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
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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 confidence in primary caregivers’ gender, age, relationship to their care recipient, and when caregiving gave them satisfaction that their care recipient was well cared with difficult situations.

HOW FREQUENTLY ARE CAREGIVERS INCLUDED IN PATIENT EDUCATION FOR ONCOLOGY PATIENTS?
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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
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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
if they reported frequent changes in routine (OR=.78, 95% CI [.64, .96]). The final model predicted confidence (chi-square = 525.383 [4] p < .001) and correctly classified 78.7% of cases. All other variables were non-significant. These findings suggest that confidence in abilities is influenced by caregivers’ perception of learning to handle difficult situations, satisfaction, closeness to the recipient, and burdens associated with changes in routine. Future research should further explore burdens and benefits of caregiving. Health care providers should routinely assess caregivers and provide referrals for additional resources.

**PATIENT AND CAREGIVER SYMPTOM TRAJECTORY: THE LAST 2 MONTHS OF CANCER HOME HOSPICE**

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Patient symptom management is a fundamental goal of cancer home hospice care. However, informal family caregivers, who are primarily responsible for daily patient care, also experience negative symptoms, especially at the end of the patient’s life. While research has attended to patient symptom progression in home hospice, little research focuses on caregiver symptoms. To address this, we examined the frequency of both patient and caregiver symptoms to determine how these symptoms change in the last two months of the patient’s life. Sixty-three cancer hospice caregivers from four US states prospectively reported daily patient and caregiver symptoms via an Interactive Voice Response phone system. We analyzed data from up to the last 60 days of the patient’s life. Most caregivers were female (71.4%), Caucasian (88.9%), spouses of the patient (46%); average age was 59 years old (SD=13). Patients were mostly female (54%), with diverse solid tumor cancer diagnoses, and 72 years old (SD=11) on average. Most commonly reported moderate-to-severe patient symptoms were fatigue (67%), pain (47.5%), and loss in appetite (42.3%). Most common moderate-to-severe caregiver symptoms were depression (40.4%), trouble sleeping (45.1%), anxiety (52%), and pain (47.5%). Patient and caregiver symptoms were significantly correlated (Pearson ρ = .51, p<.001). Mixed-effects models found that both patient and caregiver symptoms (collapsed by week) worsened as patient death approached (ρ < .01). Researchers and clinicians who are aware of the strong relationship between patient and caregiver symptoms are best able to address caregiver symptoms as part of hospice care, particularly as patient death approaches.

**PERCEIVED LIFE MEANING AND PURPOSE AND ITS ASSOCIATION WITH MENTAL AND PHYSICAL HEALTH AMONG FAMILY CAREGIVERS**

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Evidence suggests that having a sense of life meaning and purpose is related to physical health. However, the association between life meaning and purpose and physical and mental health among family caregivers remains unclear. This study aimed to examine whether family caregivers’ perceived life meaning and purpose was associated with their physical and mental health (depression and anxiety). The National Study of Caregiving (NSOC) III cross-sectional survey (2017, N = 2,652) was utilized. One item was used to measure family caregivers’ perceived life meaning and purpose and two composite variables were generated to measure depression and anxiety. Physical health was assessed by questions including pain, breathing problems, limited arm/leg strength, low energy, and sleep problems. Weighted logistic regression analyses with covariate adjustments (i.e., caregiver’s age, sex, and race/ethnicity) were conducted to examine the association among family caregivers’ perceived life meaning and purpose, mental and physical health. Results indicated that family caregivers’ perceived life meaning and purpose was associated with a lower probability of having depressive symptoms (OR, .29, 95% Confidence Interval [CI], .15, .57) and anxiety (OR, .43, 95% CI, .23, .79). Furthermore, perceived life meaning and purpose was associated with a lower probability of having breathing problems (OR, .50, 95% CI [.25, .99]). Findings suggest that having a strong sense of life meaning and purpose is linked to better mental health and physical symptoms. Further research is needed to determine the mechanism regarding how life meaning and purpose may improve mental and physical health among family caregivers.

**PROLONGED MECHANICAL VENTILATION AT HOME VERSUS LONG TERM CARE: CAREGIVER CHARACTERISTICS AND STRAIN**

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Although the number of Prolonged Mechanical Ventilation (PMV) patients and their informal caregivers (CGs) is rising both at Home or Long Term Care (LTC), little is known concerning CG characteristics or strain. We enrolled 120 patients and 106 informal CGs: 34/46 and 72CGs/74 PMV patients from Home Hospital and LTC respectively. CGs were married (82%), female (60.4%), mean age 59 ±14 years; spouses (29%) or children (40%) of the PMV patient. The 13-item Modified Caregiver Strain Index (MCSI) (Maximum severity=26) was 13.6±7.5 in Home vs. LTC (14.3±7.5 vs. 13.9±6.0, P=0.90). Most frequent complaints were distress concerning patient’s changes (93%) or upsetting behaviours (88%), feeling overwhelmed (82%), sleep disturbance (69%) and emotional adjustments (67%). Home CGs reported significantly more physical and financial burden, confinement, and need for work adjustment, while LTC CGs reported greater emotional disturbance and upsetting patient behaviours. Hierarchical clustering identified three clusters of CG strain: burden (physical/time/financial), emotional (upsetting adjustment/behaviours/overwhelmed) and disturbance (work/plans/confined). Emotional strain was most frequent, irrespective of site of care; however CGs at Home vs. LTC experienced significantly higher burden and disturbance vs. higher emotional strain respectively.