

Family caregivers are essential partners in chronic disease management for older adults. However, being a family caregiver can have negative mental and physical health consequences, making it important for some caregivers to rely on supportive services, either for themselves (e.g. support groups) or to get help with caregiving tasks (e.g. home care). Supportive service use by family caregivers is well documented; yet, this research has often not included specific subgroups of caregivers (e.g. the racially/ethnically, or geographically diverse). Hence, the purpose of this symposium is to share new findings from research on supportive service use in understudied caregiving populations. First, Dr. Cimarolli presents findings from a study on the types of supportive services long-distance caregivers use for themselves and the factors associated with supportive service use in this caregiver population. Then, Dr. Wyman reports findings from a survey on the use of home and community-based resources by family caregivers in a Native American community. Dr. Wright will share the results of a systematic review of self-care interventions designed for caregivers of African Americans living with dementia. Finally, Dr. Mavandadi presents the results of a study examining the effectiveness of a telephone-based, collaborative dementia care program for improving outcomes in caregivers of military veterans living with dementia. Dr. Karen Rose will discuss the implications of each of these study findings for the development and evaluation of supportive interventions for these specialized family caregiver groups.

#### CARING FROM AFAR: LONG-DISTANCE CAREGIVERS' USE OF SUPPORTIVE SERVICES FOR THEMSELVES

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Although long distance caregivers (LDCs) are starting to be recognized as a subgroup of care partners experiencing unique challenges and stresses, it is unknown 1) what types of supportive services LDCs use for themselves and 2) what factors are associated with supportive service use in this understudied caregiving population. In our sample of 304 LDCs (Mage=56.9), the most frequently utilized service was video phone/webcam systems to monitor the care recipient (CR). Guided by Andersen's Model of Health Care Utilization and using multiple hierarchical regression analysis, younger age of the LDC (a predisposing factor) and need-related characteristics (greater caregiving burden and depressive symptoms, more time spent helping the CR, and worse CR functional status) were associated with greater use of supportive services. Enabling factors were not associated with service use. These study findings can help inform how to engage LDCs in supportive service utilization.

#### A SYSTEMATIC REVIEW OF SELF-CARE INTERVENTIONS FOR AFRICAN AMERICAN FAMILY CAREGIVERS

Kathy Wright,<sup>1</sup> Eunjung Ko,<sup>1</sup> Karen Moss,<sup>1</sup> Tara O'Brien,<sup>2</sup> Loren Wold,<sup>3</sup> and Karen Rose,<sup>1</sup> 1. *The Ohio State University, Columbus, Ohio, United States*, 2. *The Ohio State University, Center for Healthy Aging, Self-Management, and Complex Care College of Nursing, Columbus, Ohio, United States*, 3. *The Ohio State University, College of Nursing and Department of Physiology and Cell Biology, Columbus, Ohio, United States*

African Americans (AA) family caregivers provide the bulk of unpaid care to persons living with dementia (PLWD). This role leaves little time for the adoption of self-care behaviors—critical to the prevention and management of chronic diseases. In this systematic review, we appraise caregiver self-care interventions that include AA caregivers of PLWD. PubMed, CINAHL, PsycINFO, Cochrane, and Embase databases were searched. Terms included AA/Black, self-care, caregiving, lifestyle, intervention, psychological stress, and faith/community. We initially found 250 references and after application of exclusion criteria and removal of redundant references, 18 articles were analyzed. Most interventions focused on impacting levels of caregiver burden, depression, physical activity, anxiety, or wellbeing. Psychoeducation, physical activity, and spiritually-focused interventions were most effective in improving outcomes in caregivers. Future studies should examine the impact of interventions on the prevention and management of chronic disease in AA caregivers of PLWD.

#### UTILIZATION OF HOME AND COMMUNITY-BASED RESOURCES BY FAMILY CAREGIVERS IN A NATIVE AMERICAN COMMUNITY

Mary Wyman,<sup>1</sup> Debra Miller,<sup>2</sup> Sunshine Wheelock,<sup>3</sup> Florence Petri,<sup>3</sup> Elijah Metoxen,<sup>4</sup> Nickolas Lambrou,<sup>5</sup> and Carey Gleason,<sup>6</sup> 1. *Madison VAMC/UNIVERSITY OF WISCONSIN, Madison, Wisconsin, United States*, 2. *Oneida Comprehensive Health Division, Oneida, Wisconsin, United States*, 3. *Oneida Alzheimer's Community Advisory Board, Oneida, Wisconsin, United States*, 4. *Oneida Aging & Disability Services, Oneida, Wisconsin, United States*, 5. *University of Wisconsin, Madison, Madison, Wisconsin, United States*, 6. *University of Wisconsin, Madison, Wisconsin, United States*

Family caregiving is uniquely significant for elder care within American Indian/Alaska Native (AI/AN) communities. Compared to other populations, AI/AN older adults are disproportionately impacted by chronic conditions and AI/AN are more likely to be family caregivers. However, AI/AN are underrepresented in aging research. We describe a successful research partnership with the Oneida Nation of Wisconsin and report results of a recent survey of tribal members and affiliates (N=405), covering demographics of caregiving, awareness and use of home and community-based resources, and perceptions of factors impacting service use. Approximately 42% of respondents were current caregivers; of these, roughly one-third knew how to access various resources. Most common sources of knowledge were a health care/social worker or finding information on

their own. Traditional cultural values were viewed as variably supportive of resource utilization, depending on service type. Implications for efforts to address disparities for AI/AN aging and support caregivers will be discussed.

#### THE EFFECTIVENESS OF A CAREGIVER SUPPORT AND EDUCATION INTERVENTION DESIGNED FOR CAREGIVERS OF VETERANS

Shahzad Mavandadi,<sup>1</sup> April Eaker,<sup>2</sup> Katherine Van Treese,<sup>2</sup> Brenda Jeffries-Silmon,<sup>2</sup> and Laura Wray,<sup>3</sup> 1. *Corporal Michael J Crescenz VA Medical Center, Philadelphia, Pennsylvania, United States*, 2. *VA Center for Integrated Healthcare, VA Western New York Healthcare System, Buffalo, New York, United States*, 3. *VA Center for Integrated Healthcare, Buffalo, New York, United States*

Veterans are at increased risk for dementia and multiple comorbid conditions, often making the family caregiving experience particularly challenging. The objective of this study was to examine the effectiveness of a telephone-based, collaborative dementia care program for improving caregiver (CG) outcomes in CGs of veterans with dementia. All CGs (n=107) received individual care management and were randomized to either individual intervention alone or individual plus group education and social support. CGs were on average 72.5 (+/-11.0) years old, and the majority were female, spouses/partners of the care recipient (CR), and providing care for ≥1 year. Pre-post analyses indicate that CGs experienced a significant reduction in both the frequency of CRs' dementia-related symptoms (e.g. memory difficulties, disruptive behaviors, depressive affect) and their own distress in response to these symptoms. Our study adds to the literature on the development and evaluation of understudied CG populations, such as CGs of veterans with dementia.

### Session 3370 (Paper)

#### Economics and Financial Well-Being in Aging

##### DISPARITIES IN FINANCIAL STRAIN FOR OLDER ADULTS AND PEOPLE WITH DISABILITIES IN CALIFORNIA

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This study examines disparities in the experience of financial strain among older adults and people with disabilities by age, gender, race/ethnicity, poverty, and disability type. People with disabilities refer to those who report cognitive impairment, difficulties performing activities of daily living (ADLs) and/or instrumental activities of daily living (IADLs). Financial strain includes challenges that participants incurred during the last 12 months in acquiring food, housing, health care, or income. This study uses the data from the 2019 California Long-Term Services and Supports (LTSS) survey that was merged with data from the omnibus California Health Interview Survey (CHIS) (N=1097). This is the most

comprehensive population-level dataset to examine LTSS needs, unmet needs, and uses of LTSS in California. Initial findings show that 50% of participants report spending less on food, while 40% report cutting down on saving for retirement, receiving and borrowing money from others, and experiencing a decline in household income. More than 20% note that they could not make rent or mortgage payments, had debt due to medical bills, and had to spend less on prescription medications or medical care. We also find significant disparities in financial strain by age, gender, poverty, and disability type; however, no significant disparities by race/ethnicity. This study is among the first to examine disparities in various financial strain types for people who need LTSS in California. The findings have policy implications for the Master Plan for Aging (MPA), which serves as a blueprint to build environments that promote an age-friendly California.

##### DOES THE HEALTH INSURANCE PROGRAM REDUCE HEALTH-INDUCED POVERTY?: NEW EVIDENCE FROM THE CHINA HOUSEHOLD INCOME PROJECT

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The growing cost of healthcare services has been a concern for many countries in the world. In China, medical expenditures can account for as much as 65% of per capita income in some low-GDP counties in 2011. One of the primary goals of the New Rural Cooperative Medical Insurance (NRCMI) is to provide financial protection and alleviate the financial burdens of rural residents in China. This paper examined whether NRCMI participation impacted the incidence of catastrophic health expenditure (CHE) among middle-aged and older adults (45 years old and above) using the China Household Income Project 2007 rural data and an instrumental variable estimation method in two provinces where there was heterogeneity in NRCMI implementation schedule. The results show that NRCMI enrollment could not impact the likelihood of experiencing CHE among middle-aged and older adults. However, NRCMI participation increased the actual amount of medical expenses in one province but not in the other. Although none of the prior studies have used instruments and village fixed effects or take endogeneity issues into account to investigate the impact of NRCMI on relative financial burden among recipients, the results found in this study are generally aligned with the prior findings, especially with those using quasi-experimental studies. Findings from this study provide empirical evidence to the policymakers that the effect of NRCMI participation on financial protections is limited despite its broad population coverage. The limited effects are probably due to the low reimbursement rate and more utilization of expensive healthcare services.

##### HEALTH, QUALITY OF LIFE, AND ECONOMIC IMPACTS OF HOME CARE VOUCHERS FOR MIDDLE-INCOME ADULTS

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The Support at Home pilot program provided financial support for home care services by middle-income adults