

are cared for by over 16 million people at an estimated annual cost of \$290 billion. The need for innovative, evidence-based interventions to support these patients and caregivers is critical to addressing this problem. The goal of the NIA Edward R. Roybal Centers for Translational Research in the Behavioral and Social Sciences of Aging is to translate and integrate basic behavioral and social research findings into interventions aimed at innovatively improving both the lives of older people and the capacity of institutions to adapt to societal aging. The Roybal Centers will develop research within the conceptual framework of the multidirectional and translational NIH Stage Model to produce these implementable, principle-driven behavioral interventions. The program has now funded new Centers, and each has a unique focus. Areas of concentration include promoting caregiving mastery (Emory University), integrating the use of technology in care support to improve assessments and interventions in care provision (Oregon Health & Science University), developing behavioral interventions to reduce isolation and promote social connectedness in caregivers (University of Rochester), promoting health in racial/ethnic minorities (University of Illinois at Chicago), and using insights from data science and behavioral economics to improve palliative care delivery and long-term support facilities for persons with dementia and their caregivers (University of Pennsylvania). Center leaders will present an overview of their cutting-edge, early-stage research projects and discuss implications for improving care of caregivers and patients.

#### **BUILDING NATIONAL CAPACITY FOR DEMENTIA CAREGIVING RESEARCH: THE NIA EDWARD R. ROYBAL CENTERS**

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The NIA Edward R. Roybal Centers for Translational Research in the Behavioral and Social Sciences of Aging aim to translate and integrate basic behavioral and social research findings into principle-driven interventions aimed at innovatively improving both the lives of older people and the capacity of institutions to adapt to societal aging. Newly funded Centers focus on interventions to promote caregiving mastery, integrate the use of technology in care support to improve assessments and interventions in care provision, develop behavioral interventions to reduce isolation and promote social connectedness in caregivers, promote health in racial/ethnic minorities, and apply insights from data science and behavioral economics to improve palliative care delivery and long-term support facilities for persons with dementia and their caregivers. Center leaders will present an overview of their cutting-edge, early-stage research projects based on the NIH Stage model conceptual framework and discuss implications for improving care of caregivers and patients.

#### **EDWARD R. ROYBAL CENTERS FOR TRANSLATIONAL RESEARCH IN THE BEHAVIORAL AND SOCIAL SCIENCES OF AGING**

Lisa Onken, *National Institute on Aging, Bethesda, Maryland, United States*

The goal of the Roybal Center program is the translation and integration of basic behavioral and social research findings into interventions to improve older people's lives and the capacity of institutions to adapt to societal aging. Roybal Centers are structured within the conceptual framework of the multidirectional, translational NIH Stage Model to produce potent and implementable principle-driven behavioral interventions. The NIA's Division of Behavioral and Social Research currently supports thirteen Roybal Centers, five of which have a primary focus on issues related to dementia care and caregiving support. Each Dementia Care Center has a unique focus that addresses issues such as social isolation, caregiving mastery, community-based resources and racial/ethnic minority health promotion. Additionally, a focus on the utilization of data science and behavioral economics related to palliative care, as well as a focus on the application of technology to improve assessments and interventions complete the scope of research endeavors.

#### **SESSION 5485 (SYMPOSIUM)**

##### **CAREGIVER-CENTERED COMMUNICATION: ENGAGING FAMILY CAREGIVERS**

Chair: George Demiris

Discussant: Karen Hirschman

Older adults are often relying on a family member or other informal caregiver (friend or other) to jointly navigate the health care system and cope with the ramifications of serious illness; thus, the patient-caregiver dyad becomes the unit of care. The caregiving role becomes crucial in cases where patients are facing a condition that limits their cognitive and functional abilities and caregivers are called to act as proxy decision makers for significant treatment and symptom management decisions. Caregivers often report that they feel isolated and overwhelmed, and in some cases experience significant barriers in communicating with health care providers. It is important that clinicians communicate in a way that acknowledges and addresses caregivers' preferences, needs and perspectives. Caregiver centered communication can facilitate a more effective adaptation throughout the illness course with better adherence to recommended treatment plans and greater satisfaction with care for both patients and families, as well as a more comprehensive response to their psychosocial needs. While health care organizations often aim to increase caregiver engagement and involvement in care processes, there is a lack of tools or strategies not only to more actively engage caregivers but also to assess how ongoing approaches perform in terms of facilitating meaningful and inclusive communication. This symposium will review existing tools and a new instrument to measure caregiver centered communication, challenges and opportunities in measuring the quality of communication with caregivers and highlight empirical data of communication quality in various health care settings including home care and hospice.