observed time horizon. The results provide evidence that individuals' attitude towards informal care is deeply shaped by the system they grew up in such that migration flows can influence the supply of informal care in the future.

A HOME-VISIT PILOT INTERVENTION TO PROMOTE COMMUNICATION SKILLS AND WELL-BEING FOR DEMENTIA FAMILY CAREGIVERS

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Dementia takes a significant toll on caregivers resulting in their suffering from chronic stress and depression due to responsibility for care for persons with dementia (PWD). Behaviors of PWD could be aggravated by inappropriate responses by family caregivers such as correcting PWD's memories. The study purpose is to examine the feasibility of a home-visit based intervention designed to promote communication skills with PWD and well-being in family caregivers. This pilot study used a single-arm experimental pre-post design to test the feasibility of 4 weekly home visits for 13 female family caregivers in Southern California (spouse, n=7; adult children, n=6; mean age=64.3, ranging 46-82). Trained home visitor used video scenarios for behavioral education for caregivers. All caregivers completed the entire home visit program. Significantly caregiver burden was decreased from baseline (M(SD)=51.38(4.58)) to follow-up at 5 weeks (M=43.31(5.67), Wilcoxon signed rank test: p=.04). Additionally, caregiver-reported PWD's negative behaviors were reduced from baseline to follow-up (Mbase=22.31(3.52), Mfollowup=19.31(4.4), p=.13). There were other improvements (non-significant) in greater caregiver self-efficacy and less depressive symptoms from baseline to follow-up. Caregiver satisfaction with the intervention was high (M=4.6(0.65) of 5). Qualitatively, participants appreciated the home visits for educational sessions and welcomed the empathy provided. Caregivers expressed better communications and responsiveness to the PWDs. The results showed the home-visit-based caregiver intervention was feasible and had a potential effectiveness on reduction of caregiver burden and possibly on self-efficacy and well-being. A larger-scale study will be needed to demonstrate long term positive effects on caregiver interactive skills and their well-being.

REASONS FOR GRANDFAMILY FORMATION: CHANGING PATTERNS OVER 15 YEARS

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As the number of grandparent-headed households continues to rise, it is vital to examine the changing impetus for the formation of grandfamilies. We compared the reasons for caregiving of custodial grandmothers from a current study (2017-2019: N=236) to a previous study (2002-2003: N=183) to determine whether reasons for caregiving have shifted over the 15 year period. Participants were asked to describe the reason for caregiving in an open ended question. The responses were coded into 17 categories. The percentage of participants who described each category as being a reason of caregiving were compared to determine any changes in reasons for caregiving. In both samples drug use and abandonment were the top reasons for caregiving. While abandonment shows no change (30% vs 28%), the current study shows a significant increase in drug use (40% vs 21%). The frequency at which child services was involved increased from 10% in the original sample to 28% in the current sample. Instances of violence in the home significantly increased from the original study (0.5%) to the current study (12%). Other reasons, child abuse, death of a parent, financial strain, parental health, and relationship strife, remained similar between the two samples. These data may represent an increase in family life events, but also greater willingness to disclose disruptive family life events. The substantial increase in drug use and violence as reasons for grandparents to become caregivers is concerning and suggests critical direction for clinical practice, research, and policy change to support grandparent caregivers.

ALWAYS TRY TO DO MY BEST: A THEMATIC ANALYSIS OF CHINESE AMERICAN DEMENTIA CAREGIVERS

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Objectives: Given the increasing prevalence of Alzheimer’s disease and related dementia (ADRD) in the United States and the rapid growth of the older Chinese American population, many older Chinese Americans are expected to need intensive care because of cognitive impairment. Prior studies on Chinese ADRD caregivers lack comprehensive examinations from a life course perspective that emphasizes the importance of time, context, process and meaning on human development. Using the life course perspective, this study aims to identify challenges and strength of caregiving experience for this population. Methods: We conducted semi-structured face-to-face interviews with 28 Chinese family caregivers of persons with ADRD in New York City. Thematic analysis method was used to assess the interview data. Results: Seven life-course themes emerged from the data. In the domain of challenges, four themes were identified: (1) physical and emotional exhaustion, (2) limited understanding on cognitive health, (3) difficulty in accessing effective and culturally-sensitive health care services for care recipients, and (4) caregivers’ inability to do self-care. Other three themes were found in the domain of strengths: (1) commitment to care due to cultural and religious values, (2) emotional closeness as resource to sustain caregiving, and (3) family support and cohesion. Conclusion: This study indicates that the life course perspective is an important lens to understand challenges and strengths of Chinese American caregivers. This study also suggests that health professionals could incorporate the life course perspective into assessment and intervention development when working with minority and immigrant ADRD family caregivers.

PERCEIVED AVAILABILITY OF CARE AND SUPPORT AMONG OLDER ADULTS IN BANGLADESH

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Care for older adults is most precarious in developing countries where poverty and weak state support systems have put the...
well-being of their older populations at risk. Bangladesh is one such nation characterized by excess poverty, poor health, high mortality rates, and illiteracy among its older adults. The lack of elder-friendly infrastructure presents another problem for aging well in Bangladesh. This study examined perceptions about the adequacy of care and support received by older Bangladeshis. A cross-sectional survey collected data from 100 older people who were purposively sampled. Results revealed that older people generally are not satisfied with support services from the government and feel that old-age care has historically declined. Inadequate care and support was cited both at family and state levels. Respondents expressed concern that earlier generations of older people were better taken care of than the present generation, and that the former received more respect than the latter. Factors related to perceived support deficits included poverty, widowhood, and migration of sons. In this patrilineral culture, widowed women in particular perceived themselves as disadvantaged in terms of care availability. We conclude by recommending that policies be designed to enhance care and support services for older people in Bangladesh, particularly the most vulnerable and marginalized among them.

THE INTERSECTION OF RELIGION AND SES IN MANAGING CHRONIC CONDITIONS AMONG OLDER PERSONS IN NIGERIA
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Increased life expectancy in Nigeria has corresponded with higher rates of chronic diseases among older persons. Consequently, this is a new experience that older persons progressively have to deal with. In this study, I explored how religion and social support helped older persons cope with their chronic disease conditions, in light of the prevailing socio-cultural and economic circumstances in Nigeria. The research was conducted in two state-owned medical institutions, in a city in the North-Central part of Nigeria. In-depth, qualitative interviews were conducted among 19 purposively selected chronically ill persons aged between 50 years and over, during clinic days. The study revealed that religion is central to peoples’ management of feelings of despair, and acceptance of chronic disease conditions, as well as their adherence to prescriptions. This is explained by the theme “God as the Bestower and Reliever.” Also, some respondents perceived their coreligionists to be financially supportive. Although, some participants expressed that they depended on their families for their upkeep and emotional well-being, dire socio-economic conditions and lack of governmental support in chronic care meant that financial support was limited. This is explained by the theme “Times are Hard.” Subsequently, most respondents bore a dual burden of coping with chronic conditions even as they were financially responsible for themselves and their families. This was particularly stressful because it meant that most respondents were constantly worried about being able to meet basic daily needs, as well as manage the financial costs of their treatments, which proved expensive to manage.

INNOVATING CAREGIVER EDUCATION: INCLUDING COOPERATIVE EXTENSION IN RURAL CAREGIVING EDUCATION
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Studies consistently report that caregivers under utilize resources, citing unawareness or inability to access programs as barriers to service utilization. Family and Consumer Science (FCS) educators within Extension have a unique blend of training that can help transform access to education for rural caregivers. Extension programming covers a wide range of topics, but few have implemented a curricular program or workshops to educate caregivers about caregiving issues. The current study involved a multi-state examination of innovativeness in caregiving program implementation among N = 216 FCS educators employed by the Cooperative Extension Service. Educators rated their perceptions of Extension’s receptiveness to change and personal factors. Results indicated that more urban areas (β = .19, p < .05), fewer years in their current position (β = -.23, p < .05), and greater leadership self-efficacy (β = .17, p < .05) predicted educator innovativeness to implement new caregiver education programming. However, when personal factors were added to the model, only years in current position (β = -.20, p < .05) remained significant. Subjective age (β = -.25, p < .01) and social support (β = .28, p < .01) were also found to significantly predict educator innovativeness. Despite previous research, these results indicate that personal factors may have a greater influence on educators’ innovativeness than organizational factors. These findings are critical when adopting and implementing a rural caregiver education programs through new organizational networks.

PATIENTS’ PAIN AND THEIR SPOUSAL CAREGIVERS’ NEGATIVE AFFECT: THE MODERATING ROLE OF SELF-EFFICACY
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Spousal caregivers of chronic pain patients may experience high levels of negative affect, perhaps in part because they regularly witness patients’ suffering. Yet, few studies have examined the relation between patients’ chronic pain and spousal caregivers’ negative affect. According to social cognitive theory, individuals’ self-efficacy may modulate how much negative affect they experience in response to stressful situations. The purpose of this study was to test the hypothesis that spousal caregivers would report higher levels of negative affect on days when patients experienced higher levels of knee pain. We also tested the hypothesis that patients’ and spouses’ self-efficacy for managing pain would each buffer this positive association. A total of 144 knee osteoarthritis (OA) patients and their spouses completed baseline interviews and a 22-day diary assessment. Multilevel models indicated that patients’ self-efficacy, but not spouses’ self-efficacy, moderated the positive association between patients’ pain and their spouses’ negative affect, even after controlling for spouses’ gender, age, and depressive symptoms. That is, spouses reported higher levels of negative affect on days when patients experienced more pain, but only among patients whose self-efficacy for managing pain was low. These findings suggest that patients’ self-efficacy for managing pain may serve as a protective factor for their spousal caregivers’ daily negative affect. Interventions targeting patients’