

family members you would like to involve in any aspect of your health care?” (i.e., “actual availability”) and “Does anyone help you with your daily activities?” (i.e., “obtained” availability). We performed a logistic regression analysis to evaluate the association between administratively defined and “actual” or “obtained” availability of support controlling for age, race/ethnicity, and gender. The sample was 90% male, mean age 63 years, 50% White and 44% African American. We found that 32.9% had administratively defined availability by being married, and 32.5% by listing secondary next-of kin. Married Veterans were significantly more likely to report greater actual availability ($p=0.01$) and obtained ($p=0.04$) support. Veterans listing a secondary next-of-kin were significantly more likely to report “actual” availability ($p=0.04$) but not on “obtained” ($p=0.08$) support. Marital status may be a useful proxy of actual family support and listing a secondary next-of kin may be an alternate indicator for complex patients. Our study provides guidance on the use of administrative data in understanding caregivers.

DEMENTIA CAREGIVING NEGATIVELY AFFECTS THE HEALTH OF CAREGIVER AND CARE RECIPIENT. CAREGIVING TRANSITIONS STUDY

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Dementia is one of the most common reasons for needing a caregiver (CG). Few studies have compared dementia and non-dementia caregivers who have transitioned into family caregiving roles. Participants in the REasons for Geographic and Racial Differences in Stroke (REGARDS) study who transitioned into a significant caregiving role were recruited to participate in the Caregiving Transitions Study (CTS). Of 11,483 REGARDS participants who were not caregivers at baseline, 1229 (11%) transitioned into a family caregiving role. Eligibility criteria were met by 251 and they were enrolled along with 251 demographically-matched noncaregiving controls. Enrolled caregivers are 65% female; 36% African American; 71.8 + 8.1 years of age; caring for a spouse/partner (51%), parent (25%), or another person (24%). 47% are caring for a person with dementia. Dementia CGs provide more hours of care per day (9.3 hours versus 6.7 hours), report being under more stress and twice as much strain as non-dementia CGs ($p<0.03$ for all). They feel more burdened by the care recipient's treatment ($p=0.01$) and report that the burden leads to delays in the care recipient receiving medical care ($p<0.007$). Dementia CGs are more than twice as likely as non-caregivers to report that their caregiving makes them worse at taking care of their own health (33.9% versus 15.4%, $p=0.003$). This prospective, population-based study confirms previous cross-sectional findings from convenience samples on the greater care burden experienced by dementia caregivers and extends this work to new measures of treatment burden and treatment delay.

FAMILY CAREGIVER FACTORS AND SUBSEQUENT EMERGENCY DEPARTMENT UTILIZATION AMONG OLDER ADULTS WITH DISABILITY

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Community-living older adults with disability are frequent Emergency Department (ED) users and most rely on family caregiver support. However, no prior research has examined associations between caregiver characteristics and subsequent ED utilization among older adults. We draw on a sample of 2,521 community-living older adults with mobility/self-care disability and their primary family caregivers to identify caregiver characteristics associated with all-cause or potentially preventable ED use. We use Cox proportional hazards regression to separately model the likelihood of all-cause and potentially preventable ED use as a function of caregiver characteristics. Models account for competing risk of mortality and adjust for measures of older adults' socio-demographic characteristics, health status, and survey wave. About half (52.5%) of older adults incurred 1+ ED visit and 26.8% incurred 1+ potentially preventable ED visit within 12 months of interview. Adjusting for survey wave and older adult sociodemographic characteristics and health status, older adults were at greater risk of all-cause ED use if their primary caregiver provided greater than 40 hours of care per week (HR: 1.22, 95% CI: 1.04-1.43; $p=0.02$), helped with health care tasks (HR: 1.26; 95% CI: 1.08-1.46; $p<0.01$), or experienced physical strain (HR: 1.18; 95% CI: 1.03-1.36; $p=0.02$). Older adults were at greater risk of potentially preventable ED use if their primary caregiver helped with health care tasks (HR: 1.25; 95% CI: 1.02-1.54; $p=0.03$). Findings highlight the relevance of caregiver factors to older adults' ED use and suggest the need for assessment and support of family caregivers in the care delivery setting.

IDENTIFYING UNMET NEED IN INFORMAL CAREGIVING: DISPARITIES BY GENDER, EMPLOYMENT STATUS, AND RACE-ETHNICITY

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Older adults, including those with dementia and other types of cognitive decline, often report a desire to remain in their homes. Over 50 million informal caregivers in the US provide needed in-home assistance to those in need, and there are well-documented disparities in informal caregiving responsibilities by sociodemographic factors, yet little is known about “unmet need” in informal caregiving. Therefore, the study's objective is to examine discrepancies in unmet caregiving-related need by race/ethnicity, gender, and employment status. We abstracted data about caregivers from the 2017 National Study of Caregiving and linked these data to participants in the National Health and Aging Trends Study on caregivers of older adults ($n=993$). Generalized

linear models were used to model the discrepancies between the number of activities of daily living for which the care recipient required assistance and the number of tasks caregivers provide, by race/ethnicity, gender, and employment status, accounting for confounders and complex sampling. Care recipients whose primary informal caregivers were employed were 69% more likely than those whose informal caregivers were not employed to experience unmet caregiving need (OR 1.69, 95%CI 1.19-2.41). A similar association between employment and unmet caregiving was observed among White caregivers (OR=1.79, 95% CI 1.16-2.69), while the association was not significant among Black caregivers ($p=0.228$). These findings suggest potentially addressable disparities in informal caregiving duties between Black and White caregivers, and can be used to inform and develop of policies and programs designed to improve caregiver health and reduce undue strain on caregiver health and wellbeing.

SESSION 1175 (SYMPOSIUM)

FACTORS INFLUENCING SELF-REPORTED COGNITION OVER TIME

Chair: Nikki Hill, *Penn State University, University Park, Pennsylvania, United States*

Discussant: Mindy Katz, *Albert Einstein College of Medicine, Bronx, New York, United States*

Self-reported cognitive problems among cognitively intact older adults are often associated with an increased risk of future cognitive decline and Alzheimer's disease (AD). However, cross-sectional evidence suggests that self-reported cognition may be more influenced by factors such as personality or affective symptoms than concurrent objective cognitive performance. Furthermore, self-reported cognition is measured using a variety of items that assess different constructs (e.g., current memory performance, perceived decline over time), which may be differentially influenced by individual characteristics or item interpretation. The purpose of this symposium is to present findings from multiple analyses that examined the influence of individual characteristics (i.e., personality, perceived stress, and family history of dementia) on self-reported cognitive problems, and to further describe how item type influences older adults' responses to questions about their memory. First, we present the results of an investigation that examined the influence of personality on three types self-reported memory, with a specific focus on how these associations may differ in Black and White older adults. Second, we extend this discussion with results of an examination of associations among personality, family history of AD, and memory self-report. Our third presentation explores bidirectional associations between perceived stress and memory complaints over time. And finally, we present the results of a factor analysis of self-reported cognition items that distinguishes those that tend to travel together over time from those that are better at discriminating between individuals.

THE INFLUENCE OF PERSONALITY ON MEMORY SELF-REPORT AMONG BLACK AND WHITE OLDER ADULTS

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Personality traits, particularly neuroticism, have been associated with self-reported memory problems, but little is known regarding differences across racial groups. Community-dwelling older adults ($n=425$; $M(SD) = 76.7(4.7)$ years; 62.6% female; 72.0% White) without cognitive impairment completed up to 11 annual comprehensive medical and neuropsychological examinations as part of the Einstein Aging Study. Multilevel modeling tested: 1) the association of neuroticism, conscientiousness, extraversion, openness, and agreeableness with three types of self-reported memory problems (frequency, one-year decline, and ten-year decline), and 2) whether these associations differed by race, specifically Black and White. Neuroticism predicted self-reported frequency of memory problems and perceived one-year decline when considered alone; however, this did not remain significant after including all personality traits. Conscientiousness influenced perceived ten-year memory decline in Black older adults but not White. Our findings suggest that the influence of personality on self-reported memory problems may not be consistent across racial groups.

PERSONALITY AND FAMILY HISTORY OF ALZHEIMER'S DISEASE AS PREDICTORS OF OLDER ADULTS' SELF-REPORTED MEMORY PROBLEMS

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Understanding individual factors (e.g., personality) associated with self-reported memory problems is important to refine identification of individuals at a higher risk of developing Alzheimer's disease (AD). Using multilevel modeling, we examined the association of family history of AD and personality traits with self-reported memory problems in older adults ($n = 421$; 72.21% White; 62.95% female; $Mage = 76.69$). Results showed that individuals with a family history of AD reported more frequent memory problems and greater one-year memory decline. Similar findings were reported for individuals with higher extraversion scores. Further, older adults with higher neuroticism scores reported greater one- and ten-year memory decline. Neuroticism was positively related to frequency of memory problems, but only among participants with a family history of AD. Findings suggest that higher neuroticism and lower extraversion may increase older adults' reports of memory problems. Family history of AD may further exacerbate this tendency.

LONGITUDINAL ASSOCIATIONS BETWEEN PERCEIVED STRESS AND MEMORY COMPLAINTS

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Memory complaints increase cognitive decline but show weak concurrent associations with objective memory. Instead, affect might underlie some memory complaints and their impact on future cognition. Perceived stress