

this retrospective study, admission records from 154 hospice patients were reviewed. Hospice admission data from the psychosocial and spiritual assessments were analyzed using descriptive statistics, inferential statistics, and logistic regression. The average patient age was 81 years of age. A slight majority (51.3%) of patients admitted to fears upon hospice admission. Patients reported a range of one to six fears, with the most common fear being “pain and/or suffering.” Forty-seven percent of the patients identified as being “spiritually active.” Correlation analysis revealed no statistically significant relationship between fear and spirituality. Logistic regression analysis revealed some significant relationships between age and certain fears. Fear is a common symptom at the end of life, and appropriate emotional and psychological support should be provided to mitigate the fears. This study suggests that fears may be different for older adults.

#### USING THE CONVERSATION STARTER KIT IN CANADA TO PROMOTE RESIDENT CARE PLANNING DISCUSSIONS IN LONG-TERM CARE

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Advance care planning (ACP) is still rare in Canadian long-term care (LTC) homes. Residents and their families view ACP as uncomfortable and difficult to implement, leading them to avoid these discussions. The purpose of this study was to explore the perceptions of LTC residents and their families about using an ACP tool called The Conversation Starter Kit. This study utilized a mixed methods approach. Data was collected in four LTC homes in Ontario, Canada from 78 residents and family members. Data was analyzed using thematic analysis and descriptive statistics. All participants read all sections but only 73% completed all sections of the toolkit. Participants spent an average of 52.3 minutes completing the toolkit and 36.4 minutes discussing it with their family members and/or LTC staff. Participants reported: a better understanding of ACP after using the tool (80%), that the tool helped clarify the available resources and/or choices (53%), and that they felt less apprehensive about ACP after using the tool (60%). Qualitative findings revealed many strengths (e.g., usefulness, ability to start difficult conversations, content and clarification), and weaknesses of the tool (e.g., redundant information, difficulty understanding the content and lack of information regarding medically assisted dying). Family members noted that the toolkit would have been helpful to receive earlier on in their family members' disease trajectory, perhaps before being admitted into LTC. These study findings support the feasibility and acceptability of the tool to engage residents and family members in/; ACP discussions in LTC.

### SESSION 2911 (PAPER)

#### HOME-BASED CARE

##### AGING IN PLACE IN SUBSIDIZED HOUSING: ROLES AND PERSPECTIVES OF STAFF MEMBERS

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Nearly 3 million older Americans with low incomes live in subsidized housing. This population has disproportionate rates of functional impairment, cognitive impairment, and nursing home admission. Staff members who work in subsidized housing may have unique insight into how to improve aging in place for this vulnerable population, but little is known about their perspectives. We conducted 12 focus groups with 69 staff members from 7 subsidized housing sites. Staff included property managers, service coordinators, maintenance workers, administrative assistants, and security guards. Transcripts were analyzed using qualitative thematic analysis. The majority of participants noted that they “wear multiple hats” and their roles are not limited to professional responsibilities. Instead, their role is to maximize residents' quality of life. As a result, staff members often adopt personal roles akin to serving as residents' “surrogate family” members. This relationship gives staff a unique window into residents' lives which enables them to detect early warning signs among residents. For example, staff often observed changes in residents' physical appearance and hygiene, mood, behavior, and function which could indicate physical illness, mental illness, or cognitive impairment. Staff reported having some resources to address these warning signs, such as involving families and connecting residents to community resources. However, they also highlighted unmet needs to address these issues, such as on-site clinical staff and affordable mental health services. Our findings suggest that building staff are a valuable and underutilized resource for identifying at-risk residents in subsidized housing and helping to deliver interventions to improve aging in place.

##### ARE URBAN HOME HEALTH AGENCIES MORE LIKELY TO ACHIEVE IMPROVEMENT IN CARE QUALITY?: A COHORT STUDY

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Home health care (HHC) is a core source of home- and community-based services to older adults “aging in place.” HHC quality is under increasing scrutiny. This study aimed to examine urban vs. rural disparities in HHC quality in the US. This is a cohort study using 2014-2019 national Home Health Compare data linked to Providers of Services (POS) files. Quality of HHC was measured by agency rates of 1) timely initiation of care and 2) hospitalization. We examined 6,448 home health agencies or 38,688 agency-years. At baseline, the mean rate of timely initiation of care was 91.3% (SD: 7.6; range: 28.0-100.0), with urban agencies performing worse (urban vs. rural: 91.0% vs. 92.3%); and the mean rate of hospitalization was 15.6% (SD: 3.7; range: 0.0-37.0), with urban agencies performing better (urban vs. rural: 15.3% vs. 16.4%). Estimates from multivariate hierarchical linear regressions showed that while the rates of timely initiation of care increased annually over time ( $\beta = 0.62$ ,  $p = 0.000$ ), this improvement trends did not differentiate between urban and rural agencies (urban:  $\beta = 0.087$ ,  $p = 0.086$ ). There was slight annual improvement in hospitalization rates over time ( $\beta = -0.07$ ,  $p = 0.003$ ) and the trends in annual reduction in