouse is considered a major stressor many Americans will encounter during their lifetimes. Although most studies indicate caregiving is associated with experiencing diminished health outcomes, little is known about how this role affects caregivers' use of acute health services. To understand how spousal caregiving affects the use of acute health services, we use data from the Health and Retirement Study. We apply fixed effects (FE) logistic regression models to examine odds of experiencing an overnight hospitalization in the previous two years according to caregiving status, intensity, and changes in caregiving status and intensity. Models controlled for caregiver gender, age, race, ethnicity, educational attainment, health insurance status, the number of household residents, and self-assessed health. Overall, caregivers were no more likely to experience an overnight hospitalization compared to non-caregivers (OR 0.92; CI 0.84 to 1.00; p-value=0.057). However, effects varied according to the intensity of caregiving and the time spent in

this role. Compared to non-caregivers, for example, spouses who provided care to someone with no need for assistance with activities of daily living had lower odds of experiencing a hospitalization (OR 0.77; CI 0.66 to 0.89). In contrast, caregivers who provided care to someone with dementia for 4 to <6 years had 3.29 times the odds of experiencing an overnight hospitalization (CI 1.04 to 10.38; p-value=0.042). Findings indicate that, although caregivers overall appear to use acute health services about as much as non-caregivers, large differences exist between caregivers. Results emphasize the importance of recognizing diversity within caregiving experiences.

THE PATH TO CAREGIVING: ASSESSING CAREGIVERS AND DEVELOPING A CAREGIVER PLAN OF CARE IN THE ACUTE CARE SETTING

Michelle Camicia,¹ and Barbara Lutz,² 1. *Kaiser Permanente, Novato, California, United States*, 2. *University of North Carolina-Wilmington, Wilmington, North Carolina, United States*

Family caregivers of older adults report lack of preparation for their role, particularly upon acute hospital discharge following a medical event. Addressing the needs of family caregivers in the acute care setting prior to hospital discharge requires the identification of the caregiver, an assessment of caregiver preparedness, and a plan of care to address gaps in preparedness. The Preparedness Assessment for the Transition Home 7-item (PATH-7) is a valid and reliable instrument developed to assess family caregivers readiness for the caregiving role during acute care. The PATH-7 paper-pencil self-administered assessment was implemented in clinical care in medical-surgical nursing units in 2 acute care hospitals. Interventions to address gaps in preparedness were selected from a catalogue of interventions to develop a caregiver plan of care. The most frequent challenge identified by family caregivers was fulfilling the caregiving role on top of their other roles and responsibilities. This illustrated the need to assist family caregivers with exploring options for recruiting others to help with their roles and responsibilities and identify solutions soliciting and organizing help. This novel program promotes addressing the needs of the family unit, moving to a family-integrated care delivery model. Implementation challenges included in-person contact with caregiver to administer assessment, resources to respond to identified gaps in readiness, and lack of technology-enabled assessment administration. Positive staff experience with identifying and addressing needs of caregivers was a facilitator of staff engagement. Identifying, assessing, and addressing the needs of family caregivers of older adults is feasible in the acute care setting.

SESSION 2859 (POSTER)

HEALTH CARE, PROMOTION, AND SOCIAL SERVICE DELIVERY

BARRIERS AND CHALLENGES FACED BY SOCIAL WORKERS CARING FOR DEMENTIA PATIENTS IN ACUTE CARE SETTINGS

Ruth Dunkle,¹ Katherine Cavagnini,¹ Joonyoung Cho,¹ Laura Sutherland,² Helen Kales,³ Cathleen Connell,¹ and Amanda Leggett,⁴ 1. *University of Michigan, Ann*