disparities exist within this domain; for example, African Americans may have lower overall knowledge of palliative care services and advance care planning than non-Hispanic Whites (Noh et al., 2018). In the current study, knowledge of palliative care was measured using the PaCKS (Kozlov et al., 2018), and scores represented the widest possible range of 0 to 13 (M = 7.68, SD = 4.08). There was a significant correlation between age and PaCKS score (r = .12, p < .05), as palliative care knowledge increased with age. Females scored significantly higher (M = 8.29, SD = 3.91) than males (M = 6.81, SD = 4.18), t(309) = 3.18, p < .001. There was no main effect of race on palliative care knowledge, and post-hoc analysis using Tukey HSD did not demonstrate significant differences between groups.

PATIENT PORTAL USE NEAR THE END-OF-LIFE
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Use of patient portals, personal health information websites linked to electronic health records, in seriously ill populations is unknown, as is use by caregivers. We described portal use patterns among adults with serious illness nearing end-of-life and their caregivers within Kaiser Permanente Colorado. Inclusion criteria were: 1) seriously ill patients (defined by KP’s “Care Group”), ≥18 years of age, who were registered for the portal, and died between 1/1/2016-6/30/2019; and 2) caregivers of these patients, ≥18 years of age, registered for a proxy account. Data included user characteristics and portal use metrics summarized monthly over the 12-month period prior to death. Models included an unadjusted linear trend of the days used by month using a generalized estimating equation Poisson model with a log link and an autoregressive correlation structure of order 1. We identified 6,517 seriously ill patients with portal registrations; 163 of these patients had proxy caregivers. Patient users were 77 years old, mostly frail and White, and caregivers were predominantly female. Average days of use among patients was 42.4 days and <1 day among their caregivers. Number of days used significantly increased by 0.7% per month from twelve months to one month prior to death (95% CI: 0.4%-1.0%; p-value <.0001) and peaked 3 months prior to the patient’s death. Average use was high in comparison to previous portal research and suggests that as the patient approaches death portal use increases. Future research should explore how portals may serve as indicators for identifying and addressing end-of-life care needs.

PREDICTORS OF ACP COMPETENCY AMONG CHAPLAINS BY SERVICE LINE
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Healthcare chaplains have key roles in palliative care including facilitating advance care planning (ACP). However, little is known about chaplains’ competency in ACP. We conducted an online survey with board-certified healthcare chaplains recruited from three major professional chaplains’ organizations. We explored correlates of chaplains’ competency in ACP facilitation among two groups of chaplains, general and special care (SC) chaplains (chaplains in oncology, intensive care, or palliative units) because SC chaplains are generally more involved in palliative care. The final sample included 481 chaplains with 89.8% reporting ACP as an important part of their work and 71.3% reporting to help patients complete advance directives. There was no significant difference in ACP competency between general chaplain group (n=240; M=39.61, SD=7.0) and SC chaplain group (n=241; M=40.65, SD=5.87). Hierarchical regression analyses revealed differences between the groups. General chaplains who practiced longer as a chaplain (b=1.02, p<.000), were more engaged in ACP facilitation (b=1.06, p<.05), had more positive attitude toward ACP (b=4.04, p<.000), and reported a higher level of participation in shared decision-making with other team members (b=.75, p<.000) were more competent in ACP facilitation. In the SC chaplain group, higher competency was associated with more positive attitude towards ACP (b=2.58, p<.05), and a higher level of participation in shared decision-making (b=1.05, p<.000). Overall, these findings suggest that healthcare chaplains, both general and special care, are competent and actively involved in ACP facilitation. Further systematic studies are warranted to examine the effects of chaplains facilitating ACP on patient and healthcare system outcomes.

TILL DEATH DO US PART?: EXPLORING THE INFLUENCE OF DECEASED ROMANTIC PARTNERS ON THE LIVES OFOLDER WOMEN
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Recent research integrating the hierarchical mapping technique (HMT) and the continuing bonds framework has suggested that deceased individuals may be influential social convoy members. Building off this pilot work, the current qualitative descriptive study focused on how older women viewed the role of a longstanding deceased romantic partner in their current social network. Twenty women (Mean age = 78 years), recruited via social media and snowball sampling, participated in one 90-minute semi-structured interview. Each discussed their bereavement journey and completed a HMT diagram to comment on their social network and the presence or absence of the deceased within it. Nineteen participants described the deceased as being an active member of their convoy. Interestingly, 15 women placed them within the innermost circle of the diagram, separate from their other network members. Thematic analysis of interview transcripts expanded upon the HMT diagram exercise to reveal five major themes: “We’re part of each other,” “I think he supports me,” “He would want me to be happy,” “I just feel so grateful,” and “I think about him every day but I don’t talk about him every day”. Perceptions that deceased romantic partners continue to play a key role in participants'
lives offers researchers and practitioners with a unique opportunity to examine how losses are experienced and carried into old age. Further, this study may assist with the development of interventions that help support bereaved individuals, specifically, interventions that focus on destigmatizing continuing bond expressions and provide assistance with communicating memorialization preferences.

**Session 9245 (Poster)**

**ENVIRONMENT AND AGING, HOUSING**

**AESTHETICS AND ENVIRONMENT: WHAT IS THE ROLE OF BEAUTY IN SUPPORTING AGING WELL?**

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Access to beauty is intrinsic to psychological, social, and spiritual health. Aesthetic sensibility includes awareness initiated in both mind and emotion accessed through nurturing environments (Caspari, Eriksson, & Naden, 2011). While individual tastes vary and aesthetic preferences are culturally conditioned, an appreciation of natural and constructed beauty is fundamental to human meaning-making, creativity, and innovation (Hillman 1998). Beauty is thus an instrumental tool that may support aging well. We investigated the question of what aesthetics/beauty meant to older adults in England, how they experienced it, and whether experiencing beauty sustained them. Three focus groups were conducted with community dwelling participants aged between 60 and 93 (median age 75) for a total N of 14. Five themes emerged related to experience: an unexpected recognition; an evolving openness to experience; a universal perception available in micro and macro environments; a force that can alleviate depression; and a relational quality of some interactions. The value of beauty was identified through all groups: participants found it difficult to imagine a world with no beauty in it. They wondered if age made discernment capacity greater. Appreciation of beauty in unexpected places like a cracked pot led participants to identify happiness and wellbeing as outcomes of perception. This study suggests that beauty is essential for wellbeing and human flourishing and can emerge in unlikely ways. Implications are that professionals should assist older people to consider the role of beauty in life and develop interventions to consciously keep beauty awakened in normal and aesthetically-deprived environments.

**DECREASING BARRIERS TO CARE: VOICES OF RIDERS, DRIVERS, AND STAFF OF A RURAL TRANSPORTATION PROGRAM**

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Eastern North Carolina (eNC) is a rural, poor, and underserved region of the state with 1 in 5 adults living below the poverty level. Residents experience health disparities driven by limited access to healthcare and inequitable distribution of social determinants of health. Project TRIP (Transporting Residents with Innovative Practices) is a potential solution to barriers in accessing care in eNC. Results presented include the first phase of a multi-phase study evaluating and replicating TRIP’s effectiveness. Data from qualitative interviews with TRIP riders, drivers, and staff (e.g., case managers) will be presented (n= 20). As a result of the COVID-19 pandemic, interviews were conducted by telephone with the goal of understanding both strengths and weaknesses of the transportation program from riders, drivers, and staff to gain a holistic understanding of TRIP. Of the riders interviewed, the majority (91%) were age 50 and over and African American. Themes that emerged from the data that highlighted strengths of the program included: improved health outcomes, no wait times for pick up or drop offs, cost free, and accommodating service. Themes related to areas of weaknesses or improvement included: needing more transportation vendors and a dedicated TRIP case manager and scheduling concerns. The presentation will conclude with considerations in translating the findings into a pilot and expansion of TRIP in another eNC county (study phases 2 & 3), and how the data can inform the development of transportation interventions in other states, with the goal of increasing access to healthcare for vulnerable rural populations.

**DISASTER PREPAREDNESS AMONG MIDDLE-AGED AND OLDER ADULTS: WHO IS THE LEAST PREPARED?**

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Adverse impacts of natural disasters are viewed as particularly concerning for older adults. Disaster preparedness is an important step towards offsetting potential harm. Research comparing different age groups with respect to their disaster preparedness has produced inconclusive evidence. Some studies found older adults more prepared than younger age groups, whereas others found them to be equally or less prepared. To shed light on this issue, we examined disaster preparedness among N = 16,409 adults age 40 and older from the American Housing Survey. Using logistic regression analyses, we compared preparedness levels of four groups – households of middle-aged adults (age 40-64), older adults (age 65-84), oldest old adults (age 85+), and mixed households comprised of both middle-aged and older adults. Findings showed that households of older adults and the oldest old had significantly higher preparedness levels compared to middle-aged and mixed households, accounting for demographics, living alone, and disability. However, the oldest old group appeared less prepared compared to the older adult group. Thus, while our findings suggest that older adults aged 65-84 may be better prepared for