

self-care, and cognitive function was significantly higher for Vietnamese than non-Hispanic White. These findings suggest a possible negative outcome trend with the aging of the Vietnamese population. We discuss the historical accounts of Vietnamese in the United States as war refugees and family reunion migrants, provide possible explanations for these new findings including changing demographic structures, and make recommendations for policy and practice that incorporate existing social and cultural resources in the Vietnamese community.

RACIAL-ETHNIC DISPARITIES IN ACCESS TO PREVENTIVE SERVICES AMONG PRIVATELY INSURED ADULTS WITH DISABILITIES

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Introduction: Cerebral palsy (CP) and spina bifida (SB) are congenital disabilities. Due to life-long disability, adults with CP/SB are with greater needs for preventative care. Little is known about racial/ethnic disparities in use of preventative services in this population. Our objective was to examine racial/ethnic disparities in use of preventative care. **Methods:** Using 2007-2017 private claims data, we identified White, Black, and Hispanic adults (18+) with CP/SB [n=11,635; White=8,935; Black=1,457; Hispanic=1,243]. We quantified the National Institute of Medicine (NAM) definition of disparity by matching health related variables (age, sex, comorbid conditions, and Elixhauser index) between Whites and each minority subpopulation. Generalized estimating equations were used and all models were adjusted for age, sex, comorbidities, income, education, and U.S. Census divisions. Outcomes of interest were: (1) any office visit; (2) any physical therapy/ occupational therapy (PT/OT); (3) annual wellness visit; (4) bone density screening; (5) cholesterol screening; (6) diabetes screening. **Results:** Rate of recommended services for all adults with CP/SB were low and no significant results were found for most preventative services across race/ethnicity. Compared with Whites, Hispanics had lower odds of annual wellness visit (OR: 0.71; 95% CI: 0.53, 0.96) but higher odds of diabetes screening (OR: 1.48; 95% CI: 1.13, 1.93). Blacks had lower odds of bone density screening (OR: 0.54; 95% CI: 0.31-0.95), and annual wellness visit (OR: 0.50; 95% CI: 0.24-1.00). **Conclusions:** There were no substantial racial/ethnic disparities in use of preventative services among privately insured adults with CP/SB who had a higher-than-average income and education level.

TRACKING PROGRESS ON PERSON-CENTERED CARE FOR OLDER ADULTS: ARE WE DOING RIGHT BY RACIAL AND ETHNIC MINORITIES?

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Person-Centered care is integral and necessary to high-quality systems of care, providing a holistic approach and addressing the needs and preferences of individuals. Analyzing the 2014 and 2016 Health and Retirement Survey we measure the extent to which the health care system provides person-centered care, to whom and how its receipt affects satisfaction levels and service utilization. About one-third of individuals' report that their preferences were only rarely or sometimes taken account. Results vary greatly by race, highlighting great disparities in person-centered care. One in four Hispanics and one in six Blacks report never having their preferences taken into account compared to roughly one in ten Whites. When people report that their preferences are ignored, they are more likely to forgo medical care and report lower satisfaction with the system. Strategies exist to strengthen and assure advancements in person-centered care, something particularly needed for people of color and low-income populations.

VIRTUAL INTERDISCIPLINARY COLLABORATION IN STATEWIDE IMPLEMENTATION OF THE MIND AT HOME DEMENTIA CARE PROGRAM

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MIND at Home, a well-researched holistic, family-centered dementia care coordination program, provides collaborative support to community-dwelling persons living with dementia (PLWD) and their informal care partners (CP). Through comprehensive home-based assessment of 13 memory-care domains covering PLWD and CPs, individualized care plans are created, implemented, monitored, and revised over the course of the illness. Non-clinical Memory Care Coordinators (MCCs) working with an interdisciplinary team provide education and coaching to PLWD and their identified CP, and serve as a critical liaison and resource and between families, medical professional, and formal and informal community resources. This paper will describe a statewide pilot implementation of the program within a health plan across diverse sites in Texas and will present qualitative and quantitative descriptions of a key component of the program's effective translation to practice, the virtual collaborative case-based learning sessions. Health plan teams completed online interactive training modules and an intensive in-person case-based training with the Johns Hopkins team prior to program launch, and then engaged in weekly, hour-long virtual collaborative sessions that included health plan teams (site-based field teams, health plan clinical supervisory and specialty personnel [RNs, pharmacists, a geriatric psychiatrist, behavioral health specialists] and Johns Hopkins MIND program experts and geriatric psychiatrists. To date, the program has enrolled 350 health plan members, conducted 65 virtual collaborative sessions, and provided