SESSION 545 (SYMPOSIUM)

NIA HEALTH DISPARITIES RESEARCH NETWORK: APPROACHES AND FINDINGS FROM GERIATRICS AND CLINICAL GERONTOLOGY

Chair: Lyndon Joseph, *National Institute on Aging, Bethesda, Maryland, United States*
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Health disparities are differences in the incidence, prevalence and burden of diseases, mortality rates and causes of death that exist among population groups. Health disparities are associated with a broad, complex, and interrelated array of factors that influence health, accelerate aging and reduce life expectancy. NIA's health disparities research goals are to understand environmental and sociocultural factors and related behavioral and biological mechanisms that diminish health and reduce life expectancy for vulnerable populations, explore the biological mechanisms through which disparities influence age-related change, and identify where disparities emerge in diagnosis, prognosis or treatment in geriatric conditions. Presentations will focus on whether structural-level discrimination may be a key factor in potentiating well known race-related health disparities especially those with an accelerated onset and may be associated with MRI-indicators of subclinical brain pathology; identifying biomarkers for early detection of cognitive and functional decline in high risk subpopulations and how ethnicity influences cerebral spinal fluid and imaging biomarkers link to early identification of cognitive and functional impairment ; effects of medication management and deprescribing among African American and Hispanic older adults with Alzheimer's disease and related dementias and multiple chronic conditions; examine the use of multi-level factors and technology to overcome the barriers to urban-rural health disparities in managing many chronic diseases such as hepatitis C virus infection and delivery of appropriate medical services; and understanding the racial and ethnic differences in the link between environmental exposures and auto-immune comorbid asthma.

ASTHMA IN OLDER ADULTS: IDENTIFYING PHENOTYPES AND FACTORS IMPACTING OUTCOMES

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Asthma, of all chronic diseases, has the highest disease burden attributed to environmental exposures. Few studies have attempted to characterize the prevalence of co-existing auto-inflammatory disease and asthma, or to link environmental exposure as a factor that may increase asthmatic lung obstruction and racial disparity with auto-inflammatory comorbidity. While there is an increased risk for asthma development and severity linked to certain autoimmune diseases, there is a known racial disparity in the prevalence of these autoimmune diseases. Racial and ethnic differences in the link between environmental exposures and auto-immune comorbid asthma as a potential common trigger of inflammation is not well understood. This talk will focus on developing a model to longitudinally predict asthma control and quality of life associated with home environmental triggers and volatile organic chemical (VOC) exposure in older adults and investigate the direct and indirect effect of autoimmune disease in racial disparities of the longitudinal relationships of home environmental asthma triggers on airway obstruction and functional status in older adults with asthma.

OPTIMAL MEDICATION MANAGEMENT IN ALZHEIMER'S DISEASE AND DEMENTIA

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For older individuals with Alzheimer's disease and related dementias (ADRD) and multiple chronic conditions (MCC), taking more medications is associated with greater risk of adverse drug events, drug interactions, treatment burden, and cognitive changes from medication side effects. Optimizing medication through deprescribing (the process of reducing or stopping the use of inappropriate medications or medications unlikely to be beneficial) can help avoid adverse drug effects and improve outcomes for MCC patients, particularly for those with ADRD. Findings to date are limited to primarily Caucasian patients. This talk will focus on work geared to elicit perspectives on medication use, communication about medication, and deprescribing among African American and Hispanic older adults with ADRD and MCC, their family members, and clinicians caring for these populations.

USE OF NEW HEPATITIS C DRUGS IN MEDICARE: PERSISTENT URBAN-RURAL DISPARITIES AND POTENTIAL INTERVENTIONS

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Chronic hepatitis C virus (HCV) infection, whose prevalence is concentrated among older adults, can bring serious health impacts and high financial burden. With the availability of highly effective and well tolerated direct-acting antiviral (DAA) therapy, treatment of chronic HCV infection has rapidly evolved, making HCV treatment less burdensome. However, the high cost of DAA and lack of clinical expertise are still important barriers for providing DAA therapy to rural patients, highlighting the urban-rural disparities in managing many chronic diseases for aging populations. Telehealth could serve as effective care-model to improve management of HCV infection for older, rural populations. This talk will present work that examines multi-level factors affecting HCV DAA treatment (focusing on urban-rural disparities), evaluates changes in urban-rural disparities in DAA utilization over time, and explores the role of a telehealth-based intervention in reducing urban-rural disparities in HCV DAA treatment in Medicare patients.

UTILITY OF EXECUTIVE FUNCTION TO IDENTIFY EARLY COGNITIVE IMPAIRMENT IN AFRICAN AMERICANS

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Within diverse cohorts, African Americans (AA) demonstrate higher rates of Alzheimer's dementia (AD) and Alzheimer's dementia combined with multiple comorbid