

short lengths of stay undermine the clinical benefits to patients and families, and that hospice enrollment criteria may contribute to inadequate lengths of stay. The hospice services and workforce issues domain largely focused on burnout prevention. Participants acknowledged that provider self-care was linked to the quality of patient care. The education domain contained subthemes related to improving physician knowledge regarding prognostication and referral, and to patients and families regarding misconceptions about hospice care. Findings highlight critical needs for future hospice research and policy change.

## Session 3380 (Paper)

### Family Caregiving I (SRPP Paper)

#### CARING AGAIN: PARENT CAREGIVERS FOR THEIR WOUNDED ADULT CHILDREN VETERANS

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With military personnel in Iraq and Afghanistan surviving what were previously fatal injuries, there is ongoing discussion about how to provide care for them and support their families. Parents frequently provide care for their unmarried, injured adult children, especially those returning with polytraumatic injuries, PTSD, or Traumatic Brain Injury (TBI). Parents (n=160) of combat injured adult children who participated in a DoD-funded behavioral intervention study are described. Parents were mainly mothers, average age 60.2 years, with ages ranging from 45 to 79. The veterans had functional limitations, and only 9.2% were employed. Parents, on average, had been caregivers for 6.6 years and daily spent 7.7 hours providing care and 17.2 hours on duty, primarily focused on supervision and daily life management rather than physical care. Average caregiver burden score approached high and was related to veteran TBI diagnosis, aggressive behavior toward others, and functional limitations. Few parents (22.7%) worked full-time; 85.3% had decreased personal spending, 84.0% dipped into personal savings, and 58.9% reduced retirement saving. These findings are similar to those of aging parent caregivers of adult children with serious mental illness or developmental disabilities in amount of care provided to their adult children, their level of burden, financial and career cost to themselves, and concern about their future and their children's future. As these parents and their adult children age, providing care and resources will present greater challenges for them, for the military and veteran care systems they rely on for support, and for society.

#### THE MODERATING EFFECT OF CAREGIVER ENGAGEMENT IN TRANSITIONAL CARE INTERVENTION OUTCOMES: A META-ANALYSIS

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As chronically ill adults age, increased fluctuations in health status result in frequent care transitions. Caregiver engagement is often a core component of evidence-based transitional care interventions, yet little is known about the relative contribution of this element to observed outcomes. This meta-analysis aimed to synthesize evidence of caregiver engagement in randomized control trials (RCT's) of transitional care interventions, estimate the overall intervention effects on all-cause hospital readmissions, and test caregiver engagement as a moderator of interventions' effects. Relative risk was the effect size, and the overall effect was estimated using inverse variance weighting. Fifty-four studies met criteria, representing 31,399 participants and 65 effect sizes. The weighted sample mean age was 64 years. The majority (64%) of interventions targeted participants with specific diagnoses, such as heart disease, but more than half (54%) lacked caregiver engagement components. Among all reviewed studies of transitional care interventions, the overall effect on all-cause readmissions at 1 month was non-significant (p=.123, k=28). However, intervention effects at 2 or more months were significant (RR=0.89, 95% CI: 0.82, 0.97, p=.007, k=26), indicating a 12% reduction in the relative risk of all-cause readmissions among intervention participants compared to controls. Caregiver engagement was found to moderate intervention effects (p=.05). Specifically, interventions that included caregiver engagement produced more robust effects (RR=0.83, 95% CI: 0.75, 0.92, p=.001), than those without such engagement (RR=0.97, 95% CI: 0.87, 1.08, p=.550). Findings suggest that transitional care interventions need to more explicitly engage caregivers as active partners in order to optimize patient outcomes.

#### VIETNAMESE FAMILIES' STRENGTH AND RESILIENCE AND HEALTHCARE PROFESSIONALS' ROLE DURING THE PANDEMIC

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Traumatic escape from Vietnam in 1975 brought 1.3 million Vietnamese refugees to the U.S. Today, Vietnamese are the largest Asian subethnic group in Houston, Texas (81,000+), making Houston the 3rd largest Vietnamese-populated city in the U.S. Despite these numbers, health research on Vietnamese population is limited. To address this gap, we developed the Vietnamese Aging and Care Survey and collected data on Vietnamese older adults (≥65 years) and their caregivers (N=199). The purpose of this study was to examine the association between caregivers' caregiving characteristics and care recipients' mental health (N=58 dyads). Descriptive statistics and logistic regression models were used. Caregivers were on average 53 years-old, Vietnam-born (97%), and working (66%). The majority (84%) lived with their care recipients and provided care for 20+ hours/week (69%) in good/excellent health (76%). Care recipients were on average 75 years-old,