areas of service improvement toward becoming more person-centered. Overall, this service-oriented approach to surveying has yielded more actionable results and has been adopted by DOEA as the preferred method for all client-level surveying.

STORIES OF THE EXPERIENCE OF SEARCHING FOR LONG-TERM CARE AND ELDERCARE: CASE STUDY AND NARRATIVE PERSPECTIVES

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With over 40 million individuals aged 65 years and older in the US, and by 2050 rising to an estimated 89 million, age matters, driving an increased need for long-term care/eldercare. Coupled with the higher costs of care, the search for long-term care/eldercare services can be a difficult prospect for adult children decision-makers. We present the experiences of adult children decision-makers in the US, using two methodological approaches: narrative and case study using autoethnography. In a narrative inquiry of 9 caregivers responsible for making long-term care/eldercare decisions for their parent(s) the zoom model was applied to conduct the analysis. Findings suggest that decision-makers have a strong sense of duty towards helping their loved ones find long-term care solutions. Decision-makers searched for many types of care solutions ranging from home health care to nursing homes. The experiential response most consistently stated by the participants was stress. These results are augmented by an autoethnographic case study in "six acts" illustrating how sense of agency in the caregiving journey can be enhanced. Participants with industry experience had a minimal advantage over those with no experience when it came to navigating the search for long-term/eldercare. We highlight why stories of family search for long-term care/eldercare matter, and how they can be leveraged for fundraising, advocacy, and healing. Implications for policy, research, education and practice are highlighted.

THE DIFFERENTIAL EFFECTS OF CAREGIVING INTENSITY ON OVERNIGHT HOSPITALIZATION IN THE PREVIOUS 2 YEARS

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Caregiving for a spouse is considered a major stressor many Americans will encounter during their lifetimes. Although most studies indicate caregiving is associated with experiencing diminished health outcomes, little is known about how this role affects caregivers' use of acute health services. To understand how spousal caregiving affects the use of acute health services, we use data from the Health and Retirement Study. We apply fixed effects (FE) logistic regression models to examine odds of experiencing an overnight hospitalization in the previous two years according to caregiving status, intensity, and changes in caregiving status and intensity. Models controlled for caregiver gender, age, race, ethnicity, educational attainment, health insurance status, the number of household residents, and self-assessed health. Overall, caregivers were no more likely to experience an overnight hospitalization compared to non-caregivers (OR 0.92; CI 0.84 to 1.00; p-value=0.057). However, effects varied according to the intensity of caregiving and the time spent in this role. Compared to non-caregivers, for example, spouses who provided care to someone with no need for assistance with activities of daily living had lower odds of experiencing a hospitalization (OR 0.77; CI 0.66 to 0.89). In contrast, caregivers who provided care to someone with dementia for 4 to <6 years had 3.29 times the odds of experiencing an overnight hospitalization (CI 1.04 to 10.38; p-value=0.042). Findings indicate that, although caregivers overall appear to use acute health services about as much as non-caregivers, large differences exist between caregivers. Results emphasize the importance of recognizing diversity within caregiving experiences.

THE PATH TO CAREGIVING: ASSESSING CAREGIVERS AND DEVELOPING A CAREGIVER PLAN OF CARE IN THE ACUTE CARE SETTING

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Family caregivers of older adults report lack of preparation for their role, particularly upon acute hospital discharge following a medical event. Addressing the needs of family caregivers in the acute care setting prior to hospital discharge requires the identification of the caregiver, an assessment of caregiver preparedness, and a plan of care to address gaps in preparedness. The Preparedness Assessment for the Transition Home 7-item (PATH-7) is a valid and reliable instrument developed to assess family caregivers readiness for the caregiving role during acute care. The PATH-7 paper-pencil self-administered assessment was implemented in clinical care in medical-surgical nursing units in 2 acute care hospitals. Interventions to address gaps in preparedness were selected from a catalogue of interventions to develop a caregiver plan of care. The most frequent challenge identified by family caregivers was fulfilling the caregiving role on top of their other roles and responsibilities. This illustrated the need to assist family caregivers with exploring options for recruiting others to help with their roles and responsibilities and identify solutions soliciting and organizing help. This novel program promotes addressing the needs of the family unit, moving to a family-integrated are delivery model. Implementation challenges included in-person contact with caregiver to administer assessment, resources to respond to identified gaps in readiness, and lack of technology-enabled assessment administration. Positive staff experience with identifying and addressing needs of caregivers was a facilitator of staff engagement. Identifying, assessing, and addressing the needs of family caregivers of older adults is feasible in the acute care setting.

SESSION 2859 (POSTER)

HEALTH CARE, PROMOTION, AND SOCIAL SERVICE DELIVERY

BARRIERS AND CHALLENGES FACED BY SOCIAL WORKERS CARING FOR DEMENTIA PATIENTS IN ACUTE CARE SETTINGS

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The nature of dementia care provided by social workers across various hospital settings is unexplored. This study utilized the "rigorous and accelerated data reduction" (RADaR) qualitative analysis technique to explore the process of care among social workers for persons with dementia (PWDs) across a Midwestern tertiary care system with two aims: 1) to identify environmental barriers and supports to quality dementia care in two hospital settings (medical and psychiatric emergency departments (ED), and the main inpatient hospital (IP)), and 2) to identify existing strengths and challenges to high quality social work dementia care within these settings. Twelve qualitative interviews were conducted with a purposive, snowball sample of social workers in dementia care in a large, academic health care system in 2016. Results identify environmental barriers in both settings (physical space design, patient-environment interactions, safety, and discharge disposition). Environmental aspects that promote quality care include supportive staff and family in the patient environment in the IP and ED hospital sections while the discharge disposition is more relevant in the IP. While there are some areas of social work involvement (discharge, psycho-social needs, treatment/management issues) that promote quality of care across locales, the pattern of performing roles varied, e.g. there is more focus on discharge planning and less management of competing demands in the IP than in the ED. Also, social workers were more involved in the diagnosis of dementia in the ED than other settings. We offer policy and practice recommendations to improve care for PWDs in academic hospital settings.

DEMENTIA SEVERITY IS ASSOCIATED WITH EARLY POTENTIALLY AVOIDABLE READMISSIONS IN AN ACUTE CARE HOSPITAL

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Understanding the association of dementia severity with early potentially avoidable readmissions (PAR) could encourage the identification of the target patients for the health care providers to provide transitional care (i.e. follow-up and coordination care) to prevent early readmissions. This study examined whether dementia severity before admission was associated with PAR within 90 days (90-day PAR). This retrospective cohort study was conducted using a Diagnosis Procedure Combination database linked with routinely collected dementia assessment data from a large acute general hospital in Tokyo, Japan. Patients aged 65 or older who were discharged to home or facilities (n=8,910; mean age: 79.8 years, standard deviation: 7.4 years) between July 2016 and September 2018. The dementia severity was classified as normal, slight, moderate, severe dementia based on the Dementia Assessment Sheet for Community-based Integrated Care System 21-items (DASC-21) from the patient or their family at admission. We conducted a multivariable logistic regression adjusted for covariates (sex, age, insurance copayment rate, diagnosis at admission, Charlson Comorbidity Index, unscheduled admission, ICU utilization, surgical treatment, length of hospital stay, discharge place) to examine the association of severity of dementia with 90-day PAR. Among the patients, 225 (2.5%) experienced 90-day PAR. The adjusted odds of 90-day PAR among patients with moderate dementia were 1.571 times (95% confidence interval [CI]: 1.102-2.240) and patients with severe dementia were 2.386 times (95% CI: 1.294-4.398) higher than the odds among patients without dementia. Patients with moderate and severe dementia before admission would be the target with high priority for providing transitional care.

DISPARITIES IN COMMUNITY IMMUNIZATION RATES IN NEW ENGLAND: FINDINGS FROM THE HEALTHY AGING DATA REPORTS

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Vaccinations are effective preventive tools yet are underutilized in the older adult population. The purpose of this study was to describe community rates of three vaccines (flu, pneumonia, and shingles) in MA, NH, and RI. State and community rates were compared to identify disparities. Data sources were the CMS Medicare Current Beneficiary Summary file (2013-2015) for the vaccine rates and the American Community Survey (2012-2016) for population characteristics. Small area estimation techniques were used to calculate age-sex adjusted community rates in each state and are reported at the community level and statewide. Results showed comparable rates of flu immunization (MA 60.8%; RI 59.1%; NH 59.3%). NH had the best statewide rate of pneumonia immunization (77.8%) and MA had the worst (72.0%). There was variation in shingles vaccination rate: 39.7% in MA and 30.3% in RI, perhaps reflecting differences in access. Within state disparities were observed. MA shingles vaccine rates ranged 57.80% - 21.17%, pneumonia ranged 79.78% - 61.21%, and flu ranged 71.09% - 51.46%. In RI shingles vaccination rates ranged 42.1% - 21.1%, pneumonia ranged 82.1% - 61.8% and flu ranged 68.4% - 52.1%. In NH pneumonia rates ranged 84.18% - 71.87% and flu ranged 67.14% - 52.11%. Strategies to address within and between state disparities are needed. Greater awareness of the benefits of preventive measures like vaccines may also help improve rates. Materials like the GSA guideline about aging and immunizations could be useful in educating providers and policymakers. This research is funded by the Tufts Health Plan Foundation.