

number of experienced patient problems; greater likelihood of caring for a person with dementia; higher levels of caregiving strain, depressive symptoms, perceived stress, and perceived burden; and lower levels of quality of life, purpose in life, positive aspects of caregiving, and leisure activities. These findings suggest that caregivers can be classified into distinct subtypes, with one subtype characterized as experiencing high distress.

#### OLDER LATINOS' PERCEPTIONS OF THE CAREGIVING EXPERIENCE

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There has been a rapid growth of Latinos age 65 and older in the United States and the population is projected to grow to 21.5 million by 2060. Latinos with Alzheimer's disease is expected to increase 832% by 2060. Caregiving for adults with Alzheimer's Disease and Related Dementias (ADRD) is physically, emotionally, and financially demanding, and has significant implications for caregivers' health, personal and social life, and overall well-being. This study aimed to describe the perceived experiences of middle-aged and older Latino who were primary caregivers of relatives with ADRD. We conducted semi-structured interviews with Latino caregivers to examine their perceived experiences of providing care for a relative with ADRD. Interviews were conducted in English and Spanish and were transcribed, translated into English when needed, and coded. We conducted direct content analysis. Participants were aged 50 to 75 years ( $n = 16$ ), the majority were female ( $n = 12$ ), and majority were caring for either their parent or spouse. We identified six reoccurring themes in the Latino caregiving experiences: (1) caregiver burden; (2) dealing with care recipient; (3) coping strategies; (4) social support; (5) cultural values; and (6) knowledge about services. The identified themes showed that Latino caregivers need support from their family and friends for caregiving. Latino family's structure plays an important role in caregiving experience. These themes are important to consider in future interventions that aim to reduce caregiver burden in Latinos as they influence the overall well-being of the caregiver.

#### PERCEIVED APPRECIATION FOR CARE ASSOCIATES WITH HIGHER QUALITY CAREGIVING DAY-TO-DAY

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Family members are critical to dementia care and the U.S. long-term services system. Yet, little is known about how to support the quality of care provided by family members, who often receive little training. We hypothesize that on days when caregivers feel more appreciated, they report

providing a higher quality of care. To test this hypothesis, we asked spousal dementia caregivers ( $N=21$ ) to complete 14 daily surveys that asked about their daily caregiving experiences. Our measure for "quality of care" was based on the Exemplary Caregiving Scale, and included 3-items pertaining to provision of care (e.g., "You considered your spouse's wishes and opinions when providing assistance"). Response options included "Most of the time," "Some of the time," and "Never"; scores were summed (range 0 to 6). Caregivers were also asked to what extent their spouse appreciated the care provided ("Not at all," "Some," or "A lot"). We applied multi-level mixed models to the data, and controlled for age, gender, Hispanic ethnicity, number of behavioral symptoms of dementia each day and months since diagnosis. In adjusted models, we found that on days when caregivers believed care recipients appreciated care provided "Some" or "A lot," they reported providing higher quality care ( $B=0.52$ ,  $p=0.010$  and  $B=0.79$ ,  $p<0.001$ , respectively) compared with days when caregivers believed care recipients appreciated care provided "Not at all". Preliminary results may inform programs to support caregivers' ability to provide high quality care (e.g., by helping caregivers to perceive rewards) and to identify caregivers at risk of providing low-quality care.

#### RESEARCH PARTICIPATION AMONG COMMUNITY DWELLING DEMENTIA CAREGIVERS: REFLECTIONS AND SUGGESTIONS

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Clinical trials for dementia caregivers have suffered from small sample sizes that lack adequate power to detect treatment benefits. Addressing these methodological shortcomings is contingent upon successful recruitment and enrollment of caregiver participants, but major barriers impede their participation in research. This presentation describes the lessons learned from recruiting and enrolling dementia caregivers into a pilot randomized controlled trial designed to help caregivers recognize and communicate about pain in dementia care recipients. Using Bronfenbrenner's ecological model, we organize our discussion of challenges and opportunities into three levels: community (ecosystem), institution (microsystem), and individual. A key challenge at the community level was gatekeeping by organization leaders, including those from support groups, senior centers, and congregate living facilities. At the institutional-level, challenges included an absence of administrative mechanisms for identifying caregivers and a lack of caregiver research expertise on the Institutional Review Board. At the individual-level, challenges included time constraints and varying motivations for participating in research. Strategies for overcoming these challenges spanned the three levels and included establishing trust and rapport with various constituencies; adapting our recruitment approaches to meet the specific motivations of prospective participants; and refining recruitment scripts to allow for greater personalization. Employing these strategies, which can be generalized to recruit other hard-to-reach

populations, helped to overcome recruitment challenges and expedite enrollment of caregivers from a diverse range of sociodemographic backgrounds. Further improvement will require coordinated changes at the institutional and community levels, including the development of central research registries and administrative mechanisms for identifying caregivers.

#### ROLE-REVERSALS IN CAREGIVING: CASE STUDIES OF TWO WOMEN LIVING WITH LATE STAGE CANCER

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Many studies have examined the effects of caregiving burden and many others have focused on the effects of having a caregiver (Haynes-Lewis et al., 2018; Trevino, Prigerson, & Maciejewski, 2018; Semere et al., 2020). However, there is little data on the experience of role reversal, once responsible for caring for others and now being cared for while living with cancer. This project aims to identify ways in which women living with cancer cope with the internal struggles of receiving care. The current project is a case study of two females, one age 67, NHW, with a breast cancer diagnosis and one age 60, Black, with an ovarian cancer diagnosis, who once were caregivers and are now being cared for by family. Two semi-structured interviews were conducted that were approximately 60 minutes each. The study data are from a larger project focused on the self-perception of older women with late-stage cancer. Four independent researchers used thematic analysis to uncover common themes of coping between the two women receiving care. The themes uncovered were acceptance of the loss of autonomy, positive death attitudes, good relationships with their caregivers, and religiosity were identified and coded as coping strategies. The qualitative data showed that the use of these coping strategies helped the women be more accepting to care with less internal conflict. Future research should focus on generalizing these findings on a larger sample and use the data to help cancer patients better accept care from others.

#### THE LIFE SATISFACTION OF INFORMAL CAREGIVERS IN EUROPE: REGIME TYPE, INTERSECTIONALITY, AND STRESS PROCESS FACTORS

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This research assessed the role of welfare state/family care regimes, intersecting social locations and stress process factors in influencing the life satisfaction of informal caregivers of care recipients with age-related needs or disabilities within a European international context. Empirical analyses were conducted with a sample of informal caregivers residing in Denmark, Sweden, France, Germany, Italy, Greece and the United Kingdom (n=6,007). Ordinary least squares and ordered logit regression models revealed that welfare state/family care regime, intersecting social locations, and stress process factors were independently associated with the life satisfaction of informal caregivers. Furthermore, there was

some evidence to suggest that social location and stress process factors intervened in some of the relationships between regime type and life satisfaction. There was also some evidence that stress process factors intervened in the relationships between social location factors and life satisfaction. Overall, the results provide support for integrating welfare state/family care regime type and intersectionality factors into the stress process model as applied to the context of informal caregiving. The results also have policy and practice implications with regards to which social location and stress process factors explain specific disparities in life satisfaction between informal caregivers residing in different welfare state/family care regimes.

#### THE OTHER CAREGIVERS: INFORMAL NON-SPOUSAL MALE CAREGIVERS FOR PERSONS WITH DEMENTIA

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Informal caregivers for persons with Alzheimer's disease and related dementias (ADRD) have become an integral part of the long-term health care system. They are relied on to provide day-to-day care that is challenging, complex, and often spans several years. Most of the research on informal caregivers for persons with ADRD have focused on spousal caregiving, mother-daughter dyads, and daughters. There is sparse literature on informal non-spousal male caregivers for persons with ADRD. The objective of this research was to obtain an understanding of the experiences of informal non-spousal male caregivers for persons with ADRD. This descriptive qualitative pilot study consisted of in-depth one-on-one interviews with three informal non-spousal male caregivers for persons with ADRD. Four themes emerged through data analysis: 1) the male perspective and experience of caregiving, 2) relationship dynamics, 3) caregiving challenges, and 4) finding meaning within caregiving. Conclusion: Similar to other caregivers, informal non-spousal male caregivers assisted with transportation, managing medical appointments, as well as bathing and personal care. Differences with other caregivers, specifically female caregivers, emerged in terms of descriptions of traditional versus non-traditional gender roles. The implications of this study are that public policies, support services and medical professionals need to understand and be able to address the different experiences and needs of informal non-spousal male caregivers.

#### THE SHAPE OF CARE: PATTERNS OF FAMILY CAREGIVING AMONG CHINESE ADULTS IN THE MIDDLE TO LATER STAGE OF LIFE

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Due to the lack of institutional support, families have long been the primary caregivers in China. Most studies to date only focused on one single care activity during a particular life course stage. Nonetheless, older adults today are more likely to care for multiple family members concurrently or sequentially (serial caregivers). The studies on discrete snapshots of care activities failed to capture the patterns of family caregiving overtime. Utilizing four waves of longitudinal data from CHARLS (2011-2018, N=17,039), this study particularly focuses on care activities to grandchildren, parents, and