emerging senolytic drugs, which have the potential to provide novel therapeutic benefits for the treatment of fibrosis.

ENERGY SENSING PATHWAYS IN AGING AND CHRONIC LUNG DISEASE
Victor Thannickal, University of Alabama, Birmingham, Alabama, United States

The cause-effect relationships between the various “hallmarks of aging” and chronic lung disease are not well understood. We have determined overlapping pathways involving deregulated nutrient sensing, mitochondrial dysfunction, and cellular senescence that may contribute to the evolution of chronic lung disease. In particular, I will discuss alterations in energy/metabolic sensing pathways and mitochondrial dysfunction as pathobiological mechanisms that may explain the age-related increased susceptibility to the development and progression of idiopathic pulmonary fibrosis (IPF), a disease of pulmonary aging. I will then broaden the discussion to include the potential role of these biologic alterations in other chronic lung disease which burden older adults.

TELOMERE DYSFUNCTION AND AGING: INSIGHTS FROM PULMONARY FIBROSIS
Chad Newton, University of Texas Southwestern, Dallas, Texas, United States

Telomeres are specialized genomic elements located at the ends of chromosomes that protect protein-encoding DNA from progressive loss during cellular replication. Telomeres shorten with age; therefore, telomere dysfunction is of particular relevance for understanding age-related disease mechanisms. Telomere disorders produce multisystem degenerative organ dysfunction that largely resembles aging phenotypes, including pulmonary fibrosis (PF), emphysema, cirrhosis, bone marrow dysfunction, immunosenescence, and premature hair graying. The degree of telomere shortening influences age of disease onset, involved organs, and disease severity. Notably, the most common manifestation of telomere biology disorders is PF. Subsequently, PF is a model for translating telomere biology into clinical practice. I will discuss the genetics of telomere dysfunction and the clinical manifestations that overlap with age-related phenotypes, focusing on PF. Next, I will discuss how short leukocyte telomere length is an informative prognostic, and potentially theragnostic, biomarker in patients with a range of PF subtypes.

SESSION 7025 (SYMPOSIUM)

CAREGIVING ARRANGEMENTS AND HEALTH OUTCOMES OF CHINESE OLDER ADULTS WITH DISABILITY IN CROSS-NATIONAL SETTINGS
Chair: Jing Wang
Co-Chair: Bei Wu

This symposium focuses on the wellbeing of older adults with disability/cognitive impairment and their family caregivers. More specifically, it aims to understand how family support, community resources utilization, internal migration, and immigrant status impact older adults’ caregiving arrangement, health outcomes and end-of-life preferences and family caregivers’ caregiving burden in China and the U.S. The first study explored how perceived spousal relationships and support impact dyadic experiences of living with cognitive impairment through a person-centered care lens during a three-year period. The second presentation examined the association between adult children’s support and the trajectories of depressive symptom level among Chinese older adults with disabilities. The third investigated how family relationship and immigrant status matter in advanced care planning (ACP) engagement and end-of-life preferences over burial plan among US-born and foreign-born older Chinese Americans living in Honolulu, Hawaii. The fourth study explored family caregivers’ caregiving burden for community-dwelling patients with dementia and its associated factors. The last study conducted an inventory of longitudinal aging survey datasets to stimulate research on intersection of migration and caregiving arrangement. It paved the way to use existing high-quality datasets to examine the significant impact of massive rural-to-urban migration on caregiving arrangement among Chinese older adults. This symposium presents empirical evidence of the impact of family, migration and culture-related factors on caregiving arrangement and health outcomes of Chinese older adults. The presenters emphasize the importance of providing family-centered care and design culturally sensitive interventions to improve the health outcomes of older adults.

EXISTING DATASETS TO STUDY THE IMPACT OF INTERNAL MIGRATION ON CAREGIVING ARRANGEMENTS
Hanzhang Xu, Yaolin Pei, Matthew Dupre, and Bei Wu

1. Duke University School of Medicine, Durham, North Carolina, United States, 2. New York University, New York, New York, United States, 3. Duke University, Durham, North Carolina, United States

Massive rural-to-urban migration in China has a significant impact on caregiving arrangements among Chinese older adults. To stimulate research on the intersection of migration and caregiving, we conducted an inventory of longitudinal aging survey datasets that included older adults from mainland China. Large public available datasets that included measures related to migration and caregiving were searched and reviewed for eligibility. Key characteristics of each dataset, including study design, sample size, and measures, were extracted. Seven eligible datasets were identified, and five included national representative samples. Measures for migration varied across datasets. Some datasets included information on the migration history of older adults, whereas others focused on the migration of adult children. Similarly, caregiving was measured using different questions in each dataset. Caregiving activities were assessed with regard to their type, source, and amount. High-quality datasets exist to support research on migration and caregiving arrangements among Chinese older adults.

ADVANCE CARE PLANNING ENGAGEMENT AND END-OF-LIFE PREFERENCE AMONG OLDER CHINESE AMERICANS
Yaolin Pei, Wei Zhang, and Bei Wu

1. New York University, New York, New York, United States, 2. University of Hawaii at Manoa, Honolulu, Hawaii, United States

GSA 2020 Annual Scientific Meeting
The study aimed to examine how immigrant status and family relationships are associated with advanced care planning (ACP) engagement and end-of-life (EOL) preference over burial plan among older Chinese Americans, the largest subgroup of Asian Americans. Logistic regressions were used to analyze data from a survey of 430 older Chinese Americans aged 55 and older living in Honolulu, Hawai‘i. Results show that U.S.-born Chinese Americans were more likely to engage in ACP, including willingness thought of EOL care, and discussion about EOL care, and having preference over burial plan, than the foreign-born Chinese American. Family cohesion was not associated with ACP engagement and EOL preference over burial plan. Family conflict increased the possibility of ACP engagement, indicated by willingness thought of ACP, willingness discussion on ACP, and EOL preference over burial plan. The culturally sensitive educational intervention is needed to increase ACP engagement among older Chinese Americans.

ADULT CHILDREN’S SUPPORT AND TRAJECTORY OF DEPRESSIVE SYMPTOMS AMONG DISABLED CHINESE OLDER ADULTS
Jianyun Wang,1 Renyao Zhong,1 Yaolin Pei,2 and Bei Wu,2 1. East China Normal University, Shanghai, China, 2. New York University, New York, New York, United States

This study aimed to examine the trajectory of depressive symptoms among Chinese older adults with disabilities and the role of adult children’s support in predicting trajectory classes of depressive symptoms. Data were drawn from three waves of the China Health and Retirement Longitudinal Study (2011-2015). The sample included 1420 disabled older adults age 60+ at the baseline and completed all three waves of the data. Growth mixture model shows two-class depressive symptoms trajectories: the higher risk group (25.49%) and the lower risk group (74.51%). Logistic regression results showed that respondents who received a longer term of adult children’s instrumental support were more likely to be classified in a higher risk group after controlling the covariates (OR=1.184, p<0.05), while financial support and the frequency of contacts were not associated with the in increase level of depressive symptoms. The policy implications were also discussed in this study.

DYADIC EXPERIENCES OF LIVING WITH COGNITIVE IMPAIRMENT THROUGH A 3-YEAR LONGITUDINAL QUALITATIVE STUDY
Jing Wang,1 Bei Wu,2 Eleanor McConnell,3 Ding Ding,4 and Kirsten Corazzini,5 1. Fudan University, Nantong, Shanghai, China, 2. New York University, New York, New York, United States, 3. Duke University Medical Center, Durham, North Carolina, United States, 4. Fudan University Affiliated Huashan Hospital, Shanghai, China, 5. University of Maryland, Baltimore, Maryland, United States

The fastest growth of population living with cognitive impairment takes place in China. The estimated prevalence of cognitive impairment among older adults in China is between 13% and 20%. This study focused on persons with cognitive impairment (PWCI) and their spousal care partners to explore how spousal relationships impact dyadic experiences of living with cognitive impairment through a person-centered care lens. We conducted a longitudinal qualitative study of 10 dyads of PWCI and their care partners over three years with three data collection time points. Our findings suggest that the complexity of changing experiences of living with cognitive impairment is interpreted in the dynamic nature of their spousal relationship and relationship with others, patterns of communication, daily activities and care during the extended period of cognitive decline. It is crucial to help them nurture the belief that there is a significant meaning in the journey of living with cognitive impairment.

SESSION 7030 (SYMPOSIUM)
CHANGING CULTURE AROUND SERIOUS ILLNESS: THE VA LIFE-SUSTAINING TREATMENT DECISIONS INITIATIVE
Chair: Joan Carpenter
Discussant: Robert Burke

Discussing and documenting goals of care and life-sustaining treatment decisions with seriously ill patients is a widely endorsed practice by healthcare and professional organizations. In 2018, The Veterans Health Administration (VA) initiated a new national policy to standardize such practices, the Life Sustaining Treatment Decisions Initiative (LSTDI), which included a coordinated set of evidence-based strategies and practice standards for conducting, documenting, and supporting high-quality goals of care conversations (GoCCs); staff training to enhance skills in conducting, documenting, and supporting GoCCs; standardized, durable electronic health record tools for documenting patients’ goals and preferences; and monitoring and information technology tools to support implementation and improvement. In this symposium, we will describe the first 20 months of implementing the LSTDI across the VA, the largest integrated healthcare system in the US. The first paper will focus...