and an AL-cognition relationship, older adults (60-95 years) with hypertension were recruited and randomly assigned to 12-week TC or Healthy Aging Practice-centered Education (HAP-E) classes. The AL index (ALI) included: SBP and DBP; urinary epinephrine and norepinephrine; plasma inflammatory biomarkers (CRP, IL-6); metabolic biomarkers (HDL, total cholesterol, triglycerides, HbA1c); and BMI. The Montreal Cognitive Assessment (MoCA) was administered to assess cognitive function. Generalized linear mixed-effects models, adjusted for age, race, education, and intervention attendance, was used. Pre- and post-intervention ALI did not change significantly in TC (2.61 (1.48) to 2.76 (1.62)) or HAP-E (2.84 (1.61) to 2.66 (1.86)). High ALI was associated with lower MoCA scores, indicating poorer cognitive performance (IRR=0.96; 95% CI: 0.93-0.98; p=0.002) across the time points. Of note, the MoCA scores did not significantly change across time (25.4 (3.2) to 26.0 (3.0)). 12-week TC or HAP-E interventions did not lead to a significant change in ALI or cognitive performance in our population. However, our findings show greater AL theoretically attributed to chronic stress is associated with cognitive functioning in older adults consistently over about 4 months.

ANALYZING THE SPECIFIC ROLE OF COGNITIVE FUNCTIONING ON SUCCESSFUL AGING

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Introduction The cognitive functioning, as a general measure, is a criterion commonly used to define and operationalize successful aging. (Project-Conacyt-256589) The aim of this study is to analyze specific domains of cognitive function and its relationship with the successful aging in older adults. Methods 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). Cognitive functioning was assessed by a comprehensive battery including working memory(Digit Span Backward WAIS-IV), episodic memory, meta-memory(self-report), processing speed(Symbol Digit WAIS-IV), attention(TMT-A), executive functioning(TMT-B), learning potential(RAVLT), language(FAS), visuospatial skills(Block Design WAIS-IV). Successful aging was operationalized as no important disease, no disability, physical functioning, cognitive functioning, and being actively engaged. Sociodemographic and health data were also asked. Data were analyzed in SPSSv24, MANOVAs and size effects were calculated. Results In total 11.2% were successful agers and 11.4% had Mild Cognitive impairment. Global cognitive functioning was significantly related to the achievement of successful aging criteria. Cognitive functioning had a significant effect on successful aging, specifically executive functions (F=1.07,p=.000) explained 32.7% of the variance, attention explained 29.8% (F=1.19,p=.006), processing-speed 21% (F=1.38,p=.000), and learning potential 21.5% ((F=1.12,p=.005). Language, visuospatial skills, working memory and meta-memory had a very small effect. Conclusion Knowledge generated by this study reveals the specific role of cognitive domains on successful aging, and sets a scenario to promote successful aging, through alternatives centered in the improvement of cognition in the older adults.

AS WOMEN LIVE LONGER, WHAT DO THEY NEED MOST?

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Women in the United States can live into their 80s, 90s, and even 100s—outliving men nearly five years on average. Over the next four decades, the number of women aged 85 years and older will nearly triple in size. Many will live alone and in poverty, with increasingly fewer supports on which to rely as they age. Although women can spend their lives caring for children, partners, and parents, often while working multiple jobs, as they grow older, many find their physical, emotional, and financial needs cannot be met. Using data recently collected for the Urban Institute's EMPOWER: Building Late-Life Resilience study, with funding from the National Institute of Justice, we examine the needs of low-income women aged 85 years and older (N=35) living alone in Arizona communities. We explore issues of home safety perceptions and social isolation and study their relationship to women's physical, emotional, and financial wellbeing.

ASSISTED LIVING ADMINISTRATORS' MENTAL AND EMOTIONAL HEALTH DURING THE COVID-19 PANDEMIC

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Little is known about assisted living (AL) administrators' mental and emotional health, particularly during a global pandemic in which most of their residents are highly vulnerable to infection, hospitalization, and death. Considering that administrator turnover and burnout have been associated with negative outcomes such as decreased quality of resident care, low staff morale, and reduced financial solvency, this study examined how AL administrators described their mental and emotional state throughout the first year of the COVID-19 pandemic. Using thematic analysis, our team coded 18 qualitative interviews conducted from May-August 2021. The themes included declining physical health due to stress, feelings of inadequacy and self-doubt, and increased burnout. Many administrators described increased staffing challenges as directly impacting their daily stress levels. Some administrators described feeling guilty and doubting their interpretation or implementation of regulations, particularly in incidents that further distanced residents from peers and loved ones. A few administrators described their disposition or personality changing due to what they experienced during the pandemic. One administrator stated, "I'm not an anxiety person, but I feel anxiety about a lot of things. In fact, my doctor has talked to me about starting some medications to help with that." Multiple administrators

made comments such as, "I don't know that there could be a more stressful position than executive director of assisted living…the COVID pandemic reinforced that. This is rough." Understanding AL administrators' mental and emotional health during a public health crisis allows for understanding, supporting, and retaining critical leaders in long-term care communities.

ASSOCIATION BETWEEN LENGTH OF RESIDENCE IN THE U.S. AND INSURANCE COVERAGE WITHIN U.S. CHINESE OLDER ADULTS

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Barriers to affordable insurance may worsen disparities among underserved populations. Immigrants with <5 years of residence are not eligible for Medicare and Medicaid and are potentially without affordable alternatives. This study aims to look at the relationship between length of residence in the U.S. and insurance coverage within U.S. Chinese older adults ages 65+.This study used data from a representative sample of 2,365 community-dwelling U.S. Chinese older adults age 65+. The association between length in the U.S. (<5, 6-10, 10+) and insurance status was analyzed using chi squared test and logistic regressions. Within this sample, 58 (2.78%) participants had coverage outside Medicare and Medicaid, with 279 participants reporting no coverage. The vast majority of participants living in the U.S. <5 years had no insurance (81.48%). In a fully adjusted model, participants who were older and female were positively associated with having insurance coverage (OR:1.11 [1.07,1.15] and OR:1.29 [0.88,1.90]). Conversely, both living in the U.S. <5 years (OR:0.009 [0.006, 0.014]),and between 5-10 years (OR:1.20 [0.13,0.30]) were negatively associated with insurance coverage. When including coverage outside of Medicaid and Medicare, residence <5 years and 5-10 years were still negatively associated with insurance coverage ((OR:0.13 [0.009,0.02]), and (OR:0.19 [0.13,0.30])). Vulnerable populations such as older immigrants may not have access to insurance outside of public options, making a 5-year waiting period an additional barrier to quality health care.

ASSOCIATION OF DEMENTIA SEVERITY AND ASSISTANCES NEEDS ON MISSED HOME HEALTH VISITS.

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Individuals with Alzheimer's Disease and Related Dementias (ADRD) experience barriers to accessing health care services, including services provided during home health care. Additionally, it is not clear if people with ADRD who are admitted to home health care receive all the services needed to maximize their outcomes. Barriers to receiving the optimal care can include the presence or absence of a care giver, behavioral and psychological symptoms of ADRD, or therapists lacking the skills needed to effectively engage patients in therapy sessions. These barriers may vary dependent on the patient's ADRD severity. The purpose of this study was to examine the relationship between dementia severity and early discharge from home health care. This was a retrospective study of 142,376 Medicare beneficiaries with ADRD who received home health care between October 2016 and September 2017. Early discharge was defined as discharge from home health with more than two missed visits. Early discharge rates were calculated, and multilevel logistic regression was used to estimate the relative risk (RR) of early discharge, by dementia severity level, adjusted for patient and clinical characteristics. 10.4% of beneficiaries had an early discharge. Dementia severity was not associated with risk of early discharge. However, level of medication assistance needed was found to be associated with risk of early discharge (RR=0.849; 95% CI 0.759 - 0.948). Medication management may impact a patient's ability to adequately attend and engage in home health therapy services. Further studies are needed to better delineate the interaction between medication management and early discharge.

ASSOCIATIONS BETWEEN PACS SYMPTOMS AND RISK FACTORS AMONG LONG HAULERS IN THE RUTGERS POST-COVID RECOVERY PROGRAM

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At least 2/3 of people with mild to moderate COVID-19 infection will experience long-haul COVID symptoms that persist for weeks or months, however, risk factors that modify the likelihood that one develops these symptoms are unknown. Patients referred to the Post-COVID Recovery Program at Rutgers in New Brunswick (n= 108) through primary care referral or self-submitted online request and experiencing a wide variety of Post-Acute COVID-19 Syndrome (PACS) symptoms were stratified by those without self-reported cognitive complaints (n=54), those with self-reported cognitive complaints who scored well on cognitive testing (n=29), and those with self-reported cognitive complaints who scored poorly on cognitive testing (n=25). Comparisons between groups were made using ANOVAs and Chi Squared: for COVID-19 disease severity, COVID-19 disease treatment, comorbid COVID-19 symptoms during infection, comorbid PACS symptoms post-infection, pre-existing health conditions, levels of depression and anxiety, level of fatigue, and social determinants of health (access to healthcare, economic stability, housing stability). Preliminary analyses indicated that whereas people without complaints were normally distributed according to age ($p>0.200$ for Kolmogorov–Smirnov test), people with complaints and deficits were skewed towards the older age group ($p<0.001$ for K-S test) suggesting age to be a risk factor for cognitive impairment in PACS. Participants that reported cognitive complaints also reported increased symptoms of depression, anxiety, and fatigue, compared to participants without cognitive complaints. These data provide insight into associations between PACS symptoms and risk factors relevant in understanding this novel disease.