

It is widely accepted that remaining in the community for as long as possible is preferable to placement in a care facility. For many, this can only be realized with the support of a family caregiver. Previous research on the relationship between attachment and caregiving decisions is sparse, but tends to suggest there is a relationship between attachment and the decision to assume caregiving responsibilities, but more information is needed to better understand this unique relationship. This exploratory research seeks to address gaps in our understanding by asking is attachment related to the decision to care for a parent and what factors are associated with attachment. A convenience sample of 128 individuals caring for older parents was surveyed to answer these questions. Results indicate lower attachment related avoidance was associated with greater odds of caring for a recipient in the community rather than placing the recipient in a care facility. No relationship between attachment related anxiety and placement decisions was observed. Additionally, greater levels of attachment related avoidance were observed among caregivers reporting lower levels of filial responsibility, more adverse childhood experiences, less perceived support, and greater financial stability. Findings from this study can be used to support the development of interventions to strengthen attachment between adult children and their parents before care decisions are necessary.

FACTORS DRIVING HIGH-NEED HIGH-RISK VULNERABLE VETERANS USE OF OUTPATIENT HEALTHCARE

Ali Vaeli Zadeh,¹ Fei Tang,² Carlos Gomez,¹ Luci Leykum,³ Orna Intrator,⁴ Bruce Kinoshian,⁵ Willy Marcos Valencia,⁶ and Stuti Dang,⁷ 1. *Miami VA Healthcare System, Miami, Florida, United States*, 2. *Miami Veteran Affairs Healthcare System, Miami, Florida, United States*, 3. *South Texas Veterans Health Care System, San Antonio, Texas, United States*, 4. *Canandaigua VA Medical Center, Canandaigua, New York, United States*, 5. *Philadelphia VAMC, Philadelphia, Pennsylvania, United States*, 6. *Medical University of South Carolina, Miami, Florida, United States*, 7. *University of Miami, Miami, Florida, United States*

Using predictive analytic modeling, the Veterans Affairs (VA) Geriatrics and Extended Care Data Analysis Center (GECDAC) identified vulnerable "High-Need High-Risk" (HNHR) Veterans, as requiring more support and services. We sought to identify variables linked with utilization of our outpatient HNHR C4 clinic offering Comprehensive Geriatric Assessment, Care Planning, Care Coordination, and Co-management". Of 724 HNHR Veterans contacted, 531 were reached and invited to participate; 193 were not reached, 326 were reached but declined the C4 clinic, 205 attended the clinic. We compared these groups. Independent variables were organized using Anderson's behavioral model into predisposing (age, gender, race, ethnicity), enabling (drive time, service eligibility, Area Deprivation Index, marital status), and need factors (mental health cognitive condition, ambulatory care sensitive conditions, NOSOS, JFI, CAN, etc.). C4 enrollment acceptance was the outcome. Results showed that compared to patients who declined, HNHR veterans who attended C4 clinic had more chronic health conditions ($p < 0.01$), more service eligibility ($p = 0.01$), more driving time to the closest VA clinic ($p = 0.01$), and more

were married ($p = 0.01$). Patients who declined C4 clinic might have greater barriers to care access. Accessing needed healthcare among HNHR older adults maybe impacted more by enabling factors that allow the individual to seek care if needed and are the resources that may facilitate access to services, rather than need factors, which include individuals' perceptions of their health and functional state, and healthcare needs assessed by professionals. More social and intermediary determinants of health should be incorporated as enabling factors into models striving to understand drivers of healthcare use.

FAMILY CAREGIVER HEALTH IN A PANDEMIC

Kimberly Cassie, *University of Oklahoma, Tulsa, Oklahoma, United States*

Each year family caregivers provide care and services worth billions of dollars to support the needs of older Americans. Their support is invaluable to keep individuals in the community for as long as possible and to allow individuals to attain and maintain their highest practicable level of well-being. But what impact does caregiving have on one's health? Does caregiver health decline with the assumption of caregiving duties? Did caregiver health change during the pandemic? If so, how and what factors are associated with declines in caregiver health? To answer these questions, an exploratory survey was conducted among a convenience sample of 195 family caregiver. Almost a third of those sampled reported excellent or very good health, while 44% reported good health, and almost a quarter reported poor or fair health. Forty-eight percent reported their health had declined since they assumed caregiving duties and 29% reported their health had declined during the pandemic. Employed caregivers and those experiencing less depression/anxiety reported better health. Those experiencing a decline in health with caregiving were more likely to be female, not employed, experienced more stress and more depression/anxiety. Those experiencing a decline in health during the pandemic reported less spirituality, greater attachment related avoidance, and greater depression/anxiety. Findings from this research can be used to inform future research on the effect of the pandemic on family caregiving and to plan interventions to protect caregiver health as they provide vital services to maintain individuals in the community for as long as possible.

FEASIBILITY AND ACCEPTABILITY OF THE TECHNOLOGY-BASED FALL RISK ASSESSMENTS FOR OLDER ADULTS

Ladda Thiamwong,¹ Oscar Garcia,² Renoa Choudhury,² Joon-Hyuk Park,² Jeffrey Stout,² and Rui Xie,² 1. *College of Nursing, University of Central Florida, Orlando, Florida, United States*, 2. *University of Central Florida, Orlando, Florida, United States*

Promising technologies, which are simple, portable, quick, non-invasive, and inexpensive, may open new horizons on fall risk assessments and provide important information for older adults. We used a mixed-methods approach to examine the feasibility and acceptability of technology-based fall risk assessments, including the BTrackS Balance System, Bioelectrical Impedance Analysis, and activity monitoring devices among older adults. Data were collected via a Qualtrics survey and