behaviors among older adults, geographic variations may exist in engagement in ACP. This study examined whether 1) there was a regional variation in engagement in ACP and 2) there was a racial/ethnic difference in ACP across regions (Northeast, Midwest, South, and West). Drawn from the 2012 National Health and Aging Trends Study, 2,015 Medicare beneficiaries in the U.S. were included in analyses. Results from logistic regression analysis showed that older adults living in the West (OR=1.66, p=0.003) and the Midwest (OR=1.39, p=0.032) were more likely to be engaged in ACP compared to those living in the South. African Americans (OR=0.31, p<0.001), Hispanics (OR=0.30, p<0.001), and other races (OR=0.49, p=0.04) were less likely than their white counterparts to be engaged in ACP. We also conducted four separate logistic regression analyses by regions. In the Northeast, Midwest, and South, African Americans were less likely to be engaged in ACP compared to whites. In the West, Hispanics were less likely to be engaged in ACP compared to whites. Findings from this study provide a clear picture of racial/ethnic disparities in ACP across different regions in the U.S., suggesting where to target for future interventions to improve engagement in ACP among racial/ethnic minorities. Future research should be conducted at lower levels of geographic areas to find modifiable geographic factors to improve engagement in ACP among older adults.

VARIATION IN ADVANCE DIRECTIVES TIMING BETWEEN END-STAGE RENAL DISEASE PATIENTS AND CANCER PATIENTS

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The United States has the third highest prevalence and the second highest incidence of End-Stage Renal Disease (ESRD). ESRD is associated with high mortality and lower quality of end-of-life experiences. Having an advance directive (AD) is associated with better care at the end of life. Although past ACP completion rates in ESRD patients has been studied, little is known about its timing differences between ESRD and cancer patients. This study investigates the timing difference of AD completion between ESRD and cancer patients. We conducted logistic regression to analyze data from the Health and Retirement Study, a nationally representative longitudinal survey of older adults. The analytic sample included exit interviews from 2012 to 2016 among 971 proxies of deceased with ESRD or cancer. Among the sample, 47% of decedents completed an AD; 44% of cancer patients and 48% of ESRD patients. Being a racial minority (OR=0.38, p<0.001), and lower education (OR=0.63, p=0.001) were associated with lower AD completion rates. No significant differences in AD completion rates were found between cancer patients and ESRD patients. Compared to cancer patients, ESRD patients more likely to complete ADs more than one year before death (OR=3.15, p=0.001). However, there were no significant difference between cancer patients and ESRD patients in AD completion rates in the three months before death. Although both samples had comparable rates of AD completion, compared to cancer patients, ESRD patients tend to document care preferences earlier. Further studies are needed to investigate factors related to early documentation of ADs.

LIFE RESTORATION AND CARE PREPARATION AMONG OLDER PARENTS WHO LOST THEIR ONLY ADULT CHILD IN SHANGHAI

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The combination of aging and losing an only adult child challenges an increasing number of older adults in China. Current literature primarily focuses on older parents’ bereavement but seldom examines how they restore their lives. Guided by the Dual Process Model, this study explores how older parents who lost their only adult child restore their lives and prepare for future care in Shanghai. Twenty-four older adults were purposively sampled and participated in face-to-face, in-depth interviews. The findings suggest that participants tried to restore their lives by rationalizing grief and expanding their social networks. Despite their losses, participants remained in favor of family caregiving and reluctantly prepared for future care. They showed ambivalent attitudes toward current government support while proposing their preferred services. This study informs social work practice to incorporate caregiving plan services and emotional support for this vulnerable group.

CHILDHOOD CONDITIONS AND ARTHRITIS AMONG MIDDLE-AGED AND OLDER ADULTS IN CHINA: THE MODERATING ROLES OF GENDER

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This study examined the moderating effect of gender on the relationship between childhood conditions and arthritis among middle-aged and older adults in China. The data were derived from the 2015 wave of the China Health and Retirement Longitudinal Study. The sample included 19800 respondents age 45 and over. Multiple imputation was used to handle the missing data. A multilevel logistic regression was used to test the proposed models. Childhood socioeconomic status, mother’s education, subjective health, access to health care and medical catastrophic event were found to be significant factors associated with arthritis in later life, after controlling for adulthood and older age conditions. Furthermore, the effects of childhood socioeconomic status on arthritis were found to be higher among men than women. The findings highlight the important role of childhood conditions that affect the onset of arthritis in later life. Policy and intervention implications are discussed.

DEATH NARRATIVE IN 19TH-CENTURY CHINA: HOW DID NEWSPAPERS FRAME DEATH AND DYING?

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This study explored the death narrative in the late Qin dynasty as expressed in Chinese newspapers in the 19th century. Using textual analysis to analyze the 646 pieces of
news containing death-related topics, this study revealed the discourse regarding death and dying during this period can be understood at three levels: (a) euphemism of death: the language of death and its relationship with power and social hierarchy; (b) definition of “good death”: including preferences for location, cause, and experiences of death and dying; and (c) Western influence on the death narrative: missionaries’ efforts to incorporate Catholic and Chinese traditions to attract more believers. This paper argues that the current Chinese people’s perception of death is inherited and evolved from those historical roots, which has practical implications for the systematic development of hospice care in China. Suggestions include changing the language used in the hospice policy, emphasizing the importance of confidentiality in home-based hospice programs, and building a hospice system based on public perceptions of so-called “good death” while advocating for individualized definitions of this concept.

SESSION 1345 (POSTER)

ENVIRONMENT AND AGING

NAVIGATING DISASTERS: A CASE STUDY VA AND NON-VA HOME-BASED LONG-TERM CARE IN PUERTO RICO FOLLOWING HURRICANE MARIA
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This research describes how Department of Veterans Affairs (VA) and non-VA home-based long-term care (LTC) environments prepared for and secured the safety and wellbeing of elderly and disabled persons in the wake of Hurricane Maria, which struck Puerto Rico on September 20, 2017. In-person interviews, home visits, and field observations were conducted in Puerto Rico from January-March 2019. Staff from three of the VA’s Caribbean Healthcare System’s home-based LTC programs were interviewed, as well as caregivers in non-VA LTC environments. Veterans, family members of Veterans, family members of VA caregivers, and community members with expertise in disaster recovery were also interviewed for a total of N = 58 interviews and N = 12 home visits. Preliminary results of qualitative content analysis show VA and non-VA LTC environments prepared residents and caregivers for Hurricane Maria through providing education and recommendations in advance, including having enough medications and food on hand. Participants described Hurricane Maria not simply as a disaster but a “crisis” and a storm unlike any they had ever experienced. The interconnected nature of the VA seemed to provide a stronger support network compared to non-VA environments that were often independently run. Health of Veterans and non-Veterans was reported to be mostly stable during recovery. Perspectives from VA and non-VA entities allowed for a fuller picture to emerge around how Hurricane Maria impacted home-based LTC environments in Puerto Rico. This research can inform policies and procedures for such environments caring for elderly and disabled populations in areas prone to disasters.

HOUSING AFFORDABILITY AND INTER-REGIONAL MOVES AMONG OLDER ADULTS
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Housing prices have risen in urban areas across the US since 2000, with only a brief interruption after the housing crisis of 2008. At the same time, prosperous urban areas have pulled away from declining urban and rural areas. Older adults are more likely to be affected by both increases and divergence of housing prices: owners may not be able to afford rising property taxes (though they benefit from increasing home equity), and renters are especially vulnerable. Housing affordability constraints may also affect the places where older adults can afford to move. In this paper, we compare the residential mobility patterns of adults aged 50+ living in high-cost, mid-cost, and low-cost areas from 2000-2014, using data from the Health and Retirement Study with county-level US Census and American Community Survey contextual data, as well as the Zillow Home Value Index. We find that both homeowners and renters living in high-cost areas remain in place at higher rates compared with those living in mid-cost and low-cost areas. Among those who move, older adults living in high-cost regions move towards mid-cost and low-cost regions more often than the reverse. The differences are particularly pronounced for renters. The overall outcome is a net movement of older adults away from high-cost areas towards mid-cost and low-cost areas. Among those who move, older adults living in high-cost regions move towards low-cost regions more often than the reverse. Though individuals move, older adults living in high-cost areas move towards mid-cost and low-cost regions more often than the reverse. These shifts have consequences for the well-being of older adults facing budget constraints that may limit the areas where they can afford to live or move, and broader implications for the future of urban areas.

FLOURISHCARE: HELPING OLDER ADULTS FLOURISH IN RURAL COMMUNITIES
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Flourishing represents living within an optimal range of human functioning. To foster older adults flourishing, our FlourishCare model of care coordination was developed as part of a HRSA Geriatric Workforce Enhancement Program (GWEP) to transform PC sites by delivering coordinated services in 6 rural KY counties. FlourishCare is unique in its integration of academic teams, community health teams and mental health specialists within age-friendly primary care health systems. FlourishCare recognizes that many of the largest drivers of health care costs fall outside the clinical care environment. One of the major components of Flourish is the involvement of community health navigators (CHNs), community education coordinators (CECs) and community coalitions working with the health teams to respond to the social determinants of health. For each patient that is referred and agrees to participation in the program, the CHN performs Flourish clinical and home assessments and obtains medical records. A repeated measure designed was used to assess the 60 patients who have baseline assessments results along with at least a 6-month assessment and in some cases a 12-month assessment (n= 20). Patients have demonstrated a significant increase in their flourishing across all determinants of health.