

significant improvements in burden, stress, and strain levels. This pre/post field usability study demonstrated it is possible to train former family caregivers of people with dementia to use technology to deliver a mental health intervention to current caregivers. Future studies would benefit from a longer trial, a larger sample size, a randomized controlled design, and a control of covariables such as stages of dementia, years providing care, and the severity of dementia symptoms.

USING COMMUNITY-BASED PARTICIPATORY RESEARCH TO PROMOTE MENTAL HEALTH LITERACY IN OLDER CHINESE

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Whilst traditional mental health literacy programmes utilized a top-down approach, no bottom-up community-based participatory research (CBPR) model had been used to promote mental health literacy among older adults. Moreover, the existing CBPR model was developed in the West and might not be applicable in Chinese communities given different socio-cultural contexts. This research aimed to fill the gap by implementing a CBPR project to promote mental health literacy among older adults and developing a CBPR model in Chinese context. A year-long CBPR project was conducted in five Hong Kong districts from May 2021 to August 2022. A district advisory group was formed in each district, which comprised 50 community older adults, 2 NGO social workers, and 2 researchers. Each district had their own promotional activities that were initiated and designed by older adults, including street booths, art workshops, videos and photos to promote mental health and introduce relevant information and resources. Researchers recorded field observations in each district activity and conducted focus group discussions with stakeholders. Collected data suggested that specific elements are important for a CBPR model in Chinese context, including participant empowerment, technical support, stakeholder expectation management and potential community contribution. Following the implementation of district promotional activities, a territory-wide advisory group was formed to promote mental health literacy on a territory level in the coming year. This is the first large-scale CBPR project that promoted mental health literacy among older adults in Chinese context. Implications for future research and practice will be discussed.

CAUSAL INFERENCE IN PSYCHOPATHOLOGY OF DEPRESSIVE SYMPTOMS IN MIDDLE-AGED AND OLDER ADULTS

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Most previous research studied depression as a holistic conception and ignored the complex relationships between depressive symptoms. How depressive symptoms interact with each other is still unknown. The aims of this study were to develop symptom networks of middle-aged and older adults and to explore the core symptom in the symptom networks. This study used three-wave data from the China

Health and Retirement Longitudinal Study (CHARLS) in 2013 (T1), 2015 (T2), and 2018 (T3). Depressive symptoms were measured by the 10-item Epidemiological Research Center for Depression Scale (CES-D). A multilevel vector autoregression model (VAR) was used to identify 10 depressive symptoms dynamically interacting with each other over time. A total of 3558 participants were included in the final analysis. The strongest direct effects were “D10: felt fearful” → “D6: felt everything I did was an effort” ($\beta=0.14$). “D10: felt fearful” reported the largest value of out-predictability ($r=0.064$) and out-strength ($r=0.635$). “D3: felt depressed” reported the largest value of in-predictability ($r=0.077$) and in-strength ($r=0.545$). Substantial heterogeneity in the network may stem from an individual’s gender and living region. “Felt fearful” was the strongest predictor compared to the other nine depressive symptoms based on node centrality. It was also the most crucial bridge node between negative symptoms cluster and positive affects cluster. Network density and the sum of all absolute strength centrality should also be incorporated into clinical practice as key indicators of emotional vulnerability, particularly in male middle-aged and older adults.

SESSION 3482 (PAPER)

LATE BREAKING: INNOVATIONS IN CLINICAL PRACTICE I

CHARACTERISTICS OF HOSPITALS AND PROVIDER MARKETS ASSOCIATED WITH INCREASES IN HOME HEALTH CARE USE

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Many older adults require post-acute care from a nursing home or home health agency following hospitalization. Recent trends show providers are increasingly relying on home health agencies rather than institutionalized settings, with home health volume surpassing skilled nursing facility (SNF) volume since 2017. Using MedPAR patient encounter data from 2016–2019 and provider data from CMS, we analyze changes in the profile of patients receiving home health over time, showing that individuals discharged to home health are increasing in complexity based on hospital length of stay, comorbidities, and use of critical care services. Mixed effects models additionally suggest that grouping patients at the hospital and market level helps to account for unexplained variation in whether a patient is likely to receive home health versus SNF services. Examining the characteristics of hospitals and provider markets with increasing rates of home health referrals over time, we found that hospitals with increasing rates of discharge to home health were more likely to be for-profit facilities in urban areas with higher operating margins. However, this increase was not consistently tied to a corresponding decrease in rates of discharge to SNF, suggesting that hospitals are experiencing a combination of both patient-shifting across post-acute settings as well as an overall increase in baseline complexity