

how these factors act to influence the course and outcomes of hospice care, or their role in shaping race/ethnic and socioeconomic disparities in burdensome outcomes like acute hospitalization. This presentation uses the theoretical lens of Cultural Health Capital to explore how socio-cultural factors affect patient-provider interactions within the home hospice setting. Qualitative interviews were conducted with both providers (N=32) and patients/caregivers (N=7) at a large not-for-profit hospice agency in New York City. Themes identified from these interviews included prior knowledge and familiarity with hospice, family dynamics and social support, and linguistic and cultural barriers to care. Findings indicate the need for greater attention to socio-cultural influences on interactional dynamics within home hospice.

RISK FACTORS FOR DISENROLLMENT AMONG HOME HOSPICE PATIENTS WITH DEMENTIA

Elizabeth A. Luth,¹ and David Russell², 1. *Weill Cornell Medicine, New York, New York, United States*, 2. *Visiting Nurse Service of New York, New York, New York, United States*

Hospice delivers care to a substantial and growing number of individuals with primary and comorbid dementia diagnoses. Dementia diagnosis and racial/ethnic minority status are risk factors for hospice disenrollment. However, little research examines racial/ethnic disparities and other risk factors for hospice disenrollment among hospice patients with dementia. This paper uses multinomial logistic regression to explore sociodemographic and functional status risk factors for hospice disenrollment among 3,949 home hospice recipients with primary or comorbid dementia. Results indicate that patients with a primary dementia diagnosis, racial/ethnic minority groups, and those higher functional status have elevated risk of disenrollment due to hospitalization, disqualification, and electively leaving hospice care. Additional research is needed to understand why primary dementia diagnosis and underrepresented racial/ethnic status are associated with multiple kinds of hospice disenrollment so that hospice practice can be tailored to respond to the needs of these individuals.

CARE MANAGEMENT CHALLENGES AND PROGNOSTIC TOOLS FOR HEART FAILURE PATIENTS IN HOSPICE

Ruth Masterson Creber,¹ Lizyeka Jordan,² Dawon Baik,³ and David Russell⁴, 1. *Weill Cornell Medical College, New York, New York, United States*, 2. *Visiting Nurse Service of New York, New York, New York, United States*, 3. *Columbia University School of Nursing, New York, New York, United States*, 4. *Appalachian State University, Boone, North Carolina, United States*

Heart failure (HF) patients enroll in hospice at lower rates despite their worse prognosis. This multi-method study explores the characteristics and challenges associated with caring for HF patients. Data from qualitative interviews with hospice providers (n=32) and quantitative records (N=1,114) were used to identify care management issues and prognostic tools. Hospice providers described HF patients unique and often unpredictable symptomatology, their limited understanding and discordant hospice expectations, and difficulties managing symptoms at home. Providers also highlighted HF

patients use of assistive medical devices and complex medication regimens. Palliative Performance Scale (PPSv2) scores at hospice enrollment were found to be strongly associated with hospice survival (AUC: 7 days=0.80; 14 days=0.77) and live discharge risk (PPSv2 50-70% AOR=5.68 [CI=3.66-8.79]). Findings underscore the need for specially-tailored trainings and protocols for providers to prevent unplanned discharges and support HF patients at end-of-life.

THE DEVELOPMENT AND IMPLEMENTATION OF A CARDIAC HOME HOSPICE PROGRAM FOR ADVANCED STAGE HEART FAILURE PATIENTS

Lizeyka Jordan,¹ Ruth Masterson Creber,² David Russell,³ and Dawon Baik⁴, 1. *Visiting Nurse Service of New York, New York, New York, United States*, 2. *Weill Cornell Medicine, New York, New York, United States*, 3. *Appalachian State University, Boone, North Carolina, United States*, 4. *Columbia University, New York, New York, United States*

Heart failure (HF) patients encounter distressing symptoms at the end-of-life including dyspnea, edema, and fatigue. Left untreated, these symptoms increase risk for hospice disenrollment. This presentation used the RE-AIM framework to examine a cardiac home hospice program for HF patients. Qualitative interviews with hospice providers (N=32) and quantitative medical record data were used to examine the program. Reach—1,183 HF participants were served between 2013-2016. Effectiveness—Enrollment of HF patients in the hospice program increased from 7.9% to 9.5% after the cardiac protocol was implemented. Adoption—implementation was spearheaded by a clinical champion aware of the challenges of HF symptom management. Implementation—additional support services (i.e., paramedicine, infusion services, cardiac comfort medication kits) were incorporated in the cardiac protocol to better manage complex clinical cases in the home. Maintenance—Reinforcing factors include ongoing training for nursing staff and a 3.5-hour introduction module providing information about HF case management and symptoms/treatments.

PERSPECTIVES ON SETTING GOALS OF CARE AMONG HOSPICE PATIENTS WITH HEART FAILURE, THEIR FAMILIES, AND HEALTHCARE TEAM

Dawon Baik,¹ David Russell,² Lizyeka Jordan,³ Frances Dooley,³ and Ruth Masterson Creber⁴, 1. *Columbia University, New York, New York, United States*, 2. *Appalachian State University, Visiting Nurse Service of New York, Boone, North Carolina, United States*, 3. *Visiting Nurse Service of New York, New York, New York, United States*, 4. *Weill Cornell Medicine, New York, New York, United States*

Older adults with heart failure (HF) face many end-of-life care issues. Shared decision making (SDM) in hospice is an important process that allows HF patients and their family caregivers to discuss their preferences on goals of care (GOC) with their healthcare team. Yet, little research has explored how the values and preferences of HF patients and their family are integrated into their care plans through SDM process. This presentation examines facilitators and barriers to setting GOC among hospice HF patients. Qualitative interviews were conducted with HF patients/family caregivers

(n=7) and providers (n=32) at a large not-for-profit hospice agency. Several facilitators emerged: building trust, active listening, helping patients and family caregivers understand hospice and prognosis. Barriers included acceptance, family conflict, language discordance between patients and providers and lack of communication about care transition. Findings confirmed the need for individually-tailored goal-setting approaches to navigating the end-of-life trajectory among HF patients.

SESSION 4015 (SYMPOSIUM)

FACETS OF CLOSE, ROMANTIC, AND INTIMATE RELATIONSHIPS IN LATER LIFE

Chair: Karolina Kolodziejczak, *Humboldt University Berlin, Berlin, Germany*

Co-Chair: Denis Gerstorff, *Humboldt University Berlin, Berlin, Germany*

Discussant: Karen Rook, *University of California, Irvine, Irvine, California, United States*

Research on the role of close social relationships for physical health and well-being in later life has received increased attention over the past decades. Yet, we are still only beginning to understand potentially underlying mechanisms such as joint goals and affectionate touch. Likewise, we also know little about the relevance of particular social facets such as the role of friends and the nature of sexuality. In this symposium, we have compiled four empirical projects that showcase current and future endeavors to address some of these long-standing questions. Ungar et al. use dyadic data from older couples to examine how shared goals with the partners and positive illusions about these joint goals relate to goal progress and relationship satisfaction. Zhaoyang and Martire analyze long-term longitudinal dyadic data from older couples to examine if and how the frequency of affectionate touch between partners predicts physical health, well-being, and relationship satisfaction five years later. Fiori et al. make use of three-wave longitudinal data from a large and representative US sample to examine the unique roles that close social ties and weaker social ties have independently of one another for age-related changes in two central aspects of affective experience. Kolodziejczak et al. use time-lag data from two cohorts of adults in late midlife to capture historical changes in the perceived importance of sexuality and the evaluation of one's sex life. Karen Rook will integrate the insights gained from these four papers, discuss their potential and limitations, and consider directions for future research.

JOINT GOALS IN OLDER COUPLES: ASSOCIATIONS WITH GOAL PROGRESS AND RELATIONSHIP SATISFACTION

Nadine L. Ungar,¹ Victoria I. Michalowski,¹ Stella Bähring,¹ Denis Gerstorff,² Maureen C. Ashe,³

Kenneth M. Madden,³ and Christiane A. Hoppmann³,
1. *University of British Columbia, Vancouver, British Columbia, Canada*, 2. *Humboldt University Berlin, Berlin, Berlin, Germany*, 3. *University of British Columbia and Center for Hip Health and Mobility, Vancouver, British Columbia, Canada*

Goals often involve close others such as spouses, but we know little about how this helps or hinders goal progress and what couple consequences arise. To examine these questions, we investigate associations between joint goals, goal progress, and relationship satisfaction by applying multi-level modeling to data from 119 couples (50% female; Mage=71 years). Participants listed their most important goals and reported if they wanted to achieve these together with their partner (self-rated joint goals). 85% self-reported at least one joint goal. Two raters classified goals as "joint" if both partners mentioned the same goal. Positive illusions—i.e., older adults thinking a goal was joint although it was not reported by the spouse—were frequent. Number of joint goals was related to increased goal progress but only for those with low positive illusions, whereas positive illusions were linked to higher relationship satisfaction. We discuss theoretical and practical implications of our findings.

AFFECTIONATE TOUCH AND RELATIONAL, MENTAL, AND PHYSICAL WELL-BEING IN OLDER COUPLES: A NATIONAL LONGITUDINAL STUDY

Ruixue Zhaoyang,¹ and Lynn M. Martire², 1. *Center for Healthy Aging, The Pennsylvania State University, University Park, Pennsylvania, United States*, 2. *Human Development and Family Studies, The Pennsylvania State University, University Park, Pennsylvania, United States*

Recent theories suggest that non-sexual physical contact with close others plays a key role in promoting health and well-being in adulthood. However, the impact of non-sexual physical contact in later life, especially the affectionate touch between romantic partners, has been largely unexplored. Using two waves of dyadic data (N=953 couples, Mage=71 years) from National Social Life, Health, and Aging Project (NSHAP), we examined whether shared affectionate touch between spouses prospectively predicted both partners' relational, mental and physical well-being five years later, independent of sex activity. Dyadic analyses results indicated that frequency of shared affectionate touch with the partner predicted increases in spouses' own relationship satisfaction, life satisfaction and mental health, but not in physical health, over five years. No interpersonal (i.e., partner) effect of shared affectionate touch was found. Findings underscore the unique role of non-sexual physical contact between spouses in promoting relational and mental well-being for older couples.

THE STRENGTH OF WEAKER TIES: HAVE WE BEEN IGNORING A RESOURCE FOR AGING ADULTS?

Katherine L. Fiori,¹ Oliver Huxhold,²

Noah J. Webster,³ and Toni C. Antonucci³, 1. *Adelphi University, Garden City, New York, United States*, 2. *German Centre of Gerontology, Berlin, Berlin, Germany*, 3. *Institute for Social Research Room, University of Michigan, Ann Arbor, Michigan, United States*

The purpose of this study was to examine links between changes in social ties (close ties and weaker ties) and changes in positive and depressed affect across three waves in a large, representative sample of U.S. adults aged 40 and over (N = 802). Using trivariate dual-change score models, we found that a greater number of weaker ties was associated with higher numbers of close ties over time, and that