emerging area of research, most studies are still implementing interventions and assessing feasibility.

HOW DOES THE INTERSECTION OF RACE AND GENDER AFFECT HOSPICE CARE AT THE END OF LIFE?

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Research in the palliative and end-of-life-care field has shown that hospice care in the final months of life can improve outcomes such as pain, emotional well-being, and physical comfort. Yet, researchers often find significant disparities in the ability to access hospice care, with Black individuals being less likely to have hospice care at the end of life. The theory of intersectionality suggests that the combination of multiple vulnerable identities may add to the number of hardships and stressors that an individual experiences across the lifespan. To test the theory, this study aimed to access whether gender moderated the relationship between race and the receipt of hospice care at the end of life. Data were derived from Round 3 to Round 10 of the National Health and Aging Trends Study, and two multivariate regression models were used to assess the relationship between the race/ gender interaction and hospice care at the end of life (Model 1: main effects, Model 2: interaction term). Results showed that the effect of race on hospice care was indeed dependent on gender, with Black women being the least likely to have hospice care at the end of life. This points to the combined disadvantages resulting from membership in two vulnerable groups (i.e., being a woman and being Black), including fewer hospice facilities in Black-populated areas, race and gender discrimination in hospice referrals, and other factors that combine to reduce hospice access for Black women. Implications for research, practice, and policy are provided.

AN EXAMINATION OF ADVANCED CARE PLANNING IN BLACK AMERICANS: DIRECTION TO IMPROVE ENGAGEMENT

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Past studies have found that older Black Americans are less likely to establish advance care directives (ACDs) than their White age peers, and medical distrust has been identified as one possible cause. Others have suggested the formulaic approach of ACD documentation which may conflict with the spiritual and cultural nature of these decisions. The Five Wishes ACD was developed partially to address this need. This study seeks to 1) replicate past findings regarding race and ACD adoption, and test the hypotheses that 2) Race will differentially predict Advanced Care Planning (ACP) engagement scores between conditions (Five Wishes vs State Directive), and 3) level of trust in physicians will relate to ACP engagement. The sample (N = 186) was recruited from Amazon Mechanical Turk and Prolific. Participants ranged from 50 to 77 years, were predominantly female (56.8%), White (51.61%), married (52.6%), and collegeeducated (70 .6%). ANCOVA results were a nonsignificant main effect of ACP engagement by race (F(1, 185) = 1.93,p = .166) and nonsignificant interaction of race by condition (F(1, 185) = 0.16, p < .69). Trust in physician scale scores

predicted ACP engagement (F(1, 185) = 16.15, p < .001). The lack of an effect of race on ACP utilization may be explained by educational and SES characteristics of the sample by contrast to prior studies. The Five Wishes and State Directive ACD documents resulted in similar ACD engagement. These results suggest that trust in physicians is a primary barrier to ACP utilization.

VALIDATION OF THE ENVIRONMENTAL AUDIT SCORING EVALUATION (EASE) TOOL FOR LTC HOUSEHOLDS

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This poster will share the results from a research initiative funded by the National Institutes of Health to assess the validity of the Environmental Audit Scoring Evaluation (EASE) tool in its ability to distinguish between different types of skilled care models based on the environmental and operational practices that can be observed and documented. The EASE tool was compared against three existing tools; PEAP, TESS-NH, and EAT-HC. Twenty-eight living areas in nursing homes across the state of Kansas identified as a traditional. household, or hybrid model were observed. The scores of the EASE were compared against the scores of three existing tools in order to evaluate its construct validity. The EAT-HC was most closely related to the EASE, with an R-value of 0.8817. The PEAP and the TESS-NH were less correlated to the EASE, with R-values of 0.8175 and 0.7097, respectively. Results found that the EASE was able to distinguish between traditional and homelike settings, though it could not identify hybrid models with a high degree of certainty. The analysis of variance between homelike and traditional homes was significant at 0.016, while the variance between homelike and hybrid and between hybrid and traditional were not significant. Inter-rater reliability of the EASE was consistently high (.96 and above). The outcomes demonstrated the EASE tool was able to assess the homelike characteristics of the environment of nursing homes better than or equally as well as previously validated tools.

URBAN ENVIRONMENT AND AFFECTIVE STATES IN REAL TIME: AN ECOLOGICAL MOMENTARY ASSESSMENT STUDY OF OLDER ADULTS

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Older adults are more dependent on their surrounding environment. Extensive research has demonstrated beneficial