

status and dementia varies by race. To fill the gap, we used data from the Health and Retirement Longitudinal Study (2000-2014) and analyzed 15,379 respondents (13,278 non-Hispanic whites and 2,101 non-Hispanic blacks) ages 50 and older in 2000 who had no dementia. Discrete-time event history models were estimated. Our preliminary analysis showed that marital status was significantly associated with the odds of dementia for both whites and blacks. Furthermore, the associations between unmarried status (i.e., cohabiting, widowed, and never married) and dementia were stronger among blacks than whites. The effect of divorce on odds of dementia did not differ by race. The results were robust after controlling for socioeconomic status, health and lifestyle factors, and social engagements. Part of a symposium sponsored by the Alzheimer's Disease Research Interest Group.

#### SCREENING FOR COGNITIVE IMPAIRMENT IN AFRICAN AMERICAN CONGREGATIONS

Fayron Epps, *Emory University, Atlanta, Georgia, United States*

Having access to memory screenings is pivotal to early detection in the African American (AA) community. The purpose of this report is to describe the willingness and perceived barriers of AA congregants to participate in memory screenings. Out of 283 attendees to dementia-related church forums, 26% (n = 73) of the attendees participated in private memory screenings. The majority of the participants were female (88%, n = 64). Under half of the participants (37%, n = 27) scored below normal with 81% (n = 22) being female. Several attendees declined the opportunity to have their memory screened for various reasons. These results support how women are disproportionately affected by cognitive impairment. Another alarming point was the low participation in memory screenings of event attendees. This report is important because it raises awareness of the need within the AA community, who are at a higher risk for memory loss, to receive screening. Part of a symposium sponsored by the Alzheimer's Disease Research Interest Group.

#### ATTITUDES ABOUT BRAIN DONATION AMONG AFRICAN AMERICAN RESEARCH PARTICIPANTS

Deborah Dyslin,<sup>1</sup> Sara Dunlop,<sup>1</sup> Brenda Aldridge,<sup>2</sup> Robin Tillotson,<sup>3</sup> and Darby Morhardt,<sup>1</sup> 1. *Northwestern University, Chicago, Illinois, United States*, 2. *SouthEast (Atlas) Regional Senior Center, Chicago, Illinois, United States*, 3. *Chicago Department of Family & Support Services, Chicago, Illinois, United States*

Alzheimer's and related dementias (ADRD) disproportionately affect the African American community. Brain donation, a crucial part of translational research, is less common among African American research participants compared to White research participants at Alzheimer's Disease Research Centers (ADRCs) across the US. Existing literature suggests three categories of contributory factors for African Americans: concerns and misconceptions about brain research and brain donation; religious beliefs; and the role of the family. Existing knowledge of community interventions is limited. We conducted seven focus groups, stratified by brain donation intent and cognitive status, to capture the perspectives of African American research participants. Qualitative

content analysis reveal the following contributory themes: personal connection to memory loss or dementia; altruism; spirituality/religion; historical and current racism in health care and research; trauma and objectification; trust; representation; understanding the purpose and process of brain donation; and fluidity in decision-making. Future research will explore trauma-informed and culturally responsive interventions. Part of a symposium sponsored by the Alzheimer's Disease Research Interest Group.

#### HEARING CARE DISPARITIES IN DEMENTIA: ACCESS AND USABILITY IN THE COMING ERA OF OTC HEARING AIDS

Carrie Nieman,<sup>1</sup> Jennifer Deal,<sup>2</sup> Sara Czaja,<sup>3</sup> and Esther Oh,<sup>1</sup> 1. *Johns Hopkins University School of Medicine, Baltimore, Maryland, United States*, 2. *Johns Hopkins Bloomberg School of Public Health, Baltimore, Maryland, United States*, 3. *Weill Cornell Medicine, New York, New York, United States*

Age-related hearing loss is highly prevalent among persons with dementia (PwDs) and is associated with an increased risk of neuropsychiatric symptoms. However, few use hearing aids and disparities exist. PwDs and, in particular, minority older adults, have some of the lowest rates of hearing aid use. Recent federal legislation created the designation of over-the-counter hearing aids, which will debut by 2020-2021, and represents an opportunity to advance accessibility. This presentation will share estimates of hearing aid use among community-dwelling PwDs from two cohorts, where hearing aid use ranges from 7-11% among African Americans versus 33-45% among whites. To explore this gap, the presentation will share findings from semi-structured interviews with care partners of PwDs and hearing loss around barriers and facilitators of hearing care, including device usability. With growing understanding of sensory health, a changing hearing care landscape represents a critical opening to increase access to hearing care for PwDs. Part of a symposium sponsored by the Alzheimer's Disease Research Interest Group.

#### SESSION 7010 (SYMPOSIUM)

##### ADVERSE OUTCOMES, POLYSUBSTANCE USE, AND POLYPHARMACY IN OLDER VETERANS

Chair: Amy Byers

This session will provide information about adverse health outcomes, including suicide, suicide attempts and unintended death, that may be related to polysubstance use and polypharmacy in older adults, particularly older veterans. It will further provide information that will help support late-life suicide prevention and intervention efforts. Older veterans (age 50 and older) have the highest number of lives lost to suicide, make up majority of the veteran population, and are highly likely to experience conditions (e.g., chronic pain, sleep disorders, musculoskeletal) associated with commonly prescribed medications that are potential markers for suicide risk (hereafter referred to as "high-risk" drug categories), including benzodiazepines, sedative-hypnotics, opioids, antidepressants, antipsychotics, and antiepileptics. The research presented in this session will highlight important patterns in high-risk drug prescribing and use and related outcomes in late life. The presentations will underscore various groups of