

increased in those without financial strain but with inactive social engagement ($\beta = 0.29$; $p < 0.05$), as well as in those with both financial strain and inactive engagement ($\beta = 0.83$; $p < 0.05$). Individuals with financial strain who had active social engagement exhibited a similar burden of symptoms as those without financial strain and with rich social engagement. Early-life financial strain may have a lasting effect on old age depressive symptoms, although its detrimental consequences may be modified by active social engagement in late life.

ROBBING PETER TO PAY PAUL: HANDLING FINANCIAL CHALLENGES AMONG LOW-INCOME OLDER ADULTS

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Low income older adults often face financial challenges which increase their risk for earlier disability and mortality. This study explored the social norms, beliefs and practices relevant to handling financial challenges among low-income community-dwelling older adults residing near Baltimore, MD whom we recruited using convenience and snowball sampling. Four vignette-based focus group sessions included 28 participants. Using hierarchical thematic analysis, three key themes emerged. First, the theme “Rob Peter to pay Paul” describes the consensus that individuals must prioritize financial needs, which required individuals to “work with a budget”, apply for aid, “cry for [aid]” and, when needed, “work something out” with landlords and lenders. One participant described the amount of work by saying “We’re retired but we’re working for ourselves.” Secondly, the theme “Your rent should be first” describes how low income older adults prioritize housing over food and other needs because “resources for housing is a problem” and because homelessness is both more permanent and socially stigmatizing than hunger - “Don’t nobody know you’re hungry unless you tell them, but everybody know when you outdoors.” Finally, the theme “We need to put the word out” describes the consensus that public benefits and community resources should be made more visible and accessible. Many individuals only know about resources because they seek information (“you go and you find out”), but “it’s hard to ask for help.” These results can inform the development and improvement of financial and community programs and policies for low-income older adults addressing financial challenges.

THE POWER OF LOOKING AHEAD? A FIXED-EFFECTS MODEL OF FUTURE ASPIRATIONS OVER THE LIFE COURSE AND INCOME

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Perceived life trajectories are rooted in structural systems of advantage and disadvantage, but individuals also shape their futures through setting goals and expectations. “Future aspirations” have typically been used in life course research to refer to one’s conception of their chances of success across life domains and can serve as a resource to help individuals persevere in the face of hardship. Taking a life course approach and using three waves of data from the

MIDUS study, we utilize hybrid fixed effects models to assess the relationship between future aspirations and income. We find that, net of age, health, and a host of other time-varying factors, more positive future aspirations are indeed related to higher income over time, but that this relationship takes different shapes in different contexts. In particular, in lower quality neighborhoods, higher future aspirations lead to worse economic outcomes over the life course, while in higher quality neighborhoods, higher aspirations are indeed related to higher incomes. We thus argue that aspirations are only helpful in some contexts, and are inherently contextual not just in their sources but also in their effects.

SESSION 520 (PAPER)

END-OF-LIFE CARE

CULTURAL COMPETENCE TRAINING FOR HOSPICE STAFF: FINDINGS FROM A NATIONAL HOSPICE SURVEY

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Compared to whites, racial/ethnic minorities are less likely to enroll in hospice and if they enroll, more likely to experience poor quality care. Building cultural competence (CC) among hospice staff is a strategy that may reduce these disparities. We conducted a national survey of hospices’ practices to promote CC. A total of 197 hospices participated; most were not-for-profit (80%) with an average daily census over 100 (53%); 73% offered staff cultural competence training (CCT). There were no differences in characteristics of hospices who offered CCT and those that did not. Of hospices offering CCT, 54% held it annually. Most trainings were one hour (60%); content was delivered via web (58%) and/or lecture (57%). While over 90% of staff (i.e., nurses, social workers, and chaplains) completed CCT, a smaller proportion of medical directors (63%), senior leaders (70%) and board members (23%) did so. Most common (>70%) topics were: cross-cultural communication, death and illness beliefs, and spirituality’s role, and healthcare disparities. The majority focused on African-Americans (83%), Hispanics (76%), and Asians (61%)—the most common U.S. minority groups. Almost 30% reported no assessment of effectiveness of CCT while 45% reported a quiz at the end. In this study, most hospices offered some CCT. CCT has been shown to improve healthcare providers’ knowledge and skills in caring for diverse patients and is associated with increased patient satisfaction. Future research should evaluate effectiveness of CCT in improving the ability of hospices to deliver high quality end-of-life care to diverse groups of older adults.

DEVELOPMENT AND PILOT TESTING OF THE END-OF-LIFE READINESS ASSESSMENT (ERA) SURVEY

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An emerging conceptual framework on the relationship between serious and sensitive end-of-life (EOL) discussions