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July 1, 2017

# E-HEALTH INTERVENTION FOR INTERGENERATIONAL CAREGIVERS OF CHRONICALLY ILL OLDER ADULTS

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burden. Future researchers might investigate factors such as care-recipients in difference of illness and caregivers' social support. Nurse practitioner should assess for these characteristics to intervene reducing caregivers' burden.

#### LIVING ARRANGEMENT AND TIME ASSISTANCE TO NON-CO-RESIDENT ELDERLY PARENTS IN CHINA

Y. Hou, A.L. Janus, *Sociology, University of Edinburgh, Edinburgh, United Kingdom*

Family eldercare provided by children in China is facing more and more challenges nowadays as an increasing proportion of adults and elderly parents are living independently. Using data from the 2013 China Health and Retirement Longitudinal Study, we firstly test the mediation effect of norms in predicting actual living arrangement. Next, we examine how time assistance to elderly parents living alone is related to children's geographic proximity, children's competing roles, type of relationship to parent, and several family characteristics including parent's severity of need and sibship size. We use generalized linear models with random effects to take into account the "nesting" of parents within children. Results confirm that effects of education and economic resource in predicting living arrangement are significantly mediated by norms. Parent's need, sib-ship size, geographic proximity and relationship type have significant effects on time assistance. The finding helps to understand the new patterns of eldercare in China as a consequence of arising neo-familism and individualization. Understanding such mechanism helps to impact China's future policy formulation, which should satisfy the needs of both individuals and elderly parents to better maintain the crucial role of family in eldercare provision.

#### E-HEALTH INTERVENTION FOR INTERGENERATIONAL CAREGIVERS OF CHRONICALLY ILL OLDER ADULTS

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Family-clinician communication is important for chronic disease self-management and improves outcomes for older adults and their family caregivers. In this e-health program based on principles from Social Cognitive Theory, adults assisting a parent with medical appointments and medication management were randomly assigned to one of two internet-based education interventions: (I.) Written didactics and video clips from medical experts, or (II.) Multimedia vignettes depicting actors responding to common healthcare challenges. Participants (N=136) had access to these materials for one month and completed pre- and post-intervention assessments. Post-intervention hierarchical regression analyses showed an intervention effect after controlling for pre-intervention scores. Relative to the didactics comparison group, the vignettes intervention reduced perceptions of caregiving role overload (F change (1, 133) = 4.68,  $p \leq .05$ ). The ethnicity X condition interaction was also significant, with African American caregivers showing stronger reductions in perceptions of role overload in the vignettes condition compared to other caregivers (F change (1, 132) = 4.88,  $p \leq .05$ ). When elders were identified as more physically

unhealthy (> 15 days in the past month), caregivers in the vignettes condition reported improved communication with the relative's health provider. When in the didactics condition, caregivers of comparably ill relatives described post-intervention decreases in effective communication (F change (1, 129) = 3.64,  $p \leq .05$ ). These data suggest that the intervention holds most promise for caregivers of physically ill/frail elders. In keeping with Social Cognitive Theory, exposure to vignettes showing others successfully overcoming caregiving difficulties led to improved outcomes compared to information presented in didactic formats.

#### INFORMAL CAREGIVING AND HEALTH: LONGITUDINAL FINDINGS FROM THE HEALTH, WORK, AND RETIREMENT STUDY

F. Alpass, A. Szabo, J. Allen, C. Stephens, *Massey University, Palmerston North, New Zealand*

The present longitudinal study investigated changes in the mental and physical health of older caregivers over a 6-year period. Differences between patterns of caregiving were also examined. Data were collected in 2008, 2010, 2012, and 2014 from a sample of older New Zealanders (N = 803, 54% female) aged between 56 and 72 as part of the Health, Work, and Retirement study. Of participants, n = 258 were caregivers and n = 545 never provided care. Females were more likely to be caregivers. Analyses indicated that mental health declined over time for both caregiver and non-caregiver groups with the decrease being substantially larger for caregivers. There was also a gender effect suggesting that male caregivers' mental health declined to a greater extent. Non-caregivers reported more doctor visits over time and hospital admission increased for both groups but this increase was larger for caregivers. Male caregivers were admitted to hospital more often than female caregivers. Analyses were conducted to differentiate among different patterns of caregiving over the 6 year period (continued caring, stopped caring, on-and-off caring). There was no difference between caregiving groups in terms of gender, age, smoking and drinking behaviour. However, on-and-off carers had poorer mental health than those who provided care continuously. In sum, caregivers experienced more mental health problems over time, visited their doctors less but were more likely to be admitted to hospital. Male caregivers were more vulnerable to health decline. Furthermore, transitioning in and out of the caregiver role had a negative impact on wellbeing.

#### BURDEN AMONG CAREGIVERS OF OLDER ADULTS WITHOUT DEMENTIA OR DISABILITY: WHO IS AT RISK?

C. Riffin<sup>1</sup>, P.H. Van Ness<sup>1</sup>, J.L. Wolff<sup>2</sup>, T.R. Fried<sup>1,3</sup>, *1. Yale University School of Medicine, New Haven, Connecticut, 2. Johns Hopkins Bloomberg School of Public Health, Baltimore, Maryland, 3. Veterans Affairs Connecticut Healthcare System, West Haven, Connecticut*

The empirical literature on caregiver burden has been dominated by a focus on dementia and disease-specific samples, and the risk associated with providing disability-related assistance. In this study, we analyzed data from 611 community-dwelling older adults without dementia or severe disability who participated in the 2011 National