Research Objectives. Determine the associations between demographic, clinical, and socioeconomic characteristics and residential setting at the end of life.

Methods. We used the Medicare Current Beneficiary Survey (2011-2013) linked to administrative data. We characterized residential setting as community, community plus supportive services (e.g., personal care, medication assistance, meal preparation, transportation), or nursing home. We used multinomial logistic regression to identify characteristics associated with residential setting at the end of life.

Results. Of 1,385 decedents, 53.8% resided in the community, 7.7% in the community with supportive services, and 38.5% in nursing homes. Those in the community with supportive services and those in nursing homes had similar clinical characteristics including high rates of dementia (36.4% and 43.2%) and ADL impairment (2.3 and 3.1) but different socioeconomic characteristics. Those in the community without supportive services had higher rates of cancer and were more likely to be younger, married, and nonwhite than those in other settings. Higher education was independently associated with residing in the community with supportive services versus nursing homes (OR=2.1, 95% CI 1.1, 4.2) and versus residing in the community without supportive services (OR=3.4, 95% CI 1.7, 6.8).

Conclusion. Socioeconomic factors are associated with whether individuals remain in the community with supportive services or reside in nursing homes at the end of life independent of clinical and functional characteristics. A combination of clinical, functional, and socioeconomic factors are associated with residing in the community without supportive services at the end of life.

Implications for Research, Policy, or Practice. Understanding characteristics associated with use of varying residential care models will lead to a more comprehensive picture of the palliative care needs and consequences of the increase in community residence at the end of life.

Community-Based Conversations About Advance Care Planning Using Patient Navigators (TH321C)

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Objectives

- Develop an effective model for community-based advance care planning activity in rural Colorado populations facing traditional barriers created by low rates of English language fluency and healthcare access.
- Adapt, refine, and evaluate a program that can be implemented in other community settings and underserved populations.

Background. Widespread community engagement in advance care planning (ACP) is achievable in community settings through multi-faceted approaches, as supported by implementation literature.

Aim Statement. To adapt an ACP group visit model to increase ACP engagement in rural underserved Colorado communities.

Methods. Our statewide rural initiative utilizes patient navigators (PNs) to facilitate ACP conversations in churches, libraries, schools, businesses, nursing homes, clinics, local government districts, and area health education centers. Two bilingual lay PNs trained in an ACP group session framework facilitated one-hour English and Spanish sessions in a comfortable, confidential space. Participants receive bilingual informational materials including *Frequently Asked Questions*, an easy-to-read Advance Directive (AD) (www.prepareforyourcare.org), and goal setting worksheets. Participants are encouraged to discuss their understanding and concerns about choosing a medical decision maker and completing a comprehensive AD. Participants are invited to complete the ACP Engagement survey (ACP-4) immediately post session.

Results. To date, we conducted 67 community-based sessions engaging 929 participants; 64.6% female, 42% ethnically diverse. Post session ACP-4 (51% response rate) showed 28% planned on naming a decision maker in the next 6 months and 22% in the next 30 days; 25% were ready to talk about future healthcare decisions with their decision maker in the next 6 months and 22% in the next 30 days; 31% were ready to talk to their provider about healthcare preferences in the next 6 months and 16% in the next 30 days; 31% were ready to complete an AD in the next 6 months and 23% in the next 30 days. Evaluations showed 56% were extremely satisfied, 43% were satisfied, with 98% reporting the session was the right length of time.

Conclusions and Implications. PNs effectively engaged underserved and ethnically diverse rural Colorado populations in community-based settings. Our model can be readily adapted by other healthcare settings to improve ACP in underserved populations.