Session 3195 (Symposium)

DISRUPTION TO TRANSFORMATION: AGING IN THE NEW NORMAL: NIA SESSION FOR EARLY-CAREER RESEARCHERS

Chair: Melinda Kelley Discussant: Melinda Kelley

The National Institute on Aging (NIA) at the National Institutes of Health, Department of Health and Human Services, supports biomedical and behavioral research with a lifespan focus. NIA research seeks to understand the basic processes of aging, improve prevention and treatment of diseases in later life, improve the health of older persons, in addition to a focus on Alzheimer’s disease and related dementias. The NIA also supports the training and career development of scientists focusing on aging research and the development of research resources. This symposium, meant for junior faculty and emerging scholars, will provide an update on the latest research findings from the NIA followed by a segment on funding mechanisms and strategies. An opportunity will be provided to meet and consult with NIA extramural staff.

OVERVIEW OF NIA RESEARCH AND PRIORITIES

Richard Hodes, National Institute on Aging, Bethesda, Maryland, United States

Dr. Hodes will provide an overview of NIA’s structure and mission, in addition to discussing research foci from across the Institute’s scientific divisions.

HOW TO GET AN NIA GRANT

Kenneth Santora, National Institute on Aging, Bethesda, Maryland, United States

Dr. Santora will provide an overview of the NIA application process and will share information on relevant policy changes.

Session 3200 (Symposium)

EMERGING CONCEPTS IN DYADIC RESEARCH

Chair: Karen Lyons Discussant: Amy Rauer

This session includes four papers that explore and expand upon emerging concepts in dyadic research in health, illness, and end-of-life. First, Dr. Karen Lyons and colleagues examine the concept of dyadic mental health in mid-late life couples living with lung cancer. The paper examines the impact of having optimal versus poor dyadic mental health at diagnosis on the physical health of the couple over time, but also explores the ways we examine the concept of dyadic health in research and potential implications of these methods. Second, Dr. Lyndsey Miller and colleagues take a dyadic approach to understanding the roles of social activity and connectedness on depressive symptoms in a sample of community-dwelling older couples. The paper not only highlights important gender differences, but also the salient role of incongruent dyadic physical health. Third, Dr. Ranak Trivedi and colleagues describe the findings of a novel pilot intervention targeted at improving dyadic self-management in care dyads where one member is a Veteran with chronic conditions. The paper draws upon concepts of collaboration and dyadic coping to conceptualize self-management as a dyadic phenomenon. Finally, Dr. Buck and colleagues explore the novel concept of dyadic dissolution in a sample of family caregivers after the death of their care partner. The paper explores the concept as a cognitive and affective process with implications for how the surviving partner adapts over time. Speakers and Discussant, Dr. Amy Rauer, will focus on implications of these concepts for advancing dyadic science of health and illness across the lifespan.

DISTINCT INFLUENCES OF SOCIAL ACTIVITY AND SOCIAL CONNECTEDNESS ON DEPRESSIVE SYMPTOMS IN OLDER ADULT COUPLES

Joel Steele, Chao-Yi Wu, Hiroko Dodge, Jeffrey Kaye, Karen Lyons, and Lyndsey Miller, 1. Portland State University, Portland, Oregon, United States, 2. Oregon Health & Science University, Portland, Oregon, United States, 3. Boston College, Chestnut Hill, Massachusetts, United States

This study aimed to simultaneously examine the associations between social activity and connectedness and depressive symptoms in older adult couples. Using SEM and data from 116 community-dwelling couples (age 76.18 ± 8.49), we found that engagement in social activities was associated with lower depressive symptoms in men (p = 0.014), whereas more close friendships were associated with lower depressive symptoms.
symptoms in women (p = 0.018), controlling for partner effects, age, education, and cognitive function (CFI: 1.00, TLI: 1.35, RMSEA: 0.00 [0.00, 0.08]). Unexpectedly, we also found better female physical health to be associated with greater depressive symptoms in males (p = 0.029). When examined as dyadic physical health, more incongruence between the physical health of partners was associated with greater depressive symptoms in men (p = 0.007). Discussion will focus on distinct influences of social activity and connectedness on mental health, and the context of gender, marriage, and dyadic health.

A WEB-BASED SELF-MANAGEMENT INTERVENTION FOR VETERANS WITH CHRONIC CONDITIONS AND THEIR CAREGIVERS: A PILOT STUDY

Katherine Plummer,1 Madhuvanthi Suresh,2 Rashmi Risbud,2 Marika Humber,2 Donna Zulman,3 Christine Timko,3 John Piette,4 and Ranak Trivedi,1
1. Stanford University, Menlo Park, California, United States, 2. Palo Alto University, Atlantic, Georgia, United States, 3. VA Palo Alto Health Care System, Menlo Park, California, United States, 4. VA Palo Alto Health Care System, Menlo Park, California, United States, 5. VA Palo Alto Health Care System, Menlo Park, California, United States, 6. University of Michigan, Menlo Park, California, United States

Web-based Self-management Using Collaborative Coping Enhancement in Diseases (Web-SUCCEED) is a dyadic intervention for patients and their caregivers designed to improve self-management through improving dyadic stress coping, dyadic relationships, and positive emotions. Veterans Affairs (VA) patients with one or more chronic conditions and positive screen for self-management distress were recruited with their informal caregiver from VA Palo Alto. Of the 17 patients and 16 caregivers recruited (62.3% of eligible), 8 patients and 8 caregivers (48.5%) completed the intervention and assessments. Twelve participants withdrew mostly citing the stress of the pandemic as their reason; 5 did not respond to multiple outreach efforts. Veterans were 66±18 y and caregivers were 58±16 y. Veterans and caregivers who completed the program rated it high on usability and acceptability. Pre-post t-tests across a psychosocial battery did not reveal significant differences; results were limited by incomplete post-intervention data. Further testing with modified retention strategies is recommended.

CAREGIVERS’ LOSS OF THE DYADIC EXPERIENCE AFTER THEIR CARE PARTNER’S DEATH

Harleah Buck, University of Iowa, Iowa City, Iowa, United States

One emerging dyadic concept is the experience of family caregivers when their care partner dies and their dyadic relationship comes to an end. This study qualitatively examined and characterized the loss of the dyadic experience for the caregiver after the death of their care partner. Data was accrued as part of a randomized clinical trial in 29 older hospice caregivers. Iterative thematic analysis focused on dyadic processes before, during and post death. Using two relational parameters from Relational Turbulence Theory resulted in a preliminary characterization of a new concept - dyadic dissolution as a cognitive and affective process whereby a remaining member of a dyad experiences relational uncertainty and partner interference while adapting (or not) to the death of their care partner. Findings suggest that asking several open-ended questions about the dyadic relationship will enable assessment for any continuing impact of relational uncertainty and partner interference on bereaved caregivers.

Session 3205 (Symposium)

ENGAGING ISOLATED AND UNDERSERVED OLDER ADULTS IN 4MS CARE: AGE-FRIENDLY CARE, PA
Chair: Diane Berish Discussant: Terry Fulmer

Older adults, the largest segment of the US rural population, face significant disparities in health and healthcare compared to their non-rural peers, including more chronic health conditions, financial challenges, and social isolation. They have limited access to healthcare and social services for prevention, management and treatment of chronic conditions. Age-Friendly Care-PA, a partnership between Primary Health Network and Penn State College of Nursing, aims to reduce these disparities in care and services for rural older adults through co-designing their Geriatric Workforce Enhancement Program. Age-Friendly Health Systems, an initiative of the John A Hartford Foundation and the Institute for Healthcare Improvement, in partnership with the American Hospital Association and the Catholic Health Association of the United States, equips providers, older adults, and their care partners with the support necessary to address What Matters, Medication, Mentation, and Mobility. This symposium describes how the 4Ms are integrated into clinician training and competencies, older adult education, operations, care delivery, and quality improvement. Year two outcome data will be shared. Drs. Hupcey and Fick will provide an overview of the project and its reach. Dr. Berish will describe the process of engaging stakeholders in co-developing our 4M metrics and the data generated. Jenny Knecht, CRNP, will describe a pilot study to extend the reach and acceptability of telehealth to hard-to-reach older persons. Finally, Dr. Garrow will detail a new initiative focused on equity in care. Our discussant, Dr. Terry Fulmer will lead a discussion of this work as well as next steps and policy implications.

BUT HOW WILL WE MEASURE IT? CO-CREATING ASSESSMENTS OF OUTCOMES IN AGE-FRIENDLY CARE, PA
Diane Berish, Pennsylvania State University, University Park, Pennsylvania, United States

Moving from concept to quantitative measurement can be complex. There were several challenges in co-designing measures to assess the impact of Age-Friendly Care, PA, a geriatric workforce enhancement program. First as a FQHC, our clinical partner had not captured the metrics of interest. Second, the co-developed operational definitions for our metrics should be feasible, relevant, and useful for all project members. Third, funder reporting requirements must also be addressed. Working within this context, we co-created 11 outcome indicators structured around the 4Ms (IHI) now with 9 months of data. EMR changes to make data reportable included measuring opioid misuse mitigation, high-risk medication elimination, cognitive assessment and dementia care management, advanced care planning, care partner...