

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, Vietnam-born (100%) in fair/poor health (81%). Regression results showed stressed caregivers with more-depressed care recipients (OR=1.47, 95%CI:1.02, 2.13) but positive caregiving experiences (OR=0.85, 95%CI:0.74, 0.97) and burdened caregivers (OR=0.79, 95%CI:0.65, 0.96) with less-depressed care recipients. We found the association between stressed caregivers and depressed care recipients (Life Stress Paradigm), but care

recipients becoming a “helpful company” reduces caregiver burden and care recipients’ depression (Social Exchange Theory). Vietnamese families live in multigenerational households within ethnic enclaves and remain a tightly-knit family unit showing resilience to their low socioeconomic status ($\leq 25K$, 91%). Leveraging a family as their strength, healthcare professionals should take a caregiver-care recipient dyad approach when planning COVID-19 pandemic interventions in Vietnamese communities.

WORKING FAMILY CAREGIVER WELL-BEING: WORK IMPACT, WORKPLACE SUPPORTS, AND FAMILY DISCORD

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A recent study by our team showed that family discord about care provision among multiple family caregivers was a significant predictor of caregiver burden, anxiety, depression, and activity restrictions. This study examined the combined effects of family discord, work impacts (missed work, caregiving affects work), and workplace supports (flexible hours, caregiver benefits) on caregiver well-being. We conducted a secondary analysis using cross-sectional survey data from the Western Pennsylvania Family Caregiving Project 2017-2018. Participants were family caregivers who worked outside the home and shared older adult (i.e. over age 50) caregiving responsibilities with family ($n=364$, mean age: 52.59 years, female: 71.7%, White: 79.7%, cared for a parent: 69.5%, mean work hours/week: 37.30). Hierarchical regression analyses were conducted testing for main effects of family discord, work impacts, and workplace supports; and interactions between discord and work impacts/workplace supports. The presence of family discord negatively impacted all caregiver well-being outcomes ($p<0.05$). Having more work impacts increased the risk for anxiety ($p<0.04$), activity restrictions ($p<0.01$) and burden ($p<0.01$). No main effects were found for workplace support. Moderating effects were found, such that anxiety was high when family discord and work impacts were higher ($p=0.025$). Additionally, more activity restrictions occurred when caregivers had low workplace support and higher family discord ($p=0.020$). Results suggest having less family discord, more workplace support, and less negative work impacts may improve caregiver well-being. Future work is needed to determine which work supports are most beneficial to this population and how family discord and negative work impacts can be reduced.

Session 3385 (Symposium)

FRIENDSHIP AND LONELINESS AMONG PEOPLE LIVING WITH DEMENTIA: SOCIAL PRACTICES AND IDENTITY

Chair: Pamela Saunders Co-Chair: Daniel R. Y. Gan
 Discussant: John Swinton

More people living with dementia (PLWD) are aging in place in the community. The number of PLWD aging in community is estimated to comprise 61-81% of the total number

of PLWD in North America. Since most PLWD do not drive (Foley et al., 2000), many may (or may not) spend much of their time closer to home, barring occasional visits out of town. Yet, one’s everyday environment may not always provide “ways of being in the world that are more accepting and embracing” (Hillman & Latimer, 2017) and kind, to the varied socio-cognitive struggles of PLWD. Meaningful relationships are required to support continued social participation and citizenship (Bartlett & O’Connor, 2007; Swinton, 2020). In addition to dementia diagnosis, these everyday experiences in community may significantly alter PLWD’s self-perception and confidence. PLWD may feel more or less comfortable forging relationships depending on their past experiences. In other words, the identity of PLWDs are often challenged and (re)constructed (Saunders et al., 2011). Amid persistent power imbalances, malignant social practices may reshape one’s identity such that social isolation, whether self-imposed and/or due to restrictions from others, appear the best way to tide over overwhelming loneliness. This symposium explores how community and friendships may intercept the formation of such lonely self-identity among PLWD. We use advanced qualitative methods to elucidate the varied experiences and challenges of PLWD in community. Findings from three perspectives, namely sociolinguistics, sociology, and social work, will be discussed identify new social practices to undo stigma and support PLWD in community.

COMMUNICATIVE COPING AND FRIENDSHIP AMONG PERSONS LIVING WITH DEMENTIA: FINDINGS FROM LONG-TERM CARE

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The study of identity is central to many disciplines, however there is a special link that connects language and discourse to identities. The way people speak reveals a lot about who they are. Through discourse and communication individuals convey and negotiate their sense of self (de Fina, 2020). Regardless of cognitive status, persons living with dementia (PLWD) use language to construct for themselves a social identity of being included in friendship networks (de Medeiros et al., 2011). This paper uses data from the Friendship Study to examine the use of such communicative coping behavior (CCB) for friendship formation. Ethnographic observations of PLWD were conducted in a Long-Term Care residential setting. Sociolinguistic discourse analysis of verbatim transcripts with reference to the CCB Checklist (Saunders et al., 2016) reveal evidence of CCB use. Results suggest that different types of CCBs were used to construct identity and negotiate friendship challenges in different contexts.

UNSPOILED IDENTITIES OF PEOPLE LIVING ALONE WITH DEMENTIA: RESISTING STIGMA BY HELPING OTHERS

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Goffman (1963) described stigma as the shift from being viewed as a whole and usual person to one with a spoiled identity. People living with dementia (PLWD) often report feeling stigmatized. Many dementia stereotypes highlight