

The study aimed to examine how immigrant status and family relationships are associated with advanced care planning (ACP) engagement and end-of-life (EOL) preference over burial plan among older Chinese Americans, the largest subgroup of Asian Americans. Logistic regressions were used to analyze data from a survey of 430 older Chinese Americans aged 55 and older living in a Honolulu, Hawai'i. Results show that U.S.-born Chinese Americans were more likely to engage in ACP, including willingness thought of EOL care, and discussion about EOL care, and having preference over burial plan, than the foreign-born Chinese American. Family cohesion was not associated with ACP engagement and EOL preference over burial plan. Family conflict increased the possibility of ACP engagement, indicated by willingness thought of ACP, willingness discussion on ACP, and EOL preference over burial plan. The culturally sensitive educational intervention is needed to increase ACP engagement among older Chinese Americans.

#### ADULT CHILDREN'S SUPPORT AND TRAJECTORY OF DEPRESSIVE SYMPTOMS AMONG DISABLED CHINESE OLDER ADULTS

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This study aimed to examine the trajectory of depressive symptoms among Chinese older adults with disabilities and the role of adult children's support in predicting trajectory classes of depressive symptoms. Data were drawn from three waves of the China Health and Retirement Longitudinal Study (2011-2015). The sample included 1420 disabled older adults age 60+ at the baseline and completed all three waves of the data. Growth mixture model shows two-class depressive symptoms trajectories: the higher risk group (25.49%) and the lower risk group (74.51%). Logistic regression results showed that respondents who received a longer term of adult children's instrumental support were more likely to be classified in a higher risk group after controlling the covariates (OR=1.184,  $p < 0.05$ ), while financial support and the frequency of contacts were not associated with the increased level of depressive symptoms. The policy implications were also discussed in this study.

#### DYADIC EXPERIENCES OF LIVING WITH COGNITIVE IMPAIRMENT THROUGH A 3-YEAR LONGITUDINAL QUALITATIVE STUDY

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The fastest growth of population living with cognitive impairment takes place in China. The estimated prevalence of cognitive impairment among older adults in China is between 13% and 20%. This study focused on persons with cognitive impairment (PWCI) and their spousal care partners to explore how spousal relationships impact dyadic experiences of living with cognitive impairment through

a person-centered care lens. We conducted a longitudinal qualitative study of 10 dyads of PWCI and their care partners over three years with three data collection time points. Our findings suggest that the complexity of changing experience of living with cognitive impairment is interpreted in the dynamic nature of their spousal relationship and relationship with others, patterns of communication, daily activities and care during the extended period of cognitive decline. It is crucial to help them nurture the belief that there is a significant meaning in the journey of living with cognitive impairment.

#### CAREGIVER BURDEN OF FAMILY CAREGIVERS OF PATIENTS WITH DEMENTIA IN A SHANGHAI COMMUNITY

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This study explored the level of and factors related to Chinese dementia family caregiver burden. We recruited 109 dyads of patients with dementia and their family caregivers from communities in Shanghai, China. Caregiver burden was assessed by Caregiver Burden Inventory. We used multivariate linear regression model to investigate factors associated with caregiver burden, including patients' socio-demographic information, cognitive function, ADL, neuropsychiatric symptoms, caregivers' depression, coping strategy, social support and community service utilization. The level of caregiver burden was moderate ( $65.92 \pm 16.74$ ). The patients' cognitive function and social support were negatively associated with caregiver burden ( $\beta = -0.850$ ,  $p < 0.01$ ,  $\beta = -1.787$ ,  $p = 0.044$ , respectively). Caregivers' depression and community service utilization were positively associated with caregiver burden ( $\beta = 2.109$ ,  $p < 0.01$ ,  $\beta = 1.215$ ,  $p < 0.01$ , respectively). These findings suggest enhancing social support and reducing depression of caregivers may have the potential of decreasing caregiver burden.

#### SESSION 7030 (SYMPOSIUM)

##### CHANGING CULTURE AROUND SERIOUS ILLNESS: THE VA LIFE-SUSTAINING TREATMENT DECISIONS INITIATIVE

Chair: Joan Carpenter

Discussant: Robert Burke

Discussing and documenting goals of care and life-sustaining treatment decisions with seriously ill patients is a widely endorsed practice by healthcare and professional organizations. In 2018, The Veterans Health Administration (VA) initiated a new national policy to standardize such practices, the Life Sustaining Treatment Decisions Initiative (LSTDI), which included a coordinated set of evidence-based strategies and practice standards for conducting, documenting, and supporting high-quality goals of care conversations (GoCCs); staff training to enhance skills in conducting, documenting, and supporting GoCCs; standardized, durable electronic health record tools for documenting patients' goals and preferences; and monitoring and information technology tools to support implementation and improvement. In this symposium, we will describe the first 20 months of implementing the LSTDI across the VA, the largest integrated healthcare system in the US. The first paper will focus