SESSION 1515 (PAPER)

FAMILY CAREGIVING

EXPLORING FAMILY INVOLVEMENT IN RESIDENT CARE CONFERENCES IN LONG-TERM RESIDENTIAL CARE

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Current long-term residential care (LTRC) policy emphasizes the need for collaborative, team-based care planning that actively involves families and/or residents. Resident care conferences are one of the more common ways in which care providers, families and/or residents come together to discuss and coordinate resident care needs and evaluate care goals. To date, research in this area has focused on evaluating conference outcomes (e.g., improved end-of-life care); far less is known about the care conference process such as how care is negotiated and how care decisions are made. Drawing on data from a critical ethnography examining the negotiation of care work among families and staff in three LTRC facilities in British Columbia, Canada, this presentation explores the process, structure and content of care conferences. Thirty-seven care conferences were observed and informal conversations held with families and staff following the conference. Additional information came from interview data from the larger study (n=37 family, 35 care staff). Grounded in critical theory, thematic analyses identified two key themes, Following Script and Devaluing Knowledge. Following Script reveals how the conference agenda and ensuing discussion was a tightly-controlled, homogenized process, in which opportunity for meaningful input from families was severely curtailed. Devaluing Knowledge outlines how adherence to script and clinical ways of knowing subjugated family members' knowledge of residents' needs and care goals, again limiting family contributions. A series of practice recommendations outline how to engage and empower families as active participants in care conference decision-making and planning.

RELIGIOSITY, RELIGIOUS COPING AND THE PSYCHOLOGICAL WELL-BEING OF LATINO CAREGIVERS

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By 2050, the older Latino population will reach 17.5 million and constitute 20% of the nation's seniors; correspondingly, the Alzheimer's disease rate among Latinos is projected to increase 1.3 million. Consequently, there is growing interest in delivering culturally sensitive health care services to this population. Although a significant body of research exists exploring how personal resources may moderate the impact of caregiving stressors on caregiving well-being; there is relatively little research on the role of religiosity and religious coping in influencing caregiver mental health outcomes. This knowledge gap is significant given evidence suggests that Latinos more often use religion and spirituality as a coping mechanism than Anglos. In this study, we explored the association of religiosity and religious coping with measures of caregiver depression and anxiety among

67 Latino Alzheimer's caregivers through in depth interviews conducted in Spanish in the caregiver's home. Our core measures included the Duke Religiosity Index; Pargament's Brief RCOPE which taps positive and negative religious coping methods, the CES-D Depression Scale and the State Anxiety Inventory-State Scale (STAI-S). Our regression analysis revealed that, after controlling for caregiver and care recipients demographic and health variables, negative religious coping predicted greater levels of depression and anxiety. The study suggests that religion provides some persons with a framework for interpreting the challenges associated with caregiving and that negative religious coping methods can have deleterious effects on psychological well-being. The implications for primary care providers regarding how to address the spiritual concerns of Latinos and other ethnic minorities are discussed.

INCLUDING FAMILY CAREGIVERS IN CANADIAN LONG TERM CARE: AMBIGUITY BETWEEN POLICY AND PRACTICE

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Canada has one of the most policy-dense long-term care (LTC) systems in the world. These policies intend to frame best quality of care practices for people living in care. Unfortunately, the high volume of and gaps within policies create ambiguity for care providers in how to enact sometimes contradictory policy in keeping with the quality of end of life preferences of residents and their families. Our research team within SALTY (Seniors: Adding Life to Years) is assessing the complex interplay of LTC policies that influence quality of life (QOL) at end of life in LTC. We have analyzed more than 150 relevant policies from four Canadian provinces using a hermeneutics content analysis approach. Each document was categorized by specificity to LTC, and degree of compliance against a 6 level scale. Next, to assess the QOL elements, each policy was examined using Kane's (2006) 11 domains for measuring QOL. Findings were themed by applying a family-centred lens. Results demonstrate differences between each province's most binding compliance policy documents in terms of language, goal, intention, and context when considering friend/family caregiver involvement as a quality of end of life consideration. This presentation highlights the differences between four provinces located at the most eastern and western parts of the country. We highlight the implications of these policy differences against how persons living in care value family and friends as part of their quality of end of life experience.

FAMILY SATISFACTION WITH NURSING HOME CARE: FINDINGS AND IMPLICATIONS FROM TWO STATE COMPARISON

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Purpose: Family satisfaction, while recognized as important, is frequently missing from validated measures

of long-term care quality. This paper uses validated measures from two states and identifies organizational and structural factors associated with higher family satisfaction with nursing home care. Methods: Data sources are family satisfaction surveys from Minnesota (MN) (N = 13,646) and Ohio (OH) (N = 26,460), linked to facility characteristics from CASPER for both states (N=378 facilities for MN; N=926 facilities for OH). We used multivariate analyses to identify the facility predictors of aggregate family satisfaction and compared findings across the two states. We examined satisfaction for questions pertaining to 5 distinct domains of satisfaction, an indicator of global satisfaction (whether the respondent would recommend the facility), and a summary score. Results: Activities and food were among lowest rated items in both states, with relationships with staff as the highest rated domain across both MN and OH. Higher occupancy rates, smaller facility size, and non-profit ownership consistently predicted better satisfaction in both states. Higher activity staff hours were positively associated with higher satisfaction in MN but not OH, while nursing assistant staffing consistently predicted satisfaction in OH but not MN. Discussion: This is the first study to compare family satisfaction across two states, with findings showing consistency of organizational and structural factors associated with higher family satisfaction. Our findings provide further evidence to the validity of family satisfaction as a person-centered measure of quality and lay the foundation for tool development on the national level.

QUALITY OF LIFE OF NURSING HOME RESIDENTS IN MAINLAND CHINA: THE ROLE OF CHILDREN

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China's one-child policy combined with reductions in mortality has contributed to the aging population. In traditional Chinese filial piety culture, it is generally believed "more children, more happiness" and "raising children for the purpose of being cared in old age". Recently China ended its one-child policy and all married couples were permitted to have two children. The objectives were to investigate: 1) whether having more children (3+ vs. ≤2) was positively associated with quality of life (QOL); and 2) the role of child visits and family support in the relationship between number of children and QOL among nursing home residents. This is a cross-sectional study. A total of 376 residents from 33 nursing facilities participated. Relative to those with ≤2 children, residents with 3+ children received more frequent child visits ($\beta = 1.001$, $p = 0.003$) and more family support ($\beta = 1.266$, $p = 0.021$). Moreover, residents with 3+ children had better QOL ($\beta = 2.513$, $p = 0.012$) compared with those with ≤2 children; however, the relationship was attenuated and no longer significant ($\beta = 1.420$, $p = 0.134$) with the inclusion of child visit frequency and family support in the model. Residents with 3+ children received frequent child visits and more family support, and thus had better QOL. Our findings emphasize the important role of children for QOL of the institutionalized population in a traditionally family-care oriented society. Having two children is necessary but may be not necessarily sufficient in the context of improving elderly parents' QOL.

SESSION 1520 (PAPER)

Lifelong Learning, Attitudes, and Positive Aging

IMPROVING YOUNGER ADULTS' ATTITUDES TOWARD OLDER ADULTS: THE POTENTIAL OF A MULTI-MEDIA ARTISTIC INSTALLATION

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Negative age-based stereotypes are pervasive in society. Younger adults (YA) are most likely to endorse negative age-based stereotypes. Thus, it is imperative to reach YA through innovative means in order to challenge negative stereotypes. The purpose of this study was to measure and describe YA experiences with and perceptions of a cross-generational, multi-media artistic installation. Changes were examined in YA (n=35; mean:19.37 years old; 94% female; 82% Caucasian) attitudes toward aging and older adults pre-viewing, post-viewing, and one-month post-viewing the installation. Data collected included measures on attitudes toward older adults and aging, analyzed using mixed modeling. Semi-structured interviews focused on participants' subjective experiences were examined via thematic analysis. Both quantitative and qualitative results suggested that the installation improved YA attitudes toward older adults immediately post-viewing and one-month post-viewing. Thematic analysis revealed this improvement might be due to changes in attitudes and anticipated behaviors, reinforcement of positive views of older adults, and transformation of negative views of older adults to more positive views. YA attitudes toward aging did not improve post-viewing or one-month post-viewing. Qualitative results suggest this might be due to pre-existing positive impressions of aging, increased self-awareness of eventual aging, and the affirmation of aging-related fears. Future research is needed to establish whether the installation supports sustained changes in attitudes beyond a one-month time period. This study is an essential step in better understanding the potential for innovative and accessible approaches to address YA attitudes toward older adults with the goal of promoting positive changes in intent and behavior.

RE-CONCEPTUALIZING POSITIVE AGING: RESEARCHER AND PRACTITIONER PERSPECTIVES

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Perceptions of what constitutes "positive aging" range widely. Researchers and practitioners aiming to understand and facilitate positive aging among Latino and non-Latino older adults can inform recommendations about how to age well. Yet few studies explore and compare how such stakeholders conceptualize positive aging and related terms. To address this gap, we adapted the stepwise strategy that is characteristic of concept-mapping methods. 103 statements