HOUSING COST BURDEN AND WELL-BEING IN OLDER ADULTS MODERATED BY NEIGHBORHOOD COHESION AND DISORDER

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Although aging in the community promotes well-being in older adults, contextual factors (e.g., housing cost burden, neighborhood cohesion, neighborhood disorder) may impact this relationship. Identifying such risk factors represents a first step toward improving older adult well-being. NHATS data (Rounds 5–8) were used to answer two research questions (RQs). RQ1: “Is housing cost burden significantly associated with well-being?” RQ2: “Is this association further moderated by neighborhood cohesion and neighborhood disorder?” Participants were 18,311 adults ≥ 65 years old. Well-being was assessed by summing 11 commonly identified indicators. Two items were merged to assess housing cost burden (categories: “no burden,” “no money for utilities,” “no money for rent,” and “no money for utilities or rent”). Neighborhood cohesion and disorder were combined (categories: “no cohesion, no disorder,” “yes cohesion, no disorder,” “no cohesion, yes disorder,” and “yes cohesion, yes disorder”). Both RQs were assessed through a random coefficient model controlling for established covariates. RQ1 results revealed that, compared to “no burden,” “no money for utilities or rent” (B = -1.22, p = .003) and “no money for rent” (B = -1.50, p = .007) were significantly associated with well-being. RQ2 results revealed that “no cohesion, no disorder” significantly moderated the association between “no money for utilities or rent” and well-being (B = -2.44, p = .011). These results indicate that increased housing cost burden is associated with decreased well-being, especially for those reporting no neighborhood cohesion. Future research should examine neighborhood-level protective factors promoting cohesion for older adults to support well-being.

HOW DO FAMILY CAREGIVERS’ VALUES INFLUENCE PAIN MANAGEMENT FOR OLDER ADULTS WITH DEMENTIA?

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Professional caregivers rely on formal training when managing pain among patients with dementia, but family caregivers (FCGs) lack this foundation. Instead, FCGs use informal sources that may reflect a values-driven decision-making process. Few studies have examined how FCGs’ personal values impact pain management for dementia patients. We sought to examine the influence of personal values on pain management among FCGs for community-dwelling older adults with dementia using qualitative descriptive methods. Twenty-five adult FCGs, aged from 29 to 95, were recruited in central Virginia. Participants were predominantly white, married, female, and high school graduates. We conducted semi-structured interviews that were audio recorded and analyzed using constant comparative analysis. Four themes emerged: 1) Priority for pain management: when quality of life is valued over other factors (i.e., length of life), priorities focused on no pain, leading to better pain management; 2) Moral perspectives: negative views toward drugs, especially opioids, led to less use and greater report of pain; 3) Beliefs about alternative therapy: negative views led to less likely use of non-traditional approaches and reports of more pain, and 4) Personal experience of pain: past personal experiences of pain (negative or positive) influenced the priority placed on pain management and the FCG’s ability to provide effective pain management. The diverse views held by FCGs demonstrate a value-based process and suggest a modifiable factor in pain management. Helping FCGs reflect biases while reinforcing values that improve pain management would lead to improve pain and quality of life for older adults with dementia.

HOW LONELY ARE OLDER AMERICANS ACT NATIONAL FAMILY CAREGIVER SUPPORT PROGRAM PARTICIPANTS?

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Older Americans Act (OAA) family caregiver services connect family members caring for older adults with a diversity of community-based resources and supports. Social isolation and loneliness are known public health threats, and family caregivers may face greater vulnerability to loneliness given the often-intensive time demands of care provision. Policy stakeholders and aging services providers are increasingly focused on combating loneliness among older adults and family caregivers. To inform efforts to reduce loneliness, we conducted descriptive analyses to identify characteristics of the participants in the OAA National Family Caregiver Support Program associated with higher rates of loneliness, measured with the 3-item UCLA Loneliness Scale. Using data from the 2019 National Survey of Older Americans Act Participants, we examined how caregiver loneliness varied based on caregiver age, gender, income, race and ethnicity, living alone, rurality, and self-reported health, as well as care recipients’ health status and difficulties with ADLs. Among our sample of 1,824 family caregivers, rates of loneliness were high overall (70%). Loneliness was significantly higher for caregivers with poor health (71.4%), incomes less than $20,000 (75.3%), living alone (75.4%), aged 65 or older (73.2%), Hispanic caregivers (82.2%) and caregivers for care recipients with 3 or more ADLs (76.0%). Findings underscore the importance of increasing social engagement opportunities for family caregivers. Policies and programs focused on reducing caregiver loneliness should be accessible to all family caregivers but should prioritize outreach and engagement for groups at higher risk of loneliness.

IMPACT OF IN2L TABLETS ON LONELINESS AND WELL-BEING: FINDINGS OF AN INNOVATIVE INDUSTRY-AAA PROGRAM

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