Session 3030 (Paper)

Diversity, Racial Minorities, and Aging II

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

Zainab Suntai,[1] Justin McDaniel,[2] David Albright,[1] and Julianne Wallace,[2] *1. University of Alabama, Tuscaloosa, Alabama, United States, 2. Southern Illinois University, Carbondale, Illinois, United States*

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

Johanna Thunell,[1] Geoffrey Joyce,[1] Dima Qato,[1] Jenny Guadamuz,[2] and Julie Zissimopoulos,[1] *1. University of Southern California, Los Angeles, California, United States, 2. University of Southern California, University of Southern California, California, United States*

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

Lien Quach,[1] Uyen-Sa Nguyen,[2] Van Pham,[3] and Jeffrey Burr,[4] *1. University of Massachusetts Boston, Newton, Massachusetts, United States, 2. University of North Texas Health Science Center (UNTHSC), School of Public Health (SPH), Fort Worth, Texas, United States, 3. Center for Promotion of Advancement of Society, Hanoi, Ha Noi, Vietnam, 4. McCormack Graduate School, Boston, Massachusetts, United States*

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