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Black/African Americans represent 13% of the population, yet account for about a quarter of COVID-19 deaths. Black Americans receive COVID-19 vaccines at lower rates than whites. To address this gap, we examined effects of the COVID-19 pandemic among Black Americans, emphasizing understanding trust and vaccines. Data were collected (July to September 2020) using 8 virtual focus groups in Detroit and San Francisco with 33 older Black Americans and 11 caregivers. Content analysis was used to identify themes. The first theme pointed to a sense of feeling abandoned by healthcare providers and the government, which exacerbated uncertainty and fear. The second theme emphasized distrust towards healthcare providers and government. The third theme pointed to a reluctance in receiving the vaccine because of distrust of pharmaceutical companies and government, as well as misinformation. These findings suggest that underlying systemic issues need to be addressed to accelerate vaccine uptake among older Black Americans.

## Session 1025 (Symposium)

### ANALYSIS OF BEST PRACTICE CAREGIVING: A NEW ONLINE DATABASE OF EVIDENCE-BASED DEMENTIA CAREGIVING PROGRAMS

Chair: Sara Powers

Discussant: Sandy Markwood

Best Practice Caregiving (BPC) is a free online database providing comprehensive information on research and implementation characteristics for 44 evidence-based dementia caregiving programs. Programs eligible for BPC have research-tested positive outcomes for family/friend caregivers and demonstrated feasibility in community implementations. This symposium presents results from analyses of the BPC database that includes surveys of 44 program developers and 324 healthcare or community delivery-organizations, and content analysis of 231 published studies. Findings show the most common of 19 types of assistance provided by programs were: Supporting Caregiver/Individual-with-Dementia (IWD) Communication, Encouraging Positive Caregiver-IWD Activities, and Strengthening Coping (93.2%). Least common were: Getting a Dementia Diagnosis (29.5%) and Monitoring Service Benefits (20.5%). Methods of delivering the types of assistance were: information/referral ( $M=11.1$ ), skills training ( $M=7.5$ ), and direct provision of care ( $M=3.8$ ). The most common types of organizations that delivered programs were healthcare organizations (23.8%) and Area Agencies on Aging (23.8%). The greatest delivery-challenges were program marketing (69.8%) and caregiver engagement (66.3%). Most organizations 'strongly agreed' that programs had positive impacts on caregivers (59.5%) but were less certain about IWD benefits (25.1% 'strongly agreed'). Published research studies found the most improved caregiver outcomes were: 1) Strain and/or burden (84.1%), 2) Depressive symptomology (79.5%), and 3) Caregiving efficacy (63.6%). Least common improved outcomes were 1) Access to support information/Community service use (9.1%); 2) Unmet needs (6.8%); and 3) Respite/break from care (2.3%).

Overall, results highlight strengths of evidence-based dementia caregiving programs, along with gaps and challenges to be addressed by existing and new developing programs.

### DESCRIPTION AND DEMO OF THE BEST PRACTICE CAREGIVING DATABASE ON 44 RESEARCH PROVEN DEMENTIA CAREGIVING PROGRAMS

David Bass, Alyssa Ciancibello, Rachel Schaffer, and Sara Powers, *Benjamin Rose Institute on Aging, Cleveland, Ohio, United States*

A major advance in family caregiving has been the development, testing, and community delivery of research-proven, evidence-based support programs for family or friend caregivers of persons living with dementia. This presentation showcases and demos Best Practice Caregiving (BPC), a new online resource with comprehensive profiles for 44 of the top evidence-based dementia caregiving programs that are ready for scaling in communities. For these 44 programs, BPC is a database that presents key research findings with links to all its published articles, comprehensive program descriptions including all implementation features, and survey data on program delivery experiences from 324 healthcare and community organizations that offered the program as a regular part of their service portfolio 2019. BPC enables professionals to make side-by-side comparisons of the 44 programs, with the goal of increasing implementations of these evidence-based programs by healthcare and community service organizations.

### TYPES OF ASSISTANCES OF EVIDENCE-BASED DEMENTIA CAREGIVING PROGRAMS: DATA RESULTS AND FUTURE DIRECTIONS

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A key feature displayed in Best Practice Caregiving are the types of assistances. Data on 54 areas of care were collected for all 44 programs. These were analyzed through factor analysis and grouped into 19 types of assistance. Types were analyzed by the number of assistances provided, delivery method, and recipient of assistance. On average, programs delivered 11.8 types of assistances, with the most common types being Supporting CG/Individual-with-Dementia (IWD) Communication, Encouraging Positive CG-IWD Activities, and Assisting with Coping (93.2%), with the least common being Getting a Dementia Diagnosis (29.5%) and Monitoring Benefits of Services (20.5%). Assistance was delivered most often through information/referral delivery ( $M=11.07$ ,  $SD=5.41$ ) than direct ( $M=3.77$ ,  $SD=4.54$ ) or skills training ( $M=7.50$ ,  $SD=4.54$ ). Results of the data show the breadth and characteristics of assistances programs provide to support caregivers of persons with dementia, along with gaps in types of assistances and future directions for programs.

### EXPERIENCES FROM HEALTHCARE AND COMMUNITY ORGANIZATIONS DELIVERING EVIDENCE-BASED DEMENTIA CAREGIVING PROGRAMS

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