Research indicates that family caregivers of individuals living with dementia are at risk for high levels of stress, depression, physical health declines, and illness. The health and well-being of family caregivers is critically important to a long-term care system that is dependent on them to continue their caregiving role. In-depth individual and focus group interviews of 16 dementia caregivers were conducted to explore the emotional experiences of caregiving stress during transitions of individuals living with dementia to a higher level of care. Data were transcribed verbatim, checked for accuracy, and analyzed by at least two members of the research team. Line-by-line coding, memo writing, and constant comparative analyses were conducted until redundancy, when no new themes were discovered. Caregivers described various levels of feeling overwhelmed and symptom progression leading to the move to a nursing facility. Social isolation featured prominently, with caregivers describing a gradual erosion of their social network and socializing opportunities because of their caregiving responsibilities and the care recipient’s deteriorating symptoms. Caregivers described feeling isolated and stigmatized. One caregiver said, “…you’re being less invited, you’re being less involved. People don’t know how to deal with you… I don’t know if they become the pariah or I become the pariah.” At the same time, maintaining social connections and having help with caregiving featured prominently in the coping mechanisms described. The health of caregivers is equally as important as the person living with dementia, and programs, interventions, and resources should be a priority for supporting families through transitions.

EMOTIONAL EXPERIENCES OF DEMENTIA CAREGIVING TRANSITIONS

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There is a 19-fold greater likelihood that children removed from parental care will be raised by a grandparent than any other caregiver. Theorists and practitioners highlight the importance of monitoring academic progress to understand the benefits of at-risk youth living in grandfamilies. Using a nationally representative dataset we examined academic performance for children in three caregiver (N=814) categories: Grandparent (73.1%), Foster parent (12.7%), Other (nonfoster, nonkin/nonfoster; 14.2%), with significance testing across groups. Children were between 6-17 years with grandfamilies and foster families caring for significantly younger children compared to the “other” group. Overall, 76% of children were reported to have high academic performance in math and 79.6% had high academic performance in reading/writing. Grandparents were caring for a significantly higher proportion of non-Hispanic White children with statistically significantly higher reported academic performance in math and reading/writing compared to nongrandparents. Logistic regression model A showed for both foster parent (AOR 0.57, CI: .35-.91) and other (AOR 0.55, CI: .35-.86) caregiver groups were significantly negatively correlated with high math performance compared to grandparents. Model B showed the same statistically significant and negative relationship to reading/writing performance outcomes for foster parent (AOR 0.56, CI: .02-.35) and other (AOR 0.51, CI: .01-.32) caregivers compared to grandparents. Controlling for relevant caregiver and child variables both models suggest that children living with grandparents have 55% greater odds of high academic performance compared to children raised by nongrandparents. Findings support placement of children with grandparents. Supporting grandfamilies with appropriate social services will be reviewed.

CHILDREN RAISED BY GRANDPARENTS OR NONGRANDPARENTS: WHICH HAVE GREATER ODDS OF HIGH ACADEMIC PERFORMANCE?

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There is a 19-fold greater likelihood that children removed from parental care will be raised by a grandparent than any other caregiver. Theorists and practitioners highlight the importance of monitoring academic progress to understand the benefits of at-risk youth living in grandfamilies. Using a nationally representative dataset we examined academic performance for children in three caregiver (N=814) categories: Grandparent (73.1%), Foster parent (12.7%), Other (nonfoster, nonkin/nonfoster; 14.2%), with significance testing across groups. Children were between 6-17 years with grandfamilies and foster families caring for significantly younger children compared to the “other” group. Overall, 76% of children were reported to have high academic performance in math and 79.6% had high academic performance in reading/writing. Grandparents were caring for a significantly higher proportion of non-Hispanic White children with statistically significantly higher reported academic performance in math and reading/writing compared to nongrandparents. Logistic regression model A showed for both foster parent (AOR 0.57, CI: .35-.91) and other (AOR 0.55, CI: .35-.86) caregiver groups were significantly negatively correlated with high math performance compared to grandparents. Model B showed the same statistically significant and negative relationship to reading/writing performance outcomes for foster parent (AOR 0.56, CI: .02-.35) and other (AOR 0.51, CI: .01-.32) caregivers compared to grandparents. Controlling for relevant caregiver and child variables both models suggest that children living with grandparents have 55% greater odds of high academic performance compared to children raised by nongrandparents. Findings support placement of children with grandparents. Supporting grandfamilies with appropriate social services will be reviewed.

EXPLORING THE STRESS AND STRENGTHS ARISING FROM THE COMPLEXITIES EXISTING WITHIN GRANDFAMILIES

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The opioid crisis and other social problems continue to increase the number of grandparent-headed households in the U.S. There are challenges and benefits that result from grandparents parenting their grandchildren. Grandparents often report the joy in watching their grandchildren grow but also report on the complexities that may lead to stress. Two-hundred forty-one grandparents were recruited using Qualtrics’ Online Panel Service. In addition to a standardized perceived stress scale and demographic questions, participants responded to open-ended questions related to the benefits and challenges of residing within a grandparent-headed household. This presentation focuses on comparing demographics, perceived stress, benefits and challenges of 108 current grandparent caregivers to 133 grandparents who were no longer the head of household at the time of the survey. Grandparents who currently were raising their grandchildren had a higher perceived stress score (p=0.03) compared to grandparents who had raised their grandchildren in the past. An exploration of the demographic variances and responses to the open-ended questions, will begin to explain this statistically significant difference in reported stress. An additional complexity arising for a subsample of 10 current
grandparents raising grandchildren, included simultaneously caregiving for an older adult relative. It is imperative to study the complexities existing within grandfamilies, from the perspectives and experiences of the grandparent caregiver, and develop interventions to reduce stress and increase the grandparents’ ability to cope with situational, emotional and relationship changes.

FACTORS RELATED TO FAMILY CAREGIVERS QUITTING THEIR WORK
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As the working population declines in Japan, preventing family caregivers from quitting their work has become a government priority. Approximately 100,000 people leave their jobs annually because of caregiving obligations. The present study examines the reasons behind caregivers’ resignation and the factors that prevent caregivers from quitting. In January 2018, 3,000 sites were randomly selected from care management institutions nationwide. Surveys were conducted by mail, first with one care manager from each institution, then with an elderly person requiring long-term care and who had a family caregiver overseen by that same manager. The second survey was contingent on the response to the first. A total of 1,719 valid responses were received in the first survey (response rate: 57.3%), and 594 in the second survey (response rate: 34.6%). The surveys found that 21.2% of family caregivers quit their jobs. Caregivers also quit their hobbies (23.6%), neighborhood associations (7.2%), and stopped volunteer activities (5.4%). Eight items from the survey of people requiring long-term care and who were supported by their family caregivers, and 5 items from the survey of care managers were analyzed in binomial logistic regression analysis with continuation of work (yes/no) as the dependent variable. Caregivers are less likely to continue working if they are older and their dependents require extended care, and more likely to continue working if they and their dependents are satisfied with the care manager. Care managers could therefore play a crucial role in allowing caregivers to find a better balance between caregiving and work.

FAMILY CAREGIVER ASSESSMENT IN PRIMARY CARE: A NATIONWIDE SURVEY
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Family caregivers play an important role in the healthcare of older adults, but their circumstances, needs, and risks are often unknown to medical professionals. Standardizing how caregivers’ needs are assessed in healthcare delivery can help clinicians design care plans that take caregivers’ capabilities into account and provide targeted recommendations for caregiver support. Despite the potential of caregiver assessment, little is known about its use in primary care practice. The present study surveyed a national random sample of 1,000 U.S. primary care clinicians (physicians, nurses, social workers) to characterize current practices, barriers, and facilitators of caregiver assessment. A total of 231 completed responses were received. A minority of respondents (11%) reported that their practice or clinic had a standardized procedure for caregiver assessment; one in ten (10%) reported that they had personally conducted a caregiver assessment using a standardized instrument in the past year. The most common barriers to caregiver assessment were lack of time (65%), inability to have private discussions with caregivers (36%), lack of access to referral options (30%), inadequate reimbursement (30%), and reluctance of caregivers to discuss their needs (30%). The most frequently endorsed facilitators to aid future implementation included better availability of referral options (77%), easier referral mechanisms (67%), co-location of mental health specialists, care managers, or social workers (65%), and training in how to address caregiver issues (61%). Findings are discussed within the context of emerging healthcare policies and practice initiatives designed to promote caregiver assessment in health care settings.

GRANDPARENTS CARING FOR GRANDCHILDREN, FAMILY STRUCTURE, AND DEPRESSIVE SYMPTOMS IN CHINA
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It is a cultural norm for Chinese older adults to engage in co-parenting and caring for grandchildren. Previous research documented health advantages for grandparents who provide occasional, extensive, or even custodial care to grandchildren in China. Yet there is little information regarding the impacts of living arrangement and its interaction with grandchild care on grandparents’ psychological well-being. Using three waves of the 2011-2015 China Health and Retirement Longitudinal Study (CHARLS) data, this study examined the longitudinal association of depressive symptoms with grandchild care intensity and living arrangement among adults aged 40 and above (N=5,037). Mixed effects regression models were applied to examine changes in depressive symptoms and the associations with explanatory variables. At baseline, about half of respondents reported caring for their grandchild (ren). And nine percent lived with grandchildren only, that is, in a skipped-generation household and taking a custodial grandparent role. Overall, depressive symptoms did not change over time. After controlling for sociodemographic and health covariates, we found that providing medium level of care (i.e., between three to 10 hours per day) was associated with fewer baseline depressive symptoms, whereas grandparents living with grandchildren had more symptoms at baseline relative to those living with others. Further, an increased level of caregiving in the skipped-generation households was associated with more depressive symptoms. Given that custodial grandparenting is a growing phenomenon in China, further research needs to investigate how to reduce caregiving burden and associated adversary effects and how to promote overall well-being in this population.