ENHANCING COLLABORATIONS BETWEEN OUR AGE-FRIENDLY COMMUNITY AND UNIVERSITY INITIATIVES
Brian Pastor, and Wendy Rogers, University of Illinois Urbana-Champaign, Champaign, Illinois, United States

Community involvement and synergetic partnerships are key to fostering a holistic approach to programming and outreach that assess and meet the needs of the older adults in our communities. The University of Illinois Urbana-Champaign has created an Age-Friendly network to facilitate these partnerships featuring our designation of Age-Friendly City and Age-Friendly University as well as partnerships with our state and local governments, community aging services providers, and continuing care retirement communities. Through these partnerships, we have identified the landscape of the community, assessed the unique needs older adults, and identified novel solutions. We will discuss our plans for activities that will empower older adults in our community and at our university by promotion connection, collaboration, and inclusion.

LEVERAGING THE INTERSECTION BETWEEN AGE-FRIENDLY UNIVERSITIES AND AGE-FRIENDLY COMMUNITIES
Kathy Black, University of South Florida, Sarasota-Manatee, Florida, United States

Age-friendly Universities represent a growing contribution to the worldwide age-friendly movement. For universities, the international effort aims to highlight the role higher education plays in responding to the opportunities associated with an aging population. The initiative outlines ten principles to engage older adults via collegiate mission pertaining to research, education and service. Shared practices suggest diverse and unique application of the guiding tenets across participating colleges and universities. However Age-friendly Universities are also part of a broader ecosystem, situated in geographic locales reflecting actual or prospective age-friendly community status. The global Age-friendly Community movement is a decade-old effort to improve the environments in which we age via a cyclical process. This paper identifies the intersection between Age-friendly University principles and Age-Friendly Community processes and discusses reciprocal considerations for mutual advancement of the broader movement.

CREATING AN AGE-FRIENDLY MODEL SYSTEM THROUGH A COMMUNITY AND UNIVERSITY PARTNERSHIP
Andrew Revell, Jennifer Viveiros,1 1. University of Massachusetts Dartmouth, University of Massachusetts Dartmouth, Massachusetts, United States, 2. University of Massachusetts Dartmouth, North Dartmouth, Massachusetts, United States

The University of Massachusetts 5-campus system was the first university system to receive the Age-Friendly University designation in the AFU Global Network (Business West, 2019). Simultaneously, the town of Dartmouth and city of New Bedford became Age-Friendly Communities. This allowed for dynamic collaboration between our university and communities. This presentation highlights several examples. The Ora M. DeJesus Gerontology Center faculty and student researchers developed the original age-friendly survey items for New Bedford’s initial community assessment; and the College of Nursing and Health Sciences faculty and student researchers compiled data for Dartmouth’s survey. Community service during the pandemic has flourished. The Community Companions program, which matches students with community members in social need, went virtual. Nursing students and faculty have been on the frontline in the vaccination efforts in the town of Dartmouth. These partnerships will be presented as examples of potential opportunities for other age-friendly communities. Community-university partnerships are encouraged.

Session 1380 (Symposium)

DISPARITIES RESEARCH AT THE DEEP SOUTH ALZHEIMER’S DISEASE CENTER OF THE UNIVERSITY OF ALABAMA AT BIRMINGHAM
Chair: Maria Pisu Discussant: David Geldmacher
Residents of the US Deep South (Alabama, Georgia, Louisiana, Mississippi, and South Carolina) have a 20–30% higher risk of developing Alzheimer’s disease or related dementia (ADRD). Moreover, >20% of African Americans, who are at higher ADRD risk than whites, live in this region. Therefore, one important goals of the Deep South Alzheimer’s Disease Center (DS-ADC) of the University of Alabama at Birmingham is to spearhead research to address these disparities. This panel presents current DS-ADC research, with two presentations focusing on the local patient population and the last two on the Deep South population compared to the rest of the nation. Addressing the challenge of recruiting representative samples in clinical research, the first paper is part of a research program to understand difference that may exist between African American and white research participants. The second paper examines patients with multiple conditions, in particular dementia and cancer, showing a marked disadvantage in cognition outcomes for African Americans. The next two papers take a broader perspective to better understand the population of older adults with ADRD in the Deep South and in the rest of the US. The third paper examines socioeconomic and medical contexts of African American and white Medicare beneficiaries with ADRD, and the fourth paper examines differences in utilization of specialists, ADRD drugs, and hospitalizations in the two regions taking these contexts into account. The discussant will close the session by placing these studies in the larger context of the disparities research at the DS-ADC.

HEALTH CARE UTILIZATION IN DIVERSE OLDER ADULTS IN THE DEEP SOUTH AND THE REST OF THE UNITED STATES
Maria Pisu,1 Roy Martin,1 Liang Shan,2 Giovanna Pilonietca,3 Richard Kennedy,1 Gabriela Oates,1 and David Geldmacher,4 1. University of Alabama at Birmingham, Birmingham, Alabama, United States, 2. University of Alabama at Birmingham, Birmingham, Alabama, United States, 3. University of Alabama At Birmingham, Birmingham, Alabama, United States, 4. University of Alabama at Birmingham, University of Alabama at Birmingham, Alabama, United States

1

2

3

4

GSA 2021 Annual Scientific Meeting
We examined racial/ethnic (R/E) differences in health care utilization among older adults with Alzheimer’s disease and related dementia (ADRD) from US Deep South [DS] and non-DS, and individual or context-level factors that affect this utilization. Data were 2013-2015 claims for Medicare beneficiaries with ADRD; county-level data were used to define context-level covariates; adjusted analyses were conducted separately for DS and non-DS. Across R/E groups, 33%-43% in DS, 43%-50% in non-DS used ADRD specialists; 47%-55% in DS, 41%-48% in non-DS used ADRD drugs; 42.9%-53.4% in DS, 42%-51.8% in non-DS had hospitalizations in a one-year follow-up. R/E differences were not significant, with few exceptions. Comorbidities, poverty, and medical resources availability were associated with specialist use and hospitalizations; comorbidities and specialist use were associated with drug use. In non-DS only, individual, context-level covariates were associated with health care outcomes. Research should further examine determinants of health care utilization in these populations.

THE CHALLENGE OF IDENTIFYING REPRESENTATIVE SAMPLES IN RESEARCH INVOLVING MINORITY PARTICIPANTS
Giovanna Pilonieta,1 and David Geldmacher,2 1. University of Alabama At Birmingham, Birmingham, Alabama, United States, 2. University of Alabama at Birmingham, University of Alabama at Birmingham, Alabama, United States

Determining participants’ demographics, cognition, and functional performance by race is crucial to understanding disparities in clinical research on Alzheimer’s disease. We compared demographic and performance variables between Black/African American (B/AA; N=30; 41%) and White participants (N=43, 59%) in the UAB Alzheimer’s Disease Center. Among 73 participants, 38 (52%) were women, mean age was 65.7 (SD 9.47), and mean education was 16 (2.31) years. Significant differences in gender proportions across race groups were observed. B/AA women represented 70% of their race group, white women represented 39.5%. There were no statistically significant differences in age, education, cognitive or functional severity, reasons to participate in research, referral source, objective measures of cognition, or informant-rated daily function by race group. In conclusion, despite 50% oversampling of B/AA participants compared to the State population, no differences in cognitive and functional performance at the time of enrollment were associated with race.

SOCIAL DETERMINANTS OF ALZHEIMER’S DISEASE AND RELATED DEMENTIAS: Racial AND REGIONAL VARIATIONS
Roy Martin,1 Liang Shan,2 David Geldmacher,3 Giovanna Pilonieta,4 Richard Kennedy,1 Gabriela Oates,1 and Maria Pisu,1 1. University of Alabama at Birmingham, Birmingham, Alabama, United States, 2. University of Alabama at Birmingham, Birmingham, Alabama, United States, 3. University of Alabama at Birmingham, University of Alabama at Birmingham, Alabama, United States, 4. University of Alabama At Birmingham, Birmingham, Alabama, United States

To examine whether racial and regional social determinants of health disparities exist for older adults with Alzheimer’s disease and related dementias (ADRD). We identified 115,879 African American (AA) and White older adults with ADRD (10% from the Deep South) from administrative claims data for a 5% random sample of Medicare beneficiaries (2013-2015). We examined racial and regional differences across sociodemographic characteristics, county-level linked poverty indicators, medical resource availability categories, insurance quality indicators. Social context differences were found between regions including Deep South older adults with ADRD having higher economic impoverishment and lower access rates to specialty medical care services. Older Deep South AA had higher Medicare/Medicaid eligibility rates and less medical access. Significant socioeconomic disparities exist between Deep South and other US regions across several social determinants factors in older adults with ADRD. Social context differences were especially prominent for older Deep South AA with ADRD.

THE RELATIONSHIP BETWEEN PRIOR CANCER DIAGNOSIS AND ALL-CAUSE DEMENTIA PROGRESSION AMONG U.S. ADULTS
Mackenzie Fowler, Nicole Wright, Kristen Triebel, Gabrielle Rocque, Ryan Irvin, and Richard Kennedy, University of Alabama at Birmingham, Birmingham, Alabama, United States

Cancer-related cognitive impairment is a common effect of cancer that shares symptoms with dementia. Only one study examined cancer’s longitudinal association with dementia. This analysis expands to a larger clinical sample. Electronic health record data were extracted from July 2003-February 2020. Baseline cognition/progression on the Alabama Brief Cognitive Screener (ABCs) by cancer history were assessed using linear mixed effects models, with interaction by race. After adjustment for demographics/socioeconomics, those with cancer history had higher baseline cognition (□: 1.49 [0.91-2.07]), and declined slower (□: 0.40 [0.08-0.71]) than those without. Health behaviors/comorbidities attenuated this association. Non-Hispanic Blacks with cancer history demonstrated lower cognition throughout follow-up compared to non-Hispanic Whites / other race/ethnicities with cancer history and participants without cancer history. Health behaviors/comorbidities confound and race modifies the relationship between cancer and dementia. Exploring the role of health behaviors/comorbidities on this association and causes of racial disparities is needed.

Session 1385 (Symposium)

EMERGING SCHOLARS AND JUNIOR FACULTY PRESENT NEW STRATEGIES FOR STUDENT ENGAGEMENT IN GERONTOLOGY
Chair: Sarah Hahn Discussant: Jennifer Kinney

With the rapid aging of the population, the need for gerontological educators to identify pedagogical strategies to increase interest and prepare students continues to grow. Innovative approaches and educational practices contribute greatly to student success in the gerontological classroom. Literature on gerontological pedagogy has shed light on the success of high-impact practices, creative assignments,