Dartmouth, Massachusetts, United States, 2. University of Massachusetts Dartmouth, North Dartmouth, Massachusetts, United States

The University of Massachusetts 5-campus system was the first university system to receive the Age-Friendly University designation in the AFU Global Network (Business West, 2019). Simultaneously, the town of Dartmouth and city of New Bedford became Age-Friendly Communities. This allowed for dynamic collaboration between our university and communities. This presentation highlights several examples. The Ora M. DeJesus Gerontology Center faculty and student researchers developed the original age-friendly survey items for New Bedford's initial community assessment; and the College of Nursing and Health Sciences faculty and student researchers compiled data for Dartmouth's survey. Community service during the pandemic has flourished. The Community Companions program, which matches students with community members in social need, went virtual. Nursing students and faculty have been on the frontline in the vaccination efforts in the town of Dartmouth. These partnerships will be presented as examples of potential opportunities for other age-friendly communities. Community-university partnerships are encouraged.

Session 1380 (Symposium)

DISPARITIES RESEARCH AT THE DEEP SOUTH ALZHEIMER'S DISEASE CENTER OF THE UNIVERSITY OF ALABAMA AT BIRMINGHAM

Chair: Maria Pisu

Discussant: David Geldmacher

Residents of the US Deep South (Alabama, Georgia, Louisiana, Mississippi, and South Carolina) have a 20–30% higher risk of developing Alzheimer's disease or related dementia (ADRD). Moreover, >20% of African Americans, who are at higher ADRD risk than whites, live in this region. Therefore, one important goals of the Deep South Alzheimer's Disease Center (DS-ADC) of the University of Alabama at Birmingham is to spearhead research to address these disparities. This panel presents current DS-ADC research, with two presentations focusing on the local patient population and the last two on the Deep South population compared to the rest of the nation. Addressing the challenge of recruiting representative samples in clinical research, the first paper is part of a research program to understand difference that may exist between African American and white research participants. The second paper examines patients with multiple conditions, in particular dementia and cancer, showing a marked disadvantage in cognition outcomes for African Americans. The next two papers take a broader perspective to better understand the population of older adults with ADRD in the Deep South and in the rest of the US. The third paper examines socioeconomic and medical contexts of African American and white older Medicare beneficiaries with ADRD, and the fourth paper examines differences in utilization of specialists, ADRD drugs, and hospitalizations in the two regions taking these contexts into account. The discussant will close the session by placing these studies in the larger context of the disparities research at the DS-ADC.

HEALTH CARE UTILIZATION IN DIVERSE OLDER ADULTS IN THE DEEP SOUTH AND THE REST OF THE UNITED STATES

Maria Pisu,[1] Roy Martin,[1] Liang Shan,[2] Giovanna Pilonieta,[3] Richard Kennedy,[1] Gabriela Oates,[1] and David Geldmacher,[4] *1. University of Alabama at Birmingham, Birmingham, Alabama, United States, 2. University of Alabama at Birmingham, BIrmingham, Alabama, United States, 3. University of Alabama At Birmingham, Birmingham, Alabama, United States, 4. University of Alabama at Birmingham, University of Alabama at Birmingham, Alabama, United States*

We examined racial/ethnic (R/E) differences in health care utilization among older adults with Alzheimer's disease and related dementia (ADRD) from US Deep South [DS] and non-DS, and individual or context-level factors that affect this utilization. Data were 2013-2015 claims for Medicare beneficiaries with ADRD; county-level data were used to define context-level covariates; adjusted analyses were conducted separately for DS and non-DS. Across R/E groups, 33%-43% in DS, 43%-50% in non-DS used ADRD specialists; 47%-55% in DS, 41%-48% in non-DS used ADRD drugs; 42.9%-53.4% in DS, 42%-51.8% in non-DS had hospitalizations in a one-year follow-up. R/E differences were not significant, with few exceptions. Comorbidities, poverty, and medical resources availability were associated with specialist use and hospitalizations; comorbidities and specialist use were associated with drug use. In non-DS only, other individual, context-level covariates were associated with health care outcomes. Research should further examine determinants of health care utilization in these populations.

THE CHALLENGE OF IDENTIFYING REPRESENTATIVE SAMPLES IN RESEARCH INVOLVING MINORITY PARTICIPANTS

Giovanna Pilonieta,[1] and David Geldmacher,[2] *1. University of Alabama At Birmingham, Birmingham, Alabama, United States, 2. University of Alabama at Birmingham, University of Alabama at Birmingham, Alabama, United States*

Determining participants' demographics, cognition, and functional performance by race is crucial to understanding disparities in clinical research on Alzheimer's disease. We compared demographic and performance variables between Black/African American (B/AA; N=30; 41%) and White participants (N=43, 59%) in the UAB Alzheimer's Disease Center. Among 73 participants, 38 (52%) were women, mean age was 65.7 (SD 9.47), and mean education was 16 (2.31) years. Significant differences in gender proportions across race groups were observed. B/AA women represented 70 % of their race group, white women represented 39.5 %. There were no statistically significant differences in age, education, cognitive or functional severity, reasons to participate in research, referral source, objective measures of cognition, or informant-rated daily function by race group. In conclusion, despite 50% oversampling of B/AA participants compared to the State population, no differences in cognitive and functional performance at the time of enrollment were associated with race.