

family members you would like to involve in any aspect of your health care?” (i.e., “actual availability”) and “Does anyone help you with your daily activities?” (i.e., “obtained” availability). We performed a logistic regression analysis to evaluate the association between administratively defined and “actual” or “obtained” availability of support controlling for age, race/ethnicity, and gender. The sample was 90% male, mean age 63 years, 50% White and 44% African American. We found that 32.9% had administratively defined availability by being married, and 32.5% by listing secondary next-of kin. Married Veterans were significantly more likely to report greater actual availability ($p=0.01$) and obtained ($p=0.04$) support. Veterans listing a secondary next-of-kin were significantly more likely to report “actual” availability ($p=0.04$) but not on “obtained” ($p=0.08$) support. Marital status may be a useful proxy of actual family support and listing a secondary next-of kin may be an alternate indicator for complex patients. Our study provides guidance on the use of administrative data in understanding caregivers.

DEMENTIA CAREGIVING NEGATIVELY AFFECTS THE HEALTH OF CAREGIVER AND CARE RECIPIENT. CAREGIVING TRANSITIONS STUDY

Orla C. Sheehan,¹ William E. Haley,² Virginia Howard,³ Jin Huang,⁴ J. David Rhodes,⁵ and David L. Roth,⁴ 1. *Center on Aging and Health, Johns Hopkins University School of Medicine, Baltimore, Maryland, United States*, 2. *University of South Florida, Tampa, Florida, United States*, 3. *University of Alabama at Birmingham, Birmingham, Alabama, United States*, 4. *Johns Hopkins University School of Medicine, Baltimore, Maryland, United States*, 5. *School of Public Health, Department of Biostatistics, Birmingham, Alabama, United States*

Dementia is one of the most common reasons for needing a caregiver (CG). Few studies have compared dementia and non-dementia caregivers who have transitioned into family caregiving roles. Participants in the REasons for Geographic and Racial Differences in Stroke (REGARDS) study who transitioned into a significant caregiving role were recruited to participate in the Caregiving Transitions Study (CTS). Of 11,483 REGARDS participants who were not caregivers at baseline, 1229 (11%) transitioned into a family caregiving role. Eligibility criteria were met by 251 and they were enrolled along with 251 demographically-matched noncaregiving controls. Enrolled caregivers are 65% female; 36% African American; 71.8 + 8.1 years of age; caring for a spouse/partner (51%), parent (25%), or another person (24%). 47% are caring for a person with dementia. Dementia CGs provide more hours of care per day (9.3 hours versus 6.7 hours), report being under more stress and twice as much strain as non-dementia CGs ($p<0.03$ for all). They feel more burdened by the care recipient's treatment ($p=0.01$) and report that the burden leads to delays in the care recipient receiving medical care ($p<0.007$). Dementia CGs are more than twice as likely as non-caregivers to report that their caregiving makes them worse at taking care of their own health (33.9% versus 15.4%, $p=0.003$). This prospective, population-based study confirms previous cross-sectional findings from convenience samples on the greater care burden experienced by dementia caregivers and extends this work to new measures of treatment burden and treatment delay.

FAMILY CAREGIVER FACTORS AND SUBSEQUENT EMERGENCY DEPARTMENT UTILIZATION AMONG OLDER ADULTS WITH DISABILITY

Julia Burgdorf,¹ John Mulcahy,² Halima Amjad,³ Judith D. Kasper,¹ Kenneth Covinsky,⁴ and Jennifer L. Wolff,⁵ 1. *Johns Hopkins Bloomberg School of Public Health, Baltimore, Maryland, United States*, 2. *Johns Hopkins University Bloomberg School of Public Health, Baltimore, Maryland, United States*, 3. *Johns Hopkins University School of Medicine, Baltimore, Maryland, United States*, 4. *University of California San Francisco, San Francisco, California, United States*, 5. *Johns Hopkins University, Maryland, United States*

Community-living older adults with disability are frequent Emergency Department (ED) users and most rely on family caregiver support. However, no prior research has examined associations between caregiver characteristics and subsequent ED utilization among older adults. We draw on a sample of 2,521 community-living older adults with mobility/self-care disability and their primary family caregivers to identify caregiver characteristics associated with all-cause or potentially preventable ED use. We use Cox proportional hazards regression to separately model the likelihood of all-cause and potentially preventable ED use as a function of caregiver characteristics. Models account for competing risk of mortality and adjust for measures of older adults' socio-demographic characteristics, health status, and survey wave. About half (52.5%) of older adults incurred 1+ ED visit and 26.8% incurred 1+ potentially preventable ED visit within 12 months of interview. Adjusting for survey wave and older adult sociodemographic characteristics and health status, older adults were at greater risk of all-cause ED use if their primary caregiver provided greater than 40 hours of care per week (HR: 1.22, 95% CI: 1.04-1.43; $p=0.02$), helped with health care tasks (HR: 1.26; 95% CI: 1.08-1.46; $p<0.01$), or experienced physical strain (HR: 1.18; 95% CI: 1.03-1.36; $p=0.02$). Older adults were at greater risk of potentially preventable ED use if their primary caregiver helped with health care tasks (HR: 1.25; 95% CI: 1.02-1.54; $p=0.03$). Findings highlight the relevance of caregiver factors to older adults' ED use and suggest the need for assessment and support of family caregivers in the care delivery setting.

IDENTIFYING UNMET NEED IN INFORMAL CAREGIVING: DISPARITIES BY GENDER, EMPLOYMENT STATUS, AND RACE-ETHNICITY

Steven A. Cohen,¹ Furong Xu,¹ Marissa R. Meucci,¹ Symone Woodham,¹ Mary L. Greaney,¹ 1. *University of Rhode Island, Kingston, Rhode Island, United States*

Older adults, including those with dementia and other types of cognitive decline, often report a desire to remain in their homes. Over 50 million informal caregivers in the US provide needed in-home assistance to those in need, and there are well-documented disparities in informal caregiving responsibilities by sociodemographic factors, yet little is known about “unmet need” in informal caregiving. Therefore, the study's objective is to examine discrepancies in unmet caregiving-related need by race/ethnicity, gender, and employment status. We abstracted data about caregivers from the 2017 National Study of Caregiving and linked these data to participants in the National Health and Aging Trends Study on caregivers of older adults ($n=993$). Generalized