STIMULATING A MATURE BODY'S DEFENSE SYSTEM BY MAINTAINING PHYSICAL ACTIVITY: A LITERATURE REVIEW

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This review provides summary of research findings on the effects of exercise for changes in the immune system most associated with aging. Immunosenescence is identified as an immune dysregulation with aging that leaves an older adult susceptible to infections and a host of immune-related disorders. Extrinsic modulators of immunosenescence include pathogens, mental stress, nutrition, and exercise. Moderate short acute exercise over time enhances the immune system. Heavy exertion or prolonged exercise bouts may contribute to immunosenescence. In one study, a J-curve result was identified for upper respiratory tract infection. A moderate exercise workload was associated with a 40-50% decrease in upper respiratory tract infections while a 2-6-fold increase was identified among individuals consistently completing heavy exertion. Transient increases of the inflammatory markers of C-reactive protein and Interleukin-6 are noted after excessive exercise. The older adult should consider small increments of change in an exercise load to limit exercise-induced inflammation. These same inflammatory markers are chronically expressed in obese individuals in a resting state. Strategies to manage weight within recommended range to avoid obesity will limit activation of proinflammatory immune cells. In conjunction with physical activity, the lifestyle behaviors that most support immune system health include adequate sleep, nutrition, hydration, and avoidance of excessive alcohol intake. When planning a safe moderate exercise workload, additionally consider hygienic practices to lower transmission of pathogens. Transmission decreases with hand washing, limited hand-to-face contact, distance from large crowds or those with cough, avoiding spaces with poor ventilation and update vaccinations.

TEXTING OLDER SISTERS TO STEP (TOSS) USING FITBITS TO PROMOTE PHYSICAL ACTIVITY: A FEASIBILITY STUDY

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Black women are disproportionately diagnosed with obesity (BMI ≥ 30 kg/m2). Obesity is a preventable but complex, public health problem that is multifaceted, chronic, and approximately 58% of Black women 60 years and older are classified as obese, compared to 38% of their White counterparts. This 12 week, pre/post, 2-group study aimed to determine if a peer-informed physical activity (PA) intervention with peer support would be feasible among community- dwelling, obese, older Black women to promote regular PA. Forty-eight potential participants were screened, 24 categorized as obese were enrolled and completed the study. The mean age was 64 (SD 3.0) years. Steps were measured by a Fitbit-Inspire with data successfully collected on 98% of days with the treatment group averaging a daily increase of 700-steps more than the control. Evaluation of intervention's acceptability revealed that 100% enjoyed the study and using the Fitbit device. Text message readability was 100% and 95% said the study was motivational. Additionally, 8.3% said daily prompts were too frequent, 12% indicated that future studies should include additional social support, and 88% did not comment on the Fitbit community option for support, suggesting that this feature was not practical. Findings demonstrated that this intervention meets the criteria of being scalable, low cost, feasible, and acceptable for the older Black women. Using self-monitoring techniques in combination with at least one other behavioral strategy, such as our TOSS messages (cues for motivation) as the delivery channel for health promotion messages are a promising approach to increase PA behaviors.

THE ASSOCIATION BETWEEN VISION ACUITY, SLEEP DURATION, AND PHYSICAL ACTIVITY AMONG US ADULTS AGED 50 YEARS AND OLDER

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Studies suggested that people with low vision are more likely to have worse sleep quality and less frequent participation in physical activities compare with people with better vision. Studies also showed that physical activities is a very important factor for one's sleep. However, there is relatively little research on the association between vision acuity, sleep, and physical activity. This study examines the relationships between vision acuity and sleep duration among middle-aged and older adults in the US, and the role of leisure-time physical activity in this relationship. Using nationally representative data from the National Health and Nutrition Examination Survey 2007-2008, a cross-sectional analysis on adults age 50 years and older was conducted (n=2.247). Visual acuity was assessed by participant's vision of better-seeing eye (i.e., none, mild, moderate, and server visual impairment), and we measured sleep duration (i.e., short, average, and long duration) and leisure-time Physical Activity (i.e., inactive/insufficiently active and sufficiently active). Descriptive analysis showed that 31.06% of older adults experienced moderate or severe visual impairment, and 46.81% respondents experienced abnormal sleep duration. Multinomial logistic regression analyses showed that compared to people without visual impairment, people with moderate or severe visual impairment were more likely to have longer sleep duration than normal sleep duration (OR, 1.62, $p<0.05$). Leisure-time physical activity was not found to significantly mediate the relationship between visual acuity and sleep duration. Other variables were controlled in the models. Findings suggest that US adults age 50+ with low vision are at greater risk of experiencing abnormal sleep duration.

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Policy, Financing, and Social Service Delivery

A POLICY MAPPING ANALYSIS OF THE U.S. CONGRESSIONAL APPROACH TO MEDICAL AID-IN-DYING

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Oregon was the first state to legalize medical aid-in-dying (MAID), in 1994. Since then eight states and Washington, DC have legalized MAID through legislation. Despite literature exploring the legal and ethical aspects of MAID, very little research examines MAID policy at the federal level. This study aimed to 1) examine the objectives of MAID legislation introduced to the US Congress, and 2) investigate whether these bills increase or decrease access to MAID. This study used the congress.gov website to search for bills related to MAID introduced by the US Congress between 1994 and 2020. From the 98 bills identified, we excluded bills that were not directly related to MAID or were introduced in subsequent congresses. In total, 23 bills were retained and analyzed. The greatest number of bills aimed to restrict funds for MAID, followed by bills that sought to regulate the drugs used for MAID. Other bills prohibited the development of policies supporting MAID, regulated penalties for practitioners related to the drugs used for MAID, and restricted legal assistance for accessing MAID. These bills intended to block or limit patient access to MAID by restricting drugs, funds, health care services, legal assistance, policy, and research. These findings suggest that the federal approach is incongruous with the growing numbers of states that have legalized MAID. Federal policymakers must develop policies to 1) prevent discrimination against vulnerable groups, 2) support funds to study MAID, and 3) build a system to allows eligible individuals to access MAID equally.

ASSISTED LIVING ADMINISTRATORS' VIEWS OF PALLIATIVE CARE

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As many older adults with progressive chronic conditions choose to age-in-place in assisted living (AL) communities, external healthcare workers (e.g., those who provide palliative care) increasingly support AL staff in caring for residents with complex health needs. Palliative care is a branch of healthcare dedicated to preserving quality of life by attending to the physical, mental, and spiritual needs of individuals with chronic, life-threatening diseases and is well suited to manage AL residents' progressive medical conditions. However, AL residents and their care partners often face barriers to accessing palliative care. Using data from a larger 5-year NIA-funded study, we examined AL administrator knowledge and use of palliative care in seven AL communities around the Atlanta metropolitan area that were racially, ethnically, and socioeconomically diverse. Findings from thematic analysis of semi-structured interviews with 16 administrators indicated that 15 of 16 administrators were familiar with palliative care. A minority of administrators clearly distinguished palliative care from hospice services and conceptualized it as a "bridge" to hospice services. Administrators emphasized how palliative care assists communities in caring for health concerns in-house rather than having to send residents to the hospital. Despite their positive view of palliative care, administrators described infrequent use of palliative services in their communities. Findings show that although none of the AL communities integrate palliative care with their service offerings, AL administrators see value in palliative care for their residents. We provide recommendations for improving palliative care access and quality of life for AL residents at end of life.

DO STATE AGENCY ON AGING STRATEGIC PLANS INCLUDE TERMS RELATED TO MALNUTRITION?

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Demand for federal nutrition assistance programs is increasing as the older population grows and further accelerated with the COVID-19 pandemic. Older adult nutrition programs are based on federal nutrition guidelines that have traditionally focused on healthy populations, yet many older adults have multiple chronic conditions/advanced age. Some guidelines are changing; the 2020 Dietary Guidelines for Americans recognize older adults' risk for malnutrition and also need for adequate protein to prevent lean muscle loss with age. The 2020 Older Americans Act (OAA) reauthorization included reduction of malnutrition in OAA's official purpose and added program participant screening for malnutrition. The OAA requires State Agencies on Aging submit multiyear strategic plans to receive program funding, but it is unknown how the plans address risks for malnutrition, including overweight, underweight, and muscle loss (sarcopenia/frailty). We searched 51 State Agency on Aging strategic plans posted at advancingstates.org to determine their frequency of mentioning nutrition, malnutrition/underweight/undernutrition, obesity/overweight, frail/frailty, sarcopenia, and dietary supplements/oral nutrition supplements (DS/ONS)/meal replacements. Every state plan included nutrition but less than a third included malnutrition. There was wide variability in how nutrition and malnutrition were incorporated into state goals and strategies. Very few plans included obesity, frailty, and DS/ONS terms; none included sarcopenia. Although there has been some movement, there is need for many State Agencies on Aging plans to address all aspects of malnutrition including overweight, underweight/other factors related to muscle loss (sarcopenia/frailty) that adversely impact healthy aging. Wide disparities in plan structure/use of terms create opportunities for more common approaches/definitions.

DOES CLOSING THE DONUT HOLE REDUCE FINANCIAL BURDENS AMONG MEDICARE PART D BENEFICIARIES?

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The Medicare Part D donut hole has been gradually closed since 2010. But it is still unclear how it has impacted the beneficiaries' relative financial burdens, especially in the later stage of the closing plan. The measurement of catastrophic health expenditure induced by prescription drugs (CHE-Rx)