

Family caregivers are major providers of long-term care and support for family members with age-related decline and disability. Caregiving is a demanding and complex undertaking that has demonstrated extensive physical, emotional, relational, and financial burden on families. These factors underscore the urgency of addressing the needs of family caregivers at the policy level. This presentation focuses on the origins, goals, and mandates of federal policy efforts that support family caregivers. This includes an analysis on how federal support for caregivers has evolved over time, most notably through the National Family Caregiver Support Program, part of the Older Americans Act. It will also discuss the passage of more recent legislation (e.g., RAISE Family caregiver Act and the Grandparents Raising Grandchildren Act) that will contribute to a national strategy to support family caregivers. Moreover, through the discussion of these policies, we will articulate specific areas where gerontology research and public policy can and should intersect in order to optimize the effectiveness of policy efforts to support family caregivers.

REACTIONS TO AMYLOID PET SCAN RESULTS AND LEVELS OF ANXIETY AND DEPRESSION AMONG CARE PARTNERS: CARE IDEAS STUDY

Emmanuelle Belanger,¹ Jessica D'Silva,¹ Courtney H. Van Houtven,² Megan Shepherd-Banigan,³ Valerie Smith,³ and Terrie Wetle¹, 1. *Brown University, School of Public Health, Providence, Rhode Island, United States*, 2. *Durham VA HSR&D, Durham, North Carolina, United States*, 3. *Duke University, Durham, North Carolina, United States*

Few studies have examined caregiver reactions to their loved ones receiving the results of an Amyloid PET scan which can be indicative of Alzheimer's disease. Therefore, we examine: 1) What are care partner's reactions to their loved one receiving negative or positive amyloid PET scan results?, and 2) To what extent are scan results and diagnostic category (dementia vs. mild cognitive impairment) associated with care partner depressive symptoms (PHQ-2) and anxiety (STAI-6)? Using data from 1,799 care partners in the CARE IDEAS study, we applied a sequential mixed-methods design and explored the reactions of 192 care partners who answered open-ended interview questions after learning about the Amyloid PET scan results. We first conducted qualitative content analysis of transcripts from open-ended questions to explore caregivers' emotional responses after their loved one received an Amyloid PET scan result. The qualitative data suggest that when the scan results fit care partner's expectations, i.e. positive scan when the patient has dementia and negative scan when the patient has mild impairment, care partners report satisfaction with this information and relief, rather than shock and frustration. Adjusted logistic regression models of survey responses support this finding; having dementia and a positive scan both increased the likelihood of care partners having high levels of anxiety, and a significant interaction indicated that a positive scan was associated with high anxiety among care partners of patients with mild cognitive impairment but not dementia. Only lower education and higher impairment in everyday cognitive function were associated with high depressive symptoms.

PLACE MATTERS: HOW LOCATION AT DEATH INFLUENCES CAREGIVER WELL-BEING IN BEREAVEMENT

Deborah P. Waldrop,¹ and Jacqueline M. McGinley², 1. *University at Buffalo School of Social Work, Buffalo, New York, United States*, 2. *Buffalo State College, Buffalo, New York, United States*

Most older adults express the preference to die at home, but the desire for home death may go unfulfilled when the dying process become burdensome. Little is known about the congruence between older adults' and their caregivers' desired locations at death. The purpose of this study was to explore how the congruence between caregiver-care recipients desired and actual location at death influenced well-being in bereavement. This exploratory study utilized simultaneous qualitative and quantitative methods. Interviews were conducted with 108 bereaved caregivers about 4 months after the care recipient died while receiving hospice care. Care recipients' ages ranged from 43-101 (M=79.6); caregivers from 32-88 (M=61.5). Quantitative data included categorical variables about demographics, advance care planning and location at death. The Core Bereavement Items and CDC HRQOL-14 "Healthy Days Measure" scales were used. Qualitative data involved open-ended questions about the illness trajectory, desired location and perceptions of care at life's end. Quantitative analysis included comparison of group differences using both Independent Samples t-tests and One-way ANOVA. Of the 92 care recipients who had an advance directive, N=49 (45%) were in the location they desired and for N=49 (45%) there was caregiver/care recipient congruence about location. Caregivers who experienced incongruence reported poorer physical and emotional well-being and higher, more intense bereavement symptoms. Three overarching themes illuminated caregivers' experiences: (1) Caregiver-recipient congruence; (2) Caregiver-recipient incongruence; (3) Incongruence-influenced bereavement. Results suggest that incongruence between desired and actual location of death affects well-being in bereavement. Implications: Communication about location at death is an essential consideration.

DOES CAREGIVING MATTER? THE RELATIONSHIPS BETWEEN CAREGIVING EXPERIENCE AND ADVANCE CARE PLANNING IN OLD AGE

Huei-wern Shen¹, 1. *Graduate Institute of Social Work, National Taiwan Normal University, Taipei, Taiwan*

Advanced care planning (ACP) is encouraged as the completion of ACP increases the likelihood for patients to receive their preferable end-of-life care and for caregivers to be less stressed. Common approaches to increase the engagement of ACP target on intervention or information provision to patients in the very late stage of life. Arguing that caregiving experience may influence how people plan their own end-of-life care, the present study focuses on caregiving roles. Using seven waves of data (2002, 2004, 2006, 2008, 2010, 2012, and 2014) from the Health and Retirement Study (HRS), 863 older people who were 65+ and alive in 2012 but passed away prior to 2014 were included in this study to examine the relationships between an individual's caregiving experience (2002-2012) and his/her completion of ACP (2014). Findings from logistic regression showed that caregiving experience did not influence older adults' (65+) ACP completion in 2014. When considering