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First Nations, Inuit, and Métis older adults often face systemic barriers to accessing culturally safe and equitable healthcare, including racism, structural injustice, and a historical legacy of colonialism. However, there is a paucity of knowledge on cultural safety interventions and implementation strategies in care for older adults. This presentation aims to: 1) explore persistent barriers to achieving health equity and advancing cultural safety in healthcare; and 2) identify cultural safety interventions to improve healthcare for Indigenous older adults. Guided by Arksey and O'Malley's scoping review framework, we conducted a review of reviews published between January 2010 to December 2020 on Indigenous cultural safety in healthcare. We searched five databases (CINAHL, PubMed, Scopus, Web of Science, and Google Scholar) and hand-searched reference lists of relevant articles. We conducted a thematic analysis to identify patterns and themes in the literature. Key barriers to achieving health equity and advancing cultural safety in healthcare included care providers lacking knowledge of Indigenous culture, power imbalances, racism, and discrimination. A range of cultural safety interventions were identified, from education and training initiatives for healthcare providers (emergency physicians and occupational therapists) to collaborative partnerships with First Nations, Inuit, and Métis communities. As First Nations, Inuit, and Métis populations age, there is a growing need for safe healthcare services for Indigenous older adults, and these findings suggest focusing on healthcare providers knowledge and attitudes is key. Research is necessary to develop, implement, and evaluate cultural safety interventions aimed at healthcare providers to improve healthcare for Indigenous older adults.

#### CUMULATIVE COVID-19 DISPARITIES IN NURSING HOME: FOCUSING ON GEOGRAPHICAL FACTORS AND RACIAL COMPONENTS

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The impact of COVID-19 has been greatest in vulnerable US populations. This study examines the cumulative geographical and racial disparities of COVID-19 cases in nursing homes. Analysis of COVID-19 Nursing Home Data from Centers for Medicare & Medicaid Services was limited to weekly reports from the nursing homes that reported the ratio of black residents, from 2020-05-31 to 2021-01-17 (N=268,222 from 8,026 nursing homes). The outcomes were weekly COVID-19 cases and death per 1,000 occupied beds. Nursing homes were categorized by a geographic (rural vs. urban) and racial composition (>50% of residents are black vs. else). Elapsed time and county-level weekly COVID-19 cases and deaths/1,000 people were the key covariates. Multilevel zero-inflated negative binomial regression revealed evidence of cumulative COVID-19 disparity between rural and urban nursing homes. At the earliest time, COVID-19 incidence was lower in rural nursing homes than in urban nursing homes (IRR=0.406 for cases, 0.034 for death). The significant interaction with time implied

that, over and above evolving disease prevalence, rural nursing homes became more likely than urban nursing homes to experience COVID-19 over time (IRR=1.057 for cases, 1.193 for death). Nursing homes, with >50% black residents, were more likely to experience COVID-19 than their counterparts at the earliest time (IRR=1.339 for cases, 5.630 for death), but independent of local disease prevalence, this disparity decreased over time (IRR=0.973 for cases, 0.972 for death). Our findings suggest that racial and geographic factors contribute to the cumulation of disadvantage during the COVID-19 crisis at the second half of 2020.

#### EXPERIENCES OF BLACK AND WHITE FAMILY HOSPICE CAREGIVERS: ANXIETY, DEPRESSION, QOL, BURDEN, HOSPICE COMMUNICATION

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Although hospice care benefits seriously ill patients and their families, growing evidence suggests anxiety, depression, and altered quality of life are prevalent among family hospice caregivers. It is unknown if Black and white family hospice caregivers experience differences in mental health, quality of life, caregiver burden, or quality of hospice communication. In this secondary analysis of baseline data collected from 717 family hospice caregivers in two randomized clinical trials, we compared anxiety (GAD-7), depression (PHQ-9), quality of life (CQLI-R), caregiver burden (Zarit), and caregiver-reported quality of hospice team communication (CCCQ) between Black and white caregivers. Black and white caregivers differed demographically across multiple variables. In bivariate analysis, we found no differences in depression (P=0.3536), anxiety (P=0.0733), caregiver burden (P=0.6680), and perceptions of caregiver-centered hospice communication (P=0.4549). White caregivers reported lower quality of life than Blacks (P=0.0386), specifically in emotional (P=0.0321) and social (P=0.0002) domains. Financial and physical quality of life did not differ. In multivariate regression analyses controlling for caregiver and patient factors, we found no racial differences in depression (P=0.5071), anxiety (P = 0.7288), quality of life (P=0.0584), caregiver burden (P=0.9465), or hospice communication (P=0.8779). Variables explained 7.7% to 20% of variability in outcomes, suggesting research is needed to understand which other factors contribute to hospice caregiver coping and communication experiences. Results suggest Black and white informal hospice caregivers experience similar levels of anxiety, depression, burden, and perceptions of hospice team communication quality. Interventions to support hospice caregivers across racial groups are needed.

#### EXPLORING THE IMPACT OF ALCOHOL AND OTHER DRUG USE ON HIV CARE AMONG AFRICAN AMERICAN OLDER ADULTS LIVING WITH HIV/AIDS

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