

SESSION 2280 (PAPER)

RACE, SOCIETY, AND HEALTH OUTCOMES

DEATH OF A CHILD AND MORTALITY RISK OVER THE LIFE COURSE: RACIAL DISADVANTAGE IN THE U.S.

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Numerous studies show that bereavement, including bereavement following the death of a minor child, increases mortality risk in white populations. The death of a child prior to midlife has received much less attention. Moreover, recent research shows that black Americans are substantially more likely to lose a child compared to white Americans, but this racial disadvantage is largely unexplored. Losing a child is a traumatic event that may activate biopsychosocial and behavioral risk factors that add to mortality risk. We analyze longitudinal data from the Health and Retirement Study (1992-2014) to assess the association of child loss prior to midlife with mortality risk in mid to later life, and the possible biopsychosocial and behavioral covariates linking child death to mortality. The analytic sample includes 20,489 non-Hispanic white respondents and 5,328 non-Hispanic black respondents who have ever given birth to or fathered at least one child. Findings suggest that the death of a child prior to midlife is associated with increased mortality risk, net of sociodemographic controls. Psychological (e.g., depressive symptoms), behavioral (e.g., alcohol use, smoking), and social (e.g., income, marital status) factors explain this heightened mortality risk. Although the heightened mortality risk for child loss is similar for black and white parents, black parents experience a greater disadvantage as they are almost twice as likely as white parents to lose a child prior to midlife. Child loss and the resulting health risks disproportionately burden black families, functioning as a unique source of disadvantage for black Americans.

RACE-ETHNICITY AND HOPELESSNESS IN OLDER AMERICANS: WHO'S AT GREATEST RISK AND WHY?

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Racial and ethnic minorities are more likely to experience adversity throughout their lives, which puts them at greater risk feelings of despair and powerlessness. This study uses data from 5,500 respondents from the Health and Retirement Study to assess racial/ethnic differences in hopelessness and test whether older blacks and Hispanics experience greater increases in hopelessness as they age. Hopelessness was assessed using 4-items that capture the extent to which a person has a negative outlook towards the future and believes they are powerless to overcome the obstacles they face; it is measured at three time points: 2006/2008, 2010/2012 and 2014/2016. Linear regression models were used to assess differences in hopelessness by race/ethnicity and linear mixed models were used to assess racial/ethnic

differences in trajectories of hopelessness over time. Older blacks and Hispanics were more likely to report feelings of hopelessness at each timepoint of the study. Differences between blacks and whites were completely explained by differences in education and poverty status, while differences between Hispanics and whites remained. Although minority elders had higher levels of hopelessness at each time point, older whites experienced steeper increases in hopelessness over time. These findings suggest that structural factors influence feelings of hopelessness among minority elders. However, older blacks and Hispanics may develop resilience to hopelessness as they age.

RACIAL DISPARITIES IN HOSPICE USE AT THE END OF LIFE: FINDINGS FROM THE REGARDS STUDY

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Hospice supports patients and families through interdisciplinary care focused on symptom management and maximization of quality of life. Although hospice care confers well-documented benefits, it remains underutilized: many patients do not use it at all or enter care too late to receive any benefit. While racial disparities in hospice use have been documented, hospice utilization among non-white decedents remains understudied, particularly among those with non-cancer diagnoses. Therefore, we used the REasons for Geographic and Racial Differences in Stroke (REGARDS) study, a population-based investigation of stroke incidence with oversampling of Blacks and cause of death adjudication by expert panel review, linked to Medicare claims data to examine racial disparities in end-of-life care. We identified 1221 participants who died between 2013-2015 due to natural causes excluding sudden death. More than half (52.8%) used hospice during the last 6 months of life (median = 15 days), with use among cancer decedents over 70%. Overall, Blacks were significantly less likely to use hospice (OR=0.570) compared to Whites in adjusted analyses. Among hospice users, Blacks did not significantly differ from Whites in length of stay. In analyses stratified by cause of death (dementia, cancer, CVD and other), Blacks were significantly less likely than Whites to use hospice for all causes of death other than dementia. Despite tremendous growth of hospice in recent decades, our findings suggest that this effective service remains highly underutilized among Blacks dying from cancer, CVD and other serious illnesses, suggesting a need for targeted intervention to eliminate disparities in quality end-of-life care.

RACIAL SIMILARITIES AND DIFFERENCES IN FUTURE CARE PLANNING

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Recent population trends for the United States show substantial increases in racial diversity as well as an increase in