

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