

decline in executive function was associated with GM volume and associated WM tracts in dorsolateral prefrontal cortex.

Conclusions: Individuals with rs1768208 risk alleles are at risk for a rapid decline in executive function and this is related to more severe neurodegeneration in key frontal regions. These findings suggest that individual genetic variations contribute to heterogeneity in clinical progression.

Unplanned hospitalization disparities for adults with ESRD

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Aims: Adults with end-stage renal disease (ESRD) have substantially higher hospitalization, rehospitalization, and mortality rates compared to adults without ESRD. The purpose of this study was to examine differences in individual characteristics and community-level social determinant indicators associated with unplanned hospital admissions from the emergency department (ED) for adults with ESRD in New Jersey (NJ).

Methods: The study was an analysis of de-identified data from 15,749 ED visits and hospitalizations by

non-Hispanic white and black adults with ESRD in NJ. Data sources included the Health Care Utilization Project's 2014 NJ Inpatient database (SID) and the American Community Survey 2011-2015 five year estimates for NJ community-level social determinant indicators. Bivariate analyses were used to examine differences in individual- and community-level characteristics for ED visits by black and white persons with ESRD. Logistic regression and multilevel modeling were used to determine the extent to which the likelihood of hospital readmissions and deaths during the hospitalization varied by individual- and community-level predictors.

Results: There were significant individual- and county-level differences in sociodemographic characteristics between black and white adults with ESRD who were hospitalized. Both individual-level characteristics (race, comorbidity, reasons for admission) and county-level social determinants (income inequality, median income, residential segregation, social isolation) were significant predictors of the likelihood of deaths during hospital admission and hospital readmission events in NJ hospitals in 2014.

Conclusions: The design and evaluation of geotargeted models of care is needed to reduce costly adverse events (ED use, hospitalizations, deaths during hospitalization, readmissions) among persons with ESRD in NJ.