Title
Ethnic differences in expectations regarding aging among older adults.

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(PCP) characteristics on function in older adults. We examined 2 potential provider determinants of new onset difficulty in performing basic activities of daily living (ADL) in community-dwelling elderly: experience caring for elderly patients and certification in geriatrics. We hypothesized that a greater degree of experience and a certification in geriatrics (CAQ-G) would be associated with a decreased likelihood of ADL disability.

A random sample of 800 subjects enrolled in the Aging Changes in Thought study, a prospective longitudinal cohort study of dementia and normal aging involving 2581 adults over age 65 who are members of a health maintenance organization in western Washington, served as the source of patient data. Information on PCP experience was obtained from computerized patient panels; CAQ status was obtained from web sites of the American Boards of Family Pactice and Internal Medicine. ADL disability at 2 and 4 years of follow-up was examined in relation to provider experience and CAQ-G status using logistic regression and adjusting for case-mix, patient factors previously shown to be associated with ADL disability, and clustering by provider.

Patients had a mean age of 75.2 years (SD=6.1) and 1.4 (SD=1.2) chronic conditions; 59.4% were women. Among their 56 PCPs, the number of patients aged >/=75 cared for over a 5-year period ranged from 180 to 2910; 21 (37.5%) of PCPs had cared for over 1000. Twelve PCPs (21.4%) had a CAQ-G. PCPs with a high level of experience with elderly patients tended to have a practice that was strongly reflective of geriatric principles (p=0.001). Those with a CAQ-G tended to have a practice that was weakly reflective of geriatric principles (p=0.001). Neither experience nor CAQ-G were associated with ADL disability at 2 or 4 years of follow-up (for experience at 2 years, odds ratio [OR] 1.30, 95% confidence interval [CI] 0.96-1.75; for CAQ-G at 2 years, OR 0.71, 95% CI 0.42-1.19; results at 4 years of follow-up were analogous). This analysis suggests that structural aspects of primary care practice may not influence ADL disability in older adults. Supported by a Pfizer/Foundation for Health in Aging Postdoctoral Fellowship for Research on Health Outcomes in Geriatrics.

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MORE FUNCTIONALLY DEPENDENT HOMEBOUND ELDERLY INDIVIDUALS WERE MORE LIKELY NOT TO BE INSTITUTIONALIZED.

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Supported by: Baylor Health Care System, Baylor Health Care System, Baylor Health Care System

Objective: To identify predictors of institutionalization in a cohort of homebound elderly individuals served by an interdisciplinary physician house calls program.

Design: Cohort study.

Setting: Physician led interdisciplinary house calls program utilizing an electronic medical record affiliated with a tertiary hospital. The house calls team includes geriatricians, nurse practitioners, a social worker, and a chaplain.

Methods: Deidentified data including patients age, gender, clinical dementia rating (CDR), enrollment scores of activities of daily living (ADL), and whether or not patients had urinary incontinence. ADL score ranged from 5 to 15 with higher scores denoting more functional dependence. ADL score was also dichotomized as above or below the median of the population. Patients who were permanently institutionalized from the house calls program were compared to those who were not. A Kaplan-Meier survival analysis, as well as multivariate analysis were performed for variables that were significantly different across the 2 groups.

Results: out of 549 patients followed between October of 1996 and April 2002, a total of 67 were permanently institutionalized. Institutionalized and non-institutionalized were similar in average age (84.2 vs 83.3, p=0.457), and percentage of women (81% vs 74%, p=0.235). Surprisingly, institutionalized patients were less functionally dependent (ADL 10.1 vs 11.7, p=0.003), less demented (CDR 1.5 vs 1.9, p=0.022), and had less urinary incontinence (63% vs 74%, p=0.075). On multivariate analysis, ADL score, not CDR was significant predictors of placement (p=0.04). Survival analysis showed that by the end of the first year, 7% of the functionally dependent patients and 12% of the less dependent patients were institutionlized, and by the second year, the percentages became 10%, and 21%, respectively (p=0.009)

Conclusions: surprisingly, homebound individuals with higher functional needs on enrollment were more likely to remain at home. Our results are inconsistent with studies that inciminated the diagnosis of dementia as a predictor of placement, and consistent with previous studies that showed that ADL dependence did not preclude care at home.

P521 ***AFAR Grantee***

ETHNIC DIFFERENCES IN EXPECTATIONS REGARDING AGING AMONG OLDER ADULTS.

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Supported by: Hartford/AFAR Medical Student Geriatric Scholars Program, The Brookdale Foundation, National Institute on Aging

Background: Having a negative attitude towards aging is a powerful risk factor for disability and death; whether varying cultural beliefs towards aging contribute to ethnic health disparities is unknown.

Objective: To compare expectations regarding aging of older Latinos, African Americans, and whites.

Methods: We invited English and Spanish speaking adults aged 65 years and greater at 14 Los Angeles county senior centers to complete the Expectations Regarding Aging (ERA-38) Survey, in which lower scores indicate expecting health decline; approximately 15% of those invited to participate declined. Participants also completed instruments measuring health-related quality of life (Medical Outcomes Study Short-Form-12), medical comorbidities, basic and instrumental activities of daily living (ADLs), and depressive symptoms (Geriatric Depression Scale). We compared ERA-38 scores among Latinos, African Americans, and whites using ANOVA and multivariate regression.

Results: Mean age of the 646 participants was 78 years; 44% were white, 16% were African American, and 37% were Latino. The unadjusted order of total expectations regarding aging (highest to lowest) was: African Americans, whites, Latinos (ANOVA p=.01); this same order was found for the ERA-38 sub-scales representing expectations regarding general health, mental health, fatigue and pain (p<.05 for all). In a multivariate regression model controlling for the independent effect of age, gender, income, Spanish version of the survey, ADLs, depression status, comorbidity, and physical and mental health-related quality of life, Latinos' expectations regarding aging remained .10 standard deviations lower than African Americans and whites (p=0.03). Expectations did not differ between African Americans and whites.

Conclusions: In this sample of lower income community-residing older adults, being Latino is independently associated with having lower expectations regarding aging than either African Americans or whites. This suggests there are cultural factors causing older Latinos to expect health declines with usual aging, and that it may be possible to improve the health of older Latinos by intervening to change their expectations regarding aging.

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