with disabilities in San Francisco to support aging in place. This presentation reports the results of the mixed-methods evaluation of the program, which incorporated administrative records, surveys of clients and comparison group members, surveys of informal caregivers of clients, surveys of the care providers hired by clients, and focus groups with clients and with informal caregivers. Outcome measures included the Older People's Quality of Life Questionnaire, Patient Health Questionnaire-2, an adapted Burden Scale for Family Caregivers, and self-reported falls, emergency department visits, and hospitalizations. Analyses included pre-post chi-squared and t-test comparisons and comparisons of changes between the client and comparison groups. Multivariate regression analyses were conducted to control for demographic differences between the groups. An economic analysis was conducted to learn whether changes in costs associated with medical appointments, emergency department visits, and hospitalizations were greater than the costs of the program, including both voucher and administrative costs. Results indicated statistically significant positive changes in personal stress and financial stress, but not in the composite quality of life score. There also were statistically significant reductions in attendance at medical appointments, falls, emergency department visits, and hospitalizations. The focus group data supported the findings regarding personal and financial stress, and also indicated that clients and their caregivers perceived positive quality of life benefits. The economic analysis indicated substantial cost savings from the program due to reduced use of medical services.

THE INFLUENCE OF MARITAL STATUS AND GENDER ON FINANCIAL WELL-BEING

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Research consistently documents gender differences in financial status in later life, and some also examine marital status in this regard. However, the subjective aspects of financial well-being are less well-explored, especially as this relates to both gender and marital status in the U.S. Using a gender-sensitive approach, this study examines the extent to which gender and marital status affect the financial well-being of older American adults. Different from previous studies that use only objective measures of financial well-being, this study also takes a subjective assessment in terms of financial satisfaction into account so that the role of marital status and gender in both objective measures and subjective assessments can be identified. This study uses the 2014 Health and Retirement Study and employs ordinary least squares regressions and ordinal logistic regression analyses. Examining those aged 65 and over, the sample varies from N=10,325 (financial well-being) to 4,280 (financial satisfaction). Differences in gender and marital statuses across all objective measures of financial well-being show up, with women being disadvantaged while the married (regardless of gender) being advantaged. Concerning financial satisfaction, being divorced and separated were negatively related to financial satisfaction for both men and women. These findings indicate that both marital status and gender are important indicators of financial well-being in later life.

WHOM CAN I RELY ON? THE IMPACT OF CHINA'S PUBLIC PENSION PROGRAM EXPANSION ON THE EXPECTATIONS FOR OLD-AGE SUPPORT

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Aging is a global trend and China is no exception. Older people in China mostly rely on their adult children for old-age support. This traditional provision pattern of old-age support, however, is challenged by hundreds of millions of internal migrant workers. They relocate from rural to urban regions for better employment and are no longer able to provide old-age support to their older parents in rural areas. The aim of this study was to determine the impacts of China's public pension program expansion in rural areas on older people's expectations for old-age support. Utilizing the natural experiment of program expansion, this study identified an instrumental variable as the county adoption of the pension program. In addition, the study analyzed a nationally representative longitudinal dataset CHARLS with fixed effects model. Results from the statistical model showed that given the participation in the pension program, older adults reported more reliance on pension for old-age support financially and less reliance on children. Heterogeneous effects were found for older adults living together with children and older adults living independently. These important findings suggest that the government partially assumes the responsibility for the old-age support of adult children in the traditional sense. The potential benefits of this study provide a policy implication for developing countries to alleviate old-age support problems and enable internal migration for economic development.

Session 3375 (Paper)

End of Life

ASSOCIATION BETWEEN ADVANCE CARE PLANNING FOR OLDER ADULTS AND FAMILY CAREGIVERS' SENSE OF SECURITY

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Family caregivers' (FCs') sense of security benefits older adults who receive homecare. Advance care planning (ACP) is reported to have positive effects on FC's experience, but it might differ depending on FCs' kin relationships with the older adults. We examined whether ACP for older adults in homecare settings is associated with FCs' sense of security. Further, we assessed whether such an association depends on their status as spouses or as adult children. We conducted a secondary analysis of data from a prospective cohort study in Japan. The participants were older adults who used home-visit nursing services, their FCs, and the nurses who cared for them. The FCs were asked to answer a sense of security questionnaire, and nurses were asked whether ACP was conducted. Multivariate logistic regression analyses were performed to examine the association between ACP implementation and positive changes in the sense of security scores after three months. Data from 169 cases were analyzed. Of the FCs, 28.1% were men and 55.6% were spouses. ACP was performed in 53.8% of the cases. The results of the multivariate analyses showed an interactive effect between ACP implementation and FC kin relationships. For spouses, ACP was significantly associated with a positive change in their sense of security. For adult children, such an association was not found. ACP might have a positive effect on caregiving spouses' sense of security. Adult child caregivers, who often have multiple responsibilities and have difficulties facing their parents' physical decline, may need support, in addition to ACP.

PREFERENCES AND DETERMINANTS OF END-OF-LIFE CARE AMONG OLDER CHINESE AMERICANS

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End-of-life (EOL) care awareness and practice remain particularly low among older Chinese Americans. More empirical evidence regarding EOL is needed to develop culturally-relevant interventions to promote EOL engagement in this minority population. Using population-specific data, this study investigates preferences and associated sociodemographic and health determinants related to EOL among older Chinese Americans. Data were from the Population-based Study of Chinese Elderly in Chicago (collected 2017-2019, N=3,124). Linear and logistic regressions were conducted. Of the sample, 46.1% considered EOL care planning as important or somewhat import. Nearly 22% had EOL discussions with families. The most preferred EOL locations were home (43.7%), hospital (35.5%), nursing home (10.1%), and hospice (4.3%). Overall, 47.1% perceived EOL care as family decisions, 39.6% regarded EOL care as personal decisions, 7.5% preferred children to make EOL decisions, and 3.3% preferred a spouse to make EOL decisions. Chinese older adults who were female (B=0.10, p<0.01), married (B=0.11, p<0.01), had higher education (B=0.02, p<0.001), acculturation level (B=0.02, p<0.001), and religiosity (B=0.12, p<0.001), and more chronic conditions (B=0.05, p<0.001) were more likely to consider EOL as important. Those with older age [Odds Ratio (OR)=1.02, 95% Confidence Interval (CI)=1.01-1.03], female gender (OR=1.44, 95% CI=1.18-1.77), higher levels of education (OR=1.02, 95% CI=1.01-1.04), acculturation (OR=1.04, 95% CI=1.01-1.06), and religiosity (OR=1.11, 95% CI=1.02-1.21), longer U.S. residence (OR=1.02, 95% CI=1.01-1.03), and more chronic conditions (OR=1.13, 95% CI=1.06-1.21) were more likely to have discussed EOL preferences with their families. Study findings underscore low engagement in EOL planning in this population and the need for culturally-appropriate interventions.

THE BURDEN OF HAVING TO WONDER: MINORITY STRESS EXPERIENCES OF LGBTQ+ HOSPICE FAMILY CAREGIVERS

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Home hospice care relies heavily on informal caregivers, often patients' family and close others. Hospice family caregivers report stress, burden, and unmet support needs associated with poor health and bereavement outcomes. These outcomes are sensitive to the quality of interactions with professional hospice providers, especially for historically marginalized groups, yet little research examines experiences of LGBTQ+ hospice family caregivers. Informed by minority stress theory, we conducted in-depth interviews with LGBTQ+ home hospice family caregivers across the U.S. (N=20). Participants reported demographics and described their caregiving experiences including interactions with hospice providers. Interviews were audio-recorded, transcribed, and content-analyzed. Participants were mostly white (n=15, 75%), non-Hispanic (n=19, 95%), cisgender (n=19, 95%), gender binary (n=19, 95%), lesbian (n=10, 50%), women (n=12, 60%); average age was 52.3 (range 25-67, SD=13.84). Along with known end-of-life caregiving stressors, participants experienced minority stress that complicated caregiver-provider communication. Distal stressors included lack of LGBTQ+ competent resources, inadequate legal protections, providers' assumptions about relationships, and difficult dynamics with unaccepting relatives. Proximal stressors included perceived risks of disclosure, expectation of poor treatment, feeling the need to modify presentation of self or home, and wondering whether negative provider interactions were due to being LGBTQ+. This generated a background level of uncertainty, caution, and concern that was particularly distressing in the home setting. Minority stress affects LGBTQ+ people across the lifespan and generates added burdens and support needs for hospice family caregivers. Providers who understand these effects are better positioned to deliver safe, effective care to all families at end of life.

UNMET FAMILY NEEDS IN HOSPICE AND RESEARCH PRIORITIES: PERSPECTIVES FROM A NATIONAL SAMPLE OF HOSPICE AGENCIES

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Although hospice cares for nearly 1.5 million patients and families annually, little is known about practitioners' opinions of current gaps in care and research. To this end, we posed two open-ended questions to hospice representatives to identify practice-relevant research priorities. Data stem from two optional questions (Q1: N = 72; Q2: N = 73) appended to Cagle et al.'s (2020) national survey of 600 randomly selected hospices, stratified by state and profit status. Most participants provided the majority of care in-home (84.7%; 79.5%) and worked at a medium-sized hospice (50.0%; 49.3%). Responses to Q1 ("What is the biggest unmet need for hospice patients and families?") and Q2 ("In your opinion, what is the most pressing topic that hospice researchers need to study?") were analyzed for content and then synthesized. Analyst triangulation and peer debriefing improved trustworthiness. Emerging domains included: access to hospice, hospice services and workforce issues, and education. The access to hospice domain contained a subtheme regarding the need for earlier referrals. Participants noted that