

grandparents raising grandchildren, included simultaneously caregiving for an older adult relative. It is imperative to study the complexities existing within grandfamilies, from the perspectives and experiences of the grandparent caregiver, and develop interventions to reduce stress and increase the grandparents' ability to cope with situational, emotional and relationship changes.

FACTORS RELATED TO FAMILY CAREGIVERS QUITTING THEIR WORK

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As the working population declines in Japan, preventing family caregivers from quitting their work has become a government priority. Approximately 100,000 people leave their jobs annually because of caregiving obligations. The present study examines the reasons behind caregivers' resignation and the factors that prevent caregivers from quitting. In January 2018, 3,000 sites were randomly selected from care management institutions nationwide. Surveys were conducted by mail, first with one care manager from each institution, then with an elderly person requiring long-term care and who had a family caregiver overseen by that same manager. The second survey was contingent on the response to the first. A total of 1,719 valid responses were received in the first survey (response rate: 57.3%), and 594 in the second survey (response rate: 34.6%). The surveys found that 21.2% of family caregivers quit their jobs. Caregivers also quit their hobbies (23.6%), neighborhood associations (7.2%), and stopped volunteer activities (5.4%). Eight items from the survey of people requiring long-term care and who were supported by their family caregivers, and 5 items from the survey of care managers were analyzed in binomial logistic regression analysis with continuation of work (yes/no) as the dependent variable. Caregivers are less likely to continue working if they are older and their dependents require extended care, and more likely to continue working if they and their dependents are satisfied with the care manager. Care managers could therefore play a crucial role in allowing caregivers to find a better balance between caregiving and work.

FAMILY CAREGIVER ASSESSMENT IN PRIMARY CARE: A NATIONWIDE SURVEY

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Family caregivers play an important role in the healthcare of older adults, but their circumstances, needs, and risks are often unknown to medical professionals. Standardizing how caregivers' needs are assessed in healthcare delivery can help

clinicians design care plans that take caregivers' capabilities into account and provide targeted recommendations for caregiver support. Despite the potential of caregiver assessment, little is known about its use in primary care practice. The present study surveyed a national random sample of 1,000 U.S. primary care clinicians (physicians, nurses, social workers) to characterize current practices, barriers, and facilitators of caregiver assessment. A total of 231 completed responses were received. A minority of respondents (11%) reported that their practice or clinic had a standardized procedure for caregiver assessment; one in ten (10%) reported that they had personally conducted a caregiver assessment using a standardized instrument in the past year. The most common barriers to caregiver assessment were lack of time (65%), inability to have private discussions with caregivers (36%), lack of access to referral options (30%), inadequate reimbursement (30%), and reluctance of caregivers to discuss their needs (30%). The most frequently endorsed facilitators to aid future implementation included better availability of referral options (77%), easier referral mechanisms (67%), co-location of mental health specialists, care managers, or social workers (65%), and training in how to address caregiver issues (61%). Findings are discussed within the context of emerging healthcare policies and practice initiatives designed to promote caregiver assessment in health care settings.

GRANDPARENTS CARING FOR GRANDCHILDREN, FAMILY STRUCTURE, AND DEPRESSIVE SYMPTOMS IN CHINA

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It is a cultural norm for Chinese older adults to engage in co-parenting and caring for grandchildren. Previous research documented health advantages for grandparents who provide occasional, extensive, or even custodial care to grandchildren in China. Yet there is little information regarding the impacts of living arrangement and its interaction with grandchild care on grandparents' psychological well-being. Using three waves of the 2011-2015 China Health and Retirement Longitudinal Study (CHARLS) data, this study examined the longitudinal association of depressive symptoms with grandchild care intensity and living arrangement among adults aged 40 and above (N=5,037). Mixed effects regression models were applied to examine changes in depressive symptoms and the associations with explanatory variables. At baseline, about half of respondents reported caring for their grandchild (ren). And nine percent lived with grandchildren only, that is, in a skipped-generation household and taking a custodial grandparent role. Overall, depressive symptoms did not change over time. After controlling for sociodemographic and health covariates, we found that providing medium level of care (i.e., between three to 10 hours per day) was associated with fewer baseline depressive symptoms, whereas grandparents living with grandchildren had more symptoms at baseline relative to those living with others. Further, an increased level of caregiving in the skipped-generation households was associated with more depressive symptoms. Given that custodial grandparenting is a growing phenomenon in China, further research needs to investigate how to reduce caregiving burden and associated adversary effects and how to promote overall well-being in this population.