

care for rural-residing older Veterans and caregivers. Eastern Colorado GRECC Connect integrates Associated Health Trainees (Audiology, Psychology, Social Work, Pharmacy) and Geriatric Medicine Fellows into interdisciplinary telegeriatric and tele-palliative care consultations provided to outlying community-based outpatient clinics. The formal telehealth training includes: (1) an initial didactic orientation to introduce skills, common challenges, and important tips when working with older patients and caregivers via telehealth; (2) direct observation and modeling by preceptors, followed by a structured opportunity to debrief what the trainee observed and address questions; and (3) opportunities to provide Geriatric telehealth services, supported by the interprofessional team and feedback and reflection. A formal competency assessment, standardized observation protocol and debriefing guide support the development and assessment of telehealth competencies. During exit interviews, trainees indicated that these experiences offered unique opportunities to develop their clinical skills, particularly related to active listening and communication. They identified their involvement with GRECC Connect as a highly valued aspect of their Geriatrics training. Rigorous training in telehealth is an essential aspect of workforce development in Geriatrics and Gerontology given the concentration of older adults in rural areas. During this session, we will highlight the value of telehealth training for workforce development in Geriatrics and Gerontology.

SESSION 1340 (POSTER)

END OF LIFE | DEATH AND BEREAVEMENT

WALKING THE TALK: ENGAGING PATIENTS AND CAREGIVERS AS COLLABORATORS IN PALLIATIVE CARE RESEARCH

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Palliative care is inherently patient directed and family oriented. Given this, it is especially important that patients and caregivers participate in developing new services intended to meet their needs. Our experience with conducting a controlled trial of home-based palliative care demonstrates this point. This poster will describe the implementation and dissemination decisions that patient and caregiver stakeholders guided during a comparative effectiveness trial of palliative care. It also will present strategies for engaging stakeholders and identify the impact of these strategies on continuous study improvement. For the study, we convened an advisory committee (AC), which included eight patients and caregivers among its 34 members. These eight partners in particular helped us identify meaningful patient- and caregiver-reported outcome measures. Throughout the study's 2.5-year period, they offered suggestions that influenced the tone and topics addressed in quarterly AC meetings. They also helped refine the study's patient and caregiver assessment instruments by roleplaying with our research assistants. When we launched a Google group to promote discussion among AC members, patient and caregiver stakeholders were especially forthcoming. They identified gaps in

care and consumer understanding of palliative care that we otherwise would have overlooked. Of note, our stakeholders provided input on how to best to introduce a new palliative care program to patients. These engagement strategies create feedback loops that open new opportunities for continuously improving research. Moreover, engagement of patients and caregivers in research planning and implementation provides important and otherwise overlooked perspectives while ensuring a patient-centered focus, consistent with palliative care goals.

THE LAST MONTH OF LIFE: AN EXPLORATORY REVIEW OF THE NATIONAL HEALTH AND AGING TRENDS STUDY

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Approximately 80% of Americans prefer to die at home. Hospice and palliative care services are associated with improved pain and symptom management, increasing capacity to meet preferences for end-of-life care at home. However, according to the NHPCO (2018) only 48% of Medicare beneficiaries were enrolled in hospice at the time of death. This poster presents trends in the last month of life for adult Medicare beneficiaries age 65 or older examining the influential factors contributing to the quality of end-of-life experiences. A cross-sectional survey design was utilized with the National Health and Aging Trends Study (NHATS). Descriptive and inferential statistics were generated to describe a sample of persons (n= 241) who died in 2017. The sample demographics are predominately white (77.6%) females (61.4%) over 90 years old (42.4%). 29.5% of individuals died at home, 29.5% at the hospital, and 27% at a nursing home. Only 32.2% had hospice care in the last month, with many experiencing pain (71.1%), shortness of breath (54.7%), and anxiety/sadness (56.9%). There were 33.6% of participants who lived alone at death and 70% did not receive hospice care. The majority of these individuals were widowed (70.4%) and 33.3% died in the hospital. The other 28.4% died at their home or someone else's and 25.9% died in a nursing home. Many older adults face multiple barriers to experiencing a quality end-of-life experience. Future research should examine the challenges facing those living alone at time of death.

REGIONAL VARIATIONS IN ENGAGEMENT IN ADVANCE CARE PLANNING AMONG RACIALLY AND ETHNICALLY DIVERSE OLDER ADULTS

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Advance care planning (ACP) has positive effects on the quality of end-of-life of older adults. Given the influence of environmental factors on health and behavioral health