

URBAN ENVIRONMENTAL BARRIERS AND FACILITIES TO MOBILITY AND PARTICIPATION FOR OLDER MOBILITY DEVICE USERS

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Many people use mobility devices to get around. Unfortunately, these mobility device users frequently encounter environmental features and social practices that restrict mobility and social participation. For example, barriers in the built environment can exclude mobility device users from certain spaces. They also report experiencing discrimination and stigma in the community. However, much of the research in this area has not examined the experiences of older mobility device users in a holistic manner. The purpose of our study was to explore the barriers and facilitators of mobility and participation among people who use wheeled mobility devices. This mixed-methods project used multiple participatory research methods including qualitative interviews, participant-led, community environmental audits, photovoice, mobility tracking using global positioning satellite data and building accessibility audits of participant nominated buildings. We used standardized tools to measure participants' perceived, physical functioning, anxiety and depression, mobility and mobility device confidence among device users living. The study included 104 participants (64 from the Metro Vancouver and 41 from Quebec City). The primary mobility devices used included manual and power wheelchairs, mobility scooters, canes, crutches and walkers. On average, participants were 58 years of age and 53% were female. Our analysis revealed four main themes: 1) wayfinding challenges; 2) barriers and facilitators in the built environment; 3) the influence of social practices; and 4) temporal and climatic fluctuations. Our findings identified policies and changeable features in the built and social environment that restrict accessibility, which could be remedied by working collaboratively with municipalities and service providers.

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FAMILY CAREGIVING FOR ADULTS WITH ALZHEIMER'S DISEASE AND OTHER RELATED DEMENTIAS

CARE2CAREGIVER: A PEER SUPPORT HELPLINE FOR CAREGIVERS OF PERSONS LIVING WITH DEMENTIA
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Caregivers of persons with Alzheimer's disease and Related Dementia (CADRD) provide a significant amount of support to their family members, however, experience many challenges and stress that impacts their quality of

life, emotional and physical well-being. They also have difficulty accessing services. Peers supporters, or CADRD with specialized training, are an important resource to help alleviate stress related to caregiving and focus on wellbeing, yet few studies have examined peer support. Our retrospective cohort study examined four years of data collected from a peer support helpline for CADRD in a northeastern state. Data included: demographics, presenting issues, services provided to assess for changes across time and call frequency. The Peer Specialists were CADRD who received specialized training and supervision to provide telephonic peer support. Caregivers were primarily female, and the average age of caller increased significantly over time. Issues related to personal emotional wellbeing was the primary reason for the call. The primary type of support provided was peer support interactions, follow-up calls, and links to resources focused on caregiver well-being. Callers reported distress from offering care to multiple recipients. Electronic follow-up (e.g. email and chat) increased over time. Peer support helpline programs have the potential to address the practical, physical, social and emotional needs of CADRD in the location of the caregiver choice. This model has potential to reach the growing number CADRDs via an array of web-based services including chat, email and online support, which can help overcome transportation and other logistical barriers to support.

DEMENTIA CAREGIVING AND COGNITION: AN EXTENSION OF THE STRESS PROCESS MODEL

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As cases of Alzheimer's disease and related dementias (ADRD) continue to rise, informal caregivers are critical resources in providing dementia care, yet caregiving is associated with high levels of burden, stress, anxiety and depression. Caregiving can be a prolonged and stressful experience, and impaired cognitive functioning in caregivers could impact their own health and quality of life and compromise the quality of care provided to their care-recipient. Thus, the purpose of the current study is to use the Stress Process Model as a guiding theoretical framework to identify whether primary stressors (e.g., care recipient functional status, cognitive problems) or secondary stressors (e.g., loss of self, economic conflict) predict performance across seven domains of cognition in 50 primary ADRD caregivers. Hierarchical regression analyses were used to examine which primary and secondary stressors emerge as predictors of cognitive performance. Results indicated that primary stressors (e.g., problematic dementia behaviors and relational deprivation) significantly predicted working memory performance and secondary stressors (e.g., economic strain, loss of self) significantly predicted implicit memory performance. Additionally, higher levels of caregiver burden predicted worse performance on executive functioning and implicit memory measures. Overall, the findings of this study indicate that the stress associated with caregiving may have adverse effects beyond psychosocial outcomes, and findings can be used to inform policies and practices with regard to caregiver health and well-being.