

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