

CHANGE IN COGNITIVE PERFORMANCE BY RACE OR ETHNICITY AND MULTIMORBIDITY AMONG OLDER AMERICANS

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Understanding factors that influence cognitive performance remain critical priorities, particularly among racial/ethnic groups that have higher prevalence of dementia. This study assesses race/ethnic (non-Hispanic white, non-Hispanic black, Hispanic) differences in cognitive performance in adjusted models accounting for co-existing self-reported chronic conditions (arthritis, diabetes, cancer, depressive symptoms, cardiovascular disease, hypertension, lung disease, osteoporosis, stroke), age, sex, education, and income. Data from the 2011-2017 National Health and Aging Trends Study (NHATS), a nationally-representative sample of Medicare beneficiaries (N=7,041, mean age=77.5), were used to estimate a series of cross-sectional multivariable linear regressions to evaluate race/ethnic differences in cognitive performance scores on the NHATS cognitive composite test of memory, orientation, and executive function domains (range 0-33) over seven years. In adjusted models, black participants had lower cognitive scores relative to white participants in 2011 (b=-2.25, 95% CI[-2.52, -1.98]) and by the end of the observation period in 2017 (b=-3.24, 95% CI[-3.72, -2.76]). Similarly, Hispanic participants experienced lower cognitive scores relative to white participants in 2011 (b=-2.31, 95% CI[-2.77, -1.84]) which persisted to the end of the observation window (b=-2.77, 95% CI[-3.66, -1.89]). Racial/ethnic groups had significantly lower cognitive scores relative to white Medicare beneficiaries over seven years of assessment. These analyses build toward longitudinal analyses of repeated observations of cognitive performance. Given the broad clinical and policy implications involved in caring for persons with dementia, it will be important to intervene earlier on modifiable risk factors to postpone cognitive declines among older minority ethnic adults.

ETHNICITY MODERATING THE RELATIONSHIP OF COGNITION FUNCTION OF PATIENTS WITH DEMENTIA ON CAREGIVER DEPRESSION

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The purpose of this study was to see if ethnicity (African-American and Caucasian) moderates the predictive effects of cognition functioning in patients with dementia on caregivers' severity of depressive symptoms. Secondary data analyses were conducted from Resources for Enhancing Alzheimer's Caregiver Health (REACH II; 2001-2004). The participants consisted of 214 African American and 321

Caucasian participants (N = 535). The assessment battery included the Center for Epidemiologic Depression Scale (CES-D) to measure depression severity, Mini-Mental State Exam (MMSE) to measure level of cognitive function, and demographic questionnaire to gain information about caregivers and care-recipients. ANOVAs and ANCOVAs were used to examine ethnic group differences in care-recipient cognitive functioning in predicting caregiver depression. Caucasian caregivers reported significantly higher levels of depression and care-recipients' cognitive function compared to African American caregivers, $p < .05$. A custom ANCOVA indicated a significant interaction between ethnicity and care-recipient cognitive functioning on caregiver depression with greater effects of care-recipient cognitive function on caregiver depression for the African American caregivers than for the Caucasian caregivers, $p = .02$. Descriptively, the depression severity for the Caucasian caregivers remained relatively high across levels of care-recipients' cognition. The findings indicated that ethnicity moderated the effects of care-recipient cognitive functioning on caregiver self-report of depressive symptoms. These findings suggest greater resiliency in African -American caregivers supporting their dementia or dementia-related condition care-recipients (Dias et al., 2015). These findings support the need to develop cultural specific interventions to better support the wellbeing of caregivers of care-recipients with dementia or dementia-related conditions.

HISPANICS AND HOSPICE CARE: A SYSTEMATIC REVIEW

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Hospice care has demonstrated improved pain and symptom relief for patients at end-of-life, however, Hispanics have significantly lower rates of hospice use compared to Whites. Moreover, few studies have examined factors associated with these lower enrollment rates and barriers to hospice care experienced by Hispanics. This systematic literature review aims to provide a comprehensive overview of studies examining Hispanic hospice use. We conducted a comprehensive search using three electronic databases (Ovid Medline, EMBASE, and CINAHL) from January 1946 to March 2019 using MESH terms for Hispanics, hospice, and end-of-life care. Our review was guided by the Preferred Reporting Items for Systematic Reviews and Meta-Analysis Protocols (PRISMA-P). Studies of Hispanic adults living in the United States that examined hospice use, outcomes of care, or knowledge and attitudes towards hospice were included. Commentaries, case studies, editorials, literature reviews were excluded. Of the 4,230 abstracts reviewed, 43 peer-reviewed articles met the inclusion criteria. Among these studies, barriers to hospice among Hispanics included lack of hospice knowledge and awareness, language barriers, and cultural barriers. Among most studies, Hispanics were less likely to receive hospice care than Whites, although some studies found that among those that enrolled in hospice, Hispanics had longer lengths of stay than whites. Overall few studies examined Hispanics use of hospice, and among those we found most were of moderate and low quality. More research is needed to understand the full range of Hispanics