was to explore the nature of advance care planning in ESRD. The study utilized mixed methods and both qualitative and quantitative data was collected during in-depth chairside interviews with 31 people while they were on hemodialysis. Participants ranged in age from 29-85; Mage=60; (N=13 [40%/)60). The data was divided above and below the Mage, and distinct differences were found in the nature of advanced care planning by age group. Greater numbers of people >60 (N=11[61%]) were not considering a transplant while (N=9[69%]) of those under 60 had a failed transplant and were again on the waiting list. Although the majority of participants had a health care proxy (N=27[87%]), more who were >60 had a proxy who knew their wishes (N=14[78%]) compared with (N=9[69%]) who were 60 compared with none <60. The qualitative data illuminated these age-differentiated responses in themes: Older age and (1) Multimorbidity; (2) Frequency/intensity of hospitalization; (3) Diminished hope of transplantation; and (4) More acute death awareness. The need for disease-specific advance care planning—with hopes and expectations about transplant--and attention to the influence of age and decline cannot be overstated.

SOCIAL EXCLUSION AND SUICIDAL IDEATION: ANALYSIS OF THE BEREAVED LIVING ALONE

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The aim of this study is to explore the relationship between social exclusion and suicidal ideation among bereaved older people living alone. When people with a significant loss in the familial relationship are exposed to social exclusion, they likely experience poor mental health and suicidal ideation. Using the Korean Community Health Survey 2017, logistic regression model was applied to the bereaved older people living alone, 65 to 110 of age (N=14,659). Social exclusion was comprised of three network-based components: exclusion from relationships, social participation, and community. Relationship exclusion means the lack of contact with family, friends, and neighbors, respectively, at least once a week. Social participation exclusion refers to the lack of participation in a religious, socializing, and leisure activity, respectively, at least once a month. Community exclusion covers two indicators of trust in neighbors and perception of neighborhood reciprocity. Results showed that indicators of relationship, social participation, and community exclusion were associated with suicidal ideation. Bereaved, living-alone older people were likely to have suicidal ideation when they lack contact with neighbors (OR=1.13, p<.05), participation in the religious activity (OR=1.12, p<.05) and socializing activity (OR=1.20, p<.05), and trust in neighbors (OR=1.29, p<.001). The moderation analysis showed that exclusion from socializing activity was associated with suicidal ideation only among females. The results of the analyses imply that interventions that promote social participation could improve the mental health of the bereaved older adults living alone.

SOCIAL SUPPORT AND DEPRESSIVE OUTCOMES IN OLDER ADULTS: AN ANALYSIS OF THE HEALTH AND RETIREMENT STUDY

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Given population aging and impact of both spousal and social support on the health of older adults, the protective role of social support amongst recently bereaved older adults represents an important area of research. The aim of this study is to identify the relationship between recent widowhood and change in depressive symptoms in older adults, and how social support moderates this association. Utilizing observations from the nationally representative Health and Retirement Study, the analytic sample consisted of 2,890 adults age 50 and over who were partnered or married in 2012. Depression was measured using the Center for Epidemiological Studies Depression scale short form (CESD-8). Positive social support was measured as perceived social support from family, friends, and children. Widowhood was a dichotomous measure indicating mortality of spouse between 2012 and 2014. Autoregressive multiple regression was used to determine if widowhood was associated with change in depression from 2012-2104 and whether positive social support moderated this relationship. Widowhood was associated with an increase in depressive symptoms from 2012-2014 (b=0.967, SE=0.145, p <.001) and social support was negatively associated with change in depression (b=-0.021, SE=0.004, p <.001). Social support appeared to moderate the association between widowhood and change in depression (b=0.068, SE=0.026, p =.010), though widowed older adults with higher social support appear to have more rapid increase in depression than those with lower social support. These preliminary findings and implications for supporting bereaved older adults will be discussed.

THE ROLE OF HEALTH, SOCIAL NETWORK, AND RACE IN ADVANCE CARE PLANNING AMONG MEDICARE BENEFICIARIES

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Advance care planning (ACP) is linked with high-quality end-of-life outcomes. However, ACP engagement level among older adults varies significantly by demographic, social, and health characteristics. In this study, we sought to identify characteristics associated with informal and formal ACP, in order to inform development of targeted education and outreach efforts that are tailored to diverse groups of older adults. The data came from a nationally representative study of Medicare beneficiaries living in communities, the National Health and Aging Trends Study (Round 8, N= 5,547). Multivariable logistic regressions were conducted to identify individual characteristics (i.e., race/ethnicity, age, gender, income, functional disability, cognitive function, perceived health, and numbers of people in social networks) associated with ACP engagement. Rates of informal ACP (talking to someone), and formal ACP, completing a healthcare power of attorney (HPOA) and a living will (LW), were 56%, 60.5%, and 56% accordingly. Logistic regression showed that individuals who were married or had a larger social network, and had higher functional impairment and health needs were significantly more likely to engage in both informal and formal ACP. However, individuals with memory problems (only informal ACP) and African Americans and Hispanics were significantly less likely to engage in both informal and formal ACP. African Americans without dementia were more likely to have completed HPOA compared with Whites. Findings suggest an important role of social network, and functional and cognitive health in ACP