adults over 65 years of age in the United States. This topic is understudied within a population-representative sample, particularly among non-White decedents. Methods: Secondary analysis of data from the 2007 NHHCs (n=3,918). Race/ethnicity included Hispanics/Latinos, Non-Hispanic Whites, African Americans, and other races. Length of hospice stay was measured by the number of days that patients received hospice care from hospice agencies. Results: The study found that African Americans have a longer length of stay in hospice agencies than Whites, even after controlling for all other factors in the model. Female gender, older age, and several diseases are covariates that significantly impact length of hospice stay. Discussion: Compared to other races/ethnicities, the long length of stay in hospice among African Americans may negatively impact the quality of end-of-life care and quantity of skilled staff visits. Future research is recommended to further explore potential consequences of longer hospice stays, especially within African American communities. Studies with larger samples of minorities that integrate socioeconomic factors need to be done to better study the relationship between length of hospice stay and race/ethnicity.

OLDER COUPLES’ ADVANCE CARE PLANNING ENGAGEMENT PATTERNS AND ASSOCIATIONS WITH INDIVIDUAL AND SPOUSAL FACTORS
Hyo Jung Lee,1 and Bon Kim,2 1. Nanyang Technological University, Singapore, Singapore, 2. Jeju National University, Jeju-si, Cheju-do, Republic of Korea

This study examines older couples’ dyadic patterns of informal and formal advance care planning (ACP) and determines the associations of these patterns with their own and spousal characteristics. Using data from the 2014 and 2016 Health and Retirement Study, we performed a) latent class analysis to identify distinctive ACP engagement patterns and b) multinomial regression models to describe related characteristics of older couples (N = 1,545 couples). We identified four dyadic patterns of ACP engagement: a) high ACP engaging couple (45%); b) high engaging husband – low engaging wife (13%); c) high engaging wife – low engaging husband (11%); and d) low engaging couple (31%). Engagement in informal and formal ACP was associated with both individual and spousal factors: Older couples with advanced age or higher levels of education and wealth were more likely to engage in both informal and formal ACP, whereas only wife’s high level of constrain or husband’s greater number of depressive symptoms was associated with discordant ACP engagements. Couple-based approach to promote ACP merits older couples with limited resources or poorer psychological health in both or either spouse.

PALLIATIVE CARE KNOWLEDGE AND PLANNING IN U.S. ADULTS
Amy Albright,1 and Rebecca Allen,2 1. VA Maine HCS, Gorham, Maine, United States, 2. University of Alabama, Tuscaloosa, Alabama, United States

Palliative care knowledge and health literacy are frequently underestimated in American adults; for example, as measured by the Newest Vital Sign (Weiss et al., 2005), 79.2% (n = 247) of participants within a Geriatrics Clinic sample displayed “adequate” functional health literacy, while 11.8% (n = 37) scored within the “possibly limited” range, and 9.0% (n = 28) scored within the “highly limited” range. There was additionally a significant association between health literacy and age (r = .15, p < .01) within this sample. The Palliative Care Knowledge Scale (PaCKS; Kozlov et al., 2018) was administered to participants, and higher scores indicated a greater knowledge of palliative care. This construct is particularly important to measure, as racial/ethnic 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
Jennifer Portz,1 John David Powers,2 Megan Baldwin,3 David Bekelman,1 Alejandro Casillas,4 Jean Kutner,1 and Elizabeth Bayliss,1 1. University of Colorado, Aurora, Colorado, United States, 2. Kaiser Permanente Colorado, Kaiser Permanente Colorado, Colorado, United States, 3. Kaiser Permanente Colorado, Denver, Colorado, United States, 4. UCLA David Geffen School of Medicine, Los Angeles, California, United States

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 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.