perceived change in health status is a driver behind preference changes.

**Method:** Health and Retirement Study Wave 2012 to 2018 data. Sample is limited to 5,646 older adults who reported whether they requested to limit treatment in living will during two waves of data. Two possible preference changes were tested: from limited to default care and from default to limited care. Change in health status was indicated by changes (1=same, 2=improve, 3=decline) in physical pain, general health, activities of daily living, instrumental activities of daily living (IADL), and number of diagnoses. Multilevel logistic regression models were used to understand how change of health status was related to changes in EoL preferences.

**Results:** 700 older adults changed their preferences some time in 8 years. Those who changed their preferences are more likely to be older and not married, and to have lower socioeconomic background. Older adults who experienced deteriorated pain levels were more likely to change their preferences from default to limited care (OR=3.77, p<.05) and less likely to change from limited to default care (OR=0.63, p<.05). Change in IADL is also a significant predictor of change of preferences.

**Implication:** The findings highlight the importance of periodic reassessment of EoL care preferences with older adults. We discuss policy and practice implications regarding health changes as underlying mechanisms of preference changes.

**CLINICAL OUTCOMES OF HOME-BASED PALLIATIVE CARE: AN ADVANCE ILLNESS MANAGEMENT PROGRAM**

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Prior studies have reported evidence that patients with chronic medical conditions benefit from home-based palliative care to manage symptoms. The purpose of this study is to evaluate the efficacy of an advanced illness management program provided by a visiting nurse agency. This program aims to reduce the burden of illness and to manage symptoms of patients who have difficulty leaving their home due to severity of their medical conditions. Data for this study were collected from patients who received home-based palliative care from the agency. Although the program has enrolled close to 500 patients from 2016 to 2019, the analytic sample for this study was restricted to patients enrolled between 2018 – 2019 who completed both baseline and follow-up assessments for three measures: Rapid Geriatric Assessment, Integrated Palliative Care Outcome Scale-Patient Version (IPOS), and Brief Illness Perception Questionnaire (BIPQ; N=96, capturing 33.8% of eligible patients). Paired sample t-tests were used to compare the symptoms and health outcomes between baseline and follow-up assessments. Average age of the participants was 79.9 years. Results from the RGA measure showed that patients’ scores on frailty and sarcopenia were significantly lower at follow-up, indicating improvement. Comparison of scores between baseline and follow-up on the IPOS measure showed that patients experienced improvement in the following symptoms: pain, weakness, nausea, poor appetite, constipation, sore/dry mouth, drowsiness, and mobility. Findings suggest that palliative care services can effectively managed the symptoms and health outcomes of homebound chronically ill patients. Other implications include reduced emergency room visits and hospital admissions.

**CULTURE DIFFERENCES IN ADVANCE CARE PLANNING AND IMPLICATIONS FOR SOCIAL WORK PRACTICE**

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Advance care planning (ACP) is the process of making plans and decisions regarding end-of-life care (EOLC) in advance while one has the physical and cognitive capacity to do so. However, even if health practitioners recognize the importance of ACP, they may be constrained by social and cultural factors in engaging their clients in ACP. This study examined cultural differences in ACP and various strategies that social workers use to initiate conversations on ACP in a range of settings. Using the case study method, we conducted in-depth interviews with 7 social workers who work in South Korea, 2 Korean-American social workers working in the Korean-American communities in the US, and 3 American social workers serving diverse populations in the US. Their practice sites include: university hospitals, day care centers, a community senior center, a nursing home, and a hospice agency. Social workers in both countries emphasized the need to build rapport with their clients early on and to empower them to take the lead in their ACP while they were still healthy. In Korean and Korean-American communities, social workers recognized their clients’ reluctance to speak about EOLC and highlighted the importance of communicating with their family due to their clients’ preference for family-centered decision-making. When doing this, a step-by-step approach in giving relevant information was recommended. We identified relationship-building, empowerment, and culturally sensitive approaches as common strategies in initiating discussions on ACP in both countries.

**DEVELOPMENT AND FORMATIVE EVALUATION OF A DEATH EDUCATION PROGRAM FOR COMMUNITY-DWELLING CHINESE OLDER ADULTS**

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Planning for end-of-life (EOL) care in advance can enhance one’s quality of life at EOL. Culturally sensitive educational programs are needed in Chinese populations to enlighten the public and encourage advance planning due to a culture of death-denying and avoidance. This study describes the team’s efforts to develop and formatively evaluate a death education program designed for community-dwelling Chinese older adults. The program was designed based on the Knowledge-Attitude-Behavior Model, as a 2-session 3-hour program spreading over two days with 1.5 hours for each day. The content paid attention to discussing the importance of making plans for EOL in Chinese culture and discussing how to have death-related conversations with the family and health care professionals. In 2020, semi-structured interviews...