including race-related disparities in incidence and survival, and finally explain these in terms of health-care-related factors using causal methods of group variable effects (propensity scores and the rank-and-replace method) and regression-based analyses (extended Fairlie’s model and generalized Oaxaca-Blinder approach for censoring outcomes). Partitioning analysis showed that the incidence rate is the main predictor for temporal changes and racial disparities in AD/ADRD prevalence and mortality, though survival began to play a role after 2010. Arterial hypertension is the leading predictor responsible for racial disparities in AD/ADRD risks. This study demonstrated that Medicare data has sufficient statistical power and potential for studying disparities in AD/ADRD in three interacting directions: multi-ethnic structure of population, place of residence, and time period.

**NEW AI TECHNOLOGIES TO ENRICH ELECTRONIC HEALTH RECORD DATA SETS WITH SELF-REPORT SCORES IN GERIATRICS**

Ricardo Pietrobon, SporeData, SporeData, North Carolina, United States

Although electronic health record data present a rich data source for health service researchers, for the most part, they lack self-report information. Although recent CMS projects have provided hospitals with incentives to collect patient-reported outcomes for select procedures, the process often leads to a substantial percentage of missing data, also being expensive as it requires the assistance of research coordinators. In this presentation, we will cover Artificial Intelligence-based based technologies to reduce the burden of data collection, allowing for its expansion across clinics and conditions. The technology involves the use of algorithms to predict self-report scores based on widely available claims data. Following previous work predicting frailty scores from existing variables, we expand its use with scores related to quality of life, i.e. mental health and physical function, and cognition. Accuracy metrics are presented both in cross-validation as well as external samples.

**USING ADMINISTRATIVE CLAIMS TO MODEL HEALTH-RELATED BEHAVIORS: MEASURES OF SCREENING AND MEDICATION ADHERENCE**

Arseniy Yashkin, Duke University, Morrisville, North Carolina, United States

We demonstrate how administrative claims records can be used to model certain behavioral patterns and associated health effects. The inability of administrative claims, which are in essence a billing record, to account for differences in behavior is a major limitation of such data which usually requires an externally linked source to overcome. However, for certain diseases, for which well-defined and accepted guidelines on screening and medication use exist, the claims themselves can provide a way for modeling health-related behavior. A practical application to screening and medication adherence for type ii diabetes mellitus is presented. Diverse methods of the calculation of such indexes with their pros, cons and variation in identified effects are discussed and demonstrated using results based on administrative claims drawn from a 5% sample of Medicare beneficiaries.

**DIFFERENCES IN THE RACIAL CONTRIBUTION OF DEMENTIA AND CHRONIC CONDITIONS TO HOSPITALIZATION, SNF ADMISSION**

Heather Allore, Yale School of Medicine, New Haven, Connecticut, United States

We estimate the contribution for experiencing hospitalization, skilled nursing facility admission and mortality using a measure of attributable fraction that incorporates both the prevalence, incidence and risk called Longitudinal Extension of the Average Attributable Fraction (LE-AAF). We estimate the LE-AAF for Non-Hispanic whites and Non-Hispanic Blacks for dementia and 10 chronic conditions, for three outcomes. This approach analyses the temporal relationships among conditions to estimate their population-level average attributable fractions. Unlike standard measures of attributable fraction, the sum of the contribution of each condition based on the LE-AAF will not exceed 100 percent, enabling us to compute the contribution of pairs, triads or any combination of conditions. Furthermore, in studying multimorbidity, the LE-AAF has the desirable feature of being based on all combinations of the risk factors and covariates present in the data with final values for the individual LE-AAFs obtained by averaging across these observed combinations of predictors.

**DISPARITIES IN DISEASE-SPECIFIC REMAINING LIFE EXPECTANCY AMONG MEDICARE BENEFICIARIES IN THE UNITED STATES**

Julia Kravchenko, and Bin Yu, 1. Duke University, Durham, North Carolina, United States, 2. Duke University, Duke University/Durham, North Carolina, United States

Racial and geographic disparities in life expectancy (LE) in the US are a persistent problem. We used 5% Medicare Claims for 2000-2017 to investigate the patterns of remaining LE (RLE) in the U.S. with the highest and the lowest LE. RLEs in race/ethnicity specific populations aged 65+ were calculated in patients with specific diseases and in the total population using the area under the Kaplan-Meier estimator. The Cox model was used to investigate the effect of state-specific residence on total LE and RLE. Between-the-states differences in RLE were most pronounced for cerebrovascular disease, atherosclerotic heart disease, breast and prostate cancer. RLE was the lowest for lung cancer and sepsis, followed by Alzheimer’s disease, dementia, pneumonia, and heart failure. RLE for myocardial infarction and cerebrovascular disease decreased over time, while for renal failure, diabetes, atherosclerotic heart disease, and cancers of breast and prostate RLE increased.

**Session 3045 (Symposium)**

**EXPERIENCING THE COVID-19 PANDEMIC AT AGE 85 AND OVER: AN MIT AGELAB STUDY WITH THE 85+ LIFESTYLE LEADERS PANEL**

Chair: Taylor Patskanick
Discussant: Lisa D’Ambrosio

The oldest of older adults remain at the highest risk of developing severe illness, requiring hospitalization, or dying if infected with COVID-19. As a result, the discourse about the COVID-19 pandemic has centered on short-term sacrifices to “protect” older adults. Yet much remains to be known...
about the prolonged impact of the pandemic on the over-85 age demographic. This symposium shares findings from a longitudinal, mixed methods study with the MIT AgeLab’s 85+ Lifestyle Leaders panel, a panel of octogenarians and nonagenarians convened since 2015. This symposium offers an update to a 2020 GSA session shared regarding the initial, cross-sectional work conducted in March 2020 with this panel. Findings will be drawn from a series of 85 interviews with 15 participants, 14 focus groups (8 participants=19.3), and three surveys (March 2020, N=28; August 2020, N=18; November 2020, N=16) conducted with the panel regarding the impact of the pandemic on this group over the past year. The first presentation covers the Lifestyle Leaders’ adoption and use of technology throughout the pandemic, with a focus on telehealth. The second takes an in-depth look at the unique experiences of Lifestyle Leaders living in senior housing communities during the pandemic. The third explores the Lifestyle Leaders’ perspectives on cultivating resilience and caring for their mental health while in a pandemic. Finally, the fourth presentation shares the Lifestyle Leaders’ experiences with social isolation and loneliness during the pandemic, with a focus on how family relationships and engagement in intergenerational programming have changed.

PERSPECTIVES FROM THE 85+ LIFESTYLE LEADERS ON SOCIAL ISOLATION AND MULTIGENERATIONAL RELATIONSHIPS
Taylor Patskanick, MIT, Somerville, Massachusetts, United States

The oldest of older adults are especially impacted by many of the measures recommended to slow the spread of COVID-19. This presentation explores changes in Lifestyle Leaders’ experiences with loneliness and their beliefs about the impact of COVID-19 on multigenerational relationships and intergenerational programming. For example, 55.6% strongly agreed or agreed with the statement, “The pandemic will have been more socially impactful on younger generations than older generations.” Lifestyle Leaders remain interested (68%) in virtual or socially distanced intergenerational programming. Particular activities of interest included technology tutoring, pen pals, and outdoor or virtual socializing. Additionally, this presentation will highlight how the Lifestyle Leaders have been impacted by a loss in weak ties and the extent to which the pandemic has prompted them to take on new roles in their families, including “accepting” paid and unpaid caregiving and experiences living with children and grandchildren during the pandemic.

MENTAL HEALTH AND RESILIENCE AMONG THE 85+ LIFESTYLE LEADERS THROUGHOUT THE COVID-19 PANDEMIC
Julie Miller, MIT, Cambridge, Massachusetts, United States

Recent research suggests older adults may be uniquely able to cope and cultivate psychological resilience during the COVID-19 pandemic. This presentation will describe how the Lifestyle Leaders’ overall mental health (including worries and experiences of social isolation and loneliness) and thoughts about the future have changed throughout the pandemic, as well as the ways in which they remained resilient throughout. For example, a survey in March 2020 indicated that 68% of Lifestyle Leaders were very or extremely worried about COVID-19, compared to only 33% in November 2020. Interviews with Lifestyle Leaders revealed that the pandemic led many to engage in more focused thinking about their own mortality and, for some, presented or compounded challenges of older age (e.g., widowhood, downsizing, etc.). The presentation will also highlight ways in which Lifestyle Leaders’ past experiences and current activities have contributed to their mental health and fortitude during the ongoing pandemic.

UNDERSTANDING TECHNOLOGY ADOPTION, TROUBLESHOOTING, AND TELEHEALTH AMONG THE LIFESTYLE LEADERS
John Rudnik, University of Michigan School of Information

The COVID-19 pandemic has prompted widespread adoption of and greater reliance on digital technologies across the generations. In interviews and focus groups, the Lifestyle Leaders reported increased use of teleconferencing services, especially for virtual programming, socializing, and telehealth. Approximately 61% of Lifestyle Leaders had attended between one and five virtual or phone-based healthcare appointments since March 2020. Beliefs about telehealth across interviews varied: appointments were convenient but lacked the “in-person feedback and understanding” of an in-person visit. Half of the Lifestyle Leaders (50%) agreed with the statement, “Telehealth is the future of personalized medicine.” This presentation will also report on the Lifestyle Leaders’ challenges associated with using technology during the pandemic. These included concerns about: having devices able to keep up with the demands of the pandemic; using technology-enabled grocery services; and troubleshooting technology. Many were concerned about their growing dependence on technology because of the pandemic.

LIFESTYLE LEADERS’ EXPERIENCES IN SENIOR HOUSING DURING THE COVID-19 PANDEMIC
Kathryn Chan,1 Taylor Patskanick,2 and Julie Miller,3
1. Massachusetts Institute of Technology AgeLab, Cambridge, Massachusetts, United States, 2. MIT, Somerville, Massachusetts, United States, 3. MIT, Cambridge, Massachusetts, United States

Millions of older adults living in close communal contact in senior housing communities remain vulnerable during the COVID-19 pandemic. Approximately 30% of Lifestyle Leaders currently live in senior housing. This presentation will cover the unique challenges these participants have encountered, including experiences with and the impact of changing norms and pandemic-related policies within communities over time. In March 2020, 75% of Lifestyle Leaders rated the response of their senior housing community to COVID-19 as “Excellent” or “Very Good.” In August 2020, they reported they believed they were less likely to contract COVID-19 living in senior housing compared to people not living in senior housing (80%). Interview data revealed Lifestyle Leaders in these environments held favorable views toward their communities. This presentation will further discuss how the Lifestyle Leaders who do not live in senior housing perceive senior living and how these perceptions have shifted during the pandemic.