

member with dementia. J. Angel employs quantitative and qualitative data from two nationally representative datasets to discuss the effects of immigration on family structures and caregiving for Mexican-American older adults with dementia. Miyawaki and her colleagues provide a profile of caregivers of older Vietnamese refugees, the resources they use and support structures they rely on. Finally, Roberto and Savla expand the definition of family caregivers to include extended and fictive kin who are providing dementia care and provide an in-depth view of the circumstances that influence the responsibilities they assumed, the type of care they provide, and the coping strategies they use. Dr. Rosemary Blieszner will discuss the presenters' collective findings considering their unique caregiving practices and beliefs as well as the common grounds between the different races, regions and relationships.

CAREGIVING AND SERVICE USE: CULTURAL INFLUENCES, REGIONAL BARRIERS, AND FAMILY RELATIONS

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Elder care in rural Appalachia is challenging due to poor socioeconomic conditions, geographical isolation, and lack of services and transportation. Certain aspects of Appalachian culture, namely self-reliance, traditionalism, and strong family ties, also create unique barriers for using services to help care for persons with dementia (PwD). Quantitative and qualitative data from 85 caregivers of PwD with moderate to high care needs were explored to examine caregivers' use of personal care services, identification with their community, attitudes towards service use, and geographical distance from the nearest service location. Results suggest that although services such as adult day centers, food banks, meal delivery, and support groups are widely dispersed throughout rural Appalachian counties, use or nonuse of services was driven by lack of economic resources, care preferences of the PwD, and dissatisfaction with previous service use. Discussion focuses on suggestions for uptake of services by caregivers of PwD in rural Appalachia.

CAREGIVERS OF OLDER VIETNAMESE REFUGEES: FINDINGS FROM THE VIETNAMESE AGING AND CARE SURVEY (VACS)

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Since the fall of Saigon, over 1.3 million Vietnamese immigrated to the U.S. making Vietnamese the 4th largest Asian ethnic but most vulnerable group to disparities. There is a paucity of knowledge on the health of elders and their caregivers. The Vietnamese Aging and Care Survey (VACS) was developed, and health data on 67 caregivers were collected in Houston, Texas. Adult-child caregivers (n=44) were on

average, 45.3 years old, married (64%), working (91%), female (61%) in good/excellent health (90%). Spousal caregivers (n=23) were 70.6 years-old, retired (57%), female (78%) in fair/good health (73%). Adult-child received more help (43%) than spousal caregivers (29%), however, felt more caregiver burden ($p=0.01$) and perceived stress ($p=0.05$). Living in a multi-generation household, sharing caregiving, and working may alleviate their financial burden and provide psychological support. Findings suggest healthcare professionals to encourage caregivers to utilize available culturally-relevant social services to further ease their caregiving experiences.

LATE-LIFE CAREGIVING IN MEXICAN AMERICAN FAMILIES

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This study explores how sociological triangulation can be used to examine Mexican-American families in late-life caregiving. We examine the importance of household structure in providing dementia care. The movement away from traditional residential arrangements that result from neoliberal market reforms and international migration means that intergenerational relationship norms and exchanges will inevitably change and affect Mexican-American families caring for their elders. For many aging Mexican-Americans, a severe lack of resources and health limitations introduce major uncertainties about their futures. We employ the H-EPESE and Sacramento Area Longitudinal Study of Aging to document the nature, extent, and quality of dementia caregiving in the Southwestern United States. Qualitative results uncover how the changing meaning of social relationships impacts family life for older parents with dementia. Multivariate analyses reveal that the late-life migration (after 50yrs) undermines resources and opportunities for community-based care. Implications of the findings for informal and formal support are discussed.

EXPANDING RELATIONAL BOUNDARIES OF DEMENTIA CARE

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Rapid changes in family structures have expanded caregiving boundaries beyond the level of lineal kin to include extended and fictive kin. Guided by stress process and health behavior models, we analyzed semi-structured interviews with 120 family caregivers of persons with dementia (PwD) in rural Appalachia to explore personal/family circumstances that influence the responsibilities nonlinear kin assumed to meet the needs of PwD. Compared to spouse and adult children caregivers, nonlinear caregivers reported that PwD had similar behavioral problems, but greater ADL limitations. They also expressed greater burden, overload and role captivity; yet, they reported higher personal mastery, and perseverance. Although sisters and nieces did not report using any paid services to care for PwD, grandchildren and fictive kin used paid services such as meal delivery, personal care, and respite services. Findings provide new insights into a more elaborated conception of caregiving that considers the transformations occurring in family life today.