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