

SESSION 1445 (SYMPOSIUM)

INTEREST GROUP SESSION—LIFELONG DISABILITIES: DEFINING HEALTH OUTCOMES FOR ADULTS AGING WITH DISABILITY

Chair: Kelly Munly, *Penn State Altoona, Altoona, Pennsylvania, United States*

Co-Chair: Caitlin E. Coyle, *Gerontology Institute, University of Massachusetts Boston, Boston, Massachusetts, United States*

Discussant: Caitlin E. Coyle, *Gerontology Institute, University of Massachusetts Boston, Boston, Massachusetts, United States*

The population of persons aging with disabilities is growing. Being able to segment aging with disability sub-populations within national data sets is becoming increasingly important in order to understand the relationship of aging with disability to a range of outcomes in later life including health and wellness, economic security, and health and long-term service and support need and use. This symposium includes four examples of how existing data can be used to draw conclusions about the experience of old age for persons with intellectual or developmental disabilities. In addition, the symposium offers insights into the limitations of these data and the presentations lend themselves to a discussion of how measurement across disability sub-population can be operationalized. Two of the presentations focus on understanding mortality trends of adults with cerebral palsy and down syndrome—including an understanding of the health conditions facing these populations. A third presentation will focus on cardiovascular risk factors and co-morbidity among adults with cerebral palsy. Finally, a fourth presentation will focus on pairing qualitative understanding with quantitative trends to offer a deeper understanding of the health management challenges for adults with disability as they age. Through a deeper understanding of the experience of health in later life for adults with disability, ideas about interventions and supports can be better aligned with the needs of these populations.

COMPARISON OF AGE AND BIOLOGICAL SEX MORTALITY TRENDS BETWEEN ADULTS WITH AND WITHOUT DOWN SYNDROME

James D. Stevens,¹ James D. Stevens,² Scott D. Landes,² and Margaret A. Turk³, *1. Syracuse University Department of Sociology, Syracuse, New York, United States, 2. Syracuse University, Syracuse, New York, United States, 3. SUNY Upstate, Syracuse, New York, United States*

Distinct mortality trends emerge from comparisons of mean and median age at death and specific causes of death between adults with and without cerebral palsy. We compare standardized mortality odds ratios (SMORs) for 20 leading causes of death for 11,895 adults with cerebral palsy and 13,047,988 without cerebral palsy in the US between 2012 and 2016. Male and female decedents with cerebral palsy died significantly younger than male and female decedents without cerebral palsy, and were more likely to die from respiratory diseases, choking, and unknown causes. Public health and preventive care efforts should account for respiratory, swallowing, and nutrition risks, as well as mortality

trends' variation across age and biological sex. The CDC and WHO could better surveil this population's health and mortality by disallowing certifiers from using cerebral palsy as the underlying cause of death as the practice leads to high rates of unknown causes of death.

INCREASED CARDIOVASCULAR DISEASE RISK FACTORS IN PERSONS WITH CEREBRAL PALSY

Patricia C. Heyn¹, *1. University of Colorado Denver Anschutz Medical Campus, Aurora, Colorado, United States*

Cardiovascular disease (CVD) remains the leading cause of global mortality. Individuals with disabilities are at increased risk of CVD in part due to their musculoskeletal and/or cognitive impairments that can challenge their participation in physical activities. Gait ability has been associated to several key health outcomes including morbidity. Unfortunately, there is little research done to understand how individuals with obstructed mobility (i.e. developmental or injury condition) grow older. Our research team (Heyn et al 2019), evaluated the prevalence of CVD risk factors and age-related health outcomes associated to aging on a cohort of adults with cerebral palsy with obstructed mobility. Metabolic syndrome was identified in 17.1% of the cohort, higher than the 10% in the NHANES sample. CVD risk factors were much higher in this cohort as compared to normative population data. There was a positive correlation between mobility level, waist circumference ($r=0.28$, $p=0.02$), and waist-to-hip ratio ($r=0.28$, $p=0.02$).

COMPARISON OF AGE AND BIOLOGICAL SEX MORTALITY TRENDS BETWEEN ADULTS WITH AND WITHOUT DOWN SYNDROME

Scott D. Landes,¹ Scott D. Landes,² James D. Stevens,² and Margaret D. Turk³, *1. Syracuse University, Aging Studies Institute, Syracuse, New York, United States, 2. Syracuse University, Syracuse, New York, United States, 3. Upstate University Hospital, Syracuse, New York, United States*

Age at death and cause of death comparisons between adults with and without Down syndrome reveal distinct mortality trends that can be utilized to inform preventive care efforts to reduce premature mortality in this population. We compare mean and median age at death, and standardized mortality odds ratios (SMORs) for 20 leading causes of death for 9,564 decedents with and 13,050,319 without Down syndrome in the U.S. between 2012 and 2016. Decedents with Down syndrome, on average, were substantially younger than those without Down syndrome, and were more likely to die from Alzheimer disease and dementia at younger ages. In addition, adults with Down syndrome also had higher risk of choking related deaths. Efforts to reduce premature mortality through public health and preventive care interventions for this population should be cognizant of these increased risk factors, as well as variation in age and biological sex mortality trends.

UNDERSTANDING NEEDS AND CHALLENGES OF HEALTH SELF-MANAGEMENT ACTIVITIES FOR OLDER ADULTS WITH MOBILITY LIMITATIONS

Qiong Nie,¹ Qiong Nie,² and Wendy Rogers², *1. University of Illinois Urbana-Champaign, Illinois, United States, 2. University of Illinois, Champaign, Illinois, United States*