

PROFILES OF FAMILY AND FRIEND CAREGIVERS OF COMMUNITY-DWELLING PEOPLE WITH DEMENTIA: A LATENT CLASS ANALYSIS

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People living with Alzheimer's disease and related dementias (ADRD) receive most of their care from family/friends, but little is known about the organization of this care. We used data from the Health and Retirement Study and latent class analysis to determine variation in the hours of care received by community-dwelling people with ADRD from disease onset up to 6-years post onset. At incidence (n=1,158), the latent class analysis identified two groups of caregiving patterns. In the first group, 10% (n=109) of people with ADRD received 481 hours (SD=177) of care. Most care was provided by a spouse (411 hours) with less from children (28 hours), other family/friends (17 hours), and paid individuals (25 hours). In the second latent class, the remaining 90% (n=1,049) of people with ADRD received 114 hours (SD=202) of care which was distributed between spouses (12 hours), children (51 hours), other relatives/friends (22 hours), and paid individuals (29 hours). By 6-years post incidence, 7% (n=76) of the original ADRD cohort remained in the community, and we identified two latent classes independent of those identified at incidence. Almost 15% (n=11) of people with ADRD received a majority of care from a spouse (376 hours) with care supplemented by children (10 hours) and paid individuals (54 hours). The remaining 85% (n=65) of people with ADRD received 294 (SD=314) hours of care from spouses (13 hours), children (104 hours), other family/friends (83 hours), and paid individuals (67 hours). Policies/interventions supporting caregivers must account for the heterogeneity in the organization caregivers.

RACIAL DIFFERENCES IN POST-ACUTE UTILIZATION AFTER HIP FRACTURE IN MEDICARE BENEFICIARIES WITH ADRD

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BACKGROUND: The incidence of hip fracture in patients with Alzheimer's disease and related dementias (ADRD) is 2.7 times higher than it is in those without ADRD. Care complexity, including extensive post-acute rehabilitation, increases substantially in patients with ADRD after hip fracture. However, there are no standardized post-acute care utilization models for patients with ADRD after hip fracture. Additionally, there is a lack of knowledge on how post-acute utilization varies by race/ethnicity, in this population. **OBJECTIVES:** To investigate racial differences in post-acute care utilization following hip fracture related hospitalization in patients with ADRD. **METHODS:** A secondary analysis

was conducted on 120,179 older adults with ADRD with incident hip fracture, using 100% Medicare data (2016-2017). The primary outcome was post-acute discharge dispositions (skilled nursing facility [SNF], inpatient rehabilitation facility [IRF], and Home Health Care [HHC]) across various racial groups. Multinomial logistic regression examined the association between race and post-acute discharge dispositions after accounting for patient-level covariates. **RESULTS:** Compared to non-Hispanic Whites, minority racial groups have significantly lower odds of being discharged to SNF, IRF, or HHC, as compared to home. Adjusted odds ratio for Hispanics discharged to SNF was 0.28 (CI=0.24-0.31), to IRF was 0.46 (CI=0.39-0.52) and HHC was 0.64 (95% CI =0.54-0.75), as compared to home. **CONCLUSION:** ADRD patients have higher risk of hip fracture. Findings from this study will provide insight on how to reduce racial and ethnic disparities in post-acute care utilization in vulnerable populations and improve quality of care and health outcomes.

SLEEP DISTURBANCE AND DEMENTIA RISK: FINDINGS FROM 8 YEARS OF PROSPECTIVE DATA

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Recent evidence indicates sleep disturbances increase dementia risk. Despite extensive support for this finding, numerous studies are based on cross-sectional data and no research has examined this relationship using a national sample. The purpose of this study was to analyze how sleep disturbances are associated with dementia risk. This study used eight annual waves (2011-2018) of prospective data from the National Health and Aging Trends Study, a large nationally representative U.S. sample of older adults. At each wave, sleep disturbances were measured as: 1) trouble falling asleep in 30 minutes, 2) trouble falling asleep after waking up early, and 3) taking medication to help sleep. The dependent variable was number of years to a new dementia diagnosis. Multivariate analyses were conducted using the Cox proportional hazards model with survey sampling weights applied for a national sample of 6,800 community-dwelling older adults dementia-free at baseline. After controlling for sociodemographics (age, sex, race, education, etc.) and health (mental health, physical health, chronic disease, etc.), trouble falling asleep in 30 minutes was not associated with dementia risk, (Hazard Ratio [HR]=1.01, p=.98), however, trouble falling asleep after waking up significantly decreased risk (HR=0.40, p<.01), and taking sleep medications significantly increased risk (HR=1.72, p<.01). Our findings suggest mixed evidence on how sleep disturbances are associated with dementia risk, but needing sleep medications may be predictive of elevated dementia risk. Future research should explore pathways or behaviors that may decrease dementia risk among individuals who wake up at night, but have trouble falling back to sleep.

STATEWIDE IMPLEMENTATION OF THE MUSIC & MEMORY PROGRAM: FACILITATORS, BARRIERS, AND LESSONS LEARNED

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The movement of evidence-based interventions into routine institutional settings like nursing homes is challenging.