

interviews assessed care dyads from 1.5 to 2 years after their participation in SHARE ended. Analyses determined change in PWD ADL needs from enrollment (T1) to two years later (T2) and impact on caregiver task burden. Paired samples t-tests indicated a significant increase in PWD need for assistance with 18 ADLs, from a T1 mean of 8.76 to a T2 mean of 11.34 ( $t=6.72$ ,  $p=.000$ ). This paper examines: 1) the benefits and challenges of creating a Care Plan in the early stages of dementia, 2) how SHARE dyads utilized their Care Plans when PWDs needed assistance, and 3) if reliance on family/friend and paid service provider options were realistic over time.

#### WORK ENVIRONMENTS AMONG OLDER WORKING CAREGIVERS

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Many older workers balance paid work with care work. Working caregivers face unique challenges that make them more likely to leave the work force. However work environments may be more or less accommodating to their needs, and in addition, they may need to work for financial reasons. Current research on working caregivers has not explored: a) the work environments of older working caregivers; b) whether particular work environments are likely to influence whether caregivers stop working; and c) whether these effects vary by type of care work (spousal versus parental). This study addresses these gaps. Using data drawn from the 2008-2014 waves of the Health and Retirement Study, we used latent class analysis to develop a typology of work environments of individuals 51-75 who are engaged in paid work. Four classes of work environments emerged: A) balanced, supportive work environments (34%); B) average environments with high job lock (30%); C) poor, unsupportive work environments (21%); and D) highly accommodating, stressful jobs (14%). Logistic regression results showed those in group D were less likely than all other groups to leave their jobs. In addition, relative to spousal caregivers, parental caregivers in class A were significantly more likely to leave the labor force. Results suggest that caregivers may be more likely to continue engaging in paid work in supportive work environments, and work environments may be more likely to retain older working caregivers by identifying ways to help them meet their work needs and maintain their caregiving roles.

#### SESSION 1170 (PAPER)

##### EMERGING TOPICS IN FAMILY CAREGIVING

##### A PROFILE OF CAREGIVING AMONG SEPSIS SURVIVORS RECEIVING POST-ACUTE HOME HEALTH CARE

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Sepsis survivors transitioning from hospital-to-home are clinically complex. Family caregivers can face challenges managing patients' care needs; however, skilled home health care (HHC) can serve as an important resource during this care transition. This study's purpose was to describe caregiving needs among older sepsis survivors receiving post-acute HHC, and identify sources of unmet caregiving needs. We conducted a retrospective analysis of a national dataset of Medicare beneficiaries starting a new HHC episode who were after hospital discharge for sepsis between 2013 and 2014 ( $n=165,228$ ). All patients received at least one HHC visit the first week after hospital discharge. Caregiving activities included seven items from the start of care Outcome and Assessment Information Set. Descriptive statistics were used to examine types of caregiving activities and needs, demographics, and clinical information. Proportions of patients with unmet caregiving needs ranged from 9%-29%, with the largest proportion of unmet needs in activities of daily living (ADL) assistance (29%), medication administration (28%), and medical procedures/treatments (25%). Unmet caregiving needs across activities were largely due to a caregiver needing training/supportive services (75%-88%), suggesting that many sepsis survivors receiving HHC have caregivers who are available to help, but who lack the knowledge and skills to manage patients' complex care needs. Thus, HHC providers should address caregiving training and support needs, especially related to assistance with ADLs, medication administration, and medical procedures/treatments. Future research is needed to determine specific educational strategies for caregiver training and support, especially related to skills and knowledge assessment, and training delivery and monitoring.

##### ADMINISTRATIVE INDICATORS OF FAMILY SUPPORT AMONG COMPLEX PATIENTS

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Greater access to family support has been shown to positively affect the management of complex patients (i.e., multiple chronic conditions and psychosocial needs). However, patients' availability of family support is not easily obtainable from medical records. We aim to identify administrative variables that can be used as indicators of family support. We investigated secondary next-of-kin (i.e., patient identified two next-of-kin) and marital status as administratively defined family support availability in a Veteran sample ( $n=2210$ ). A subsample ( $n=329$ ) was further evaluated with documented responses to questions "Are there any friends/