about caregiving beyond the dyadic relationship. This study was to gain a comprehensive understanding of informal caregiving networks for individuals with dementia superimposed on complex multimorbidty. We used egocentric social network analysis to obtain caregiving information of 46 patients with moderate to severe cognitive impairment, 5 chronic conditions on average, and undergoing hemodialysis (4.3 mean years). Most patients (n=35, 77.8%) were Black, 22 (47.8%) male, and mean age of 73.9 years. Starting with the primary family caregiver (FCG), up to 2 additional FCGs were recruited for each patient, totaling 76 FCGs (46 primary, 30 non-primary). Most were a child of the patient (n=39, 51.3%), female (n=57, 75%), and 54.2 years of age. Of the 46 networks, 16 (35%) included only one FCG (singletons). Multimember networks (n=30, 65%) provided longer caregiving than singletons (7.7 vs 3.8 years, p=0.008). Average network size was 2.8, and 26 (54.5%) networks had at least one male caregiver. Among the 30 multimember networks, average size was 3.8, density (proportion of possible ties) was 0.9, and mean degree and maximum degree (number of ties per member to other network members) were 2.5 and 2.8, respectively. Higher mean and maximum degrees were associated with fewer 12-month patient hospitalizations (r=-0.47, p=0.01; r=-0.43, p=0.02, respectively). Including additional caregiver informants significantly increased network size, ties and maximum degree centrality compared to those based on primary caregiver only, allowing for fuller network description.

RESOURCES AND EXPERIENCES AMONG DIVERSE DEMENTIA CAREGIVERS BY GEOGRAPHIC CONTEXT
Aya Yoshikawa1, Erin Bouldin2, Mónica López-Anuarbe1, Tiffany Kindratt4, Dominique Sylvers1, and Noah Webster1, 1. Texas Woman’s University, Denton, Texas, United States, 2. University of Utah, Salt Lake City, Utah, United States, 3. Connecticut College, New London, Connecticut, United States, 4. The University of Texas at Arlington, Arlington, Texas, United States, 5. University of Michigan, Ann Arbor, Michigan, United States

Rural caregivers are often underserved by caregiving services, yet little is known about how the intersectionality of geographic context and race/ethnicity relates to caregiving resources among dementia caregivers. We examined whether 1) caregiving resources and experiences differ across metro and non-metro areas; and 2) the use of caregiving resources is associated with geographic context by race/ethnicity, controlling for age, gender, and education. We analyzed a sample of caregivers of care recipients aged 65 years or older with ‘probable’ dementia (n=808) in the 2017 National Health and Aging Trends Study (NHATS) and the associated National Study of Caregiving (NSOC). We defined geographic context by the recipient’s residence in metro (urban) or non-metro (rural) counties and grouped formal (respite care, support groups, caregiving training) and informal (family or friend help) resources. Among minority caregivers, 47% of those living in metro and 36% in non-metro areas used a formal service, and 83% and 72%, respectively, used informal resources. Among White caregivers, estimates were 44%, 48%, 76%, and 66%, respectively. Multivariate regression analyses revealed that non-metro White dementia caregivers had 2.04 times higher odds (95% CI=1.10-3.78) of using formal resources than metro White dementia caregivers. This pattern was not observed among minority dementia caregivers. The use of informal resources did not differ across geographic contexts by race/ethnicity. Findings suggest the influence of geographic context on the use of formal caregiving resources varies by race/ethnicity. With higher rates of dementia in non-metro areas, formal caregiving resources among non-metro minority dementia caregivers need more attention.

THE ROLE OF SUPPORT IN THE LIVED EXPERIENCE OF DEMENTIA CAREGIVERS: A SYSTEMATIC REVIEW AND THEMATIC SYNTHESIS
Paria Seyyedmirza, Clark Benson, Diane Ploch, Emily, Anna Linden, and Andrea Gilmore-Bykovskiy, University of Wisconsin-Madison, Madison, Wisconsin, United States

People living with dementia have complex care needs, which are primarily met by unpaid family caregivers. Family caregivers are often underprepared and under-supported in these roles and often experience negative health impacts associated with their caregiving responsibilities. Research suggests caregiving experiences and associated outcomes can be improved through the use of supportive resources which vary widely in design, access, and implementation. Yet how dementia caregivers perceive, identify, and experience supports in the context of their lived experience is less well understood. Understanding caregivers’ un-proscribed conceptualizations of “support” holds important implications for the optimal design of supportive interventions, which are often under-utilized. The objective of this qualitative evidence synthesis was to systematically identify, appraise, and synthesize evidence regarding dementia caregivers’ conceptualization of support through qualitative studies focused broadly on eliciting caregivers’ reports of lived experience. Forty-one qualitative studies were analyzed and synthesized according to methods suggested by Sandelowski (2007) and Graneheim & Lundman (2004). Six themes were identified and synthesized across included studies which include a range of domains from accessibility, awareness, usability, and match of informal and formal support for caregivers’ needs and the needs of their care recipient. Caregivers conceptualized support broadly, extending beyond traditional resources to address aspects of their caregiving role. Findings demonstrate that caregivers readily distinguish between formal and informal support, but do not necessarily evaluate them uniformly and are perhaps focused on the fit of support that extends beyond the caregiving role and is more aligned with how caregivers view support in their daily lives.

THEORETICAL IMPLICATIONS AND IMPACT OF SELF-COMPASSION IN CAREGIVERS OF PEOPLE LIVING WITH DEMENTIA
Claire Grant1, and Katherine Judge2, 1. Cleveland State University, Cleveland Heights, Ohio, United States, 2. Cleveland State University, Cleveland, Ohio, United States
Caregivers of people living with dementia often report greater symptoms of depression, anxiety, and burden. Guided by the Stress Process Model, the study examined the impact of self-compassion on these key psychosocial well-being outcomes in a sample of dementia caregivers (N=99). Participants were 66.7% female, 67.7% White, and 74% were children/in law or grandchildren/in law, with a mean age of 38.61. Findings indicated self-compassion was a significant and unique predictor of symptoms of depression ($\beta = -.25, p = .03$), anxiety ($\beta = -.36, p = .01$), and burden ($\beta = -.25, p = .02$). Additional analyses found support for dysfunctional coping mediating the relationship between self-compassion and caregiver burden ($\beta = -.20, SE = .06$, 95%CI[-.3242, -.0924]) dysfunctional coping mediating the relationship between self-compassion and anxiety ($\beta = -.16, SE = .05$, 95%CI[-.2257, -.0302]) and emotion-focused coping mediating the relationship between self-compassion and depression ($\beta = -.06, SE = .03$, 95%CI[-.1388, -.0045]). Results demonstrate the important role of self-compassion along with the impact of coping style on psychosocial well-being outcomes. Discussion will highlight the theoretical implications of these findings along with how these results can be used to develop efficacious interventions for caregivers of persons with dementia. Specifically, tailoring an intervention for dementia caregivers grounded in self-compassion theory as well as Compassion Focused Therapy and Mindful Self-Compassion Therapy may assist caregivers in developing a self-compassionate mindset and skills to more effectively cope with caregiving challenges.

UNDERSTANDING THE IMPACT OF CARE LITERACY ON PREVENTATIVE CARE: EVIDENCE FROM FAMILY CARERS IN JAPAN

Hiroko Costantini, University of Tokyo, Tokyo, Tokyo, Japan

To address the importance of family carers’ understanding of care, encompassing their own care as well as the broader care and health social systems, this paper leverages the notion of ‘care literacy’. The aim of this study is to understand the variation in care literacy and the impact of care literacy on preventative care. The empirical focus is on working family carers for older relatives in Japan, through a cross-sectional online survey that includes a novel operationalization of care literacy, established measure of health literacy, assessment of information used to understand care, and measures of preventative care. The participants’ (n = 292) mean age was 53, with 44% women, and an average of 8.3 hours per week caring for their parent(s). The measure of care literacy is shown to be correlated, as expected, but distinct to health literacy (correlation 0.60). Based on regression analysis of care literacy, significant explanatory variables are health literacy (p< 0.001), gender (p=0.044), number of sources of information on care (p=0.029), and care hours (p< 0.001). In contrast, proximity in living arrangements of carer and care receiver, and severity of care needs were not significant predictors. Turning to the impact of care literacy, care literacy is a significant explanatory variable for use of preventative measures (p=0.02), in particular related to nutrition (p=0.001), frailty (p=0.028), dementia (p=0.090) and general home renovations (p=0.018). The pattern of results from this cross-sectional analysis indicates the importance of understanding the potential for improved care literacy as an enabler of better care.

DEMENTIA FAMILY CAREGIVERS EXPERIENCES USING COMMUNITY-BASED AND HEALTHCARE SERVICES DURING COVID-19

Amanda Leggett1, Elaina Baker2, Hannah Lee3, Anna Webber2, Sarah Wallace2, Tyson Fang2, and Florence Johnson2, 1. Wayne State University, Ypsilanti, Michigan, United States, 2. University of Michigan, Ann Arbor, Michigan, United States

Family caregivers are key medical decision makers for persons living with dementia (PLwD) and play a critical role in interfacing with community-based services and the health care system. The COVID-19 pandemic, however, had dramatic impact on service utilization, with many suspended, delayed, or moved to telehealth. Emerging data suggests the pandemic posed challenges to service use for family caregivers, yet how this impacted caregiver’s care practice is unknown. An in-depth qualitative interview was conducted with 100 primary family caregivers for PLwD in 2021 on care management during the COVID-19 pandemic. Watkins’ rigorous and accelerated data reduction technique was used to analyze qualitative data through open and focused coding and identify themes specific to family caregiver’s access to and use of community-based and health care services. Themes emerged regarding challenges and benefits of service use during the pandemic. Caregivers struggled with not being allowed to attend medical appointments with the PLwD or to speak confidentially with the physician over a PLwD’s telehealth appointment. Caregivers felt physicians couldn’t always read the care situation over telehealth, but appreciated not having to leave the house. Losing the consistency of in-home caregivers or respite programs put additional strain on caregivers, but many found virtual programming engaging. Grocery delivery/pickup was a new service used by many caregivers and found to be supportive of in-home care. As the pandemic evolves, finding ways to support caregivers through continued involvement in health care visits and as they access community services is critical to caregiver and PLwD health and well-being.

MENTAL HEALTH AND WELL-BEING OF OLDER CARERS DURING THE COVID-19 PANDEMIC: EVIDENCE FROM ENGLAND

Giorgio Di Gessa1, and Debora Price2, 1. UCL, London, England, United Kingdom, 2. The University of Manchester, Manchester, England, United Kingdom

Older people caring at home or in the community play a vital role in supporting population health and wellbeing and in protecting health and care systems, often at cost to their own health. Yet there has been very little research or policy attention given to this group of carers during the pandemic. Exploiting longitudinal data from Wave 9 (2018/19) and the first two COVID-19 sub-studies (June/July 2020; November/December 2020) of the English Longitudinal Study of Ageing, we use logistic and linear regression models to investigate associations between changes in provision of informal care and mental health during the pandemic, controlling for socio-demographic characteristics, pre-pandemic physical and mental health, and social isolation measures.