self-reporting of abuse, VOICES is a robust tool engineered to place the screening process in the hands of the older adults, rather than the providers. We will discuss preliminary results of the ongoing feasibility study currently being conducted in the ED, which has successfully enrolled over 500 older adults. Current data indicate that 93% of patients find the tool to be satisfying, engaging, and easy to use. Preliminary findings also suggest that older adults who come in with "Little to none" knowledge of elder abuse increase knowledge of abuse after using the tool. In summary, VOICES appears to be a feasible tablet-based screening tool in the emergency department.

SELF-ADMINISTRATED ELDER ABUSE SCREENING TOOL FOR OLDER ADULTS WITH VISUAL AND HEARING DISABILITIES

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Older adults age 60+ with disabilities are at greater risk of elder abuse compared to those without disabilities. We will describe results from our study to evaluate the usability and feasibility of the VOICES tablet-based elder abuse screening tool with older adults who have visual and hearing disabilities. VOICES is a digital health tool that screens, educates, and motivates older adults to self-report elder abuse. The VOICES tool has been developed and tested to be used with older adults without disabilities. We conducted a usability study with (n=14) older adults who were blind, had low vision, or were hard of hearing. Our evaluation method included both quantitative and qualitative measures to evaluate the ease of use and usefulness of the VOICES tool. Usability was measured as the percentage of tasks completed successfully, the average time to perform a task and the issues observed during performance of the tasks. Usability satisfaction was measured by written or verbal feedback on the questionnaires, and verbal comments from each session. Six participants completed the tasks successfully on their own; seven participants (mostly blind participants) completed the tasks with some intervention or help from the moderator. The majority of participants had System Usability Scale (SUS) scores 80 or above. Of all the participants, twelve (92%) stated that they would recommend the VOICES tool to others. Our findings generated universal considerations for more inclusive digital health interventions that accounts for the needs, wants and limitations for older adults with disabilities.

SOCIAL PARTICIPATION AND ELDER MISTREATMENT IN A NATIONAL SAMPLE OF OLDER ADULTS

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Little is known about how social participation influences older adults' susceptibility to elder mistreatment. We conducted a cross-sectional analysis of a national probability sample of community-dwelling U.S. adults from 2015-2016 (1,268 women and 973 men; mean age 75 and 76 years, respectively; 82% non-Hispanic white). Frequency of participation in formal activities (community meetings, religious services, and volunteering) and informal social activities (socializing with friends and family) was assessed by questionnaire. Additional measures assessed emotional, physical, and financial mistreatment since age 60. Multivariable logistic regression examined associations between social participation and elder mistreatment, adjusting for age, race/ethnicity, education, and comorbidity. Forty percent of women and 22% of men reported at least one form of mistreatment (emotional, physical, or financial). Women reporting at least monthly formal social participation were more likely to report emotional mistreatment (adjusted odds ratio (AOR) 1.57, 95% confidence interval (CI) 1.08-2.29) and financial mistreatment (AOR 1.56, 95% CI 1.02-2.38) than women with less frequent engagement. Older women who socialized at least weekly were more likely to report emotional mistreatment (AOR 0.59, 95% CI 0.44-0.78) and financial mistreatment (AOR 0.59, 95% CI 0.42-0.85). These associations were not seen among older men. Frequent social engagement in the community does not preclude risk for elder mistreatment, and informal socializing may be associated with decreased exposure to certain forms of mistreatment. Assessment of older adults' social activities may help guide strategies for detecting and mitigating elder mistreatment in the community.

Session 2075 (Paper)

Family Caregiving and Persons With Dementia

CAREGIVING INTENSITY AND DEPRESSIVE SYMPTOMS AMONG OLDER ADULTS AFTER PARTNERS' ONSET OF DEMENTIA

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Caring for a partner with Alzheimer's disease or related dementia (ADRD) can create tremendous care burdens. However, the extent to which onset of ADRD in a partner impacts caregiving intensity and emotional health, the relationship of increased care intensity to emotional health, and whether relationships vary across the older adult population, are less clear. We used 9 waves (years 2000-2016) of the nationally representative Health and Retirement Study dataset to examine the number of weekly caregiving hours provided and depressive symptoms for older (ages ≥51) individuals after partners' ADRD onset (measured with the Telephone Cognitive Interview Survey). We compared changes in outcomes from before to after partners' ADRD onset using zero-inflated negative binomial regression models, overall and among sub-populations with potential vulnerability to excess care burdens – women and racial/ethnic minorities. In our sample of 2,186 older Americans with 10,120 unique observations, we observed a 215% increase (p<0.001) in weekly caregiving hours provided and 21% increase (p<0.001) in depressive symptoms reported by older respondents after

partners' ADRD onset. Even larger impacts were observed for women and for non-Hispanic whites. Increased amounts of caregiving were associated with increases in depressive symptoms after a partner's ADRD onset. In all, ADRD has substantial impacts on family. Improved support mechanisms, including enriched community resources, clinician focus on dyadic needs, respite care, and policy efforts such as tax credits for caregivers, will be needed to meet the needs of couples increasingly affected by ADRD.

FEASIBILITY OF THE ACTPLAN PROGRAM FOR AFRICAN AMERICAN DEMENTIA CAREGIVERS: A SELF-DIRECTED MULTIMEDIA DELIVERY

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African Americans (AA) are less likely than White Americans to complete advance care plans or end-of-life treatment documents. They face significantly greater risk of Alzheimer's Disease, a silent epidemic for this population, and other dementias. The healthcare system's lack of dementia support for AAs contributes to disparate care. A four-session caregiver group education program was conducted on advance care planning for AA dementia family providers. The program was based on Kolb's Experiential Learning Model and initially found effective in an R01 study using in-person delivery by a professional. The present pilot assessed feasibility of delivering the program in a self-directed multimedia format without professional facilitation, using Session 1 on tube feeding decisions as the test session. Twenty-six AA dementia caregivers completed the session in groups of 5 to 8 at a church equipped with a large TV screen. On-screen prompts guided navigation through the program which included recorded lecture, slides, short videos on decision-making, and group discussions. Using quantitative and qualitative methods, pre-and post-survey instruments were administered and interviews conducted. Usability ratings averaged 84%. Knowledge and self-efficacy gains exceeded those of the R01, with a 35% increase in correct responses on knowledge items, versus 18% for the R01 subjects; and increase in perceived decisional self-efficacy of 31% versus 30% for the R01 subjects. Qualitative feedback was universally positive. These findings confirm the feasibility of the self-guided multimedia approach to delivery of the program. A large RCT is planned which, if successful, will support wide dissemination to AA caregivers in need.

HOME-VISIT INTERVENTION TO REDUCE STRESS OF UNDERSERVED FAMILY CAREGIVERS FOR PERSONS WITH DEMENTIA

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Immigrant family caregivers for persons living with dementia (PWD) have constant stress due to the 24/7 responsibility. These family caregivers of PWD often have high morbidity and mortality. We provided a cultural and language specific home-visit intervention for these vulnerable family caregivers. There is a lack of an objective measure of stress for caregivers. We assessed caregivers' stress by measuring heart rate variability (HRV), a physiological measure of stress, using a smartwatch for a one-month intervention. Weekly home visits for a month were provided to dementia family caregivers by trained community health workers with stress reduction techniques: mindful breathing and compassionate listening. Linear mixed-effect models were used to analyze the trends for the daily stress levels as measured by HRV from the smartwatch. We had 22 participants who completed the 4-week intervention (8 Latinos, 8 Koreans, 6 Vietnamese). The models showed a significant decrease in the stress level of all participants for 3 weeks (all Ps<0.01). At 28 days (4 weeks) all three groups showed a decrease in stress: Korean group (Beta= -0.405, P<0.001), Vietnamese group (Beta = -0.150, P=0.028), Latino group (Beta= -0.154, P=0.073) and all caregivers (Beta = -0.235, P< 0.001). The findings demonstrated a reduction of immigrant family caregiver stress with a home-visit weekly intervention for one month using mindful breathing and compassionate listening by culturally/linguistically appropriate community health workers. Large-scale studies to determine long-term outcomes of family dementia caregivers are necessary and should be carried out.

NEGATIVE IMPACT AND POSITIVE VALUE OF CAREGIVING IN SPOUSE CARERS OF PERSONS WITH DEMENTIA IN SWEDEN

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As welfare providers struggle to meet the care needs of persons with dementia (PwDs), most of their needs are being met by a family carers, most often a spouse. The situation for spouse carers is unique, e.g., with grief, loneliness and loss of intimacy combining with stress and poor health. Research is needed to develop adequate support for spouse carers based on evidence of what influences negative and positive outcomes of care. The present study investigated psychosocial correlates of spouse carers' (i) negative impact and (ii) positive value of caring. Data from a cross-sectional survey of 165 spouse carers community-resident in Sweden was analysed in two hierarchical regression models to predict negative impact and positive value of caring. Results found that negative impact and positive value were explained by different variables, significant predictors for negative impact included carer stress, health, and emotional loneliness, and change in intimacy with the care-recipient, while positive value was predicted by mutuality, change in closeness to the care-recipient and quality of support. Negative impact and