Session 3030 (Paper)

Diversity, Racial Minorities, and Aging II

BINGE DRINKING AND HEAVY DRINKING AMONG OLDER MILITARY VETERANS: APPLYING THE THEORY OF INTERSECTIONALITY

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The post-service impact of military experiences include post-traumatic stress disorder, depression, substance misuse and several other adverse outcomes that persist well into older adulthood. As such, older military veterans are at risk of developing alcohol dependency and those with existing stressors from other identities are at the highest risk of engaging in binge drinking or heavy drinking. This study used the theory of intersectionality to examine alcohol misuse by veteran status and age, veteran status and race and veteran status and sex. Data were derived from the 2016, 2017 and 2018 Brief Risk Factor Surveillance System (BRFSS) from the Centers for Disease Control and Prevention (CDC). The BRFSS is an annual survey conducted over the phone in all 50 states and territories. Survey-weighted logistic regression models were used to examine alcohol misuse among adults aged 65+ by veteran status and the intersection between age, race, and sex. Results showed no interaction between veteran status and age, and no interaction between veteran status and sex. However, there was a significant interaction between veteran status and race, in that Black/Other race veterans were more likely to engage in both binge drinking and heavy drinking compared to White veterans, White nonveterans and nonveterans of the same race. Interventions geared towards this population should therefore engage culturally sensitive approaches that consider the historical and systemic factors that contribute to these disparities in rates of alcohol misuse among older military veterans.

DIAGNOSIS OF BEHAVIORAL SYMPTOMS OF DEMENTIA AND CNS-ACTIVE DRUG USE AMONG DIVERSE PERSONS LIVING WITH DEMENTIA

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Approximately 90% of persons living with dementia (PLWD) experience behavioral and psychological symptoms of dementia (BPSD). Studies demonstrated high use of central nervous system (CNS) active drugs in nursing homes; one recent study documented high use among community-dwelling PLWD. Racial/ethnic disparities in BPSD diagnosis and CNS-active drug use, however, are unknown. We quantified disparities in BPSD diagnoses and CNS-active drug use using 100% Medicare Part A and B claims, 2017-2019, and Part D, 2018-2019. Beneficiaries were ages 65 and older in 2017, community-dwelling, and had a dementia diagnosis (n=801,597). We estimated models of CNS-active drug use to quantify racial/ethnic differences adjusting for confounders. Among PLWD, 66% had a BPSD diagnosis and 65% were taking a CNS-acting drug. Asians/Pacific Islanders were less likely to have a BPSD diagnosis (55%) than other groups, particularly affective diagnoses (40%). Whites were most likely to have any diagnosis (67%). Blacks were most likely to have hyperactivity diagnoses (7%). Antidepressants were most commonly used drug class (44%). Thirteen percent used an antipsychotic. Models adjusted for age, sex, comorbid conditions, dual-eligibility and BPSD diagnoses, showed non-Whites were less likely to use any CNS-active drug than Whites, but Blacks and Hispanics were slightly more likely to use antipsychotics. We found racial/ethnic differences in BPSD diagnoses and CNS-active drug use. Whether these disparities are due to differences in BPSD symptoms, healthcare access or care-seeking remains an important question. Further study of disparity in outcomes associated with use will inform risk and benefit of CNS-active drugs use among PLWD.

RACE AND ETHNIC GROUP DIFFERENCES IN SOCIAL ENGAGEMENT AMONG OLDER ADULTS

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Social engagement is considered crucial for older adults' well-being, generating social capital, connecting them to information about healthy lifestyles, and providing coping strategies for addressing daily challenges. Little is known about race and ethnic disparities regarding social engagement. This study examines the relationship between race, Hispanic ethnicity, and social engagement among community-dwelling adults age 65 or older. Data are taken from the Health and Retirement Study (2014) (n=6,221). Race and ethnic status are measured as: non-Hispanic white, non-Hispanic black, non-Hispanic "Asians and other race," and Hispanic (any race). Social engagement includes frequency of contact with friends and family and participation in social activities (e.g. volunteering and attending religious services). Covariates included age, sex, education, number of co-morbidities, and alcohol consumption. Linear regression analyses were performed using SAS 9.4. The mean age was 74.6, and sixty percent of the sample was female. Race and ethnic distribution were 78.6% non-Hispanic white, 11.9% non-Hispanic black, 7.89% Hispanics, and 1.7% non-Hispanic "Asians and other race." The mean score for our social engagement index was 3.3 (range 0-6). Hispanic persons, Asian persons, and persons from other race groups had lower social engagement compared with non-Hispanic white persons [β:-0.29, $p<.0001$; β:-0.27, $p=0.04$ respectively), after adjusting for covariates. These race and ethnic group differences in social engagement likely contribute to well-document health disparities in later life. Understanding racial and ethnic disparities in social engagement and the factors that create these differences can help identify appropriate social intervention

programs regarding improving the well-being of all older adults.

Session 3035 (Paper)

Elder Abuse and Neglect

EVALUATING A MULTIDISCIPLINARY TEAM APPROACH TO ELDER ABUSE

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This paper presents findings from a University and Community-based Agency collaboration to design and implement a preliminary evaluation of the Elder Abuse Multidisciplinary Team (E-MDT) Intervention. This intervention brings professionals from a variety of fields to investigate and respond to elder abuse. Data from 22 Interviews with staff along with anonymous survey data from E-MDT team members/staff (n=312) sought to establish team successes, challenges in implementation, and ongoing functioning. Themes that emerged in creating successful teams include: Establishing Buy-In and Trust of the team members, The Benefit of sharing experience and practical knowledge with other program sites; and Recognizing the Differences related to Onboarding and Sustaining New programs versus Sustaining Existing Programs. Themes related to responding during COVID revealed challenges such as Adapting to Technology and Inconsistent Access to the Internet. It was noted that remote meetings were easier to attend than face-to-face meetings. Data from the survey found the vast majority of respondents view the E-MDTs as having a positive impact on Clients (93%); while 93% of respondents indicated a positive impact on their Approach to Practice and the service area of their agency. Approximately 80% of the respondents indicated their multidisciplinary teams were Effective. Responses to 3-Open Ended questions included in the survey echoed similar themes from the interviews, as well as comments about their Professional Development and the complexity of responding to elder abuse. The paper will close with a discussion of the strategies used to facilitate the collaboration and complete the evaluation during the COVID-19 pandemic.

EVALUATING RISK OF NEGLECT AMONG OLDER ADULTS USING NSHAP ROUND 3 (2015-2016)

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As functional health declines, dependency on others increases along with the risk of neglect and its harmful consequences. In this paper, we use data collected during 2015-16 (Round 3) of the National Social Life, Health, and Aging Project (NSHAP) to identify older adults at risk of neglect and to test the hypothesis that high neglect risk predicts poorer health. Specifically, we use NSHAP's functional health survey module and follow-up care receiving "loop" to categorize respondents as having either "high" or "low" neglect risk. NSHAP's functional health module assesses respondents' difficulties with Activities of Daily Living (ADLs) and Instrumental Activities of Daily Living (IADLs). Because ADLs and IADLs are integral to the maintenance of physical health, hygiene, and well-being, the unrequited desire for help with such activities could signal neglect. Accordingly, we assign "high neglect risk" to respondents who report either that they: (a) want but are not getting help with an ADL or IADL; or (b) are getting help with an ADL or IADL, but from a helper who is not very reliable. Motivated by current research that documents higher rates of morbidity and mortality among neglected older adults, we examine associations between neglect risk and other key NSHAP measures, including indicators of physical health, mental health, cognition, social support, social strain, and field interviewer assessed respondent hygiene. Results suggest that this method of risk assessment can be useful in identifying vulnerable populations of older adults. Follow-up interviews are needed to further confirm its utility as a risk assessment tool.

INVESTIGATING ELDER ABUSE AND NEGLECT IN DIVERSE REFUGEE COMMUNITIES IN GREENSBORO, NC

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Elder abuse and neglect (EAN) comprises multiple dimensions, is experienced by about 10% of older adults in the U.S in diverse communities, and is severely detrimental to older adults' (OA) health and wellbeing. However, documentation of EAN among refugee OA is greatly lacking as are services for these communities. Refugee OA are overall underserved members of marginalized communities. This paper reports on a community-engaged study to collect information and raise awareness of EAN among OA in 2 North Carolina refugee communities - Nepali-speaking Bhutanese and Congolese. Research partners included University researchers and community refugee-serving organizations. Surveys and focus group interviews were conducted. 17 Nepali-speaking Bhutanese and 13 Congolese filled out survey questions, including the Elder Abuse Suspicion Index. They participated in focus group discussions (FGDs), separately for men and women of each community. Survey results indicated EAN more among Congolese than Nepali-speaking Bhutanese. FGD results showed both communities prefer to depend on family members, and experience difficulties with language, transportation, and economic insecurity. No EAN was reported in the FGDs. In line with principles of community-engaged approaches, a capacity-building event to increase awareness of EAN was held, attended by 25 persons from the two communities. This study adds documentation on an under-researched area and marginalized communities. Action recommendations include disseminating culturally appropriate EAN information, strengthening English language and job skills and transportation options, encouraging cooperation across state, nonprofit, educational, and service organizations to address needs of older refugee adults.