

their own medical care. We examined the relationships of self-reported vision difficulty with indicators of care engagement: 1) adherence to HIV antiretroviral therapy (ART; defined as taking $\geq 95\%$ of medications); 2) self-reported avoidance of medical care; 3) self-reported tendency to ask a doctor questions about care (> 2 questions at a medical visit). A modified version of the National Eye Institute vision function questionnaire was administered at three semi-annual visits (from October 2017 to April 2018) to assess difficulty performing vision-dependent tasks (no, a little, moderate to extreme difficulty). We included 1063 AALH participants (median age 60 years, 24% Black). Data were analyzed using repeated measures logistic regression with generalized estimating equations adjusted for fixed race, and at visit values for age, education level, depressive symptoms, alcohol use, and smoking status. Compared to no vision difficulty, those reporting moderate to extreme vision difficulty on at least one task (18%) had 1.95 times higher odds (95% CI: 1.36, 2.79) of having less than optimal ART adherence and 1.92 times higher odds [95% CI: 1.06, 3.47] of avoiding necessary medical care, but 1.6 times higher odds [95% CI: 0.93, 2.72] of asking more questions. These findings suggest that vision impairment plays a role in medical care engagement among older adults living with HIV, and may contribute to poorer management of HIV and chronic comorbidities.

Session 2165 (Symposium)

POLICY SERIES: UPDATE ON POLLING AND POLICY EFFORTS ON LONELINESS, TELEHEALTH, CAREGIVING, AND ADVANCE CARE PLANNING

Chair: Erica Solway

Discussant: Brian Lindberg

Older adults and their caregivers experienced dramatic changes in many aspects of their lives during the COVID-19 pandemic which resulted in important shifts in organizational and federal priorities and policies. To explore older adults' changing experiences and perspectives amidst the pandemic, the University of Michigan National Poll on Healthy Aging (NPHA), a recurring, nationally representative household survey, polled over 2,000 adults age 50-80 at multiple timepoints through January 2021 about their feelings of loneliness and use of telehealth. In June 2020, the NPHA also surveyed adults age 50-80 about advance care planning before and during the COVID-19 pandemic and asked family caregivers about their care challenges in the three months since the pandemic. This session will start with a presentation of results from these polls, first exploring change over time in loneliness and telehealth use and then focusing on experiences related to advance care planning and caregiving challenges. Next, presenters from diverse national coalitions and organizations, including the Coalition to End Social Isolation and Loneliness, the National Academy for State Health Policy, the National Alliance for Caregiving, and the Coalition to Transform Advanced Care will describe their organizations' efforts, including their work with research and advocacy partners, state and federal agencies, and the Biden administration to facilitate dialogue and advance activities and policies related to these timely topics.

FINDINGS ON LONELINESS, TELEHEALTH, AND ADVANCE CARE PLANNING FROM THE NATIONAL POLL ON HEALTHY AGING

Erica Solway,¹ Matthias Kirch,¹ Dianne Singer,¹ Jeffrey Kullgren,¹ Cheryl Lampkin,² Teresa Keenan,² Alison Bryant,² and Preeti Malani,³ 1. *University of Michigan, Ann Arbor, Michigan, United States*, 2. *AARP, Washington, District of Columbia, United States*, 3. *University of Michigan, Ann Arbor, Michigan, United States*

The University of Michigan National Poll on Healthy Aging (NPHA) taps into the perspectives of older adults to inform health care policy and practice using a nationally representative sample of more than 2,000 adults age 50-80. Questions about lack of companionship and feelings of loneliness were tracked over three time points; 34% expressed feelings of loneliness in October 2018, 41% in June 2020, and 37% in January 2021. The NPHA also found that use of telehealth increased from 4% in May 2019 to 30% in June 2020 to 43% in January 2021. Finally, the NPHA found that 37% have completed both medical durable power of attorney and advance directive with 7% completing at least one of these documents in the first three months of the COVID-19 pandemic. These poll results can be used to inform actions by coalitions and organizations to advance state and federal policy.

CAREGIVING CHALLENGES DURING THE COVID-19 PANDEMIC: FINDINGS FROM THE NATIONAL POLL ON HEALTHY AGING

Amanda Leggett,¹ Alicia Carmichael,² Natalie Leonard,² Jeannette Jackson,² Erica Solway,² Matthias Kirch,² Dianne Singer,² and Richard Gonzalez,² 1. *University of Michigan, Ypsilanti, Michigan, United States*, 2. *University of Michigan, Ann Arbor, Michigan, United States*

The COVID-19 pandemic posed new challenges for caregivers. This study examines the prevalence of pandemic care challenges (e.g., decreasing care to reduce virus spread, difficulty accessing medical care) and their associations with caregiver mental health and interpersonal well-being in a nationally representative sample of 311 caregivers who participated in the June 2020 National Poll on Healthy Aging. We consider seven care challenges and supports as key predictors of caregiver mental health (care-related stress, self-reported mental health, three depressive symptoms) and interpersonal well-being (lack of companionship, isolation) in bivariate tests and ordinary least squares regressions. Each care challenge/support was endorsed by between 13-23% of caregivers. Difficulty getting needed medical care was the most predictive challenge associated with increased caregiver stress, depressive symptoms, and worsened interpersonal well-being. All care challenges predicted an increase in caregiver stress. Effective caregiver tools and supports must consider changing policies and care needs, especially during a pandemic.

EFFORTS BY THE COALITION TO END SOCIAL ISOLATION AND LONELINESS

Andrew MacPherson, *Healthspieren, Washington, District of Columbia, United States*

Established in the Fall 2018 and based in Washington, D.C., the Coalition to End Social Isolation & Loneliness

brings together dozens of national organizations including consumer groups, community-based organizations, health plans, mental and behavioral health organizations, health care innovators, and many others to lead a multi-stakeholder dialogue to address the crisis of social isolation and loneliness in America. The Coalition focuses on three major areas to achieve this goal: Disseminating research findings, developing and advocating for federal and state legislative and regulatory policy interventions, and leading public awareness events in Washington, D.C. and across the nation. The COVID-19 pandemic has greatly accelerated efforts to engage Congress and the Executive Branch on a range of federal policy priorities, including leveraging and advancing social services and supports, supporting health care delivery to support those who are socially isolated and/or lonely, and advancing federally-funded research initiatives.

EFFORTS BY THE NATIONAL ACADEMY FOR STATE HEALTH POLICY

Wendy Fox-Grage, *NASHP, Washington, DC, District of Columbia, United States*

The National Academy for State Health Policy hosts both the RAISE Act Family Caregiving Resource and Dissemination Center and the Hub for State Strategies to Build and Support Palliative Care, with generous funding from The John A. Hartford Foundation. The value of supporting individuals with serious illness and complex conditions as well as their family caregivers through telehealth, care management, advance care planning, and other added family caregiver supports has been especially evident during the COVID-19 pandemic. Policymakers are now grappling with how to restructure hard-hit health care and long-term services and supports systems to better support these individuals and their family caregivers. The State Hub provides concrete resources for states working to implement and expand high-quality palliative care, and the RAISE Center is assisting the Family Caregiving Advisory Council with creating the country's first national Family Caregiver Strategy.

EFFORTS BY THE NATIONAL ALLIANCE FOR CAREGIVING

C. Grace Whiting, *National Alliance for Caregiving, Washington, District of Columbia, United States*

The National Alliance for Caregiving (NAC) conducts research, does policy analysis, develops national best-practice programs, and works to increase public awareness of family caregiving issues. In addition to national research and advocacy, NAC provides technical assistance to a national network of caregiving coalitions representing nearly 30 states. NAC recognizes that family caregivers provide important societal and financial contributions toward maintaining the well-being of those in their care. The need to support the nation's nearly 53 million family caregivers and sustain them as the backbone of our chronic and long-term care system is a central issue in national and state efforts to reform healthcare, especially in light of the challenges presented by the COVID-19 pandemic. This presentation will provide information on the current status of these national and state efforts.

Session 2166 (Symposium)

CAREGIVER STRESS: BIOMARKERS LINKED TO DISEASE RISK AND THE PSYCHOBIOLOGY OF STRESS REDUCTION

Chair: Janelle Beadle

Co-Chair: Felipe Jain

Caregivers to older adults with chronic diseases frequently experience chronic stress which can negatively affect caregivers' physical and mental health, and increase disease risk. This interdisciplinary symposium will highlight critical factors influencing caregiver stress, and the role of biomarkers in detecting caregiver disease risk. First, we will discuss the effects of stress and emotional experiences on risk for cardiovascular disease in caregivers of persons with dementia (PWD). In the first talk, Dr. Mausbach will examine relationships among perceived stress, blood glucose and risk of diabetes and cardiovascular disease in caregivers of PWD. Next, Dr. Losada-Baltar will discuss the degree to which caregivers' ambivalent feelings towards providing care are associated with inflammatory markers of cardiovascular risk. Following this, two talks will investigate critical links between stress and caregiver emotional well-being. Dr. Liu will report relationships among the stress-related hormone cortisol, sleep, and anxiety in the context of adult day services. Dr. Beadle will examine the degree to which caregivers' affiliative, empathetic interactions with others relate to their experience of stress through cortisol assessments and neuroimaging. The final talk by Dr. Jain will investigate the effects of a Mentalizing Imagery Therapy intervention for family PWD caregivers on stress, evidence for mindfulness as a causal mediator of stress reduction, and the relationship to brain networks associated with emotion regulation. Taken together, this symposium will identify relevant psychosocial and biological factors that contribute to caregiver stress, as well as discuss the psychobiology of amelioration of caregiver stress.

CAREGIVER STRESS AND EMPATHY: NEURAL AND HORMONAL CORRELATES

Shalmali Mirajkar,¹ David Warren,² and Janelle Beadle,³

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Providing care to older adults with chronic conditions can be emotionally meaningful and stressful. The tend-and-befriend theory highlights the role of affiliation/empathy in stress reduction, but it has not been established whether this theory extends to caregivers for older adults. Addressing this gap, we assessed caregiver empathy and stress through behavioral, hormone, and neuroimaging measures. In Experiment 1, we compared 19 caregivers (Mage=67.1) to 24 non-caregivers (Mage=72.6), and found that caregivers with a greater reduction in cortisol to an empathic context showed greater prosocial behavior ($r=0.3$). In experiment 2 (N=32), we examined differences between caregivers and non-caregivers in whole brain resting-state functional connectivity (RSFC) with seed regions of interest (posterior cingulate cortex (PCC); amygdala), and covariation of RSFC