



Caregivers' Daily Experiences Measured by Online Surveys, EMA, and Fitbit Data: Documenting Differential Participation in a Population Representative Sample

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We gratefully acknowledge support from the National Institute on Aging Grant R01AG083097.

Background



- ❑ Daily experiences are important for caregiver well-being and health

- ❑ Little understanding of how these daily experiences vary by:
 - Age of caregiver and care recipient (e.g., young, middle-aged, older adults)
 - Type of relationship (e.g., non-family and family)
 - Type of condition (e.g., ADRD vs non ADRD)





Understanding America Study

Caregiving Lifecourse Experiences Assessed in Rreal-time

Build a representative, life-course sample of caregivers to follow longitudinally and collect real-time daily experience and physiological data via

- ✓ Online surveys (annually and quarterly)
- ✓ EMAs of daily experiences for a week (smartphone app)
- ✓ Fitbits (continuous data collection for at least 1 year)

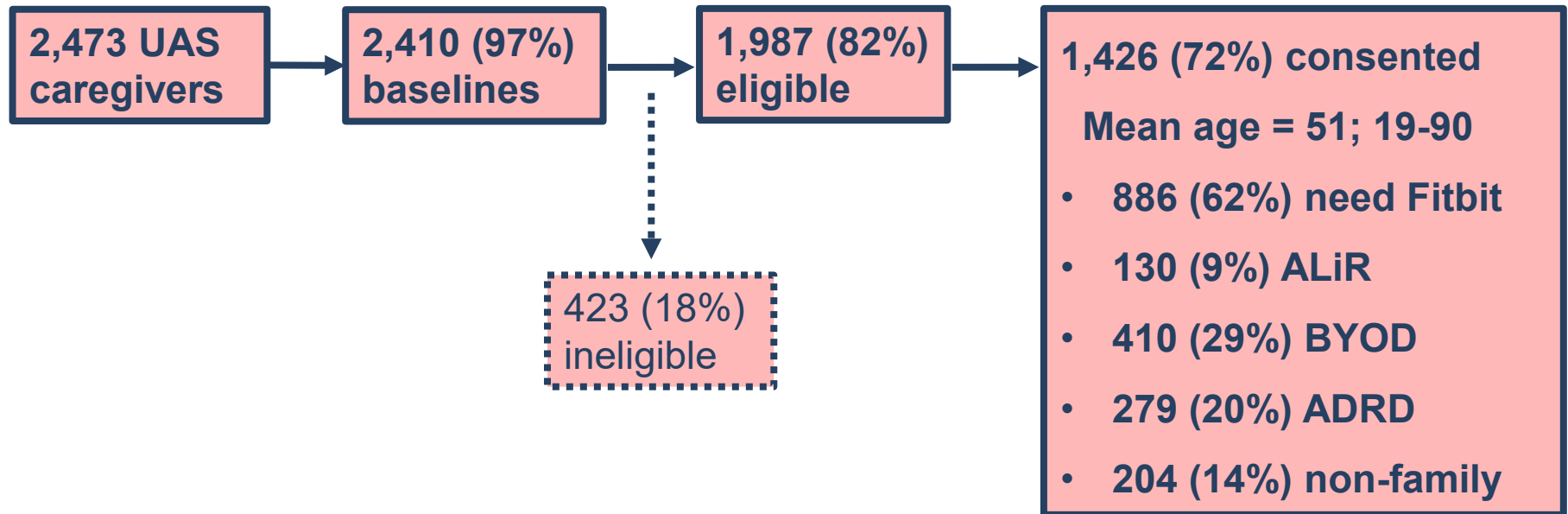
2 waves of data collection over the grant period

Implementation



- Screening questions to identify caregivers administered to the entire UAS and a baseline survey about caregiving responsibilities and experiences
- Recruit 1,000 caregivers with Fitbit and EMA data in each wave
- Oversample of self-identified ADRD and non-family caregivers

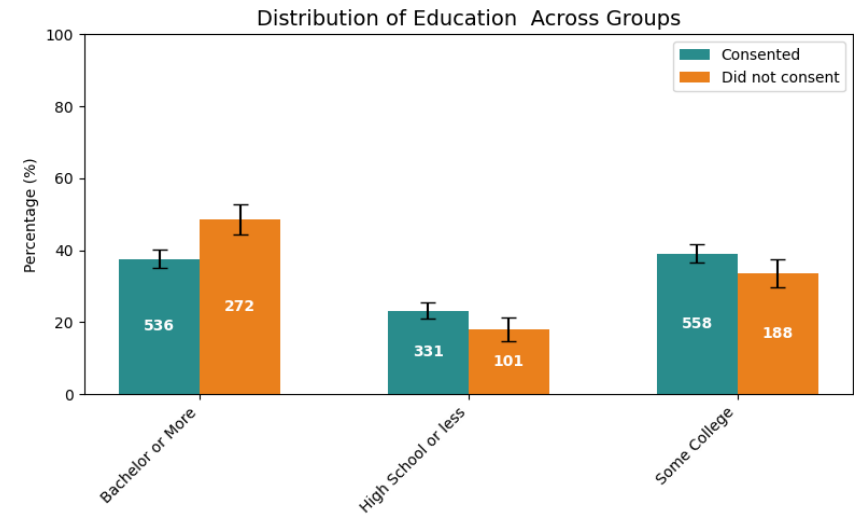
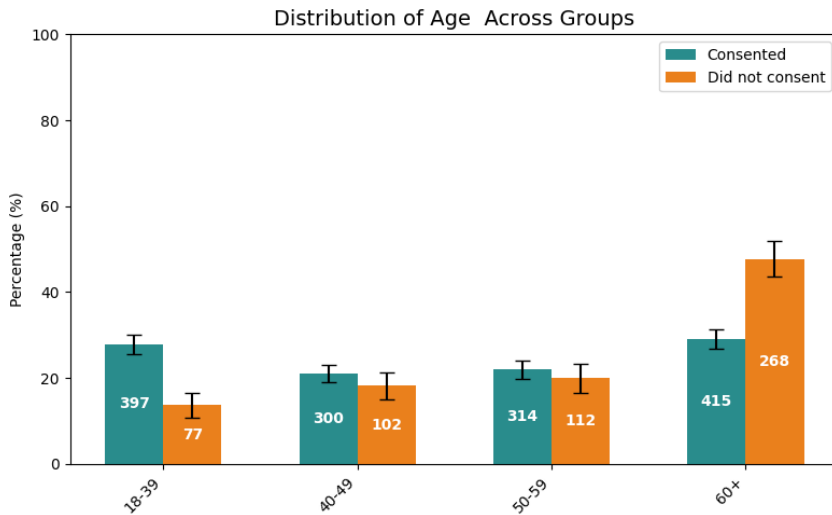
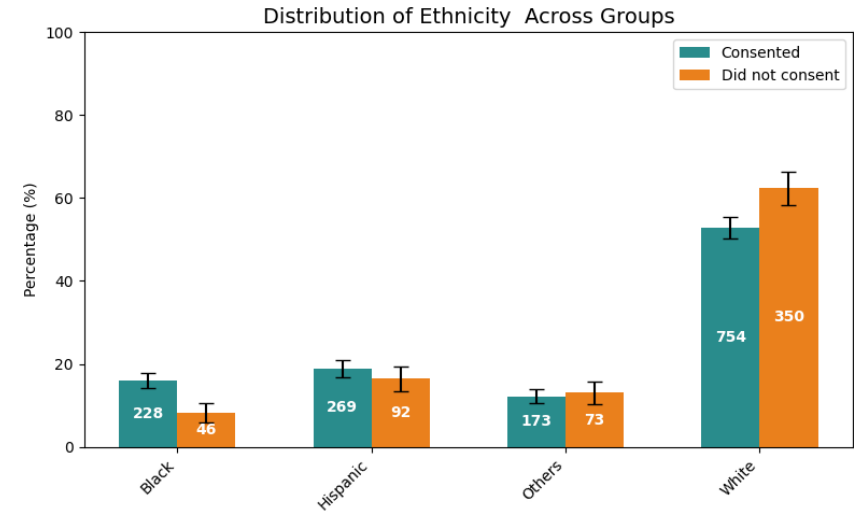
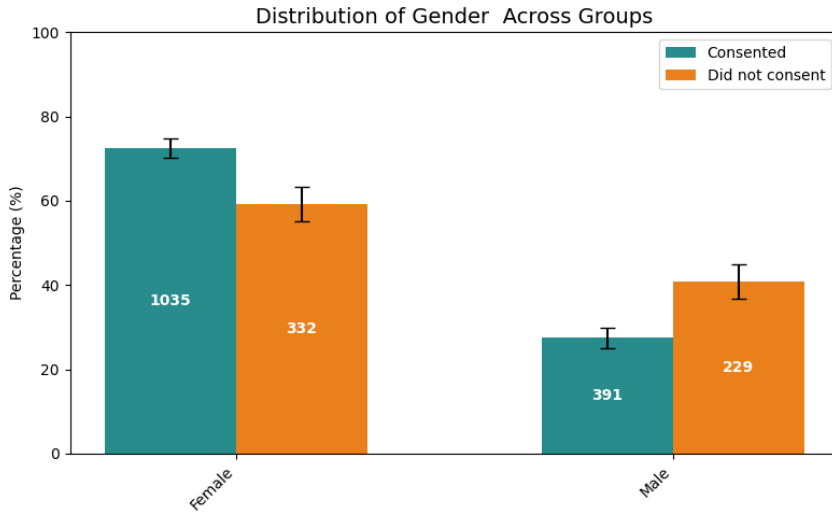
Recruitment



Currently shipping Fitbits and enrolling BYOD (233 with linked devices)

→ This presentation will focus on consenters

Demographic Composition



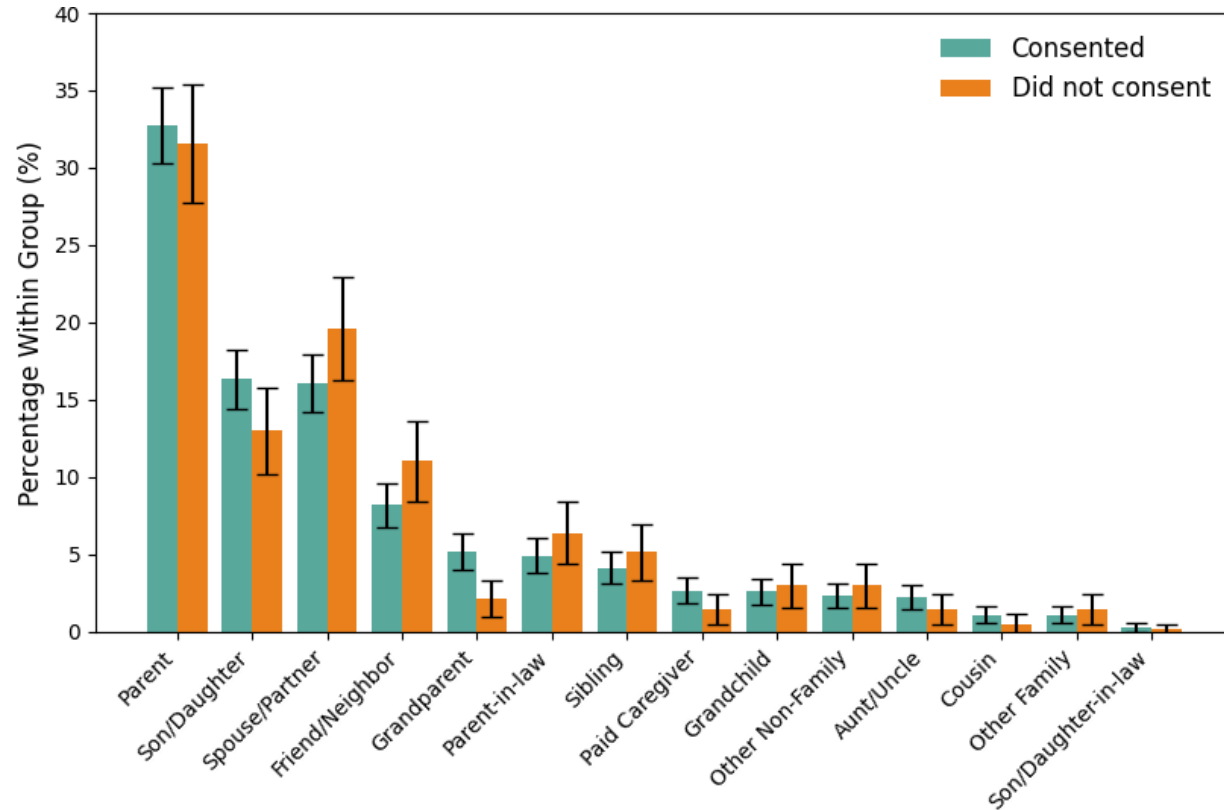
Demographic Composition



Multivariate regressions show:

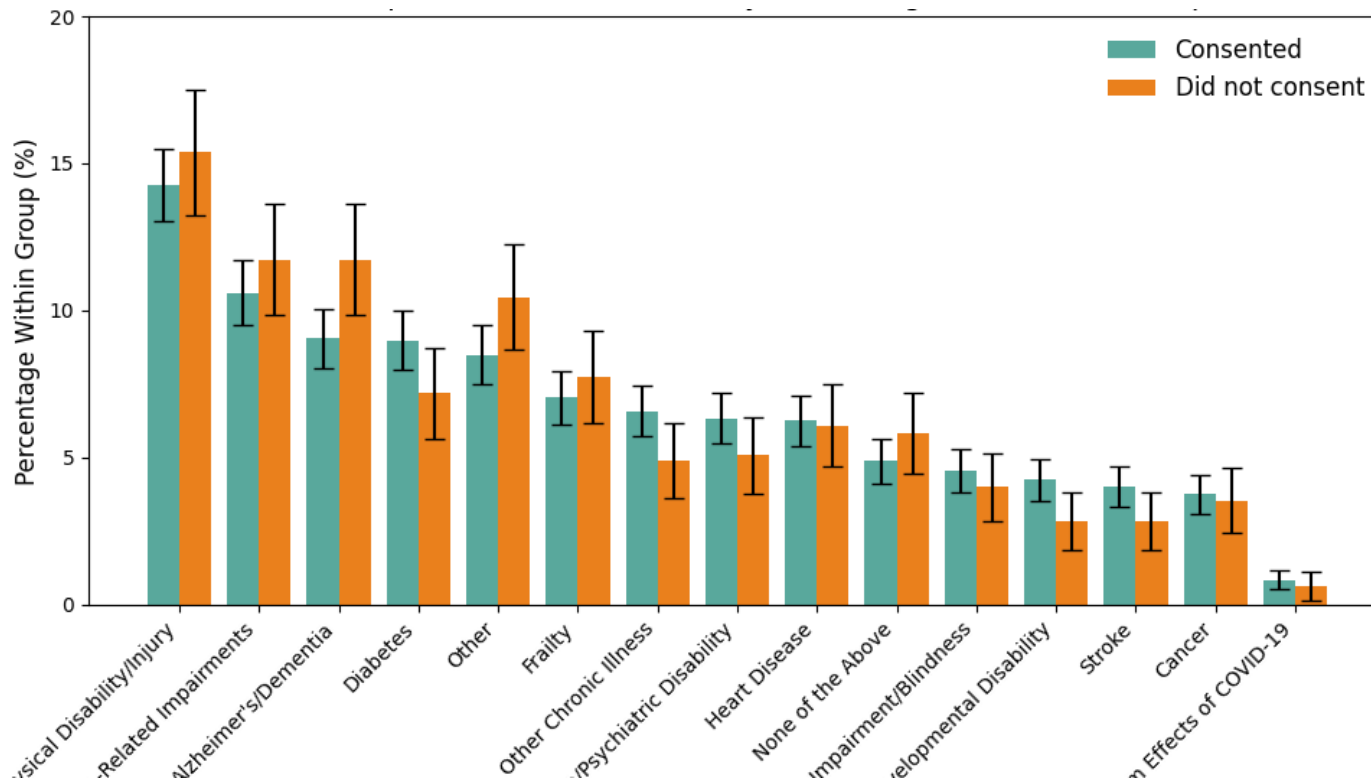
- Female caregivers are 9pp more likely to consent than male caregivers
- Black caregivers are 10pp more likely to consent than White caregivers (no other differences by race/ethnicity)
- Consent rate decreases monotonically with age: ~19pp lower among 60+ than 18-39
- College graduates are 5pp less likely to consent than high school graduates

Relationship Care Recipient-Caregiver



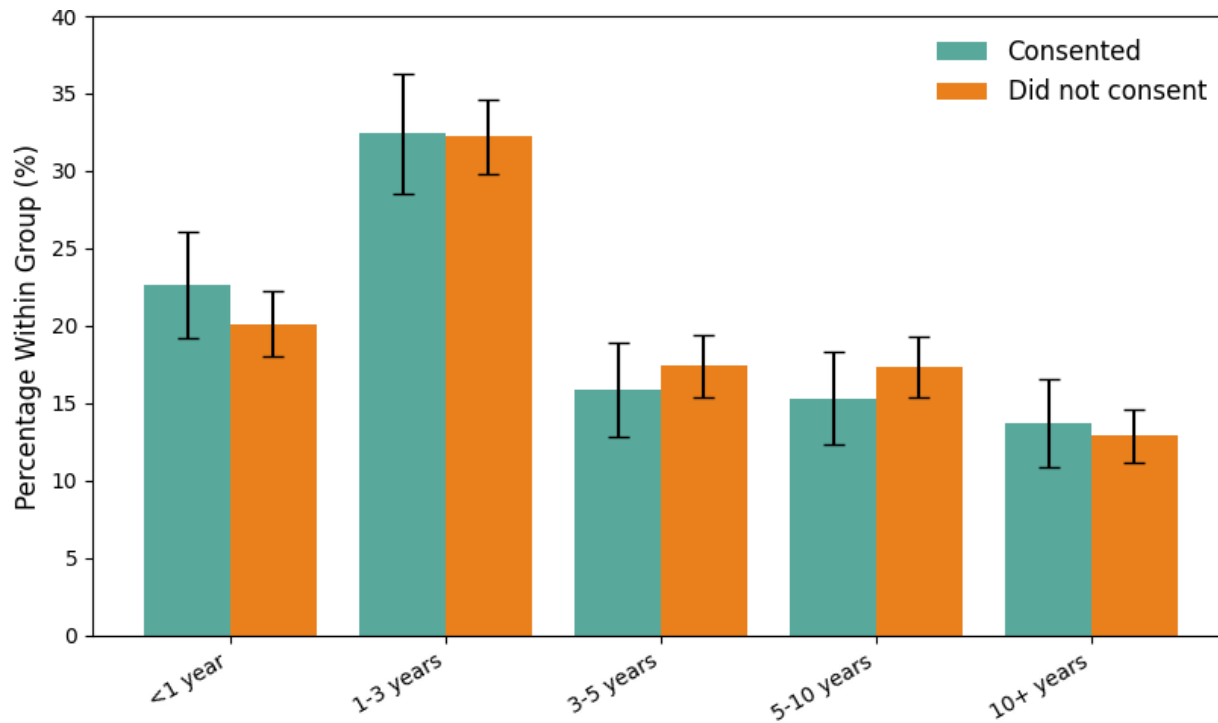
Takeaway: no major differences across relationships; consistently with the age composition, consenters are more likely to be parents and less likely to be spouses of the care recipients

Condition of the Care Recipient



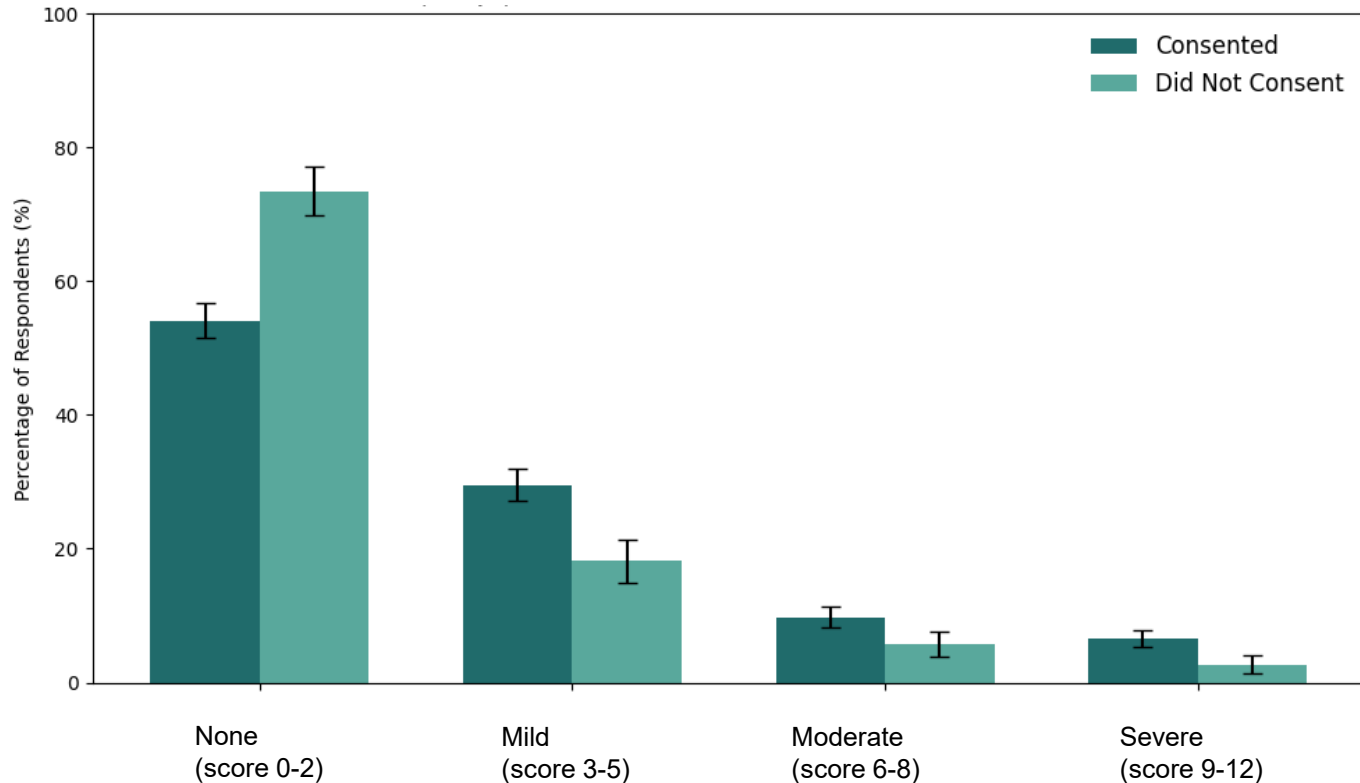
Takeaway: no significant differences across care the recipient's conditions; unconditionally, ADRD caregivers are 4pp less likely to consent, but this differences disappear conditional on demographics

Length of Caregiving Responsibilities



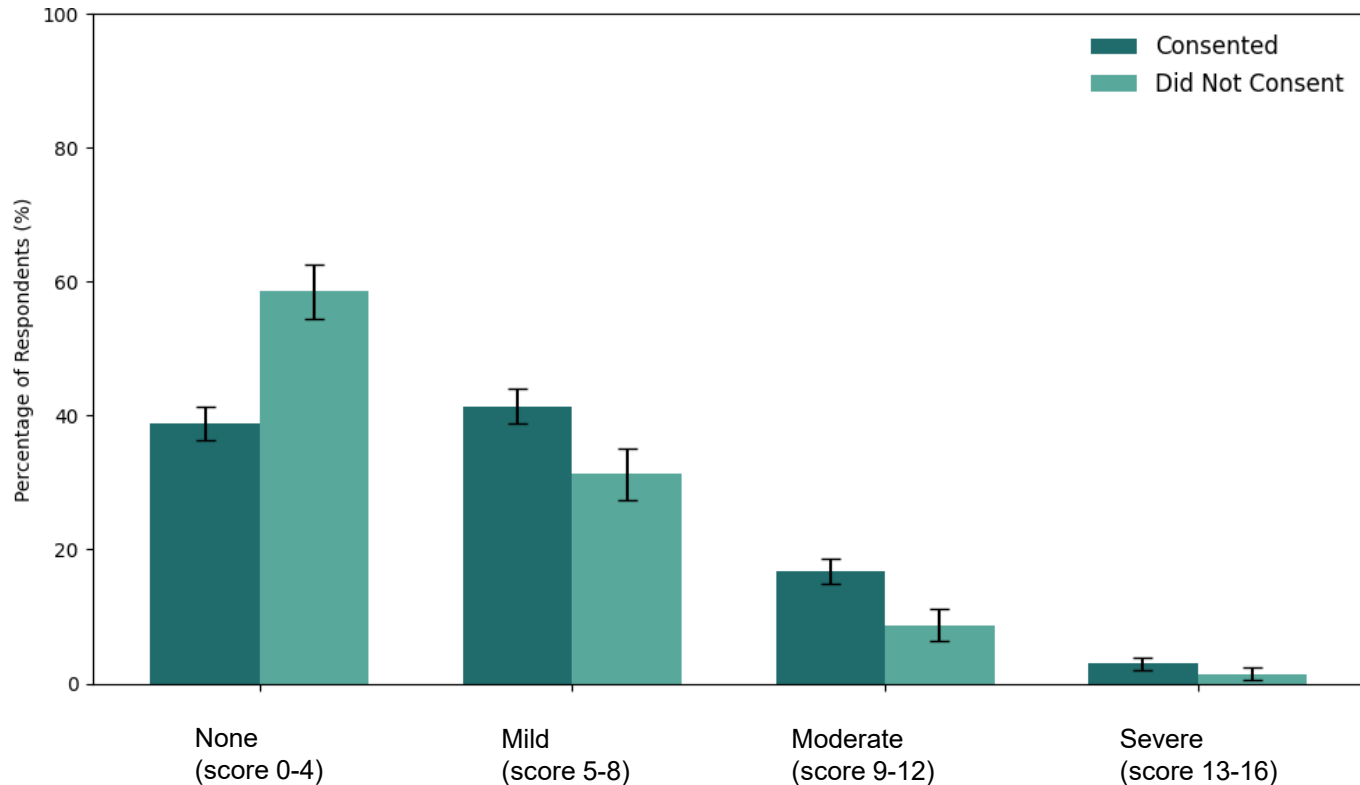
Takeaway: no significant differences by length of caregiving.
Consenters are 8pp more likely to be the only caregiver

Poor Mental Health: PHQ4 Score Categories



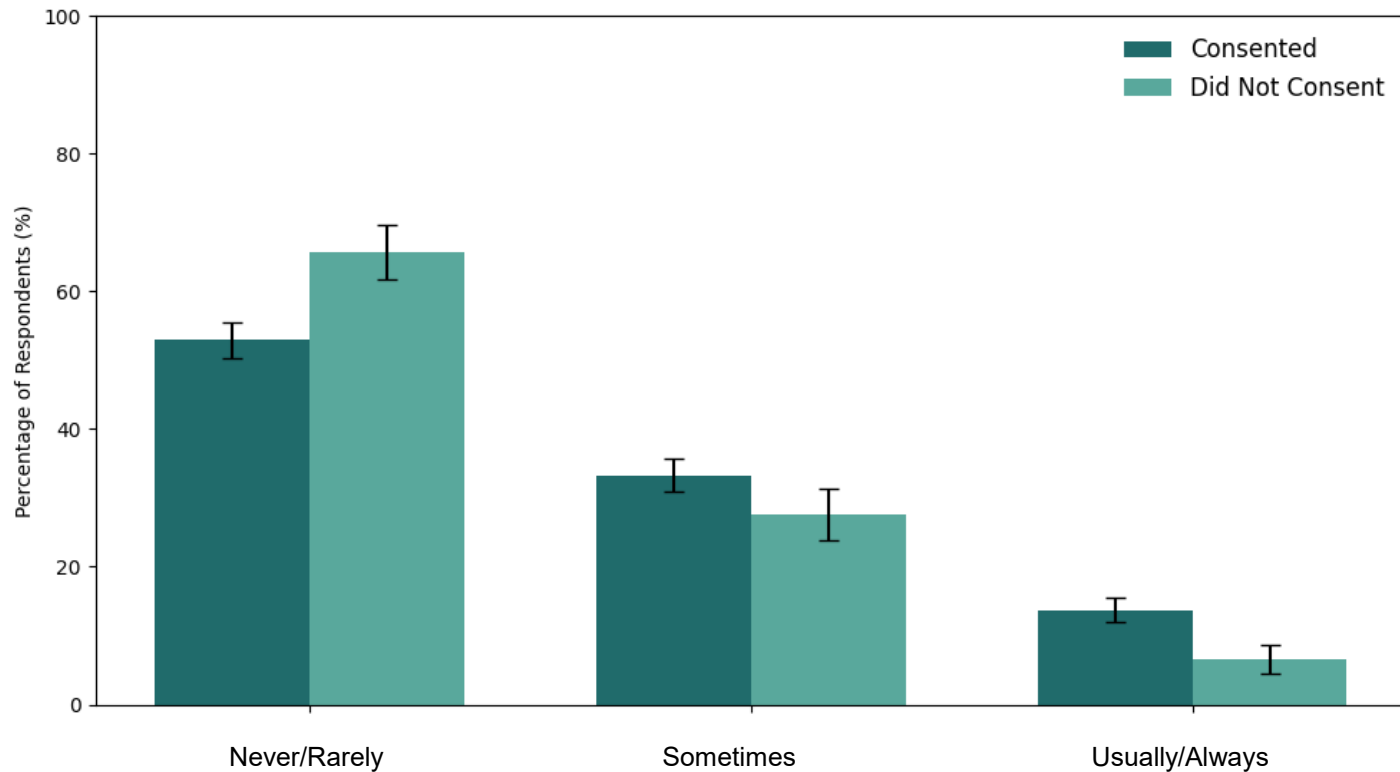
Takeaway: relative to caregivers without poor mental health symptoms, those with mild, moderate, and severe symptoms are 9pp, 9pp, and 15pp more likely to consent, respectively

Stress: PSS4 Score Categories



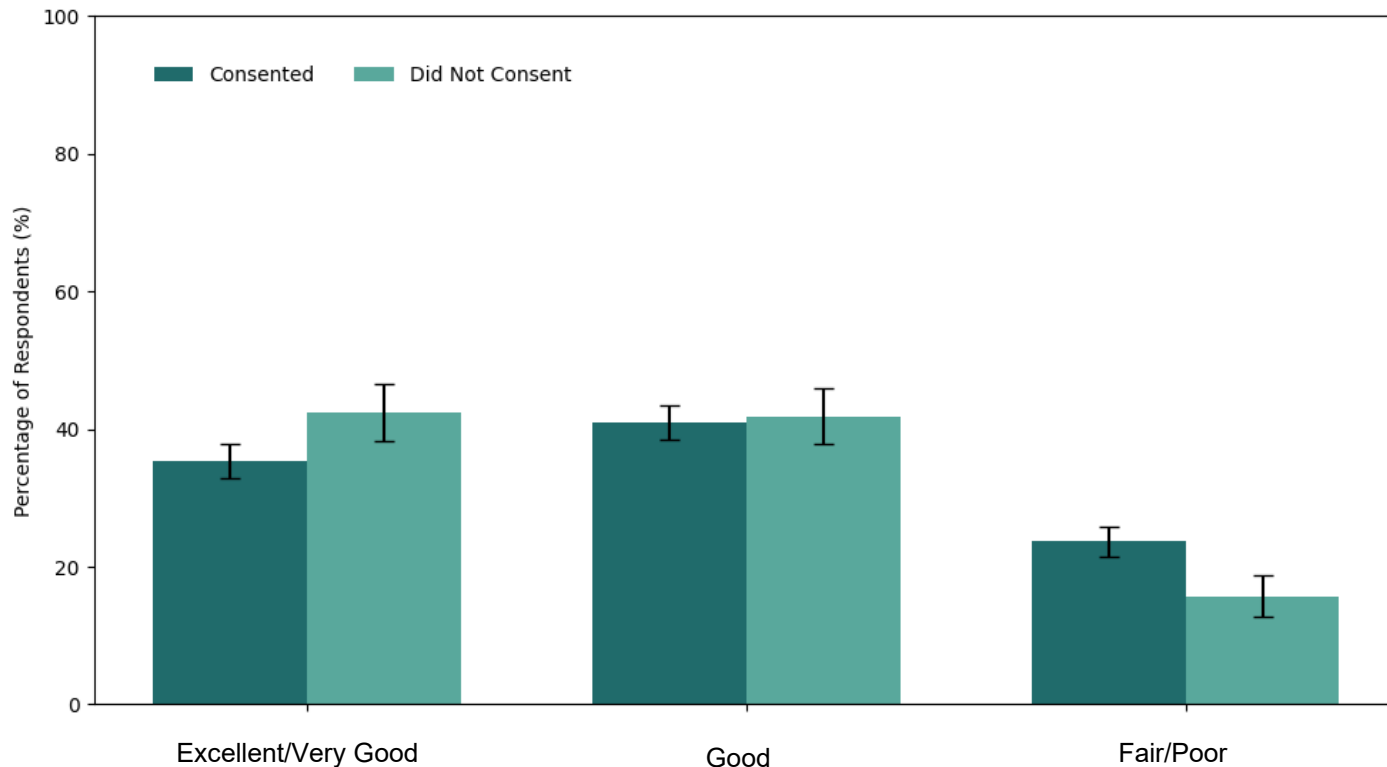
Takeaway: relative to caregivers without stress symptoms, those with mild, moderate, and severe symptoms are 8pp, 17pp, and 15pp more likely to consent, respectively

Feeling Lonely



Takeaway: relative to caregivers who never or rarely feel lonely, those who experience this feeling are between 6pp and 11pp more likely to consent

Self-Reported Health Status



Takeaway: relative to caregivers reporting excellent/very good health, those reporting fair/poor health are 6pp more likely to consent

Conclusion



- ❑ Demographic groups often exhibiting lower participation rates and underrepresented in population studies have showed higher consent rates
- ❑ Individuals over the age of 60 are have showed significantly lower consent rates as in the general UAS study providing Fitbits (ALiR)
- ❑ Caregivers who experience greater physical and psychological burden have showed significantly higher consent rates





Thank you!

Questions or comments?

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