can disrupt inequity and transform systems of care across our diverse aging populations.

EXPERIENCED FAMILY CAREGIVER PERSPECTIVES ON ADVANCE CARE PLANNING FOR AFRICAN AMERICANS LIVING WITH DEMENTIA
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Most existing advance care planning (ACP) programs do not meet the needs of lower socioeconomic status (SES) African American (AA) older adults living with dementia. The perspectives of experienced family caregivers are integral to achieving appropriate ACP tailoring. The purpose of this study is to describe experienced family caregiver perceptions about needs and preferences for tailoring ACP for family caregivers of lower SES AA older adults living with dementia. This qualitative, descriptive, cross-sectional study is embedded within a larger community-based participatory study aimed at intervention development. Caregivers are completing up to two interviews. Preliminary data describes themes involving Caregiver Stress and suggestions for Service Improvements addressing grief and loss pre- and post-death. Caregiver findings and other stakeholder data from healthcare providers and community leaders will guide the design of a “new normal” enhanced, preference-consistent ACP intervention to improve end-of-life care during a global pandemic that is amplifying pre-existing healthcare disparities.

A PROFILE OF BLACK AND LATINX OLDER ADULTS RECEIVING CARE IN NURSING HOMES: 2011-2017
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Between the years 1999-2008, a substantial increase in nursing home use occurred among Black and Latinx older adults, while white older adults’ use continues to decline. More notably, there has been a decline in nursing homes servicing these minority groups.

THE IMPACT OF COVID-19 ACROSS NURSING HOMES THAT DISPROPORTIONALLY SERVE MINORITY RESIDENTS
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The Coronavirus-2019 (COVID-19) pandemic has disproportionately affected communities of color and older adults in the United States. Nursing homes (NHs) have reported over 130,000 COVID-19 deaths (or one-fourth of all US deaths) circa March 2021, a high share of the nation’s total death count (CMS COVID-19 NH Data). These inequities partially driven by barriers to care, segregation and structural racism have resulted in the unequal impact of COVID-19 across NHs (Li et al., 2020). In this presentation, I will describe NHs that disproportionately care for minority residents and the effect of NH composition on COVID-19-related mortality and outcomes. In 2020, minority older adults were less likely to have access to high quality facilities. From June – August, NHs with a high proportion of minority residents reported higher COVID-19 mortality rates per 1000 residents. Equal access to high quality of care across the life-course among racial and ethnic groups is needed.

THE INTERSECTION OF RACE AND ETHNICITY, NATIVITY, AND SEX ON COGNITIVE TRAJECTORIES OF OLDER ADULTS IN THE UNITED STATES
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We used longitudinal data from the Health and Retirement Study (1998-2016) to estimate sex-specific age-graded changes in global cognition and memory among White, Black, and U.S.- and foreign-born Latino adults 51 years and older. Among males, racial/ethnic and nativity differences in cognitive function were mainly evident at younger ages, particularly for Blacks compared to Whites. We found no evidence to support male racial/ethnic or nativity differentials in trajectories of cognitive aging. For women, older Blacks and U.S.-BornLatinas, and to a lesser degree foreign-bornLatinas, had lower cognitive function at younger ages. However, White women showed more pronounced cognitive aging in comparison to U.S.- and foreign-born Latinas. Results applied to both global and memory outcomes. Our findings support calls for nuanced considerations of racial/ethnic and nativity effects on cognitive aging and ADRDs. Continued monitoring of differential cognitive aging trends is warranted as the vascular and neurologic sequelae of COVID-19 manifests.