

Patients with COPD who had a lower propensity to participate in the physical activity coaching intervention had lower hospitalization risks compared to those with a higher participation propensity.

## SESSION 3180 (PAPER)

### FACTORS RELATED TO FAMILY CAREGIVING

#### AN OLDER CARER, BUT STILL A CHILD: UNEXPECTED IDENTITIES OF OLDER ADULTS CARING FOR A NEAR-CENTENARIAN PARENT

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According to the National Alliance for Caregiving (2015), the typical definition of an older adult caregiver points to a 79-year-old white female who cares for a close relative due to a long-term physical condition; in such cases the care-recipient is often a spouse, an adult child or a sibling, but not a parent. This cross-sectional qualitative study explores the experience of a group of fifteen children in their 70s who are main care-providers of their parents (mean age 98; range 95-105); it focuses on their overall caregiving experience with a particular emphasis on how they feel being still a child at such an advanced age. In-depth interviews were conducted and analyzed for recurrent themes using thematic analysis. Main findings revealed that although being in an overall positive experience, often socially exalted (proudness of having a parent alive/being in an unique situation), none had expected to be holding the identity of a child at their current age. These children's views of their ageing self were strongly embedded in their caregiving role, and some reported losing awareness of their own age and a mixture of feelings of being simultaneously a child, a parent and a grandparent. Role captivity (late life prison) and disregarding self-care shaped their current situation in terms of caregiving burden and altered life plans as older adults. This study adds to the limited available knowledge on very old caregiving dyads, and raises awareness on how personal and family identity may be shaped in older age by unforeseen family dynamics.

#### HEALTH CARE PROVIDER ATTITUDES ABOUT INTEGRATING FAMILY CAREGIVERS INTO CLINICAL ENCOUNTERS

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The presence of family caregivers in clinical encounters is becoming more common with the aging of the US population and the continued shift of care responsibilities from health professionals in clinical settings to family caregivers at home. Patients accompanied to clinical encounters by caregivers are more likely to be older, sicker, and have lower health literacy.

Research shows, however, that providers often do not initiate any caregiver participation and when they do, conversations center on relaying technical medical information rather than preferences and capacity to provide caregiving assistance. Little is known about provider perceptions of engaging caregivers in clinical encounters. Using data from 20 semi-structured interviews with physicians from primary and specialty care, we identified 3 inter-related themes about engaging caregivers in clinical encounters: 1) ambivalence about caregivers' role in clinical encounters; 2) trepidation about posing questions directly to caregivers; and, 3) beliefs that systemic barriers exist that inhibit integration of caregivers. Providers, especially in primary care encounters, chiefly view caregivers as sources of supplemental information or for absorbing or reinforcing clinical instructions for care at home. Providers also voiced concerns about the ethics of assessing caregiver capacity to provide assistance to the patient without having clinical authority to treat or adequate resources to provide to caregivers. Finally, providers identified structural barriers, including time constraints, for integrating caregivers into the clinical care team. Findings provide insight into provider attitudes on the caregivers' role, a perspective that is essential for understanding opportunities and challenges for implementing caregiver interventions in clinical settings.

#### PROVIDING AND RECEIVING FAMILY CARE ACROSS THE LIFE COURSE: INSIGHTS FROM THE OLDEST OLD

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Unprecedented longevity comes with an increased need for providing and receiving care. A 2015 report estimated 39.8 million adults in the United States provided unpaid care to an adult in 2014 (NAC & AARP). Previous research has focused disproportionately on experiences of providing care to older adults, but little has explored experiences of providing care and receiving care among the oldest old. Adults aged 85 and older are likely to have provided care to an adult family member at some point in their lives, but now may be receiving care themselves. The presentation will report on findings from a mixed methods study investigating the experiences of providing and receiving care across the life course among a sample of the "oldest old." Data draw from focus groups and a survey with the MIT AgeLab Lifestyle Leaders, a bimonthly panel study of adults ages 85 and older. Findings suggest the Lifestyle Leaders had extensive experience providing care, particularly in older age. They most often cared for family members with long-term physical or cognitive conditions. Opinions on learning new technologies to help with caregiving and robot caregivers were mixed. The majority of the Lifestyle Leaders received regular help with at least one care task regardless of household composition or living situation. Many reported help had improved their health, but they felt like a burden to their caregivers. Even in later life, the Lifestyle Leaders had few ideas about who might take care of them if they needed care in the future.