cancer were younger (63.9 v 67.9 years; $p<0.0001$) and had higher Palliative Performance Scale scores (70.9 v. 62.7; $p<0.0001$).

Patients with cancer were more commonly referred for pain and other symptom management, compared to patients with other diagnoses (83.3% v. 63.9%; $p<0.0001$). Patients without cancer were more commonly referred for advance care planning (47.1% v. 32.2%; $p<0.0001$) and support for patient/family (31.3% v. 23.0%; $p<0.0001$).

Using a 10-point scale (0='none' to 10='worst possible'), patients with cancer reported more pain (4.3 v. 3.7; $p=0.003$) and less depression (2.4 v. 2.9; $p<0.001$), anxiety (2.7 v. 3.1; $p<0.05$), and dyspnea (2.2 v. 3.1; $p<0.0001$).

Patients with cancer identified a surrogate less frequently than non-cancer patients (58.5% v. 69.6%; $p<0.0001$). Fewer cancer patients had a code status of DNR/DNI (35.7% v. 51.9%; $p<0.0001$) and POLST forms were less commonly completed (19.1% v. 34.6%; $p<0.0001$).

Conclusion. Outpatients with cancer, compared to those with other diagnoses, differ in demographics, reasons for referral, and symptoms. They receive somewhat different care, especially around advance care planning.

Implications for Research, Policy, or Practice. As outpatient PC services grow, it will be important to consider the distinct needs of patients with cancer and other diagnoses in order to design and target services optimally.

The Evaluation of Health Literacy, Spiritual Coping, and Advance Care Planning Following a Culturally Sensitive Intervention for African American Cancer Patients (FR421A)

Ramona Rhodes, MD, UT Southwestern Medical Center, Dallas, TX. Tori Knox-Rice, PHD, UT Southwestern Medical Center, Dallas, TX.

Objectives

- Present results of a pilot-intervention designed to increase advance care planning (ACP) engagement within an African American cancer population.
- Describe an investigation into health literacy and religious coping in the context of ACP, with the intention of assessing barriers that impact the completion of advance directives.

Original Research Background. Prior investigations into disparities in advance care planning (ACP) among African Americans (AAs) suggest that there is a need to develop interventions to increase engagement in the ACP process.

Research Objectives. To test an intervention designed to increase awareness of and intention to complete advance directives (AD) and medical power of attorney (MPOA) among a cohort of AA cancer patients.

Methods. AA breast, lung, colon, and prostate cancer patients (Stage II, III, or IV) were randomized to an intervention versus a usual care control group. Intervention participants met with an AA lay health advisor (LHA) who facilitated viewing of a video that addressed barriers to completion of ACP and subsequent discussion. Change in stage of intent to complete AD/MPOA was measured by Transtheoretical Stages of Change Model. Linear regression was conducted to evaluate whether the intervention was associated with a change in stage of intent to complete ACP from baseline to 1-month assessment. Cancer health literacy and religious coping were analyzed as potential moderators.

Results. Fifty-six patients were enrolled (28 intervention group, 28 control group). The majority of patients (71%) were found to have high cancer-related health literacy and high religious coping (53%). The intervention was associated with a progression in stage of intent to complete ADs at one month ($B = -0.83$, $t(47) = -2.79$) $p = 0.007$) versus controls. Increased intent to appoint an MPOA at 1 month was not statistically significant. Health literacy and religious coping were not associated with change in intention.

Conclusion. This culturally sensitive intervention was associated with progression in stage of intent to complete ADs at 1-month follow-up assessment. Health literacy and religious coping were not considered moderators.

Implications for Research, Policy, or Practice. This work highlights the possible utility of a culturally sensitive intervention designed to improve engagement in ACP among African Americans. Future research should continue to address barriers in this area.

Exploring the Role of Religion and Spirituality in Provider-Patient Communication Among African-Americans with Advanced Heart Failure and Their Family Caregivers (FR421B)

Deborah Ejem, PhD, University of Alabama at Birmingham, Birmingham, AL. Karen Steinhauser, PhD, Duke and VA Medical Center, Durham, NC. James Dionne-Odom, PhD RN ACHPN, University of Alabama at Birmingham, Birmingham, AL. Rachel Wells, MSN RN CNL, University of Alabama at Birmingham, Birmingham, AL. Raegan Durant, MD, University of Alabama at Birmingham, Birmingham, AL. Olivio Clay, PhD, University of Alabama at Birmingham, Birmingham, AL. Yasemin Turkman, PhD MPH CRNP, University of Alabama at Birmingham, Homewood, AL. Marie Bakitas, DNSc NP-C FAAN, University of

Alabama at Birmingham School of Nursing, Birmingham, AL.

Objectives

- Describe important thematic differences between patients and family caregivers concerning the discussion of religion and spirituality in serious illness conversations with providers.
- Describe implications for palliative care practice and research related to religion and spirituality in patient-provider discussions about treatment plans, values, and end-of-life preferences.

Original Research Background. Religion and spirituality (R/S) plays a critical role in how African-Americans (AAs) cope with end-of-life yet is often omitted in patient-provider communication.

Research Objectives. To identify potential ways to include R/S in discussions with providers about serious illness from the perspectives of 1) AA patients with advanced heart failure (HF) and 2) their family caregivers (FCGs).

Methods. Individual semi-structured interviews were conducted with AA persons with NYHA class IIIa/IV HF and their FCGs recruited from an outpatient HF clinic at a large tertiary care academic medical center. The patient and FCG were asked how to best include R/S in patient-provider discussions about treatment plans, values, and end-of-life preferences. Transcribed interviews were analyzed using constant comparative analysis.

Results. AA patients (n=15) had a mean age of 62 years, were mostly male (60%), and most had >high school diploma/GED (87%). AA caregivers (n=14) had a mean age of 58 and 63% were patients' spouses/partners. Most caregivers were female (93%) with education >high school diploma/GED (93%). Most caregivers were unemployed (86%). All patients and FCGs were Protestant. Nearly all patients and FCGs reported that R/S is not discussed in clinical encounters. Concerning ideal R/S discussion integration in patient-provider communication, patients responded that either R/S should not be discussed at all or R/S should be discussed only if they initiated it. FCG interviews centered around three main contrasting themes concerning ideal integration of R/S into conversations: 1) provider should engage in faith practices with patients; 2) provider should be more willing to discuss R/S if the patient brings it up; and 3) providers' preferences should dictate R/S discussions.

Conclusion. There were key thematic differences between patients and FCGs concerning the discussion of R/S in serious illness conversations with providers.

Implications for Research, Policy, or Practice. Patient/FCG perspective differences on R/S should be considered in the design of end-of-life provider discussion interventions.

Partnering with African American Pastors and Healthcare Professionals to Develop Training Videos that Demonstrate Culturally Appropriate Physician Communication Principles and Methods (FR421C)

Ronit Elk, PhD, University of Alabama Birmingham, Birmingham, AL. Alvin Reaves, MD FACP FAAHPM, MedStar Southern Maryland Hospital, Clinton, MD. Wendy Anderson, MD MS, University of California, San Francisco, San Francisco, CA. Akeen Hamilton, MA, University of South Carolina, Columbia, SC. Roman Johnson, MA, University of Alabama at Birmingham, Birmingham, AL. Gloria Esoimeme, MD PhD, University of Alabama Birmingham Montgomery, Montgomery, AL. Andrea Gibson, MPH, South Carolina Office of Rural Health, Lexington, SC.

Objectives

- Describe how to determine the cultural values and goals of their patients.
- Develop a training video with their partners.

Original Research Background. Culture significantly impacts the way people think of illness, suffering, and dying. Lack of understanding by clinicians of their patients' unique culture often results in miscommunication, lack of trust, frustration, and patients not receiving goal-concordant care.

Research Objectives. Use Community Based Participatory Research to develop and test the efficacy of training videos highlighting culturally appropriate communication methods for physicians caring for Rural Southern African Americans (RSAA) with serious illness. Phase 1: Determine how RSAA pastors and patients with a serious illness and their families prefer clinician communication. Phase 2: In partnership with RSAA pastors and healthcare providers, develop training videos, each of which demonstrates a culturally appropriate physician communication principle and method(s). Phase 3 (not reported): Following training with the videos, determine physicians' confidence in communicating with their RSAA patients and family in a culturally appropriate manner.

Methods. Phase 1: Two focus groups were conducted with RSAA: (a) Local pastors and (b) patients and caregivers. Questions focused on how they wanted physicians to communicate with and care for their loved ones. Data was analyzed using thematic analyses. Phase 2: Based on each Phase 1 theme, CAG members developed a scenario that they scripted and in which they acted, that was filmed by a RSAA filmmaker.

Results. Phase 1: Themes included maintaining hope despite life-limiting prognosis; focus on the family, not just the patient; importance of spirituality/religion; and the significant role of pastors. Phase 2: A series of scenarios were developed based on each emergent