

will directly investigate the role of tryptophan metabolism in model organisms.

SESSION 2235 (SYMPOSIUM)

FUTURE CARE PLANNING AND END-OF-LIFE CARE DECISION MAKING: INDIVIDUAL AND SOCIAL INFLUENCES

Chair: Jeong Eun Lee, *Iowa State University, Ames, Iowa, United States*

Discussant: Silvia Sörensen, *University of Rochester Warner School for Education and Human Development, Rochester NY, United States*

As a growing number of older adults reach very old age, future care planning and end-of-life care decision making becomes increasingly important. Previous studies have shown that concrete future care planning steps are related to improved ability to manage illness and to better mental and physical health outcomes among older adults. Yet, relatively few older adults sufficiently plan for their future care. The purpose of this symposium is to highlight a collection of studies that each brings a unique perspective to the issue, reporting on individual and social factors that influence future care planning, end-of-life care decision making, and strategies to enhance future care planning among older adults. First, Chen and Siconolfi address common barriers and facilitators across diverse domains of age-related planning using content analysis. Second, Boerner and colleagues focus on the completion of formal planning without discussing the contents and factors associated with formal planning completion. Third, Strum investigates the complexities of navigating “fair” later life decisions involving family resources. Fourth, Moorman examines the racial differences in decisions of euthanasia and physician assisted suicide. Finally, Lee and colleagues report the findings from a future care planning intervention with older adults in rural area. The discussion by Sörensen will integrate the five papers with the goal of connecting the current evidence for meaningful steps in research and practice related to future care planning in older populations.

FUTURE CARE PLANNING INTERVENTION WITH RURAL OLDER ADULTS

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To address their needs for proactive self-care and end of life planning, we implemented a community based educational program that promotes future care planning (FCP) for community residing older adults. Extension specialists from Iowa State University implemented two brief FCP program sessions with older adults. Topics included both short-term and long-term future care planning activities and strategies. Baseline and post program surveys were completed by 216 community dwelling older adults ($M=78.21$). The program was successful in getting older Iowans in the rural area start end of life care preparation as well as helping them to make changes in their health care decisions. The majority

of participants (89.6 %) reported high satisfaction with the programs. We also found a high rate of change (62%) in opinion regarding future care. The implication of future care planning for is discussed with recommendations for future research.

COMMON BARRIERS AND FACILITATORS ACROSS DIVERSE DOMAINS OF AGE-RELATED PLANNING

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Advance care planning (ACP) – plans that express wishes for healthcare for when a person is unable to communicate – is often studied independently of other age-related planning activities. This study explored a broad set of age-related planning activities, such as retirement, finances, aging in place, and healthcare, including ACP. We used directed content analysis to identify barriers and facilitators to age-related planning from semi-structured interviews with 38 respondents (ages 55-74). Surprisingly, a common set of structural, interpersonal, and individual barriers and facilitators emerged across domains. Barriers included competing demands, resistance from family members, and aversion to planning in general. Facilitators included exposure to planning behaviors through professional and social networks, having witnessed negative outcomes from others’ failure to plan, and a belief that planning would spare others future distress. These results reinforce the idea that ACP exists within of a set of age-related planning behaviors that share common characteristics.

INCOMPLETE ADVANCE CARE PLANNING? CORRELATES OF PLANNING WITHOUT PERSONAL CONVERSATIONS

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In the course of advance care planning (ACP), people may elect any of the following: a living will, a durable power of attorney for health care, and discussions with family members and health care providers. A small proportion of planners complete legal documents without discussing them with others (formal planning only, FPO). If people who have done FPO become incapacitated, their family and health care professionals may lack guidance on how to direct their care. To better understand this group, we drew on four large surveys of community-dwelling adults. Social isolation, measured by living alone and lack of a confidante, increased the odds of FPO across all studies. We also found some evidence that economic disadvantage and depressive symptoms were linked with FPO. We discuss implications for policy and practice, underscoring that ACP is yet another important domain affected by the crisis of social isolation in old age.