

Caregiver Health II (REACH II) intervention. The goal of the GP4C is to create an online family caregiver support system that would facilitate delivery of an evidence-based skills-training and support for dementia caregivers with the potential of both scalability and sustainability. GP4C includes the full breadth of REACH II education and skill-building materials, delivered within an automated, online platform with integrated support from a Dementia Care Specialist via telephone/video conferencing. Dementia caregivers, community agency staff, and other experts are involved in usability testing to ensure acceptability of this new approach to intervention delivery. The software development is completed and usability testing is currently underway. The feasibility and success of this new modality of intervention delivery will be made possible by an innovative intervention design supported by appropriate technical and content elements. We will also present the strategies employed to adapt the intervention to an online platform capable of supporting caregiver self-directed exposure to therapeutic content, the results of usability testing with approximately 32 caregivers, and feedback from other external stakeholders on the feasibility of this approach.

A DECADE OF STROKE CAREGIVER RESEARCH: THE RESCUE CREST STUDY

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Stroke caregivers need education and support to care for suddenly disabled family members. To address this need, we are conducting a nurse-led intervention, called RESCUE CREST, to teach caregivers problem-solving skills using an educational website and an online messaging center. In our first, preliminary study, we pre-tested an investigator-created, senior-friendly website called RESCUE (Resources and Education for Stroke Caregivers' Understanding and Empowerment) using focus groups and interviews with clinicians and caregivers. We refined the website based on additional surveys, a cognitive usability study, and Webtrends analysis. In the second study, we used a single-group pre- and post-test design to evaluate the content and outcomes of the problem-solving intervention. Third, we conducted a four-arm RCT (4-week intervention, 8-week intervention, attention control, standard care) to refine our methods. We will describe the lessons learned and results of our 10 years of stroke caregiver research that provide background for the RESCUE CREST study.

SOCIAL ENGAGEMENT MEDIATES THE ASSOCIATION BETWEEN ROLE OVERLOAD AND NIGHTTIME AWAKENING OF DEMENTIA CAREGIVERS

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Caregivers tend to report role overload and nighttime awakening given the burden of caregiving. Previous research has not explored the association between role overload and nighttime awakening among dementia caregivers. Social engagement has been found to be associated with physical and psychological health outcomes of caregivers. Thus, the present study aims to examine whether role overload is associated with nighttime awakening of dementia caregivers and whether social engagement will mediate the association. We conducted a cross-sectional study by using the 2015 National Health and Aging Trends Study (NHATS) and National Study of Caregiving (NSOC). Six-hundred-and-sixty-nine dementia caregivers were included in the analysis. Relevant factors were controlled as covariates including age, gender, race/ethnicity, etc. Nearly 45% of participants reported suffering from nighttime awakening at "some" or "more" nights within one month, among which half of them reported "almost" or "every" night. Role overload was found associated with caregivers' nighttime awakening ($\beta=.135$, 95%CI: .094 to .176, $p<.001$). The mediated model shows 7.4% of association between role overload and nighttime awakening could be explained by the mediation of social engagement ($\beta=.010$, 95%CI: 0.99×10^{-2} to 1.01×10^{-2} , $p<.05$). The study suggests that dementia caregivers with high levels of role overload tend to experience nighttime awakening more than those who reported low role overload. A modest mediated effect indicates that role overload of dementia caregivers can predict their nighttime awakening partly through decreasing their social engagement. Other factors and longitudinal models shall be discussed to further explore the theoretical mechanisms of caregiver stress.

HOW POLITICO-ECONOMIC SYSTEMS CAN SHAPE THE ATTITUDE TOWARD ELDERLY CARE: LESSONS FROM THE GERMAN REUNIFICATION

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Migration flows have been rising over the past decades and are not expected to mitigate in the future. Migrants bring along values and preferences that were shaped by their origin countries, among those, their perceptions of how societies should care for the elderly. In this study, we examine how the attitude towards informal care is shaped by the politico-economic system an individual grew up in and if this attitude adjusts over time once an individual lives in a different system. After the fall of the Berlin Wall, Eastern Germans were exposed to the market-oriented western economy, a natural experiment that allows us to address these issues. By analyzing data from the German Family Panel (2009/10-2015/16), we assess differences in attitudes towards informal care among four birth cohorts that were born during the German separation (N=11,966) using random-effects models. We control for socio-demographic factors as well as the institutional and economic environment an individual lives in. The results reveal that, on average, older generations that grew up in East Germany exhibit up to a 6.7% (95% CI, 0.03-0.1) higher willingness to provide informal care to their parents than older generations that grew up in West Germany. There is no significant difference in younger birth cohorts. Attitudes do not significantly converge over the