

### RACIAL-ETHNIC DISPARITIES IN ATTITUDES TOWARD PASSIVE AND ACTIVE EUTHANASIA

Sara M. Moorman<sup>1</sup>, *1. Boston College, Chestnut Hill, Massachusetts, United States*

This paper examined racial/ethnic differences in opinions about passive euthanasia (withdrawing or withholding treatment), suicide, and physician-assisted suicide. Data came from 1,832 participants in the 2013 Pew Religion and Public Life Project. Respondents from all racial/ethnic backgrounds were most likely to favor multiple forms of euthanasia. However, persons of color had a wider variety of opinions about euthanasia than did non-Hispanic whites. In multivariate multinomial logistic regressions, non-Hispanic whites had a 63% chance of approving broadly of euthanasia, while non-Hispanic blacks had a 40% chance, and Hispanics, a 49% chance. Opposition to euthanasia was most common among people with multiple disadvantages (e.g., educational attainment, immigrant status). Neither trust in health care providers nor recent experience with the death of a loved one explained these group differences. Results highlight large differences of opinion between the people who set policy and practice guidelines and those who lack this power and access.

### A FAIRNESS LENS TO LATER-LIFE PLANNING

Marlene Stum<sup>1</sup>, *1. University of Minnesota, St. Paul, Minnesota, United States*

Being “fair” is often a desired goal when individuals are planning for financing future care, leaving an inheritance, and selecting an attorney-in-fact for financial and/or health care. However, differing perceptions about the fair use of an older parent’s resources (paying for formal care, leaving an inheritance, compensating family caregivers, rewarding a sense of entitlement), and issues of who can or should be involved in decision processes, can lead to avoiding planning and be a source of family conflict. The complexities of fair decision rules for distributing resources, and important criteria for determining fair decision processes will be discussed, guided by interpersonal social justice theories, and findings from a qualitative study of inheritance involving older adults and adult children from the same family system (N= 18). Implications for helping family members, and professionals working with them, navigate “being fair” and increase later life planning will be shared.

## SESSION 2240 (SYMPOSIUM)

### LEVERAGING ANALYTIC METHODS TO EXPAND OPPORTUNITIES IN AGING-RELATED HEALTH DISPARITIES RESEARCH

Chair: Igor Akushevich, *Duke University, Durham, North Carolina, United States*

Co-Chair: Carl V Hill, *NIH/National Institute on Aging, Bethesda, Maryland, United States*

Discussant: Heather E. Whitson, *Duke University Medical Center, Durham, North Carolina, United States*

The objective of the Symposium is to improve the understanding of how existing analytic methods and data can be leveraged to make progress in understanding the causes and mechanisms of health-related disparities in Alzheimer’s disease, related dementias and other prominent age-related diseases. Topics will cover a range of academic and administrative

topics including: i) advanced analytic methods and modeling of health disparities with application to racial and geographic disparities in AD/ADRD; ii) the role of repeated anesthetic and surgical exposure in generation of disparities in AD/ADRD risk; iii) the nature of health disparities in cognitive aging as parallel to or distinct from health disparities in patterns of aging in other systems in the body; iv) recent advances in machine learning applied to large claims databases involving medical disparities; and v) geographic-related disparities in life expectancy across the U.S. A focus will be made on demonstrating how studies using established administrative data resources such as Medicare claims databases combined with innovative analytic approaches such as partitioning analyses, time-series based methods of projection and forecasting, and stochastic process models can be used to uncover previously overlooked or understudied aspects in this area of research. Analyses of such increasingly available large health datasets provides an opportunity to obtain nationally representative multiethnic results based on individual-level measures that reflect the real care-related and epidemiological processes ongoing in the U.S. healthcare system and allows the targeting of relatively rare diseases in relatively small population subgroups.

### USE OF ANALYTIC METHODS AND MEDICARE DATA IN THE ANALYSES OF DISPARITIES IN AD/ADRD HEALTH OUTCOMES

Igor Akushevich,<sup>1</sup> Arseniy Yashkin,<sup>2</sup>

Svetlana Ukraintseva,<sup>1</sup> and Anatolii Yashin<sup>1</sup>, *1. Duke University, Durham, North Carolina, United States, 2. Duke University, Durham, NC, North Carolina, United States*

We demonstrate how application of analytic approaches developed in demography, biodemography, epidemiology, and population studies to Medicare and Medicare-linked data allows to identify causes and mechanisms of disparities in AD/ADRD. Our studies i) confirmed geographic disparities in AD mortality (e.g., existence of hot spots, West-East gradient) but did not detect them in Medicare data, ii) confirmed racial disparities in AD/ADRD incidence and survival (e.g., higher incidence and better survival in Black population) and demonstrated that they can be partly explained by heterogeneity in diagnosis severity and partly by genetic factors, iii) detected unexpectedly strong effects of systemic hypotension, chronic kidney and liver diseases on the risk of AD/ADRD. We concluded that further progress in understanding of mechanisms and causes of the disparities in AD/ADRD is possible by clarifying the role of cause-of-death coding, the effects of comorbidity and their treatment, dynamics in cognition scores before AD/ADRD diagnosis, and genetic factors.

### DISPARITIES IN ALZHEIMER’S DISEASE: THE ROLE OF REPEATED ANESTHETIC AND SURGICAL EXPOSURE

Miklos D. Kertai<sup>1</sup>, *1. Vanderbilt University Medical Center, Nashville, Tennessee, United States*

Annually, there are 7 million patients > 65 years who undergo noncardiac surgery in the US. This number is expected to increase by 30% over the next 3 decades, and given the prevalence of surgically correctable comorbidities, the elderly will continue to undergo multiple surgical procedures. Currently, it is unclear what factors initiate or promote the development of Alzheimer’s disease (AD). Preclinical studies