

after three months. Data from 169 cases were analyzed. Of the FCs, 28.1% were men and 55.6% were spouses. ACP was performed in 53.8% of the cases. The results of the multivariate analyses showed an interactive effect between ACP implementation and FC kin relationships. For spouses, ACP was significantly associated with a positive change in their sense of security. For adult children, such an association was not found. ACP might have a positive effect on caregiving spouses' sense of security. Adult child caregivers, who often have multiple responsibilities and have difficulties facing their parents' physical decline, may need support, in addition to ACP.

#### PREFERENCES AND DETERMINANTS OF END-OF-LIFE CARE AMONG OLDER CHINESE AMERICANS

Dexia Kong,<sup>1</sup> Elissa Kozlov,<sup>2</sup> and XinQi Dong,<sup>3</sup> 1. *The Chinese University of Hong Kong, Hong Kong, Hong Kong*, 2. *Rutgers University, Piscataway, New Jersey, United States*, 3. *Rutgers University, Rutgers Institute for Health, New Jersey, United States*

End-of-life (EOL) care awareness and practice remain particularly low among older Chinese Americans. More empirical evidence regarding EOL is needed to develop culturally-relevant interventions to promote EOL engagement in this minority population. Using population-specific data, this study investigates preferences and associated sociodemographic and health determinants related to EOL among older Chinese Americans. Data were from the Population-based Study of Chinese Elderly in Chicago (collected 2017-2019, N=3,124). Linear and logistic regressions were conducted. Of the sample, 46.1% considered EOL care planning as important or somewhat important. Nearly 22% had EOL discussions with families. The most preferred EOL locations were home (43.7%), hospital (35.5%), nursing home (10.1%), and hospice (4.3%). Overall, 47.1% perceived EOL care as family decisions, 39.6% regarded EOL care as personal decisions, 7.5% preferred children to make EOL decisions, and 3.3% preferred a spouse to make EOL decisions. Chinese older adults who were female (B=0.10, p<0.01), married (B=0.11, p<0.01), had higher education (B=0.02, p<0.001), acculturation level (B=0.02, p<0.001), and religiosity (B=0.12, p<0.001), and more chronic conditions (B=0.05, p<0.001) were more likely to consider EOL as important. Those with older age [Odds Ratio (OR)=1.02, 95% Confidence Interval (CI)=1.01-1.03], female gender (OR=1.44, 95% CI=1.18-1.77), higher levels of education (OR=1.02, 95% CI=1.01-1.04), acculturation (OR=1.04, 95% CI=1.01-1.06), and religiosity (OR=1.11, 95% CI=1.02-1.21), longer U.S. residence (OR=1.02, 95% CI=1.01-1.03), and more chronic conditions (OR=1.13, 95% CI=1.06-1.21) were more likely to have discussed EOL preferences with their families. Study findings underscore low engagement in EOL planning in this population and the need for culturally-appropriate interventions.

#### THE BURDEN OF HAVING TO WONDER: MINORITY STRESS EXPERIENCES OF LGBTQ+ HOSPICE FAMILY CAREGIVERS

Kristin Cloyes,<sup>1</sup> Miranda Jones,<sup>2</sup> Marilisa Vega,<sup>2</sup> Megan Thomas Hebdon,<sup>3</sup> Casidee Thompson,<sup>2</sup> Susan J. Rosenkranz,<sup>2</sup> Maija Reblin,<sup>4</sup> and Lee Ellington,<sup>2</sup> 1. *University of Utah, Portland, Oregon, United States*, 2. *University of Utah, Salt Lake City, Utah, United States*,

3. *University of Texas at Austin, University of Texas at Austin, Texas, United States*, 4. *Moffitt Cancer Center, Tampa, Florida, United States*

Home hospice care relies heavily on informal caregivers, often patients' family and close others. Hospice family caregivers report stress, burden, and unmet support needs associated with poor health and bereavement outcomes. These outcomes are sensitive to the quality of interactions with professional hospice providers, especially for historically marginalized groups, yet little research examines experiences of LGBTQ+ hospice family caregivers. Informed by minority stress theory, we conducted in-depth interviews with LGBTQ+ home hospice family caregivers across the U.S. (N=20). Participants reported demographics and described their caregiving experiences including interactions with hospice providers. Interviews were audio-recorded, transcribed, and content-analyzed. Participants were mostly white (n=15, 75%), non-Hispanic (n=19, 95%), cisgender (n=19, 95%), gender binary (n=19, 95%), lesbian (n=10, 50%), women (n=12, 60%); average age was 52.3 (range 25-67, SD=13.84). Along with known end-of-life caregiving stressors, participants experienced minority stress that complicated caregiver-provider communication. Distal stressors included lack of LGBTQ+ competent resources, inadequate legal protections, providers' assumptions about relationships, and difficult dynamics with unaccepting relatives. Proximal stressors included perceived risks of disclosure, expectation of poor treatment, feeling the need to modify presentation of self or home, and wondering whether negative provider interactions were due to being LGBTQ+. This generated a background level of uncertainty, caution, and concern that was particularly distressing in the home setting. Minority stress affects LGBTQ+ people across the lifespan and generates added burdens and support needs for hospice family caregivers. Providers who understand these effects are better positioned to deliver safe, effective care to all families at end of life.

#### UNMET FAMILY NEEDS IN HOSPICE AND RESEARCH PRIORITIES: PERSPECTIVES FROM A NATIONAL SAMPLE OF HOSPICE AGENCIES

Todd Becker, and John Cagle, *University of Maryland, Baltimore, Baltimore, Maryland, United States*

Although hospice cares for nearly 1.5 million patients and families annually, little is known about practitioners' opinions of current gaps in care and research. To this end, we posed two open-ended questions to hospice representatives to identify practice-relevant research priorities. Data stem from two optional questions (Q1: N = 72; Q2: N = 73) appended to Cagle et al.'s (2020) national survey of 600 randomly selected hospices, stratified by state and profit status. Most participants provided the majority of care in-home (84.7%; 79.5%) and worked at a medium-sized hospice (50.0%; 49.3%). Responses to Q1 ("What is the biggest unmet need for hospice patients and families?") and Q2 ("In your opinion, what is the most pressing topic that hospice researchers need to study?") were analyzed for content and then synthesized. Analyst triangulation and peer debriefing improved trustworthiness. Emerging domains included: access to hospice, hospice services and workforce issues, and education. The access to hospice domain contained a subtheme regarding the need for earlier referrals. Participants noted that