

3) Within- and between-nursing homes racial and ethnic disparities in resident's outcomes for people with ADRD; and 4) racial differences in transition to post-acute care and rehab utilization following hip fracture related hospitalization in patients with ADRD. Finally, there will be a discussion regarding policy and clinical implications, as well directions for future research.

RACIAL AND ETHNIC DIFFERENCES IN RISK AND PROTECTIVE FACTORS OF DEMENTIA AND CIND IN THE UNITED STATES

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Recent population-based studies have shown declines in dementia prevalence in high-income countries, suggesting that improved population cardiovascular health and rising levels of education in the past 25 year were associated with reduction of dementia risks. However, in the US, there are variations in educational attainment, prevalence and management of chronic diseases, and behaviors associated with poor cardiovascular health among racial and ethnic groups. We performed a retrospective analysis of 3,495 older individuals (65+) in 2016 who participated in Harmonized Cognitive Assessment Protocol (HCAP) subsample of the Health and Retirement Study (HRS), to examine racial/ethnic differences in risk and protective factors associated with dementia and cognitive impairment. Linking HCAP to HRS, we traced individuals back to 2000 and created a longitudinal data of HCAP population (2000-2016). We found that racial/ethnic differences in risk and in protective factors throughout the life-course were associated with racial and ethnic disparities in dementia prevalence.

RACIAL AND ETHNIC DISPARITIES IN HIGH-QUALITY HOME HEALTH USE AMONG PERSONS WITH DEMENTIA

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Prior research suggests minorities and racially-diverse neighborhoods have decreased access to high-quality hospitals, physicians, and nursing homes. It is not clear how this varies for persons with dementia (PWD) and home health agencies (HHAs). With the Medicare enrollment file, linked to the home health OASIS, the American Community Survey, and Home Health Compare, we examine the influence of individual's race/ethnicity, as well as the racial/ethnic composition of neighborhoods, on the likelihood of high quality HHA use among PWD in 2016. Minority PWD receiving home health are significantly less likely to use high-quality HHAs than their white counterparts (33% vs 39%, respectively). PWD using HHA in predominantly minority neighborhoods are less likely to use high-quality HHAs compared to PWD in predominantly white neighborhoods (31% vs 40%, respectively). This study is the first to examine racial disparities in the use of HH for PWD. Policy and practice implications will be discussed.

RACIAL AND ETHNIC DISPARITIES IN QUALITY MEASURES FOR PEOPLE WITH ALZHEIMER'S DISEASE AND RELATED DEMENTIAS

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Over 50% of nursing home residents have ADRD. Prior research has shown strong evidence that, compare to non-Hispanic White, African-Americans are more likely to admitted in low performing nursing homes characterized by severe deficiencies understaffing and poor care. However, it is unknown whether these experiences are similar for Hispanics with ADRD. We conducted a cross-sectional study using 2016 data from Medicare- certified providers. Our cohort included 1,425,220 short- (30%) and long-term (70%) beneficiaries with ADRD. Approximately 81% of residents were White, 13% African Americans, and 6% Hispanics. African Americans and Hispanics have lower rates of seasonal influenza vaccination (IV). However, they were also less likely to report pain, pressure ulcers and antipsychotic use compared to white residents. After including the facility fixed-effects in the model, it appears that these disparities are mostly due to between-facility level differences.

RACIAL DIFFERENCES IN POST-ACUTE TRANSITION AFTER HIP FRACTURE IN MEDICARE PATIENTS WITH ADRD

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The incidence of hip fractures in patients with Alzheimer's disease and related dementias (ADRD) is 2.7 times higher than it is in those without ADRD. However, there are no standardized post-acute transition models for patients with ADRD after hip fracture. Additionally, there is a lack of knowledge on how post-acute transitions vary by race/ethnicity. Using 100% Medicare data (2016-2017) for 120,179 older adults with ADRD, we conduct multinomial logistic regression, to examine the association between race and post-acute discharge locations (proportion discharged to skilled nursing facility [SNF], inpatient rehabilitation facility [IRF], and Home with Home Health Care [HHC]), after accounting for patient characteristics. Compared to non-Hispanic Whites, Hispanics have a significantly lower odds ratio for discharge to HHC 0.62 (95% CI=0.53-0.73), IRF 0.44 (CI=0.39-0.51), and SNF 0.26 (CI=0.23-0.30). Improving care in patients with ADRD and reducing racial and ethnic disparities in quality of care and health outcomes will be discussed.