

USING A STRESS PROCESS MODEL TO EXAMINE RACIAL DIFFERENCES IN CAREGIVER WELL-BEING AND HEALTH

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Current research must utilize nationally-representative samples of older adults and their family caregivers to accurately reflect the growing diversity of the United States. This study aims to use a stress process model to examine potential racial differences in caregiving in a population-based sample of 844 White and 389 Black family caregivers in the United States. We conducted 3 x 2 x 2 (relationship type x race x dementia care status) factorial ANOVAs to examine potential differences in caregiving stressors, appraisals, resources, and mental and physical health outcomes among primary family caregivers. Results indicated significant racial differences in caregiving on several stress process measures. Although Black caregivers reported more caregiving stressors, compared to White caregivers, they tended to report more positive appraisals of caregiving and more caregiving resources. Dementia caregivers tended to report greater caregiving stressors and worse measures of appraisal compared to non-dementia caregivers. There was a significant two-way interaction among relationship type and dementia care status for the caregiving stressor, hours of care. A stress process model can allow researchers to investigate various factors associated with racial differences in caregiving.

DEPRESSION IN CAREGIVERS OF VETERANS: THE INTERACTION OF PERCEIVED SOCIAL SUPPORT AND AGE

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Caregiving is a risk factor for increased psychological stress and depression (Pinquart & Sörensen, 2003). Perceived social support (PSS) is strongly associated with emotional well-being and, for informal family caregivers, may be an important predictor of caregiver psychological outcomes. Although much is known about the effects of global PSS, there is a gap in research regarding numerous identified functional dimensions of support, particularly among family caregivers. Thus, this secondary data analysis examined how dimensions of PSS predict depression, and the moderating effects of age on this relationship, utilizing data from 240 family caregivers of elderly veterans receiving outpatient care at the Atlanta VA. The analysis utilizes a multidimensional measure of PSS (Sherbourne & Stewart, 1991) with four subscales: emotional/informational, tangible, affectionate, and positive social interaction. Preliminary OLS regression analyses, regressing depression on relevant demographic variables and PSS domains, revealed a significant overall model ($p < .001$). All domains besides tangible support significantly predicted depression. Because age was the only demographic variable associated with depression, we tested hypotheses of an interaction of PSS and age with PROCESS macro (Hayes, 2017). Moderation analyses revealed a significant interaction of support and age on caregiver depression ($p = .0145$). Of unique social support dimensions, only emotional/informational social support interacted with age ($p = .0075$),

demonstrating decreased depression at high levels of emotional/informational support, but a weaker effect for those of increased age. The original study was supported by the U.S. Department of Veterans Affairs Rehabilitation R&D Service.

CHARACTERISTICS OF CAREGIVERS WITH FAMILY CONFLICT

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The family environment is often overlooked in caregiver research and assessment, despite having implications for caregiver health and well-being (Zarit et al., 2019). The purpose of the present study was to examine differences on two types of family conflict (beliefs and support) among a diverse sample of caregivers. The present sample consisted of help-seeking ($n = 375$) and non-help-seeking ($n = 415$) caregivers (total $n = 790$). Caregivers filled out the Caregiver Reaction Scale (O'Malley & Qualls, 2017), a multidimensional assessment of the caregiver experience. Results of a 2 (adult children, spouse) x 2 (help-seeking, non-help-seeking) ANOVA indicated that help-seeking caregivers reported significantly more conflict over family beliefs than did non-help-seeking caregivers ($M = 1.93$ and 1.58 , respectively), $F(3,606) = 21.10$ $p < .001$. Adult children caregivers reported significantly greater conflict over family beliefs ($M = 1.91$) than did spouse caregivers ($M = 1.60$), $F(3,606) = 10.66$, $p < .001$. Adult children caregivers also reported significantly greater conflict over family support ($M = 1.87$) than did spouse caregivers ($M = 1.57$), $F(3,600) = 16.23$, $p < .001$. Results highlight that certain caregiving contexts (e.g., adult children caring for a parent) potentially increase family conflict, which has implications for caregiver burden. Family conflict over beliefs is also related to help-seeking in caregivers. Findings inform appropriate assessment and intervention regarding the family environment in caregiving.

STRESS, DEPRESSION, AND COGNITIVE FUNCTION IN ADRD FAMILY CAREGIVERS

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The rapidly growing number of individuals over the age of 55 stresses the need to identify unique factors to decrease older adults' vulnerability to psychiatric and neurodegenerative disorders, especially among high-risk groups such as family caregivers to persons with Alzheimer's disease or related dementias (ADRD). In this project, we investigated physiological stress responses, depression, and cognitive functioning. Using data from the Midlife in the United States database, we examined differences in physiological stress responses, depressive symptoms, and cognitive function (including working memory, episodic memory, verbal ability, processing speed, and executive functioning) between ADRD and non-ADRD caregivers. Results from the secondary analysis revealed a decrease in cognitive function, an increase in depressive symptoms and disrupted physiological responses in ADRD caregivers. These data suggest that the unique aspects of ADRD caregiving are a risk factor for the onset of psychiatric and neurodegenerative disorders. The results of this study support the development

of targeted interventions to reduce the risk of depression and cognitive decline among ADRD caregivers. The specific focus on older adult ADRD caregivers, physiological processes, mental health, and dementia is unique in the field of aging and provides a critically needed new paradigm for identifying strategies to support ADRD caregivers and understanding the development of ADRD.

SOCIOECONOMIC DETERMINANTS OF INFORMAL CAREGIVING IN INDIA

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This study investigates the socio-economic determinants of informal caregiving for elderly parents in urban India, with a focus on caste differences. Bivariate and multivariate logistic regression models of caregiving are estimated with data from 2011 data of Osaka University's Preference Parameters Study. Three types of caregiving are examined: helping with housework, financial assistance, and providing care. The control variables include: age, sex, marital status, wealth, religiosity, self-rated health, parents requiring care, number of siblings, and number of co-resident children. The bivariate analysis indicates that the highest caste is significantly less likely than the lowest caste to help with housework (OR=.734, SE=.127). In the fully specified models, there is not a significant difference between caste groups in the likelihood of helping with housework or providing financial assistance, but the highest caste is more likely than the lowest caste to provide care (OR=1.443, SE=.309). Being female and married significantly lowers the odds of each type of caregiving. Wealth increases the likelihood of providing help with housework and financial assistance. When both parents require care, children are more likely to provide financial assistance and help with housework, but when one parent requires care, children are more likely to provide care. Overall, sex, marital status, and wealth are the strongest predictors of helping with housework and financial assistance, whereas sex, marital status, and caste are the most important predictors of providing care. The implications of these findings for aging parents and adult children in urban India are discussed.

COGNITIVE ENHANCEMENT FOR GRANDPARENTING: REDUCED LONELINESS AS A MEDIATOR

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Grand-parental care, an important form of family care in China, However, its health effect on older adults, including their physical and mental health and cognitive function, is often not well understood. In the present study, we investigated the differences in terms of physical and mental health (measured by SF-36 Quality of Life Scale), self-aging attitudes (measured by the Philadelphia Senior Center Morale Scale), and cognitive functions (measured by WAIS, the subscales of Wechsler Adult Intelligence Scale) between those who provide grand-parental care and those who do not. Two studies were conducted. The first study examined 150 older adults who provided grandparental care and another 150 older adults who did not. Six months later, we randomly selected 103 older adults to conduct a longitudinal follow-up, of which 53 were

older adults who provided grandparental care, and another 50 older adults were those who didn't. The results of both cross-sectional and longitudinal studies showed that, compared with older adults who did not provide grandparental care, those providing grandparental care has significantly better physical and mental health, more positive self-aging attitudes and even enhanced cognitive functions. Further path analysis showed that loneliness mediated the association between providing grandparental care and enhancement in functions, such that providing grandparental care can reduce loneliness of the older adults, which in turn can improve their physical and mental health and even enhance their cognitive functions. These results shed light on the practical implications of grandparenting in China for the society.

RESILIENCE AND GRANDPARENT CAREGIVERS: A LONGITUDINAL ANALYSIS

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Previous work reflecting a shift in views about custodial grandparents has emphasized such persons' strengths. Such research has specifically indicated that resilience cross sectionally mediates the relationship between the stressfulness of the demands of raising a grandchild and both adjustment-related and parentally relevant outcomes. To explore the dynamics of such relationships in a one-year longitudinal framework, 86 grandparent caregivers completed a variety of measures targeting personal and parental functioning as well as resilience at initial and one-year follow-up occasions. Findings indicated that resilience at T1 predicted ($p < .05$) the following at T2: parental stress, parental efficacy, health, well-being, depression, grandparent role satisfaction, self-rated life disruption, and grandchild and grandchild behavioral/emotional difficulties. T1 resilience also predicted a T2 index of overall personal resources (better health/social support, less life disruption). At the same time, the following at T1 emerged as antecedents ($p < .05$) of T2 resilience: parental stress, parental efficacy, grandparent role satisfaction, depression, health, grandchild attachment, and well-being. In addition, overall personal adjustment (higher grandparent role satisfaction, more positive caregiver role appraisal, greater well-being, higher grandchild attachment, less depression) as well as greater overall personal resources each predicted ($p < .05$) greater T2 resilience. These findings not only extend previous cross-sectional research reinforcing the value of resilience in understanding grandparent caregivers, but also indicate that numerous parental and personal variables may lay the groundwork for the development of resilience, wherein these data also suggest that the relationship between resilience and grandparent caregiver functioning may be bidirectional in nature.

LONGITUDINAL CHANGES IN WELL-BEING OF PARENTS OF INDIVIDUALS WITH DEVELOPMENTAL OR MENTAL HEALTH PROBLEMS

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