SESSION 1495 (SYMPOSIUM)

INTEREST GROUP SESSION - NURSING CARE OF OLDER ADULTS: ESPO/ HEALTH SCIENCES SECTION SYMPOSIUM: AFRICAN AMERICAN FAMILY DEMENTIA CAREGIVERS—A PURPOSE OF LONGER LIVES

Chair: R. Lopez, *MGH Institute of Health Professions, Sharon, Massachusetts*

Discussant: K. Rose, *University of Tennessee Knoxville, Knoxville, Tennessee*

Nearly 16 million family caregivers provide essential care to 5.5 million Americans living with Alzheimer's and related dementias (ADRD). African Americans are two to three times more likely to have ADRD than non-Hispanic whites, to be caregivers at a younger age, and to provide higher intensity care. The purpose of this symposium is to increase understanding of family caregiving from the perspective of African American family caregivers. Dr. Epps will open the symposium by presenting the results of a qualitative study that characterized African American family networks and the themes of complexity, familism, and religiosity. Dr. Moss will report on her study of health-related quality of life and family caregivers' self-efficacy for surrogate decision making. She will discuss the complex interplay between their perceptions of quality of life and their ability to make end-of-life decisions. Ms. Bonds will also report on her study in which she used multilevel modeling and found significant relationships between perceived levels of involvement in decision making, quality of life, and dyadic strain. Dr. McLennon will present findings from her mixed methods study regarding cultural variations in perceptions among older African American caregivers to assess burden and find meaning through caregiving. Thereafter, Dr. Brewster will draw attention to the importance of sleep among African American caregivers and report on two interventions to enhance sleep quality. To conclude the symposium, the researchers will discuss the role of race in researcher-participant relationships and its impact on recruitment, data collection, analysis, interpretation, and dissemination of their findings.

WHO'S YOUR FAMILY? AFRICAN AMERICAN CARING FOR OLDER ADULTS LIVING WITH DEMENTIA

F. Epps¹, K.M. Rose, Ph.D.², R. Palan Lopez, Ph.D.³, 1. *Georgia State University, Atlanta, Georgia, United States*, 2. *The University of Tennessee Knoxville, TN*, 3. *MGH Institute of Health Professions Boston, MA*

The nature and outcome of family caregiving are different for various racial and ethnic groups. The purpose of this study was to use qualitative methods to examine and characterize family networks of African American family caregivers (n = 26) who provided care to family members living with dementia (n = 18). We used data generated from a parent study that addressed family involvement in health promotion activities for African American older adults with dementia. Analysis of data using sociograms and thematic analysis identified three themes that characterized these African American family caregiving networks: 1) complexity; 2) familism; and 3) religiosity. The findings suggest that

narrowly defining family caregivers as dyads of caregiver and care recipient does not reflect how these family networks function. A better understanding of the complex functioning of these networks may help explain physical and psychological well-being outcomes for persons living with dementia and their family members.

HEALTH RELATED QUALITY OF LIFE AND SELF-EFFICACY AMONG AFRICAN AMERICAN DEMENTIA CAREGIVERS

K.O. Moss¹, N.L. Deutsch, PhD², P.J. Hollen, PhD³, V.G. Rovnyak, PhD⁴, I.C. Williams, PhD⁵, K.M. Rose, PhD⁶, 1. *Case Western Reserve University, Shaker Heights, Ohio, United States*, 2. *University of Virginia, Charlottesville, VA, USA*, 3. *University of Virginia, Charlottesville, VA, USA*, 4. *University of Virginia, Charlottesville, VA, USA*, 5. *University of Virginia, Charlottesville, VA, USA*, 6. *University of Tennessee - Knoxville, Knoxville, TN, USA*

Caregiver quality of life is a predictor of physical/psychological caregiving abilities. The purpose of this study was to determine older adult and caregiver health-related quality of life and caregiver self-efficacy for surrogate decision-making. Mixed methods analyses were used for data collected from African American caregivers of African American older adults with dementia (N=65). Caregivers rated their own health-related quality of life and self-efficacy for surrogate decision-making. They also rated their older adult's health-related quality of life. A subsample (n=18) were interviewed. Caregivers rated their own health-related quality of life as high. They rated their older adults' health-related quality of life as well as their own self-efficacy for surrogate decision-making as high. Caregivers described challenges and triumphs related to quality of life and decision-making. Older adults' health-related quality of life that is comparable to caregivers' perceptions of their role as a capable caregiver/decision-maker creates complex interplay whereby decisions are made.

FACTORS INFLUENCING QUALITY OF LIFE IN AFRICAN AMERICAN DEMENTIA DYADS

K. Bonds¹, C.J. Whitlatch, PhD², K.S. Lyons, PhD³, 1. *OHSU School of Nursing, Beaverton, Oregon, United States*, 2. *Benjamin Rose Institute, Cleveland, OH, USA*, 3. *Oregon Health & Science University, Portland, OR, USA*

Both caregivers and older adults can experience declines in quality of life (QOL) over the course of the illness. Yet, little research has examined QOL in African American (AA) caregivers and even less in AA persons with dementia (PWDs), making it difficult to identify modifiable risks and protective factors. As caregiving is inherently a dyadic process, we used multilevel modeling to simultaneously examine factors associated with QOL in a secondary data analysis of 58 AA dementia dyads. PWDs experienced significantly lower QOL when their caregiver was a non-spouse and they themselves perceived less involvement in decision-making; caregivers experienced significantly lower QOL when they reported greater dyadic strain with the PWD. Results emphasize the importance of the dyadic relationship and involving PWDs in decision-making. Findings will be discussed in light of potential clinical implications and future research and the

need for dyadic focus on how AA dementia dyads function together.

BURDEN AND FINDING MEANING IN AFRICAN AMERICAN CAREGIVERS FOR INDIVIDUALS WITH DEMENTIA

S. McLennon, *University of Tennessee-Knoxville, Knoxville, Tennessee, United States*

Previous research suggests cultural variations in caregivers' perceptions of caring for people with dementia. The purpose of this study was to describe the caregiving experience in a subset of African Americans from a previous study (N=14). Measures included the Zarit Burden Interview and Finding Meaning through Caregiving (FMCG). Content analysis was performed on narrative comments. Caregivers were primarily female (64%), provided care for people with dementia for > 60 months (64%) and had a mean age of 74.6 years. Caregivers reported low burden (M= 31.6) and scored high on the FMCG scale (Mean=177.4). Findings from FMCG subscales of Provisional Meaning, Ultimate Meaning, and Loss/Powerlessness have potential to elucidate cultural variations in African American's response to caregiving. Narrative comments were categorized into unmet needs, benefits, and challenges.

DOES A PSYCHOEDUCATIONAL INTERVENTION WITH & WITHOUT EXERCISE AFFECT SLEEP QUALITY IN AFRICAN AMERICAN CAREGIVERS?

G. Brewster¹, M.W. Parker, M.D.², F. Epps, PhD³, C. Dye, PhD⁴, M. Higgins, PhD⁵, D.L. Bliwise, PhD⁶, K. Hepburn, PhD⁷, 1. *Nell Hodgson Woodruff School of Nursing, Emory University, Atlanta, Georgia, United States*, 2. *Emory Alzheimer's Disease Research Center, Atlanta, GA*, 3. *Byrdine F. Lewis College of Nursing and Health Professions, Atlanta, GA*, 4. *Atlanta, GA*, 5. *Emory University Nell Hodgson Woodruff School of Nursing, Atlanta, GA*, 6. *Emory University School of Medicine, Atlanta, GA*; *Emory University Nell Hodgson Woodruff School of Nursing, Atlanta, GA*, 7. *Nell Hodgson Woodruff School of Nursing, Atlanta, GA*; *Alzheimer's Disease Research Center, Atlanta, GA*

Caregivers of persons living with dementia report poorer sleep quality compared to non-caregivers. This secondary data analysis examined whether a psychoeducational intervention with and without exercise versus usual care improved caregiver sleep quality. Sleep quality was measured using the Pittsburgh Sleep Quality Index. 142 African American caregivers were randomized: 53 (usual care, UC), 41 (psycho-education, PE), and 48 (psycho-education plus exercise, PE+EX). All caregivers had poor sleep at baseline [mean PSQI: 8.2(UC), 8.8(PE), 8.5(PE+EX)] with no significant difference among the three groups. After six months, caregivers in the UC and PE+EX groups experienced a non-significant decline of 0.5 and 1, respectively, in mean PSQI score. However, all the caregivers still had poor sleep [mean PSQI: 7.7(UC), 8.5(PE), 7.6(PE+EX)]. These results support the need for healthcare providers to assess caregivers for sleep disturbances. It is recommended that caregiver interventions to be inclusive of instructions about and techniques on reducing sleep disturbances.

SESSION 1500 (SYMPOSIUM)

CULTURE CHANGE PRACTICES IN U.S. NURSING HOME: PREDICTORS OF PRACTICE, AND OUTCOMES ASSOCIATED WITH PRACTICE CHANGE

Chair: S.C. Miller, *Brown University, Warwick, Rhode Island*

Discussant: C.E. Bishop, *Heller School for Social Policy & Management, Brandeis University, Weston, Massachusetts*

Given the new U.S. nursing home (NH) regulatory requirements emphasizing person-centered care, depiction of contemporary NH practice is of interest. During this symposium we detail the 2016/17 national prevalence of the processes and structures promoted by the NH culture change movement and how NH characteristics and Medicaid payment policies are associated with prevalence. Also, we present how resident-centered care, staff empowerment and physical environment practices changed in a nationally representative sample of NHs between the 2009/10 (Time 1) and 2016/17 (Time 2) culture change surveys, factors associated with change, and associations between increased implementation and quality outcomes. The Time-1 survey focused on the critical domains of Environmental Practices (i.e., homelike environment), Resident Care Practices (i.e., resident-centered/directed care), and Workplace Practices (i.e., staff empowerment) and the Time-2 survey expanded the measures within these domains and also collected data on the additional domains of NH Leadership (i.e., modeling and enabling of culture change) and Family and Community (i.e., inclusion/involvement). In 2016/17, the nationwide survey was administered to 2,142 NH administrators at NHs previously responding to the Time-1 survey. The response rate was 74% (1,584), with no evidence of non-response bias, enabling us to generalize findings to U.S. NHs (using survey weights). This high NH response rate was critical to the validity of our findings, and factors critical to achieving high NH response rates will be discussed. Findings show Medicaid pay-for-performance policy is an important predictor of practice prevalence and change, and that increases in staff empowerment scores are associated with improved outcomes.

THE 2016/17 PREVALENCE OF CULTURE CHANGE PRACTICE IN U.S. NURSING HOMES

S.C. Miller¹, M.L. Schwartz, MPH², J.C. Lima, PhD³, R.R. Shield, PhD⁴, D.A. Tyler, PhD⁵, C.W. Berridge, PhD⁶, M.J. Lepore, PhD⁷, M.A. Clark, PhD⁸, 1. *Brown University, Warwick, Rhode Island, United States*, 2. *Brown University School of Public Health, Providence, RI, USA*, 3. *Brown University School of Public Health, Providence, RI, USA*, 4. *Brown University School of Public Health, Providence, RI, USA*, 5. *Research Triangle Institute, Boston, MA, USA*; 6. *School of Social Work, University of Washington, Seattle, WA, USA*; 7. *Research Triangle Institute, Washington, DC, USA*; *Brown University School of Public Health, Providence, RI, USA*, 8. *University of Massachusetts Medical School, Worcester, MA, USA*

Using 2016/17 survey data, we estimated the national prevalence of the processes and structures promoted by the nursing home (NH) culture change movement. We administered