

reported that LGB patients were more likely to experience discrimination at their institution than non-LGB patients; 24% observed discriminatory care; 65% reported that transgender patients were more likely than non-transgender patients to experience discrimination; 20% observed discrimination to transgender patients; 14% observed the spouse/partner of LGBT patients having their treatment decisions disregarded or minimized; and 13% observed the spouse/partner being treated disrespectfully. Findings reported also include: institutional non-discrimination policy, staff training, intake procedures, and comfort in assessing LGBT status. Implications for future research, policy, and practice will be presented.

ACCESS TO HEALTH CARE FOR LGBT PEOPLE

Katherine Bristowe¹, *1. King's College London, London, England, United Kingdom*

LGBT people have higher risk of life-limiting illnesses and unmet needs when facing advanced illness. The ACCESSCare research programme aims to improve health and social care for LGBT people. ACCESSCare-A explored experiences of 40 UK LGBT people facing serious illness. Discrimination, heteronormative assumptions, and insensitivity influenced whether individuals disclosed relationships to professionals and place-of-care decisions. Professionals must go beyond anti-discrimination to proactive inclusion: 10 evidence-based recommendations were developed to improve care for LGBT people. Our sister study in Zimbabwe explored the healthcare experiences of key populations (LGBTI people, sex workers). Access to healthcare was dependent on conforming to 'sexual norms' and care was negatively affected by professionals' attitudes to key populations. There are two ongoing research projects in the ACCESSCare programme: ACCESSCare-B, a mixed-methods population-based comparative study of LGB and heterosexual bereavement outcomes; and ACCESSCare-C a qualitative study to develop communication guidance for professionals supporting LGBT people facing serious illness.

END-OF-LIFE EXPERIENCES AND CARE NEEDS IN THE LIVES OF OLDER LGBT PEOPLE

Kathryn Almack¹, *1. School of Health and Social Work University of Hertfordshire, Hatfield, England, United Kingdom*

The socio-cultural and legal position of LGBT citizens varies across nations. However, even in the most liberal countries, an historical legacy of stigma impacts on older LGBT people's access to care. This paper draws upon the qualitative strand of a two-year UK project exploring the end of life experiences and care needs of older LGBT people. (N = 60 in-depth interviews with LGBT participants aged 60+). Findings highlight that the majority of respondents reported ways in which they manage their personal networks to minimize any vulnerability to discrimination. In planning or needing end-of-life-care, respondents identify new 'layers' of decisions about disclosing or hiding their sexual or gender orientation; informed by past experiences and fears about discrimination or exclusion from service providers. In conclusion, older LGBT people's histories and a legacy of stigma have ongoing profound influences on the means of support available to them at the end of life.

SESSION 3230 (PAPER)

PERCEPTIONS, STEREOTYPES, AND QUALITY OF LIFE

CARE DEPENDENCY: EXPERIENCES AND EXPECTATIONS OF COMMUNITY-DWELLING OLDER ADULTS

Jan S. Jukema,¹ Sharon Oude Veldhuis,¹ Jacqueline Van Alphen,² Jopie Jorritsma,¹ and Frits De Lange³, *1. Saxion University of Applied Sciences, Deventer, Netherlands, 2. Saxion University of Applied Sciences, Zwolle, Netherlands, 3. Protestant Theological University, Groningen, Netherlands*

"Not to be a burden" is a common phrase used by community-dwelling older adults in discussing their dependency on others in care for their daily life. This attitude may lead to conflicts with relatives, neighbors, or professionals when in their opinion, care is necessary and, ultimately, may result in unmet care needs. The goal of this study is to gain a better understanding of how older adults experience their increased dependency on others and to contribute to the development of an ethic of care. Thirty-two participants of a larger research sample (n=64) from a descriptive qualitative research were purposefully selected, resulting in an equal distribution of the following variables: gender, living situation, living with or without partner, and having children or not. From a multiphase qualitative analysis with five researchers, including two senior citizens four themes emerged: (1) relationships in the context of care; (2) experiences with giving, receiving and asking for care; (3) future perspectives towards receiving and asking for care; and (4) actual practices of caregiving and receiving. Our study clarifies how community-dwelling older adults deal with the changes in their dependency on others. The study results highlight particular dynamics which appear, at least, partly in contrast with current policy regarding care at home. Moreover, it contributes to an empirical refinement of the concepts of dependency and interdependency in an ethic of care. Further studies are needed to clarify the influential factors on asking for care in diverse groups of older adults and the response from their network.

DOMAIN-SPECIFIC AGE STEREOTYPES AND ADULTS' PERCEIVED FUTURE TIME EXPERIENCES

Han-Jung Ko,¹ and Yen-Pi Cheng², *1. Central Michigan University, Mount Pleasant, Michigan, United States, 2. Independent Scholar, San Jose, California, United States*

Experiencing ageism has been shown to affect older adults' outlook for the future (Barber & Tan, 2018). However, ageism is a multi-faceted construct in addition to positive and negative age stereotypes. In this study, we examined to what extent domain-specific age stereotypes are related to different aspects of a person's perceived future time experiences. A total of 646 participants (aged 18 to 83) were recruited from a U.S. mid-Western public university for an online anonymous survey. Age stereotypes were assessed in eight life domains of family, friends, religion, leisure, lifestyle, finance, work, and health (Kornadt & Rothermund, 2011). Future time experiences were assessed in four aspects,