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Approximately 60% of those with dementia do not carry a diagnosis, undermining patient participation in clinical trials and family access to support. Under-diagnosis is driven by lack of knowledge about dementia, stigma, clinician inexperience and therapeutic nihilism. To address clinician-based contributors to under-diagnosis, we developed and implemented "Dementia 360," a telementoring program modeled on the ECHO (Extension for Community Health Outreach) framework. Remote participants (n=67) learned about the diagnostic process, pharmacological management, family support and dementia-related resources. The video-conference-based one-hour sessions occurred weekly over 2 months. Instruction was provided by a multi-disciplinary faculty team with extensive clinical experience. Didactic presentations were followed by case studies offered by participants. Physicians, nurses, psychologists and social workers from 40 organizations participated, of which 62% were from medically underserved rural clinics. Participants were administered pre- and post-program questionnaires about their level of confidence in assessing and treating individuals with memory loss and dementia-related behavioral symptoms. Of the 54 clinicians who completed pre-intervention confidence assessments, 30 completed post-assessment. The clinicians had significantly increased confidence in diagnosing and treating dementia and managing behavioral symptoms of dementia (p ranging from .0002 to .003). Qualitative feedback from focus groups was generally positive, for example, "Knowing the diagnosis criteria and steps to take to rule out other diagnoses will help me more accurately diagnose and rule out dementia for my patients." Our findings suggest that delivering case-based education via ECHO has potential to increase clinician workforce confidence in diagnosing and managing dementia.

#### URINARY MARKERS OF OXIDATIVE STRESS CORRESPOND TO INFECTION AND AGING IN WILD CHIMPANZEES

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Oxidative stress (OS) plays a central role in aging and results from a variety of stressors, making it a powerful measure of health and a way to examine phylogenetic variation in life history. However, few urinary OS markers have been examined under field conditions, particularly in primates, and their utility to non-invasively monitor acute vs. chronic conditions is poorly understood. In this study, we examined variation in 5 urinary markers of oxidative damage and protection under 5 validation paradigms in 37 wild, adult chimpanzees living in the Kibale National Park, Uganda. We used 925 urine samples to conduct both cross-sectional and within-individual analyses of responses to acute infection and variation with age. Markers of damage (8-OHdG, F-isoprostanes, MDA-TBARS, and neopterin) and total antioxidant capacity were generally

positively correlated with one another. Within individuals, all markers responded to at least one if not both types of acute infection. Markers of damage also varied with age, particularly in individuals near death. Unlike in human and rodent tissues, DNA damage in urine decreased with age, both across and within individuals near death, suggesting a potential decline in DNA repair and/or metabolic rate during senescence. Our results suggest that OS can be measured using field-collected urine and may be useful for both short- and long-term indicators of health. Our results further confirm that using multiple markers and longitudinal sampling within individuals is the most productive approach for studies that seek to determine the role of OS in health and lifespan in long-lived organisms.

#### MOVE UP STUDY RESULTS: WEIGHT LOSS POSITIVELY AFFECTS HEALTH-RELATED QUALITY OF LIFE BUT NOT DEPRESSIVE SYMPTOMS

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Obesity is prevalent among older adults as are increases in depressive symptoms and declines in health-related quality of life (HRQOL). Healthy weight loss and mitigating mild depressive symptoms (MDS) and HRQOL could have critical public health significance. The Mobility and Vitality Lifestyle Program (MOVE UP) led by Community Health Workers delivered 32 healthy aging/weight management group sessions over 13 months. Data from 240 participants were evaluated to assess program impact on CES-D (20-item) depressive symptom and SF-36 HRQOL scores. Participants were 88% female, 28% black/other race, 42% ≥ college-educated. Mean (SD) age was 67.6 (4.1) and BMI was 34.7 (4.7). At baseline, average CES-D score was 7.9 (7.2) and 27.9 % (N = 67) had MDS, scoring 17.1 (6.2). Results show significant mean (SD) weight change of -12.7 (13.3) lb from baseline (p<0.0001). Overall, CES-D mean (SD) score change was -0.4 (6.7) (p=0.33); participants with MDS had an average CES-D decrease of -4.4 (7.8) points (p<0.0001). Further, HRQOL improved significantly in all realms, particularly the physical component score (p<0.0001). SF-36 (SD) total score improved +1.1 (7.6), mental + 2.1 (11.7), and physical + 5.0 (16.7). Regression analyses (age/sex adjusted) demonstrate that for each 5 lb of weight loss there was an average (SEM) 3.35 (1.49) point increase in SF-36 total score (p=0.03). The mitigation of depressive symptoms in the MDS subgroup was not significantly associated with weight loss but may reflect other positive effects of the intervention experience. Conversely, positive HRQOL changes appear to be driven strongly by weight loss.

#### POLICY MODIFICATION, CLINICIAN TRAINING, AND ENROLLMENT OF COMMUNITY-DWELLING OLDER ADULTS TO ADOPT A MODEL OF CARE

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Partnering with a Medicaid Home and Community Based waiver, we tests implementation strategies on adoption and