people still have not communicated their EOL wishes to others. This symposium contains five papers examining varied challenges to engagement in EOL care discussions and ACP. The first paper examines the divergence between centenarians and their proxies (N=78 dyads) on the centenarians' EOL care planning. The second paper describes an online tool to integrate family members' EOL care views (N=130) and examines the variability in adult children's knowledge of their parents' preferences. Third is a study of factors associated with whether older adults (N=364) discussed their EOL care wishes with family, focusing on the lesser likelihood of Latinos engaging in such discussions. The fourth study qualitatively explores the varied stages of readiness to engage in ACP among older Latinos with advanced disease (N=32) who participated in an ACP intervention. Finally, the fifth paper is a gap analysis of ACP interventions for individuals with cancer that uses the stages of change framework to identify underutilized processes to engage in ACP. The symposium discussant will address the challenges identified, their implications, and how to deal with them to increase EOL care discussions and ACP overall.

AQ6

FACTORS ASSOCIATED WITH WHETHER OLDER ADULTS DISCUSS THEIR EOL CARE PREFERENCES WITH FAMILY MEMBERS

L.J. Peterson¹, K. Hyer, PhD², H. Meng, PhD³, D. Dobbs, PhD⁴, A. Gamaldo, PhD⁵, K. O'Neil, MD⁶, 1. *University of South Florida, Bradenton, Florida, United States*, 2. *Florida Policy Exchange Center on Aging, School of Aging Studies, University of South Florida, Tampa, FL*, 3. *Florida Policy Exchange Center on Aging, School of Aging Studies, University of South Florida, Tampa, FL*, 4. *Florida Policy Exchange Center on Aging, School of Aging Studies, University of South Florida, Tampa, FL*, 5. *Department of Human Development and Family Studies, Pennsylvania State University, University Park, PA*, 6. *Ascension Senior Living, St. Louis, MO*

Research suggests end-of-life (EOL) care discussions improve EOL care. This study examined factors associated with having discussed EOL care wishes with family, focusing on race and ethnicity. A diverse sample of participants (N=364) completed surveys including questions about demographics, discussing one's EOL care preferences, family involvement in general health care, and communication with doctors. Results showed more than 30% had not discussed their EOL care wishes with family. There were no differences by race, but there were significant differences by ethnicity. Hispanic participants were less likely (O.R.= 0.40, p=.03), however moderation analysis showed Hispanics with greater family involvement in general health care were much more likely to have discussed EOL preferences with family (O.R.= 5.69; p=.02). Lesser confidence in communicating with doctors was associated with lower likelihood of discussion with family (O.R.= 0.65, p=.03). Results suggest providers consider ethnicity and family involvement in efforts to encourage EOL care discussions.

CENTENARIANS' END-OF-LIFE THOUGHTS AND PLANS: IS THEIR SOCIAL NETWORK ON THE SAME PAGE?

K. Kim¹, K. Boerner, PhD², Y. Kim, MS³, C. Rott, PhD⁴, D.S. Jopp, PhD⁵, 1. *University of Massachusetts Boston,*

Boston, Massachusetts, United States, 2. *Department of Gerontology, University of Massachusetts Boston, Boston, MA, USA*, 3. *Department of Gerontology, University of Massachusetts Boston, Boston, MA, USA*, 4. *Institute of Gerontology, Heidelberg University, Heidelberg, Germany*, 5. *Institute of Psychology, University of Lausanne, Lausanne, Switzerland*

Centenarians are per definition very close to the end of their lives. Yet, little is known about their end-of-life (EOL) thoughts and plans, and even less is known about to what extent their primary contacts are aware of these thoughts. Using 78 dyads of centenarians and their proxies from the Second Heidelberg Centenarian Study, we examined dyadic correspondence on centenarians' EOL thoughts and planning. In nearly half of dyads, proxies misjudged whether the centenarian thought about the EOL. Only few centenarians perceived the EOL as threatening, but proxies overestimated; about a quarter of centenarians reported longing for death, but proxies underestimated. Proxies also reported more centenarians' EOL planning than centenarians themselves. Overall, many enrolled proxies did not know about centenarians' EOL thoughts and plans even though they were the persons very close to the centenarians, suggesting a lack of communication between centenarians and key social network members in this respect.

AN ONLINE TOOL TO FACILITATE INTERGENERATIONAL CONVERSATIONS ABOUT ADVANCE CARE PLANS

B.D. Carpenter¹, E. Kozlov, PhD², 1. *Washington University in St. Louis, Saint Louis, Missouri, United States*, 2. *Weill Cornell Medicine, Division of Geriatrics and Palliative Medicine, New York, NY, USA*

Later in life, families can benefit from tools that facilitate candid conversations about end-of-life care preferences and values. One challenge families face in these conversations, however, is incorporating the perspective of multiple individuals, many of whom are geographically dispersed. To address these barriers, we developed a tool that is available online and that integrates opinions from multiple family members. In this session we describe the functionality of the tool and report on results from 40 later-life families (130 individuals) who used the tool. Results demonstrated that there was wide variability in adult children's knowledge about parent end-of-life care preparations and preferences, with intraclass correlations suggesting poor to good knowledge. Use of the tool was associated with improvements in knowledge among some individuals but not others, suggesting the importance of tailoring resources. Education and communication about advance care plans are essential but complicated by family dynamics and circumstances.

MOTIVATIONAL INTERVIEWING TO PROMOTE COMMUNICATION FOR ADVANCE CARE PLANNING AMONG LATINOS

F. Nedjat-Haiem¹, F. R. Nedjat-Haiem, PhD², I.V. Carrion³, 1. *New Mexico State University, Los Angeles, California, United States*, 2. *New Mexico State University, School of Social Work, Las Cruces, NM, USA*, 3. *University of South Florida, Tampa, FL, USA*