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A retrospective cohort analysis of Medicare administrative claims data from 2016-2018 compared intensive and patient-centered end-of-life care measures in persons with and without dementia, including the moderating effects of race/ethnicity. Over half (53%) of 485,209 Medicare decedents had a dementia diagnosis. Decedents with dementia were 31-34% less likely to receive intensive end-of-life care (hospital death 95%CI: 0.64-0.67; hospitalization in last 30 days 95%CI: 0.68-0.70) and 50% more likely to receive timely hospice care (95%CI: 1.48-1.52). The association between dementia and end-of-life care varied by decedent race/ethnicity. Compared to non-Hispanic white decedents without dementia, non-Hispanic Black, Hispanic and Asian decedents with dementia were significantly more likely to receive intensive end-of-life care. Non-Hispanic Black decedents with dementia were 23% more likely to receive timely hospice care (95%CI: 1.11-1.36). Additional research is needed to understand why persons with dementia receive less intensive end-of-life care and why differences exist based on racial/ethnic status.

NATIONWIDE INEQUITIES IN NURSING HOME PALLIATIVE CARE SERVICES

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Inequities exist in nursing home (NH) quality of care for racial/ethnic minorities, but the extent of palliative care (PC) disparities in unknown. We used cross-sectional national survey data (2017-18) from 869 NHs to measure PC services (summative score: 0-100). Survey linked to Minimum Data Set and Area Health Resources Files. Descriptive statistics and NH-level, multivariable regressions examined regional differences in NH PC services by varying concentrations of Black and Latino residents. Substantial regional differences were recorded in mean PC score and by concentration. Mean PC services were highest in the Northeast and lowest in the South: Northeast ($\bar{x}$=50.45, SE=1.50); West ($\bar{x}$=49.96, SE=1.74); Midwest ($\bar{x}$=48.18, SE=1.17); South ($\bar{x}$=44.71, SE=1.30). After adjusting for urbanicity and county level poverty, NHs in the Northeast and West with increasing concentrations of Black and Hispanic residents offered significantly fewer PC services. Overall, NHs serving predominantly serving minority populations offer fewer PC services.

INEQUITY IN HEALTH AMONG PEOPLE LIVING WITH ALZHEIMER'S DISEASE AND RELATED DEMENTIAS IN ADULT DAY CENTERS

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In adult day centers (ADCs), 58% of clients identify as racial/ethnic minorities, and at least 30% have Alzheimer's Disease and related dementias (ADRD). ADCs offer culturally and linguistically congruent care to clients, making them well-positioned to address potential health disparities affecting persons with ADRD. We used data from 53 California ADCs (n=3,053) to identify differences in clinical characteristics among ADC clients' with ADRD based on demographics such as race and English proficiency. We found that, when compared to their respective counterparts, a significantly greater proportion of racial/ethnic minorities and non-English speakers (p<.001) had 5 or more chronic conditions in addition to ADRD. We noted considerable missing data on race, likely because ADCs in California are not mandated to report data on race/ethnicity. In order to identify inequities in care within this complex population, social determinants of health, including race, must be a standard component of client assessment.

INEQUITIES IN ACCESS TO HIGH-QUALITY HOME HEALTH AGENCIES AMONG RACIAL AND ETHNIC MINORITIES WITH AND WITHOUT DEMENTIA

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There are rising concerns of inequities in access to high-quality home health agencies (HHA). Using multiple national data sources that included 574,682 individuals from 8,634 HHA, we examined access to high-quality HHA care among racial and ethnic minorities with and without dementia. Approximately 9.9% of the individuals were Black, 6.2% Hispanic, and 3.3% other race/ethnicity. Over one-third (36.3%) had been diagnosed with dementia. Black and Hispanic individuals were 5.5 percentage points (95% CI, 5.2% - 5.9%) and 7.4 percentage points (95% CI, 7.0% - 7.8%) respectively more likely to receive care from agencies defined as having low-quality compared to White counterparts. Persons living with dementia were 1.3% less likely to receive care from high-quality agencies. Having dementia increased the inequity in accessing high-quality HHA between Black and White individuals. Racial and ethnic minorities, particularly those with dementia were at a disadvantaged position to receive care from high-quality HHA.

HOSPICE CARE INEQUITIES IN INDIVIDUALS WITH ALZHEIMER'S DISEASE AND RELATED DEMENTIAS

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Despite known benefits of hospice, inequities exist. Using data from a multi-site pragmatic trial in a representative groups of hospices, we examined inequities in length of stay