

older) recruited from an outpatient HIV clinic in Atlanta, GA, completed a cross-sectional survey. Mediation analysis, guided by Baron and Kenny's (1986) criteria, was conducted using Stata v14.2 to assess the direct and indirect effects of loneliness on the association between stigma and depressive symptoms while controlling for covariates (self-rated health [0=poor to fair, 1=good to excellent]; past unstable housing [0=No, 1=Yes]; and HIV disclosure status [0=to none; 1=to someone]). Loneliness mediated the association between stigma and depressive symptoms ($\beta=0.79$, $SE=0.23$, $p < .001$). The model reflected a very good fit ($\chi^2=0.09$, $p=.765$; $CFI=1.00$, $TLI=1.09$, $RMSEA < 0.001$) and explained 27% of the variance in loneliness and 33% of the variance in depressive symptoms. Stigma predicted higher loneliness, which in turn predicted more depressive symptoms. Findings suggest that addressing depressive symptoms in OPLWH may require multifaceted interventions targeting psychosocial and interpersonal factors including stigma and loneliness.

OVERWEIGHT, OBESITY, AND NEUROPSYCHOLOGICAL PERFORMANCE: RESULTS FROM THE WOMEN'S INTERAGENCY HIV STUDY

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Conflicting associations of body mass index (BMI) and waist circumference (WC) with neuropsychological performance (NP) are observed in the general population and among people living with HIV. We examined BMI and WC in middle-aged women living with HIV (WLWH) and without HIV (HIV-) in relation to 10-year trajectories of NP in the Women's Interagency HIV Study (WIHS). NP assessments occurred biennially from 2009-2019. Demographically-adjusted T-scores were calculated for six NP domains: learning, memory, executive function, processing speed, attention and working memory, and motor function. Multivariable linear models stratified by HIV serostatus examined whether baseline (2009) BMI and WC were associated with NP domains - 1) cross-sectionally and 2) longitudinally over 10 years. The sample included 432 WLWH and 367 HIV- women, >40 years old. Most women (73%) were overweight (BMI=25-29.9kg/m²) or obese (BMI=>30kg/m²). Among WLWH, 28% were overweight, 45% obese; among HIV- women, 26% were overweight; 56% obese. Cross-sectionally at baseline, WLWH who were overweight versus normal weight (BMI=18.5-24.9kg/m²), performed worse on executive function, processing speed, and motor function (all $p<0.05$). HIV- women who were overweight versus normal weight performed worse on memory, learning, executive function, processing speed and motor function (all $p<0.05$).

Baseline BMI and WC were not associated with worsening NP domains in this younger, primarily overweight and obese sample of WLWH or HIV- women (all $p>0.05$). Future follow-up of these women will enhance understanding of the age when total and/or central obesity may influence NP trajectories and health of the aging brain.

TRENDS IN ANTIRETROVIRAL REGIMEN COMPLEXITY AMONG MEDICARE BENEFICIARIES WITH HIV, 2014-2018

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Little is known about antiretroviral therapy (ART) patterns among Medicare beneficiaries with Human Immunodeficiency Virus (HIV). ART has significant implications for spending in Medicare Part D as use of single-tablet regimens (STR) grows, generic availability remains low, and price increases for branded therapies consistently exceed inflation. The objective of this study is to detail patterns of STR utilization among Medicare beneficiaries with HIV. We conducted a retrospective trend analysis using a 5% sample of Medicare Chronic Conditions Data Warehouse, 2014-2018. We included each person-month that fee-for-service beneficiaries with HIV had Parts A, B, and D coverage. Trends in annual prevalence of STR overall, by ART class, and by age, sex, and race subgroups were estimated. The study included 9,509 beneficiaries who contributed 345,708 person-months to the analysis. The prevalence of STR increased from 21.8% (95%CI, 21.5-22.1) in 2014 to 44.6% (95%CI, 44.3-45.0) in 2018 ($p < 0.0001$), an increase of 104.6%. Integrase strand transfer inhibitors (INSTI) saw the largest increase in utilization between 2014 (4.4% [95%CI 4.2-4.5]) and 2018 (35.1% [95%CI 34.8-35.4]) ($p < 0.0001$), a 701.8% increase. All sociodemographic subgroups experienced similar growth in STR use between 2014 and 2018. STR and INSTI utilization increased significantly over the study period, suggesting increased ART spending under Part D. Although increasing availability of generic multi-tablet ART regimens (MTR) may offer cost-savings, further research is needed comparing generic MTR to branded STR with regards to patient preferences, adherence, healthcare resource utilization, and total costs in the growing population of Medicare beneficiaries with HIV.

VISION DIFFICULTY AND ENGAGEMENT IN CARE AMONG AGING MEN LIVING WITH HIV

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For aging adults living with HIV (AALH) who have complex medical care needs, vision impairment may be an added burden that may lead individuals to disengage from

their own medical care. We examined the relationships of self-reported vision difficulty with indicators of care engagement: 1) adherence to HIV antiretroviral therapy (ART; defined as taking $\geq 95\%$ of medications); 2) self-reported avoidance of medical care; 3) self-reported tendency to ask a doctor questions about care (> 2 questions at a medical visit). A modified version of the National Eye Institute vision function questionnaire was administered at three semi-annual visits (from October 2017 to April 2018) to assess difficulty performing vision-dependent tasks (no, a little, moderate to extreme difficulty). We included 1063 AALH participants (median age 60 years, 24% Black). Data were analyzed using repeated measures logistic regression with generalized estimating equations adjusted for fixed race, and at visit values for age, education level, depressive symptoms, alcohol use, and smoking status. Compared to no vision difficulty, those reporting moderate to extreme vision difficulty on at least one task (18%) had 1.95 times higher odds (95% CI: 1.36, 2.79) of having less than optimal ART adherence and 1.92 times higher odds [95% CI: 1.06, 3.47] of avoiding necessary medical care, but 1.6 times higher odds [95% CI: 0.93, 2.72] of asking more questions. These findings suggest that vision impairment plays a role in medical care engagement among older adults living with HIV, and may contribute to poorer management of HIV and chronic comorbidities.

Session 2165 (Symposium)

POLICY SERIES: UPDATE ON POLLING AND POLICY EFFORTS ON LONELINESS, TELEHEALTH, CAREGIVING, AND ADVANCE CARE PLANNING

Chair: Erica Solway

Discussant: Brian Lindberg

Older adults and their caregivers experienced dramatic changes in many aspects of their lives during the COVID-19 pandemic which resulted in important shifts in organizational and federal priorities and policies. To explore older adults' changing experiences and perspectives amidst the pandemic, the University of Michigan National Poll on Healthy Aging (NPHA), a recurring, nationally representative household survey, polled over 2,000 adults age 50-80 at multiple timepoints through January 2021 about their feelings of loneliness and use of telehealth. In June 2020, the NPHA also surveyed adults age 50-80 about advance care planning before and during the COVID-19 pandemic and asked family caregivers about their care challenges in the three months since the pandemic. This session will start with a presentation of results from these polls, first exploring change over time in loneliness and telehealth use and then focusing on experiences related to advance care planning and caregiving challenges. Next, presenters from diverse national coalitions and organizations, including the Coalition to End Social Isolation and Loneliness, the National Academy for State Health Policy, the National Alliance for Caregiving, and the Coalition to Transform Advanced Care will describe their organizations' efforts, including their work with research and advocacy partners, state and federal agencies, and the Biden administration to facilitate dialogue and advance activities and policies related to these timely topics.

FINDINGS ON LONELINESS, TELEHEALTH, AND ADVANCE CARE PLANNING FROM THE NATIONAL POLL ON HEALTHY AGING

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The University of Michigan National Poll on Healthy Aging (NPHA) taps into the perspectives of older adults to inform health care policy and practice using a nationally representative sample of more than 2,000 adults age 50-80. Questions about lack of companionship and feelings of loneliness were tracked over three time points; 34% expressed feelings of loneliness in October 2018, 41% in June 2020, and 37% in January 2021. The NPHA also found that use of telehealth increased from 4% in May 2019 to 30% in June 2020 to 43% in January 2021. Finally, the NPHA found that 37% have completed both medical durable power of attorney and advance directive with 7% completing at least one of these documents in the first three months of the COVID-19 pandemic. These poll results can be used to inform actions by coalitions and organizations to advance state and federal policy.

CAREGIVING CHALLENGES DURING THE COVID-19 PANDEMIC: FINDINGS FROM THE NATIONAL POLL ON HEALTHY AGING

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The COVID-19 pandemic posed new challenges for caregivers. This study examines the prevalence of pandemic care challenges (e.g., decreasing care to reduce virus spread, difficulty accessing medical care) and their associations with caregiver mental health and interpersonal well-being in a nationally representative sample of 311 caregivers who participated in the June 2020 National Poll on Healthy Aging. We consider seven care challenges and supports as key predictors of caregiver mental health (care-related stress, self-reported mental health, three depressive symptoms) and interpersonal well-being (lack of companionship, isolation) in bivariate tests and ordinary least squares regressions. Each care challenge/support was endorsed by between 13-23% of caregivers. Difficulty getting needed medical care was the most predictive challenge associated with increased caregiver stress, depressive symptoms, and worsened interpersonal well-being. All care challenges predicted an increase in caregiver stress. Effective caregiver tools and supports must consider changing policies and care needs, especially during a pandemic.

EFFORTS BY THE COALITION TO END SOCIAL ISOLATION AND LONELINESS

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Established in the Fall 2018 and based in Washington, D.C., the Coalition to End Social Isolation & Loneliness