persons with dementia. The survey data will help elucidate the relationships between coping, health, and adaptation to family caregiving and facilitate the development of culturally responsive caregiver support programming. Virtually distributing this survey made it cost-effective, easily accessible, and quick to produce usable data. The online format also helped the team reach caregivers from across the nation, as well as keep participants safe during the COVID-19 pandemic. Unfortunately, because online surveys are advertised and administered digitally, they become targets for hacking, especially when the surveys are incentivized. The hacking attempts are executed through digital survey bots and threaten the integrity of the collected data. These corrupt responses also increase study costs by falsely rewarding the hackers for their survey responses and research team time in the investigation, detection, and removal of fraudulent responses. To detect potential bots, a reCAPTCHA bot system was incorporated into the survey, and survey questions were formatted specifically to thwart hacking attempts. Finally, data were cleaned to remove illogical, inconsistent, and duplicative surveys. Findings from this work may help researchers improve online survey design and data collection methods to provide greater confidence in conclusions drawn from virtually surveyed data.

GENDER DIFFERENCES IN THE LINK BETWEEN INFORMAL CAREGIVING AND SUBJECTIVE WELL-BEING

Aeri Kim, and Kyungni Woo, Seoul National University, Seoul, Seoul-t’ukpyolsi, Republic of Korea

Despite existing evidence on the negative association between informal caregiving and caregiver’s well-being, three important knowledge gaps remain. First, the link warrants further scrutiny due to the possibility of individual heterogeneity. Second, less is known about how informal caregiving is related to caregiver’s well-being. Third, there is little consensus in the literature regarding whether caregiver’s gender matters. This study fills these gaps in the literature. Using seven waves of a large-scale, nationally representative longitudinal study of older adults in Korea between 2006 and 2018, this study employed generalized estimating equations models with a lagged dependent variable as well as fixed effects models. Findings from both models revealed that informal caregiving is negatively associated with subjective well-being, and this association is largely driven by female caregivers. To explore potential mechanisms underlying this association, we examined the mediating roles of a number of health behaviors. We found that engaging mechanisms undergirding this association, we examined the mediating roles of a number of health behaviors. We found that engaging in informal caregiving is associated with a reduction in regular exercise. Results from mediation analyses, however, suggested that regular exercise explains only a moderate amount of the observed association (12% for health-related life satisfaction and 8% for self-rated health). While informal caregiving is obviously a rewarding role, it poses a serious threat to caregiver’s well-being. Findings of this study on gender differences in the well-being consequences of informal caregiving lend support to taking a gender-conscious approach in programs aiming to improve the well-being of informal caregivers.

HOW FREQUENTLY ARE CAREGIVERS INCLUDED IN PATIENT EDUCATION FOR ONCOLOGY PATIENTS?

Daniel Hekman, Anne Mueller, and Beth Fields, University of Wisconsin-Madison, Madison, Wisconsin, United States

A growing body of literature shows that family and unpaid caregivers of older adults with cancer are assuming more care responsibilities, especially after discharge from an inpatient admission, and frequently report feeling unprepared to do so. Interprofessional collaborative practice can rectify this gap to help ensure caregivers are included in the care team and patient education in the hospital. This retrospective data analysis of electronic health record data examines the prevalence of caregiver involvement in education activities conducted by health care practitioners for older adult cancer inpatients at an academic medical hospital in the midwestern United States. Our dataset includes a total of 676 admissions of older adult cancer inpatients (565 unique patients) between 9/1/2018 and 10/1/2019. Descriptive statistical analyses were conducted to determine the prevalence of caregiver involvement in patient educational activities. The average patient was 75 years old (range: 66-89), white (95%) and male (57%). Approximately 5,720 educational topics were discussed with patients, and 88% of admissions included some patient education. Caregivers were included in 29.6% of educational topics discussed and at least one education session for 42.9% of all admissions. Caregivers are important collaborators in supporting the health and well-being of older adults with cancer, but they are often not included in patient educational activities prior to discharge. Practitioners may need to evaluate barriers to including caregivers in patient education activities. A better understanding of this gap in education can help inform future interprofessional collaborative practice initiatives.

INFORMAL CAREGIVERS’ PERCEPTIONS OF BURDENS AND BENEFITS PREDICT GREATER CONFIDENCE IN THEIR ABILITIES

Cristina de Rosa,1 Rebecca Lorenz,1 and Suzanne Sullivan,2 1. University at Buffalo, Buffalo, New York, United States, 2. University at Buffalo, University at Buffalo, New York, United States

Informal caregivers experience both burdens and benefits from caregiving. This analysis aimed to determine whether caregiver perceptions of burdens and benefits predicted feelings of confidence in their abilities. In the National Study of Caregiving (NSOC) Round II (2015), we identified 1,390 caregivers as “primary” for providing the greatest number of care hours in the past month to individuals age 65 and over. Logistic regression was performed to assess the influence of primary caregivers’ gender, age, relationship to their care recipients, and self-reported indications of burdens and benefits on the odds that they would report confidence in their abilities. Caregivers were more likely to report confidence in their abilities when caregiving taught them to deal with difficult situations (OR=5.93, 95% CI [4.67, 7.54]), gave them satisfaction that their care recipient was well cared for (OR=1.97, 95% CI [1.26, 3.04]), and when caregiving brought them closer to their care recipient (OR=2.61, 95% CI [2.02, 3.36]). Caregivers were less likely to feel confident...