

The specific goals of this project are to (a) determine how sociodemographic, health-related, and sociocultural factors interact to influence advance care planning (ACP) prevalence among persons with ADRD, and (b) determine how race, ethnicity, rurality, and ACP interact to influence hospice utilization among persons with ADRD. This study is especially paramount for patients with ADRD as they progress in their disease and lose capacity to participate in decision making for their end-of-life (EOL) care. Our central hypothesis is that the rate of care planning and hospice utilization will vary across groups with different race, ethnicity, social background, and living conditions. Our long-term goal is to reduce disparities of care, including hospice, for diverse and underserved persons with ADRD through developing and implementing systems of support to encourage early ACP conversations prior to losing decision-making capacity. Our overall strategy is implementation of an observational and cross-sectional study using the Health and Retirement Survey (HRS) dataset. We selected the 2014 wave because it is the latest and the most comprehensive wave used in selected harmonized data sets, specifically in EOL sections. To address Aim 1, we will examine the presence/absence of Living Will (LW) and Durable Power of Attorney (DPOA) for Health Care as primary outcomes (binary measurement). Logistic regression will be conducted using the sociodemographic, health-related and sociocultural variables to determine which of these data points increase the probability of having completed the LW or DPOA. Based upon these analyses, baseline models will be created from diverse populations (race, ethnicity, and rurality) as a starting point for modeling probabilities associated with completed ACP. Subsequent models will be created by adding variables in order to determine the final predicted probability to determine differences in the odds of completing ACP between groups. To address Aim 2, we will model the probability of enrollment into hospice care (binary) and focus on conditional mean length of hospice stay. Baseline models will be created similarly to Aim 1, with the mean length of hospice stay utilized to create a survival analysis intended to accommodate right-censored data.