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 4 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 fatigue (57.8%), trouble sleeping (45.1%), anxiety (52%), and depression (40.4%). Patient and caregiver symptoms were significantly correlated (Pearson r = .51, p<.001). Mixed-effects models found that both patient and caregiver symptoms (collapsed by week) worsened as patient death approached (ps <.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±6.5, similar at Home vs. LTC (14.3±7.5 vs. 13.3±6.0, p=.09). Most frequent complaints were distress concerning patient’s changes (93%) or upsetting behaviours (82%), 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/confinement). 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. In
multivariate models, after adjusting for numerous patient and CG variables, increasing CG strain was consistently associated with rising patient symptomatology. This relationship was pronounced among CGs of Home PMV patients, with a significant interaction variable of Home*Patient symptomatology. Our findings identify specific patterns of strain among caregivers of PMV patients whether at home or LTC, and highlight the importance of addressing their unique needs.

**SUPPORT NEEDS AS PERCEIVED BY GRANDPARENT-CAREGIVERS: A QUALITATIVE SYSTEMATIC REVIEW**

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Caregiving can have adverse mental and physical health outcomes. Older grandparents who are primary caregivers for their grandchildren report multiple health conditions such as depression, anxiety, hypertension, cardiac disease and chronic fatigue, which are caused by or otherwise exacerbated by the caregiving demands. We conducted this qualitative systematic review to identify support needs that contribute to such poor health outcomes and as perceived by grandparent-caregivers for minor grandchildren. We searched relevant databases (PubMed, PsychINFO, CINAHL, and Social Work Abstracts) using terms such as: child rearing, parenting, child custody, grandparents, support needs, and caregiving. Studies were included for review if they were written in the English language; used only qualitative methods; and were published from January 1990 to January 2020. Included studies were critically appraised using the Critical Appraisal Skills Programme checklist. Data were extracted from these studies and synthesized using meta-ethnography. Of the 2828 studies identified, 58 studies from 12 countries met all inclusion criteria for review. Three main themes emerged from the review: 1) grandparent-caregivers’ personal needs, and 2) grandchild needs. Both themes were further divided into subthemes of health (mental & physical), financial, social (interpersonal, cultural and environmental factors and services). Findings from this review have potential to: 1) inform design of comprehensive interventions and screening needed to address perceived support needs; and 2) identify gaps in and barriers to available support resources for older grandparent-caregivers. Further research is needed on comprehensive assessment of support needs and risk for poor health outcomes among grandparent-caregivers.

**TESTING PREDICTIVE FACTORS OF DEPRESSIVE SYMPTOMS AMONG GRANDPARENTS UNDER THE COVID-19 PANDEMIC**

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An estimated 69.5 million Americans are reported to be grandparents. Among them, about 10% are raising grandchildren and the number of grandparents who are raising grandchildren (GRG) is increasing. Previous research on GRG suggests that the unexpected caregiving duties may lead to negative physical and mental health including more depressive symptoms when compared to non-caregiving grandparents (NGRG). Additionally, grandparent-grandchild relationships determined by emotional availability (EA) of the grandparent may be impacted. These factors might further be complicated, especially as it relates to the health and well-being of GRG, as a result of the COVID-19 pandemic. Thus, the overarching goal of this presentation is to use the biopsychosocial model to present a conceptual framework to test the mental well-being of GRG during the COVID-19 pandemic. In this presentation, we will 1) summarize appropriate literature on GRG; 2) share a COVID-19 health and well-being assessment survey designated for GRG in order to assess their health before and since the COVID pandemic; and 3) propose a conceptual model to investigate and test the protective role of physical activity and GRG’s EA in the grandparent-grandchild relationship for the mental health of GRG. In our model, we argue that GRG experience more COVID-19 pandemic-related stress and more depressive symptoms when compared to NGRG. This proposed conceptual model offers one way to test the predictors of depressive symptoms on GRG. Future testing has the potential to shed new light on the development of appropriate intervention programs tailored to maintain the mental health of GRG.

**THE ASSOCIATION BETWEEN CAREGIVER EDUCATION ON ADULT T2DM AND PATIENT'S OUTCOMES IN COMMUNITY: A SYSTEMATIC REVIEW**

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**Introduction:** Adult type 2 diabetes (T2DM) threatens public health and most patients manage their diabetic condition while in the community. As it is challenging for patients to properly manage diabetes alone, caregiver involvement in T2DM patient care is encouraged. This study aimed to examine the association between caregiver involvement in T2DM education within a community and the patients’ diabetes care outcomes (e.g., glycated hemoglobin (HbA1c) level, behavior, or hospitalization).

**Methods:** The available scientific literature in PubMed, Cochrane, EMBASE, and CINAHL was searched. The methodological quality of bias was assessed using the Cochrane risk of bias tool.

**Results:** A total of 13 out of 741 published studies were synthesized in this review. There is evidence that caregiver involvement in T2DM education is effective in the reduction of HbA1C and BMI, but not necessarily effective in reducing lipids. Study results indicate that caregiver related interventions can significantly improve patient diabetes knowledge, physical activity, and self-efficacy, but results were more mixed regarding medication adherence. Risk of bias analysis classified the majority of studies (77%) to be moderate or high quality.

**Conclusion:** This review aimed to explore the association between caregiver involvement in adult T2DM education in the community and patients’ diabetes care outcomes. The findings show an improvement in biological and behavioral self-management outcomes with caregivers involved in T2DM education, though no studies examined the direct association between complications or hospital readmission.