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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

(LOS) and general inpatient use (GIU) for 12,153 patients with dementia (primary and secondary diagnosis) using descriptive statistics and association tests. There were significant associations between race/ethnicity and GIU and LOS ($p < 0.001$). In those with primary diagnosis of dementia, Asian (31%) and Black/AA (24%) individuals had significantly greater utilization of GIU than Hispanic (19%) and white individuals (21%). Greater inequities were found in those with a secondary diagnosis. LOS amongst Asians were shortest with 78% having an LOS ≦14 vs 50-59% in other groups. Differences in long-stay >60 days (7%) vs 14-22% in other groups were found. There were similar differences examining by primary vs. secondary diagnosis. These inequities point to cultural and systems factors that require further study and intervention.

Session 3265 (Symposium)

INTEGRATING STUDY DESIGNS ON EMOTIONAL REACTIVITY AND REGULATION IN OLD AGE: NEW EVIDENCE FROM THE EMIL STUDY

Chair: Oliver Schilling
Discussant: Gloria Luong

Key insights into emotional reactivity and regulation have been gained by studying how these dynamics evolve as older people are confronted with controlled stressors in the lab, go about their everyday routines, or develop across adulthood and old age. Yet, we are only beginning to understand how the dynamics on the different time scales observed in these study designs interact . Aiming for a comprehensive picture of the predictors, correlates, and consequences of emotional reactivity and regulation, the EMIL study integrates a lab-based study with ambulatory in-vivo assessments and a classic long-term longitudinal study. 130 young-old (65-69 years) and 59 very-old adults (83-89 years) from the ILSE study, contributing four waves of health, cognitive, and psycho-social data over almost 25 years, were tested in the lab and assessed six times a day over seven consecutive days. We provide an overview of and first across-design results from EMIL: Katzorreck et al. examined whether the frequency of exposure to daily stressors affects emotion regulation capacity as tested in the lab. Lücke et al. analyzed daily working memory performance, sleep, and its association with long-term change in cognitive functioning. Wieck et al. present differential effects of discrete negative emotions as induced in the lab and reported in daily life on social cognitive performance as indicated by empathic accuracy. Gerstorf et al. examined how long-term cognitive aging affects positive feelings and stressor reactivity in daily life. Gloria Luong will discuss the presentations, considering challenges and opportunities of integrating lab-based, ambulatory, and longitudinal study designs.

LINKING EMOTION REGULATION CAPACITY AND THE FREQUENCY OF DAILY STRESSORS IN OLD AND VERY OLD AGE

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Lifespan theories and lab-based research both suggest that the ability to downregulate negative emotions is often well preserved into old age, but becomes increasingly fragile in very old age. However, little is known about factors that may alleviate such age differences. Here, we ask whether exposure to daily stressors helps very old adults to maintain effective emotion regulation skills. We used data from 130 young-old (65-69 years, 48% women) and 59 very-old adults (83-89 years, 58% women) who watched negative emotion evoking film clips in the lab under emotion regulation instructions and also reported stress situations they experienced in everyday life (42 occasions across seven days). Initial results indicate that very-old adults were indeed less successful in regulating sadness than young-old adults, but those very-old adults who reported many daily stressful situations were as capable of emotion regulation as young-old adults. We discuss possible factors contributing to our age-differential findings.

SLEEP AND WORKING MEMORY: SHORT-TERM LINKS IN DAILY LIFE AND LONG-TERM ASSOCIATIONS

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Sufficient sleep is relevant for both momentary cognitive functioning and long-term cognitive developments. However, which factors make people particularly vulnerable to the cognitive consequences of sleep loss remains an open question. Here, we obtained data from 122 young-old (66-69 years) and 35 very old (85-89 years) adults who provided six daily ambulatory assessments of working memory performance and daily sleep over one week, and long-term trajectories in processing speed and working memory performance. Our results add to current knowledge in three ways: First, results from multilevel structural equation models showed both too little and too much daily sleep was associated with poorer working memory in everyday life. Secondly, this association was independent of cognitive aging over the preceding four years. Thirdly, average sleep duration did not predict cognitive changes over the next year. Participants' age and health as well as emotional functioning are discussed as further influences on the associations.

UNDERSTANDING THE LINK BETWEEN DISCRETE NEGATIVE EMOTIONS AND EMPATHIC ACCURACY

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