

arts-based approaches in education and training for LTC staff provincially, nationally, and internationally, and understand how they contribute to 'good' mental health and dementia literacy. Participants were recruited using a purposive snowball sampling method and semi-structured interview guide. Interviews were conducted in-person, via telephone and Zoom, and digitally recorded. Arts-making enhances mental health and dementia literacy of LTC staff by: 1) supporting relationships by generating trust and collaboration among persons living with mental health conditions and/or dementia, arts facilitators, and family members; 2) creating alternative communication spaces that allow people to see themselves and be seen by others from new perspectives; 3) fostering an artistic sensibility that: encourages imagination and empathy, brings spontaneity and playfulness to interactions, and disrupts restrictive expectations entrenched in typical caregiver/care receiver relationships. 'Good' literacy involves a relational and spatial awareness which manifests in the form of an artistic sensibility. Arts-based approaches can be used to enhance quality care by capacitating staff in the art of being open and curious, nimble and flexible, in how they know and make connections on an interpersonal level, in the moment.

## SESSION 10230 (LATE BREAKING POSTER)

### END-OF-LIFE

#### POWER DYNAMICS IN A TRIAD RELATIONSHIP: ADVANCE CARE PLANNING FOR OLDER ADULTS WITH DEMENTIA IN CHINA

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**Objective:** Primary family caregiver (CG), other family members (FM), and medical professionals (MP) play important roles in medical decision-making for older adults with dementia, who often have lost the capacity to make decisions on their own. Power dynamics within the CG-FM-MP triad relationship determine the process and outcome of the decision-making. Guided by Rahl's relational power model, this study is among the first to understand the experiences of advance care planning among Chinese. **Method:** This study includes a total of 25 primary CGs or FMs and 5 MPs from 3 neurology departments. Hybrid grounded theory method was used to analyze the preliminary data we had so far. Based on the dimensions of power, we analyzed the power base, means, and scope of each agent in each interview to determine the power comparability. **Results:** Three types of triadic power relations were categorized: 1) shared-power with shared-decision, in which three agents shared the power of decision-making and CG as the lawful decision-maker makes the final decisions; 2) balanced-power with reversed-patriarchal decisions, in which FM's power is over both CG and MP and become the actual decision-maker; and 3) unbalanced power with conflicting decisions, in which neither CG and FM has absolute power over each other and MP becomes the actual decision-maker implicitly. **Conclusion:**

The study provides a framework for researchers and practitioners to understand the ACP process for Chinese older adults, which helps develop intervention strategies to improve surrogates' ACP knowledge and reduce potential conflicts during the stressful process for the population.

#### RACIAL DIFFERENCES IN THE IMPACT OF SUBJECTIVE LIFE EXPECTANCY ON ADVANCE CARE PLANNING

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The need for advance care planning (ACP) is heightened during the COVID-19 pandemic, especially for older Blacks and Latinx persons who are at a disproportionate risk of death from both infectious and chronic disease. A potentially important yet underexplored explanation for well-documented racial disparities in ACP is subjective life expectancy (SLE), which may impel or impede ACP. Using Health and Retirement Study data (n=7484), we examined the extent to which perceived chances of living another 10 years (100, 51-99, 50, 1-49, or 0 percent) predict three aspects of ACP (living will (LW), durable power of attorney for health care designations (DPAHC), and discussions). We use logistic regression models to predict the odds of each ACP behavior, adjusted for sociodemographic, health, and depressive symptoms. We found modest evidence that SLE predicts ACP behaviors. Persons who are 100% certain they will be alive in ten years are less likely (OR = .68 and .71, respectively) whereas those with pessimistic survival prospects are more likely (OR = 1.23 and 1.15, respectively) to have a LW and a DPAHC, relative to those with modest perceived survival. However, upon closer inspection, these patterns hold only for those whose LW specify aggressive measures versus no LW. We found no race differences for formal aspects of planning (LW, DPAHC) although we did detect differences for informal discussions. Blacks with pessimistic survival expectations are more likely to have discussions, whereas Latinos are less likely relative to whites. We discuss implications for policies and practices to increase ACP rates.

#### REASONS FOR REFUSING HOME-BASED PALLIATIVE CARE: A QUALITATIVE STUDY OF PATIENTS AND CAREGIVERS

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Despite some insurance plans now paying for home-based palliative care, recent reports have suggested that coverage for palliative care may be insufficient to expanding patient access to home-based palliative care. Research has yet to explore palliative care barriers from the perspective of palliative care-eligible patients and their caregivers. To identify patients and caregivers' perceived barriers to home-based palliative care and their recommendations for overcoming these barriers, we conducted a qualitative study using semi-structured individual interviews. Participants (patients, proxies, and their caregivers) who were eligible for a randomized controlled trial of home-based palliative care were interviewed via telephone. Our interview protocol elicited participants' perspectives on home-based palliative care services; positive