

growth models were used to test the hypothesis using data from the FRÉLE longitudinal study among 1643 Canadian community-dwelling older adults aged 65 years and over. We assessed social isolation using social participation, social networks, and support from various social ties. We found that less contact with friends and children, less social support from friends, children, and partner, and the absence of partner were significantly associated with cognitive decline. Higher baseline social participation was related to the lower rate of cognitive decline over time. Fewer contacts with grandchildren were associated with cognitive decline over time. Our study suggests that public health policies in age-friendly cities and intergenerational contacts may promote cognitive health in older adults.

## Session 2410 (Symposium)

### ESPO AND BUTLER-WILLIAMS SCIENTIFIC SYMPOSIUM: DISRUPTING HEALTH DISPARITIES AND TRANSFORMING CARE OF OLDER ADULTS

Chair: Patricia Jones

Co-Chair: Jamie Justice

Discussant: Roland Thorpe, Jr.

The NIA's Butler-Williams Scholars Program and GSA's ESPO Section are united in providing career development opportunities in a manner that promotes leadership, diversity, and inclusivity. Our emerging scholars are called to examine health inequity and overcome barriers by continuous and incremental improvements (disruption) or dramatic change (transformation) to improve health and access to care for our diverse aging population. Among the chief concerns of our aging population are disparities in health associated with race/ethnicity, experience, sociocultural and socioeconomic factors. GSA's early career professionals and 2020 alumni of the prestigious NIA Butler-Williams Scholars Program address these issues. Dr. Karen Moss will discuss new findings from a study of African American caregivers of persons living with dementia. Dr. Jasmine Travers will present on mitigating disparities in access to long-term services and supports among older adults. Dr. Maricruz Rivera-Hernandez, will present current work on aging and care delivery or health of Hispanic older adults, including impact of COVID19 in Hispanic groups. Dr. Marc Garcia will present on interaction of race/ethnicity, nativity, and gender with key social and economic factors on health, COVID19, and aging. Finally, Dr. Shana Stites will present on social challenges in advancing diagnosis and treatment of Alzheimer's disease dementia. The featured talks by rising stars deepen our understanding of the influence of health disparity so we can disrupt inequity and transform systems of care across our diverse aging populations.

### EXPERIENCED FAMILY CAREGIVER PERSPECTIVES ON ADVANCE CARE PLANNING FOR AFRICAN AMERICANS LIVING WITH DEMENTIA

Karen Moss,<sup>1</sup> Kathy Wright,<sup>1</sup> Laurel Myers Hurst,<sup>1</sup> Abigail Grieff,<sup>1</sup> Karen Rose,<sup>1</sup> Todd Monroe,<sup>2</sup> and Celia Willis,<sup>1</sup> 1. *The Ohio State University, Columbus, Ohio, United States*, 2. *Ohio State University, Columbus, Ohio, United States*

Most existing advance care planning (ACP) programs do not meet the needs of lower socioeconomic status (SES)

African American (AA) older adults living with dementia. The perspectives of experienced family caregivers are integral to achieving appropriate ACP tailoring. The purpose of this study is to describe experienced family caregiver perceptions about needs and preferences for tailoring ACP for family caregivers of lower SES AA older adults living with dementia. This qualitative, descriptive, cross-sectional study is embedded within a larger community-based participatory study aimed at intervention development. Caregivers are completing up to two interviews. Preliminary data describes themes involving Caregiver Stress and suggestions for Service Improvements addressing grief and loss pre- and post-death. Caregiver findings and other stakeholder data from healthcare providers and community leaders will guide the design of a "new normal" enhanced, preference-consistent ACP intervention to improve end-of-life care during a global pandemic that is amplifying pre-existing healthcare disparities.

### A PROFILE OF BLACK AND LATINX OLDER ADULTS RECEIVING CARE IN NURSING HOMES: 2011-2017

Jasmine Travers,<sup>1</sup> Andrew Dick,<sup>2</sup> Bei Wu,<sup>1</sup> David Grabowski,<sup>3</sup> Mansi Agarwal,<sup>4</sup> Gayani Perera,<sup>5</sup> and Patricia Stone,<sup>6</sup> 1. *New York University, New York, New York, United States*, 2. *Rand Corporation, Boston, Massachusetts, United States*, 3. *Harvard Medicaid School, Boston, Massachusetts, United States*, 4. *Division of Biostatistics, Washington University School of Medicine, St Louis, Missouri, United States*, 5. *Center for Health Policy Columbia University School of Nursing, New York, New York, United States*, 6. *Columbia University School of Nursing, New York, New York, United States*

Between the years 1999-2008, a substantial increase in nursing home use occurred among Black and Latinx older adults, while white older adults' use of nursing homes decreased. These disparate trends suggested potential racial and ethnic disparities in options for preferred long-term services and supports (LTSS) settings. Over the last decade, several initiatives have been put in place to support LTSS needs in the community. However, it is unclear whether Black and Latinx older adults are continuing to use nursing home services at disproportionate rates. We used LTCfocus data for 2011-2017 to explore current trends in nursing home use and access among Black and Latinx older adults in light of these current initiatives. Our findings reveal a continued rise in Black and Latinx older adults' use of nursing homes while white older adults' use continues to decline. More notably, there has been a decline in nursing homes servicing these minority groups.

### THE IMPACT OF COVID-19 ACROSS NURSING HOMES THAT DISPROPORTIONALLY SERVE MINORITY RESIDENTS

Maricruz Rivera-Hernandez,<sup>1</sup> Amit Kumar,<sup>2</sup> Indrakshi Roy,<sup>2</sup> Amol Karmarkar,<sup>3</sup> Kimberly Erler,<sup>4</sup> James Rudolph,<sup>1</sup> and Julie Baldwin,<sup>2</sup> 1. *Brown University School of Public Health, Providence, Rhode Island, United States*, 2. *Northern Arizona University, Flagstaff, Arizona, United States*, 3. *Sheltering Arms Institute, Richmond, Virginia, United States*, 4. *MGH Institute of Health Professions, Boston, Massachusetts, United States*

The Coronavirus-2019 (COVID-19) pandemic has disproportionately affected communities of color and older adults in

the United States. Nursing homes (NHs) have reported over 130,000 COVID-19 deaths (or one-fourth of all US deaths) circa March 2021, a high share of the nation's total death count (CMS COVID-19 NH Data). These inequities partially driven by barriers to care, segregation and structural racism have resulted in the unequal impact of COVID-19 across NHs (Li et al., 2020). In this presentation, I will describe NHs that disproportionately care for minority residents and the effect of NH composition on COVID-19-related mortality and outcomes. In 2020, minority older adults were less likely to have access to high quality facilities. From June – August, NHs with a high proportion of minority residents reported higher COVID-19 mortality rates per 1000 residents. Equal access to high quality of care across the life-course among racial and ethnic groups is needed.

#### THE INTERSECTION OF RACE AND ETHNICITY, NATIVITY, AND SEX ON COGNITIVE TRAJECTORIES OF OLDER ADULTS IN THE UNITED STATES

Marc Garcia,<sup>1</sup> and Wassim Tarraf,<sup>2</sup> 1. *Syracuse University, Syracuse, New York, United States*, 2. *Institute of Gerontology & Department of Healthcare Sciences, Wayne State University, Detroit, Michigan, United States*

We used longitudinal data from the Health and Retirement Study (1998-2016) to estimate sex-specific age-graded changes in global cognition and memory among White, Black, and U.S.- and foreign-born Latino adults 51 years and older. Among males, racial/ethnic and nativity differences in cognitive function were mainly evident at younger ages, particularly for Blacks compared to Whites. We found no evidence to support male racial/ethnic or nativity differentials in trajectories of cognitive aging. For women, older Blacks and U.S.-Born Latinas, and to a lesser degree foreign-born Latinas, had lower cognitive function at younger ages. However, White women showed more pronounced cognitive aging in comparison to U.S.- and foreign-born Latinas. Results applied to both global and memory outcomes. Our findings support calls for nuanced considerations of racial/ethnic and nativity effects on cognitive aging and ADRDs. Continued monitoring of differential cognitive aging trends is warranted as the vascular and neurologic sequelae of COVID-19 manifests.

#### HOW BIOMARKER-BASED DIAGNOSIS AND TREATMENT AFFECT ALZHEIMER'S STIGMA: RESULTS OF A RANDOMIZED TRIAL

Shana Stites,<sup>1</sup> Jeanine Gill,<sup>1</sup> Emily Largent,<sup>1</sup> Kristin Harkins,<sup>1</sup> Abba Krieger,<sup>2</sup> and Jason Karlawish,<sup>1</sup> 1. *University of Pennsylvania, Philadelphia, Pennsylvania, United States*, 2. *Wharton School of Business, Philadelphia, Pennsylvania, United States*

Alzheimer's disease (AD) causes progressive disability and, ultimately, death. Currently no therapy can delay or slow cognitive and functional decline. This prognosis contributes to the general public's negative reactions—discrimination, pity, and social distance—toward individuals with AD and their families. But what if, using AD biomarker tests, diagnosis was made earlier and treatment was available? Stigma of AD might change. This project aimed to discover how diagnosis and treatment of AD before the onset of cognitive impairment would change public stigma, and how these

effects might differ in ethn racial populations. Comparisons of 12 experimental conditions (i.e., 2 (biomarker test result) x 2 (treatment availability) x 3 (cognitive impairment: none, mild, moderate)) are conducted in two independent samples of self-identified White (N=800) and Black (N=800) Americans. Findings anticipate the translation of the preclinical AD construct into care and will inform public policies and interventions to mitigate public stigma of AD.

#### Session 2415 (Symposium)

##### GENDER, FAMILY HISTORIES, AND LATE-LIFE ECONOMIC WELL-BEING

Chair: Deborah Carr

Co-Chair: Pamela Smock

Discussant: Teresa Ghilarducci

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##### MARITAL HISTORIES AND LATE-LIFE ECONOMIC SECURITY: DO SOCIAL SECURITY BENEFITS RULES PERPETUATE DISPARITIES?

Deborah Carr, *Boston University, Boston, Massachusetts, United States*

Disparities in late-life economic security persist along the lines of gender, marital status, race, and educational attainment. We propose that these disparities are partly due to the fact that Social Security benefits are structured such that never-married, divorced, and cohabiting persons, those who were widowed prematurely, or were in a dual-earner couple face benefit penalties. Drawing on data from the Wisconsin Longitudinal Study (WLS), a study that has followed men and women from age 18 (in 1957) through age 72 (in 2011), we examine disparities in Social Security earnings and poverty risk on the basis of gender and marital histories. Our results reveal a large disadvantage for divorced and never-married persons (relative to their married counterparts), with women and those divorced two or more times experiencing the largest toll. We discuss the implications of our results for revamping Social Security to better meet the needs of 21st century families.

##### HOW MARITAL STATUS SHAPES GRANDPARENTING CHILDREN WITH DISABILITIES

Madonna Harrington Meyer, *Sociology, Syracuse, New York, United States*

How does marital status shape grandparent care work when grandchildren have disabilities? Based on 50 in-depth interviews with grandparents who provide various types of care for grandchildren with disabilities, we find that marital status shapes care work in three distinct ways: (1) Many who are married describe both grandparents working as a team to provide vital care; (2) Some who are married describe spouses, primarily grandfathers, who are either unable or unwilling to provide care; and (3) Many who are not married, primarily grandmothers, describe providing relatively high levels of care and support despite relatively low resources. While nearly all report a great deal of joy and satisfaction with their care work, those who are single, have greater care responsibilities, and fewer resources are more likely to report adverse social, emotional, physical, and financial impacts. More robust social policies could alleviate the impact of marital status on grandparent care work.