

Longitudinal Study of Older Adults in Anhui Province, China. We estimated two-level multilevel models of cognitive functioning for older adults age 60+, sampled using probability sampling strategy. We found that having formal schooling was positively associated with better cognitive functioning. Older adults with formal schooling had slower decline in cognition and the gap in cognition between the literate and illiterate widened with age. These findings highlight the role of early life experience in affecting cognitive function in later life and suggest that disadvantages in cognitive functioning accumulate throughout the life course for persons with no formal education.

SESSION 1110 (SYMPOSIUM)

INTEREST GROUP SESSION—FAMILY CAREGIVING: SUPPORTING FAMILY CAREGIVERS WITHIN SYSTEMS OF CARE DELIVERY

Chair: Jennifer L. Wolff, *Johns Hopkins University, Maryland, United States*

Discussant: Lynn F. Feinberg, *AARP Public Policy Institute, Washington, District of Columbia, United States*

Family and other unpaid caregivers have a foundational role in supporting the health and well-being of older adults with complex health needs and disabilities and the demands imposed on them can be significant. The availability and adequacy of support provided by family and other unpaid caregivers has profound consequences for quality and outcomes of care delivery, but they are not well-supported in treatment decisions and care planning. Given population aging, the shift of long-term services and supports from nursing homes toward community settings, and technological advances that allow patients to be served in the community with higher acuity of care, there is a pressing need to develop systems-level processes to identify, engage, and support family caregivers in systems of care. This symposium will feature 5 presentations that provide novel insight regarding family caregivers' experience within systems of care. We focus on family caregivers to older adults living in the community and receiving home and community-based services, primary care, or Medicare skilled home health services. Individual presentations will describe 1) differences in access to services and experiences of family caregivers by under-represented minority status; 2) a framework for health systems to include family caregivers as part of health care teams; 3) family caregivers' capacity to help during the course of Medicare-funded skilled home health care; 4) perceived communication with health professionals, using a validated measure of family caregiver capacity; and 5) the feasibility of implementing a family caregiver screening instrument in primary care.

RACIAL DIFFERENCES IN CHARACTERISTICS AND PERCEPTIONS OF CAREGIVERS TO BLACK AND WHITE OLDER ADULTS

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Persistent racial differences in health, socioeconomic characteristics, and service utilization of older adults likely result in differential effects for the circumstances and experiences of family and unpaid caregivers. Utilization of

community-based services has been found to alleviate caregiver burden, but the extent to which supports and informal help affect race differences in caregiver perceptions (e.g. positive/negative feelings associated with caregiving) and engagement in activities such as religious services, volunteering, or visiting family and friends, is less understood. Using data from the 2015 National Health and Aging Trends Study (NHATS; Round 5) and the National Study of Caregiving (NSOC; Round 2), nationally representative studies of Medicare beneficiaries aged 65 and older and their caregivers, this presentation will discuss the association between sociodemographic characteristics, use of assistance from others or supportive services, and perceived gains, difficulties, and social engagement among caregivers to older black and white adults.

FAMILY CAREGIVER CONTRIBUTIONS TO HOME HEALTH FOR OLDER ADULTS: PREDICTORS OF ADEQUATE SUPPORT

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Family caregivers play a crucial role in supporting older adults through home health (HH) episodes; yet no prior research examines factors affecting the adequacy of caregiver support during HH. We use a novel dataset linking nationally-representative survey data with HH assessment data for community-dwelling older adults (n=2,128) to identify older adult characteristics associated with adequate caregiver support in four task categories (Activities of Daily Living, medication management, medical tasks, and safety/oversight) during a subsequent HH episode. Weighted, multivariable logistic regression is used to model the likelihood of adequate caregiver support in each category. Multiple older adult characteristics prior to the HH episode were associated with greater likelihood of adequate caregiver support during HH, including: prior caregiver assistance with mobility, self-care, and health care tasks, living with others, and cognitive impairment. These findings reveal new risk factors for consideration in risk assessment and payment adjustments related to social determinants of health.

QUALITY OF COMMUNICATION WITH THE HEALTH CARE TEAM FOR CARE PARTNERS OF PERSONS WITH COGNITIVE IMPAIRMENT

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The CAREgiver Perceptions About Communication with Clinical Team members (CAPACITY) instrument measures perceived quality of communication with the health care team and the extent to which caregivers believe that the health care team considers their capacity and preferences in decision-making. A higher score reflects higher perceived quality. This presentation highlights features of CAPACITY scores in a national survey of care partners of persons with