United States, 4. Alzheimer’s Los Angeles, Los Angeles, California, United States, 5. NYU Langone Health, NYU Grossman School of Medicine, New York, United States, 6. The Youth Movement Against Alzheimer’s, Los Angeles, California, United States

Generation Z, those who are born in 1997 or thereafter, account for six percent of the estimated 53 million family caregivers in the US and this percentage is growing, especially given the health impacts of the pandemic. This review focuses on caregiving youth (ages 0-18) and young adult caregivers (ages 18-25) who assist household members who need regular assistance with ADLs and IADLs. This presentation will analyze key trends in the literature of this demographic and identify gaps in research. Our review broadens the knowledge base of how caregiving done by this population impacts brain development, and hence their long-term physical, emotional, and mental health. In spite of the significant number of caregiving youth and young adults, current publications on these demographics remain sparse, with most studies being conducted on spousal and adult caregivers. Our group found that the existing literature reviewed the adverse implications on the health and education outcomes for young adult caregivers. This included increased anxiety/depression compared to non-caregivers and for those in post-secondary education, the contribution of caregiving to college incompletions. There are no known studies on this population who have entered the workforce and who also continue their caregiving role. Adequate understanding and characterization of caregiving youth and young adult caregivers will inform better interventions and future policy for them. Support for this demographic, in turn, may improve health outcomes for older adults, who are the majority of those in their care.

“WE’VE ALL LOST SO MUCH”: THE EXPERIENCES OF ESSENTIAL FAMILY CAREGIVERS’ LONG TERM CARE VISITATIONS DURING COVID-19
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Family caregivers are integral to the care of long-term care (LTC) residents. COVID-19 public health policies initially restricted all essential caregivers from visiting LTC homes. In lieu of in-person visitations, caregivers were allowed technology-based visits then restrictive outdoor visits, followed by indoor visitations. This study aims to illuminate the experiences of essential caregivers as they visited their loved ones in LTC during COVID-19’s restrictive policies. We conducted seven caregiver focus groups (N=30) from Ontario and British Columbia, Canada. Thematic analysis and line-by-line coding were completed using NVivo. We found six themes that were common to all the visitation types: 1) “LTC Home disorganization” to facilitate visits and poor communication; 2) “Lack of staffing and resources”; 3) “Mistreatment from staff and management” as caregivers were seen as inconveniences; 4) “Shock and disbelief” when family members first saw their loved ones; 5) “Significant lack of person-centered or family-centered ethos” for example the residents’ needs were ignored such that their cognitive and physical impairments sometimes made visitations impossible, as well as the burden of multiple weekly COVID-19 tests; and, 6) “Collateral damage” in the form of trauma and irreparable harm to the relationships between residents and families. These results emphasized caregivers who ultimately felt betrayed and ignored by the broader healthcare system. Our findings provide an in-depth understanding of how COVID-19 public health policies have impacted the essential caregivers and the long-lasting impacts on residents and caregivers alike. Understanding caregiver’s experiences can inform future pandemic response policies and encourage more person-centered protocols.

DIFFERENCES IN SUBJECTIVE AGE BY FILIAL CAREGIVING STATUS AMONG US ADULTS IN MID AND LATER LIFE
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Subjective age is an important indicator of age identity and is associated with both psychological and physical well-being. Previous studies have revealed that older adults who feel younger than their chronological age show better health status, better life satisfaction, and less risk of mortality. Considerable evidence shows that stress contributes to feeling older than one’s chronological age. Given the fact that taking a caregiving role involves stress, it is expected that caregiving might accelerate subjective aging. This study examined the association between the stressor of caregiving and subjective age in mid and later life. Data were drawn from the Health and Retirement Study in 2014 and 2016. Participants aged 50 years and over (n=1,087) were identified according to adult-child caregiver status at across the two waves: those who provided care consecutively (long-term caregivers), those who became caregivers in 2016 (new caregivers), those who were no longer providing care in 2016 (recent caregivers), or those who did not report providing care in both 2014 and 2016 (non-caregivers). Linear regression analysis showed that new caregivers reported feeling older than their chronological age compared to non-caregivers. However, long-term or recent caregivers did not show significant differences in subjective age compared to non-caregivers. The finding is consistent with the stress process theory and adaptation hypothesis. Although the onset of caregiving stress may accelerate subjective aging, this deleterious effect may decrease over time due to family caregivers’ adaptability. Future research will examine the role of support, resilience and mastery in this pathway.

DIRECT-TO-CAREGIVERS RESEARCH DISSEMINATION: A NOVEL APPROACH TO TARGETING END-USERS
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