

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

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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

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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