SESSION 990 (SYMPOSIUM)

PARTNERING EFFECTIVELY WITH FAMILY CAREGIVERS: IMPROVING HEALTH PROFESSIONALS’ KNOWLEDGE & SKILLS
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The number of older adults living with chronic disease, functional decline, and serious illness is growing exponentially at a time when availability of both family and professional caregivers is strained. Family caregivers are providing increasingly complex care following hospitalization of older family members for which they are often ill-prepared. In order to address the complex care needs of older adults with serious illness, health professionals must learn how to partner effectively with family caregivers to achieve optimal outcomes. According to the National Quality Forum (2014), family-centered care is “an approach to the planning and delivery of care across settings and time that is centered in collaborative partnerships among individuals, their defined family, and providers of care.” The purpose of this symposium is to present the results of several projects designed to advance the ability of health professionals to partner with family caregivers. Papers presented include: (1) Development of Family Caregiving Competencies for Health Professionals: A Modified Delphi Study; (2) Assessing Family Caregiver Preparedness: Competencies for the Caregiving Role; (3) Nursing Perspectives on Family Caregivers: Part ‘Patient’ and Part ‘Team Member’; and (4) Assessing Market Value of Graduate Education/Specialization Related to Family Caregiving.

ASSESSING FAMILY CAREGIVER PREPAREDNESS: COMPETENCIES FOR THE CAREGIVING ROLE
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In early 2015, AARP conducted a national survey of family caregiving and identified that many family caregivers struggle with tasks that nurses typically perform, referred to as “medical/nursing tasks.” Many of these family caregivers report feeling ill-prepared for their role. We developed a set of family caregiver competencies based on the work of Archbold & Stewart (1995) in order to provide a framework to assess family caregiver preparedness for the caregiving role. The domains include: Household Management; Personal Care; Mobility; Surveillance; Emotional and Social Support; Health Care Coordination; Complex Nursing Care; Surrogacy; and Stress Management. These domains and associated tasks were subjected to a validation process using a modified Delphi approach. These competencies can be used to develop tools and resources to assess and support caregivers’ preparedness to provide culturally appropriate care that reflects the care recipient’s values, preferences and goals of care.

DEVELOPMENT OF FAMILY CAREGIVING COMPETENCIES FOR HEALTH PROFESSIONALS: A MODIFIED DELPHI STUDY
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One in five American households is involved in a wide range of caregiving activities that vary in their intensity from checking on aging parents to providing total care to a disabled family member. Health professionals are often unsure how to assess the learning needs of family caregivers. Using a modified Delphi approach, experts in the field of family caregiving provided two rounds of input on a set of health professional competencies that can be used to ensure that our workforce is equipped to address the complex needs of family caregivers. The domains include: (1) Multidimensional nature of family caregiving; (2) Family caregiving assessment and measurement; (3) Collaborating with family caregivers; and (4) Contextual conditions. We must make significant changes in the provision of care for older adults so that instead of excluding or ignoring the family caregiver, we include them as a full-fledged member of the health care team.

PERSPECTIVES ON FAMILY CAREGIVER ROLE AND PREPAREDNESS: WHAT NURSES NEED TO KNOW
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With changes in healthcare reimbursement, older adults are discharged home sicker and quicker, with resulting increased demands on family caregivers. We conducted an online survey of nurses from a variety of settings to determine how they identify who is or who has a family caregiver, how they determine whether the family caregiver is prepared to assume the care activities of their older family member and how they incorporate the family caregiver into the healthcare team. Responses to open-ended questions are grouped according to three themes: challenges to current practice, strategies for assessment of family caregivers and general perspectives on family caregiving. While nurses often...
see themselves as “family centered” in the care they provide, there are barriers to effectively working with family caregivers, including time constraints, healthcare reimbursement issues and the ambiguity of whether the caregiver is patient or team member.

ASSESSING MARKET VALUE OF GRADUATE EDUCATION/SPECIALIZATION RELATED TO FAMILY CAREGIVING
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Family caregivers provide over 80% of long-term care to frail older adults and remain largely invisible in the health care system. We conducted a market analysis to define interprofessional, educational offerings with emphasis on family caregiving targeted toward highly skilled health professionals. The market analysis included academic literature and web searches, and surveys of nurses, employers and applicants. The market analysis highlighted numerous challenges with marketing family caregiving education to professionals including 1) a lack of consensus on the ideal roles and responsibilities of nurses and other health professionals in working with families; 2) a lack of clear, common language to describe nurses and other healthcare providers who specialize in working with family caregivers; and 3) confusion due to the phrase “family caregiver education” normally referring to education for caregivers themselves. A new healthcare specialization may be needed to promote and reinforce the value of this critical role.

SESSION 995 (PAPER)

CHALLENGES IN HEALTH SERVICES UTILIZATION
HOSPITAL READMISSIONS AMONG RESIDENTIAL CARE COMMUNITIES IN THE NATIONAL STUDY OF LONG-TERM CARE PROVIDERS
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Reducing hospital readmissions could potentially decrease health care costs, lessen complications resulting from medical treatment, and improve quality of care. Few studies have looked at factors associated with hospital readmissions in assisted living and similar residential care communities, and most focus on residents rather than the communities as a whole. To build upon existing studies and fill gaps in the literature, using survey data on residential care communities from the 2016 National Study of Long-Term Care Providers conducted by the National Center for Health Statistics, this study: describes 30-day readmissions at the residential care community level; and examines organizational characteristics associated with residential care community 30-day readmissions. Organizational characteristics included ownership and chain affiliation, Medicaid participation, electronic health records use, service provision, nurse staffing, and region and metropolitan status. Analyses included bivariate and logistic regression modeling. In 2016, among residential care communities with any residents discharged from an overnight hospitalization in the last 90 days, about 36% of them had at least one of those residents readmitted to the hospital within 30 days of the discharge. Residential care communities that were located in the Northeast (compared to the West), participated in Medicaid, and used electronic health records had a higher likelihood of hospital readmissions. Residential care communities with nurse employees had a lower likelihood of hospital readmissions. These findings may be used to inform targeting efforts for interventions to minimize readmissions, by targeting residential care communities that may benefit the most.

CULTURAL DETERMINANTS OF HEALTH AND HEALTHY AGING FOR OLDER ADULTS WITH LIMITED-ENGLISH PROFICIENCY
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The absence of “culture” when discussing social determinants of health has created barriers to healthy aging for older adults with limited-English proficiency (LEP). Cultural determinants of health are critical to the study of aging and health, given that today’s unprecedented number of older adults (65 years plus) are also the most diverse than any time in our history. Our rapidly aging population includes a growing LEP immigrant and refugee sub-population who experience significant health disparities compared to English-proficient older adults. This paper is a secondary analysis from a parent study that explored barriers and facilitators to preventive cancer screenings for Hmong and Spanish-speaking LEP patients in a large healthcare system in the Midwest (N=20). Three themes emerged regarding LEP older adults’ health behavior: (1) adherence to cultural beliefs about health and illness, (2) differential attitudes between traditional healing practices and western medicine, and (3) a general distrust of western healthcare. Results suggest language barriers led to stronger adherence to their cultural attitudes about health in part because of their limitation to understand American culture. The LEP patient present unique challenges, especially since a language barrier is not an isolated situation. It is critical to understand how the combination effect of language and culture create cross-cultural barriers on health outcomes because their perspective on health and illness does not align with the US healthcare system perspective. Understanding the cultural determinants of health is an important factor to consider as this aging LEP population are at greater risk for age-related health complications.

HEALTH SERVICES UTILIZATION AMONG CHINESE AMERICAN OLDER ADULTS: THE ROLE OF SOCIAL SUPPORT
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Older Chinese Americans (≥65 years) have a distinct social support profile and greater health care service utilization than their Caucasian counterparts. To date, it is unknown if the unique social support profile in older Chinese Americans is related to their use of health service utilization. Using the Andersen Behavioral Model of health services use as the