

decreased throughout the pandemic, and struggles to maintain adequate staffing levels and patient census numbers have continued as the pipeline of potential new staff constricts. Facilities turned to agencies, many for the first time. Since agencies offer higher salaries, staff are drawn away from employment by SNFs, leading to a cycle of wage wars, and agencies are also challenged to provide staff. SNF administrators describe their responses to this crisis, such as flexible schedules, increased paid time off, sharing of non-direct-patient-care tasks, financial incentives (referral, sign-on, “no-call out”, and other general bonuses); wage analyses, and enhanced employee benefit packages. Some hire recruitment specialists, collaborate with nearby administrators, use creative advertising, or work with local schools. The vaccine mandate worries administrators; as one stated: “I can't afford to lose one person, let alone 20 because of this mandate...”. Given the dwindling pool of potential employees, we present NH administrators' strategies to attract and retain staff.

STRUCTURAL RACISM IS ASSOCIATED WITH ASSISTED LIVING LOCATION

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Our objective was to measure the association between structural racism, a previously unmeasured but theoretically causal factor, and assisted living communities (ALCs) location as fewer ALCs are located in counties with a greater percentage of the population reported as Black (PPB). We used a recently developed measure of structural racism—the racial opportunity gap (ROG), which compares the economic mobility of Black and White people who grew up in the same area with parents who had similar incomes. We estimated a multilevel mixed-effects bivariate regression model to examine the factors contributing to the presence of ALC. We relied on state and county random effects. The likelihood of an assisted living being located in a census tract in 2019 was significantly positively associated with the percent of the population over the age of 65 (OR=150.1573, $p<0.001$), the PPB (OR=2.9916, $p=0.004$), and higher median incomes (OR=1.0, $p<0.001$). In contrast, rurality (OR=0.5656, $p<0.001$), unemployment rates (OR=0.0288, $p<0.001$), and census tracts that have a high PPB in addition to a high county ROG (OR=.0058, $p=0.0137$) are all associated with a lesser likelihood of an ALC. The interaction coefficient between the ROG and PPB reverses the previously documented negative association between the PPB and ALC presence. This result empirically supports the premise that structural racism, not population race alone, is a negative determinant of where an ALC is located within a county.

SUCCESSFUL AGING: MEMORY AND SMART TECHNOLOGY IMPLICATIONS.

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The cognitive functioning as a general measure, is a criterion commonly used to define and operationalize successful aging (SA). The aim of this study is to analyze the specific role of memory (objective and subjective) and its relationship with the use of smart technology (ST) and SA. (Project-Conacyt-256589) Population based, random sample included $n=453$ community-dwelling older adults 60-years and older (mean age=72.51, SD=8.11 years, 59.4% women). Memory was assessed through working memory (Digit Span Backward WAIS-IV), episodic memory, metamemory (self-report), subjective memory, and learning potential (RAVLT). SA was operationalized as no important disease, no disability, physical functioning, cognitive functioning, and being actively engaged. Participants were asked if they use cellphone, computer, or tablet. Pearson's correlation test and linear regression models were performed. In total 11.2% were successful agers. 53.6% used cellphone, 14% computer, 8% tablet, 44.1% any device. Results show significant correlation between SA and subjective memory, learning potential and the use of ST. Results of the multiple regression analysis emerged on a significant model using the entered method: $F=26.05$, $p>.000$, explaining 21.4% of the variance of SA. Although objective memory measurements were no significant for SA, all memory measurements were related to the use of ST. Knowledge generated by this study reveals the specific role of the metamemory on the SA, underlining the relevance of subjectivity on aging. We need to reflect about the limitations of older adults to access to a digital world in order to achieve a SA.

SYSTEMS AGING CLOCK: A NOVEL EPIGENETIC AGING CLOCK MODELED FROM ORGAN & BODILY FUNCTION BASED MORTALITY INDICES

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A diverse array of aging clocks, derived from a variety of omics data and clinical biomarkers, have been developed to describe aging and predict age-related disease. As such, these biomarkers are particularly applicable for use in observational studies, basic science and clinical trials focused on tackling biological aging. However, ongoing research suggests significant heterogeneity in aging, with deterioration and disease occurring in different organ systems or functional domains at various rates across individuals. Existing aging clocks only measure heterogeneity in the degree of aging, not in the manner of aging (e.g. different organ systems or functional domains). We hypothesize these unique trajectories exist and that they can be captured using a systems based approach. In our work, using clinical chemistry biomarkers from participants in the Health and Retirement Study (HRS), Framingham Heart study (FHS) and Women's Health Initiative (WHI), we modeled unique epigenetic aging trajectories from distinct groups of biological processes (such as Immune function, metabolic function, hepatic function,