straightforward communication, caregivers preferred indirect communications. These findings emphasize the critical role of the nephrological care team members. Improving knowledge of ACP and facilitating communication between caregivers and kidney disease patients in Taiwan is needed.

HOSPICE CARE FOR VETERANS: A COMMUNITY EDUCATION PROGRAM

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The impact of trauma on care at end of life and the social isolation of the COVID-19 pandemic highlighted a critical gap in care of terminally ill veterans. It is estimated that 30% of Vietnam Veterans suffer from PTSD, suicide rates are 49% higher in older veterans than nonveterans, and 41% of veterans surveyed report post traumatic guilt. A survey of non-VA hospice agencies revealed many do not screen for PTSD, but desired training in this area. The VA responded to these challenges implementing an initiative to educate community caregivers on PTSD, suicide, and moral injury with expanded tele mental health services. Several VA sites were supported to participate in training focusing on PTSD, suicide, and moral injury and Telemental health. In Northeast Ohio, from 2019-20, 11 community hospice agencies participated in training, including 283 providers,120 (42%) nurses, 100 (35%) social workers, 29 (10%) volunteers, and 34 (12%) other. A majority of participants post-training (n=160) (84%-94%) reported enhanced knowledge, skills, or attitudes related to resources, education, and communication. Participants rated changes for assessment skills lowest for moral injury (34%), PTSD (41%), and suicide (56%). An analysis of telemental health visits (N=50) revealed that, 56% addressed spiritual support, (22%) family support, (10%) resources/referrals, and (8%) confusion. The majority of telehealth visits were VA initiated (84%), and 10% were hospice initiated Continued education regarding PTSD, suicide, and moral injury assessment skills is still needed for hospice care providers of veterans. These findings support the use of telemental health for care and consultation.

INTENTION TO COMMUNICATE END-OF-LIFE WISHES AMONG RURAL AFRICAN AMERICANS: IS AWARENESS OF HOSPICE CARE IMPORTANT?

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The intention to communicate end-of-life wishes and its related factors among adults in the southern rural region of the US has not been studied. This study aims to: (1) assess the intention to communicate end-of-life wishes among rural residents living in the Black Belt Region; (2) controlling for demographics and social determinants of health (SDH), examine the relationship between awareness of hospice care and the intention to communicate end-of-life wishes. A convenient sample living in rural Alabama was collected to complete a cross-sectional survey (N=182, age=18-91). Univariate analyses were conducted to assess participants' intention to communicate end-of-life wishes, demographic characteristics, and SDH. Binary logistic regressions were used to examine the relationship between awareness of hospice care and the intention to communicate end-of-life wishes while controlling for demographics and SDH. The majority of participants were willing to communicate end-of-life wishes to their family (77.5%) or doctors (72.5%). Participants who were aware of hospice care were more likely to be willing to communicate end-of-life wishes to both their families (OR=10.08, $p<0.01$) and doctors (OR=7.20, $p<0.05$). Moreover, participants who were older were less likely to communicate end-of-life wishes to their doctors while participants with higher social isolation scores had lower intention to communicate end-of-life wishes to their families (OR=0.53, $p<0.05$). This is the first study assessing the intention of communicating end-of-life wishes among residents living in the Black Belt Region. This study demonstrated that awareness of hospice care is positively associated with the intention to communicate end-of-life wishes to both families and doctors.

KNOWLEDGE OF HOSPICE CARE AMONG KOREAN AMERICAN IMMIGRANTS IN DEEP SOUTH

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Despite the benefits of hospice care in end-of-life care, there is a dearth of research on the knowledge or perceptions of hospice care, particularly among immigrants. A handful number of existing studies with this population have mainly used qualitative research methods. The purpose of the current study was to investigate the knowledge about hospice care and identify its predictors. We used cross-sectional data from 256 Korean American immigrants living in Alabama (Mean age = 44.78, range 23–70, 50.4% female). The outcome variable was measured by whether the respondents had heard of hospice care. Independent variables included sociodemographic (age, gender, education, and income), health (functional limitation and chronic conditions), health care access (health literacy, health insurance, unmet medical needs due to the cost, and social isolation). Logistic regression analyses were performed. About 78% of the respondents reported that they had heard of hospice care. Older age (OR=1.05, 95% CI=1.01-1.09, $p<.05$), being female (OR=7.13, 95% CI=3.18-15.98, $p<.001$), and higher levels of education (OR=1.68, 95% CI=1.15-2.45) were significantly related to increased odds of knowledge about hospice care. There were no significant roles of health and health care access factors. Our findings suggest sociodemographic gradients present in immigrants' knowledge about hospice care, emphasizing the need for a targeted intervention to increase the hospice care knowledge.

LENGTH OF STAY IN HOSPICE CARE ACROSS RACIAL/ETHNIC MINORITIES OVER 65 YEARS OF AGE: A DESCRIPTIVE ANALYSIS

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Purpose: This study aims to explore the relationship between race/ethnicity and length of stay in hospice care among

adults over 65 years of age in the United States. This topic is understudied within a population-representative sample, particularly among non-White decedents. Methods: Secondary analysis of data from the 2007 NHHCS (n=3,918). Race/ethnicity included Hispanics/Latinos, Non-Hispanic Whites, African Americans, and other races. Length of hospice stay was measured by the number of days that patients received hospice care from hospice agencies. Results: The study found that African Americans have a longer length of stay in hospice agencies than Whites, even after controlling for all other factors in the model. Female gender, older age, and several diseases are covariates that significantly impact length of hospice stay. Discussion: Compared to other races/ethnicities, the long length of stay in hospice among African Americans may negatively impact the quality of end-of-life care and quantity of skilled staff visits. Future research is recommended to further explore potential consequences of longer hospice stays, especially within African American communities. Studies with larger samples of minorities that integrate socioeconomic factors need to be done to better study the relationship between length of hospice stay and race/ethnicity.

OLDER COUPLES' ADVANCE CARE PLANNING ENGAGEMENT PATTERNS AND ASSOCIATIONS WITH INDIVIDUAL AND SPOUSAL FACTORS

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This study examines older couples' dyadic patterns of informal and formal advance care planning (ACP) and determines the associations of these patterns with their own and spousal characteristics. Using data from the 2014 and 2016 Health and Retirement Study, we performed a) latent class analysis to identify distinctive ACP engagement patterns and b) multinomial regression models to describe related characteristics of older couples (N = 1,545 couples). We identified four dyadic patterns of ACP engagement: a) high ACP engaging couple (45%); b) high engaging husband – low engaging wife (13%); c) high engaging wife – low engaging husband (11%); and d) low engaging couple (31%). Engagement in informal and formal ACP was associated with both individual and spousal factors: Older couples with advanced age or higher levels of education and wealth were more likely to engage in both informal and formal ACP, whereas only wife's high level of constrain or husband's greater number of depressive symptoms was associated with discordant ACP engagements. Couple-based approach to promote ACP merits older couples with limited resources or poorer psychological health in both or either spouse.

PALLIATIVE CARE KNOWLEDGE AND PLANNING IN U.S. ADULTS

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Palliative care knowledge and health literacy are frequently underestimated in American adults; for example, as measured by the Newest Vital Sign (Weiss et al., 2005), 79.2% (n = 247) of participants within a Geriatrics Clinic sample displayed "adequate" functional health literacy, while 11.8% (n = 37) scored within the "possibly limited" range, and 9.0% (n = 28) scored within the "highly limited" range. There was additionally a significant association between health literacy and age ($r = .15$, $p < .01$) within this sample. The Palliative Care Knowledge Scale (PaCKS; Kozlov et al., 2018) was administered to participants, and higher scores indicated a greater knowledge of palliative care. This construct is particularly important to measure, as racial/ethnic disparities exist within this domain; for example, African Americans may have lower overall knowledge of palliative care services and advance care planning than non-Hispanic Whites (Noh et al., 2018). In the current study, knowledge of palliative care was measured using the PaCKS (Kozlov et al., 2018), and scores represented the widest possible range of 0 to 13 ($M = 7.68$, $SD = 4.08$). There was a significant correlation between age and PaCKS score ($r = .12$, $p < .05$), as palliative care knowledge increased with age. Females scored significantly higher ($M = 8.29$, $SD = 3.91$) than males ($M = 6.81$, $SD = 4.18$), $t(309) = 3.18$, $p < .001$. There was no main effect of race on palliative care knowledge, and post-hoc analysis using Tukey HSD did not demonstrate significant differences between groups.

PATIENT PORTAL USE NEAR THE END-OF-LIFE

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Use of patient portals, personal health information websites linked to electronic health records, in seriously ill populations is unknown, as is use by caregivers. We described portal use patterns among adults with serious illness nearing end-of-life and their caregivers within Kaiser Permanente Colorado. Inclusion criteria were: 1) seriously ill patients (defined by KP's "Care Group"), □18 years of age, who were registered for the portal, and died between 1/1/2016-6/30/2019; and 2) caregivers of these patients, □18 years of age, registered for a proxy account. Data included user characteristics and portal use metrics summarized monthly over the 12-month period prior to death. Models included an unadjusted linear trend of the days used by month using a generalized estimating equation Poisson model with a log link and an autoregressive correlation structure of order 1. We identified 6,517 seriously ill patients with portal registrations; 163 of these patients had proxy caregivers. Patient users were 77 years old, mostly frail and White, and caregivers were predominantly female. Average days of use among patients was 42.4 days and <1 day among their caregivers. Number of days used significantly increased by 0.7% per month from twelve months to one month prior to death (95% CI: 0.4%-1.0%; p-value <.0001) and peaked 3 months prior to the patient's death. Average use was high in comparison to previous portal research and suggests that as the patient approaches death portal use increases. Future research should explore how portals may serve as indicators for identifying and addressing end-of-life care needs.