

treatments begin to lose their impact. Advanced care planning (ACP) is critical, but challenges such as communication barriers, system fragmentation, and a lack of formal and informal supports can negatively influence ACP and quality of life. How can diverse groups of persons with advanced illness, their family members and friends have greater synergy when planning for care in the face of serious illness? What are the best practices for planning and provision of a spectrum of needed services and support during the dying process and afterwards? We extend a conversation important for formal and informal network members to transform the culture of ACP, death, dying, and bereavement for diverse vulnerable populations. For this symposium, we will present information on ACP and care for LGBT populations and older Latinos, those living in long-term care settings, and persons receiving Adult Protective Services (APS). We will discuss strategies for synergy, collaboration, and advocacy among persons with advanced illness and their formal and informal care networks as a means of reducing health disparities and promoting self-determination in the midst of advanced illness challenges.

#### NAVIGATIONAL BARRIERS TO ADVANCE DIRECTIVE COMPLETION AMONG OLDER LATINOS WITH CHRONIC ILLNESS

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This study examined navigational barriers to advance care planning (ACP) and advance directive (AD) completion among older Latinos with chronic illness. Older Latinos over the age of 50 were randomized to education only versus education plus counseling (N=61; education only n=31, education/counseling n=30). Exploratory factor analyses and logistic regression show relationships between navigational barriers, depression, anxiety and AD documentation. Barriers to ACP included difficulty understanding the doctor, fears about hearing bad news, worries about illness getting worse, and difficulties due to language, family conflict, and limited family discussions about dying. Treatment group was most significant contributing factor to AD completion (OR=4.213, CI=1.126 – 15.760, p<.01). Findings indicate the importance of examining a variety of factors that could influence AD documentation. This study contributes to the literature by identifying the need for targeted and culturally relevant interventions that promote ACP education, counseling, communication, support, and AD documentation among older Latinos.

#### CHANGING THE CULTURE OF ADVANCE CARE PLANNING, DEATH, DYING, AND BEREAVEMENT CARE IN NURSING HOMES

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Cultural change, using an Eden Alternative metaphor, means that palliative care becomes 'the servant of genuine human caring, not its master'. This project, funded through the Georgia Civil Monetary Penalty Fund Reinvestment Program (CMRP), aimed to gather information from multiple stakeholders to promote changes in the culture

of advance care planning, death, dying, and bereavement care in nursing homes. Staff, residents and families from nine nursing homes provided perspectives through qualitative interviews (n=70). Participants were drawn from both small facilities and corporate entities with multiple sites, and included residents in both short and long-stay beds. Qualitative analysis of interview data resulted in the publication and dissemination of Best Practice in Bereavement Care Guides, with separate versions for residents, families, and staff. This presentation will describe this project in terms of the process of consensus building and obtaining funding, as well as development of the guides through qualitative interview data.

#### RISKS AND VULNERABILITIES AFFECTING ADVANCED CARE PLANNING FOR OLDER ADULTS INVOLVED IN ADULT PROTECTIVE SERVICES

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Adult protective services (APS) workers regularly engage in advanced care planning (ACP). This qualitative content analysis of 21 APS cases sought to extend knowledge and uncover characteristics that influenced the ACP process and increased vulnerability of older adults in cases of neglect. The case narratives were examined to identify themes of vulnerability and risk related to ACP. Vulnerabilities of the older adults included multimorbidities, geriatric syndromes, and functional limitations. Risks involving caregivers included health problems and cognitive impairment. Caregivers were overwhelmed or lacked insight into the older adults' needs. Involvement of other family members was detrimental or non-existent while some advocated for improvements where the caregiver refused assistance. Findings support the development of methods of ACP, including the facilitation of difficult conversations, that would respect the autonomy and dignity of the older adult while meeting the multiple needs of caregivers and family members.

#### ADVANCE CARE PLANNING AMONG LGBT PEOPLE: AN INTEGRATIVE REVIEW AND ANALYSIS

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Lesbian, gay, bisexual, and transgender people (LGBT) with advanced illness need culturally competent advanced care planning (ACP) services but often encounter structural and communication barriers. The aim of this study was to examine the ACP behaviors of LGBT people. An integrative rapid review method was used to search electronic databases for peer reviewed and non-peer reviewed publications between 2010 to 2017. Eight survey instruments comprising 30 prevalence estimates were analyzed. ACP discussions between LGBT people and their primary health care providers were rare, with an overall prevalence of 10%. Transgender people were 50–70% less likely than their LGB counterparts to have a living will or to have appointed a healthcare proxy. These results suggest there is a critical need for greater cultural competency among health care providers serving LGBT populations. Social workers can play a key role in advocacy and social justice for LGBT individuals with advanced illness.