

the lowest rate (12.5%). However, adults aged 50-60 and 60-70 also experienced relatively high levels of job loss at (28.4% and 25.7%, respectively). Behavior changes and disruptions to typical routines to avoid COVID-19 infections may have contributed to job and personal income loss amongst Individuals aged 50-60 and 60-70. However, these findings suggest potentially high levels of economic insecurity amongst individuals who continue to work into late-life. These results may help policymakers understand how to better tailor interventions and policies to mitigate economic insecurity, particularly for populations disproportionately impacted by the pandemic.

FOCUS GROUP FINDINGS OF TRIAL PARTICIPANTS IN A CAREGIVER PSYCHOSOCIAL INTERVENTION: SAVVY CAREGIVER PROGRAM

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Previous work highlights the importance of sociobehavioral interventions to address dementia caregiving health and wellbeing outcomes. By empowering caregivers to become objective managers of their loved one's illness, and own self-care, they are less likely to exhibit negative outcomes. We are conducting a mixed-method, randomized trial to test manualized, multi-family psychoeducational group interventions: Savvy Caregiver Express, and Savvy Caregiver Program. This poster describes the qualitative findings of four focus group interviews recently conducted to elucidate the study participation experiences of family caregivers enrolled in the parent study. Twenty-five racially and ethnically diverse participants (21 women, 4 men) caring for a family member with cognitive decline participated in focus group interviews conducted via videoconferencing methods. We captured more nuanced experiences from the perspective of study participants with regards to the caregiver interventions and their research participation. Interviews were conducted by trained research personnel, lasted 60-75 minutes, and followed an open-ended questioning route. Based on thematic analyses, we identified the following themes: 1) Changing one's mindset: Seeing life through their shoes; 2) Getting information in one place; 3) Expanding the personal experience; 4) Fears and vulnerability; 5) Time constraints vs. wanting more; 6) Not everyone is at the same place; 7) Technology: It's going to be part of our lives; and 8) Research: Not always in sync. Our findings indicate high satisfaction with most components of the program while specific recommendations were offered to improve the intervention and study experience such as tailoring materials to stage-specific needs.

GENOMIC SEQUENCING OF SOD1Δ YEAST THAT ESCAPE SPORE DEATH

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Amyotrophic lateral sclerosis (ALS) is a devastating neurodegenerative disease that impacts nerve cells and the spinal cord, which in some cases are linked to mutations in

the Superoxide Dismutase 1 (SOD1) gene. Sod1 is an anti-oxidant within cells that converts reactive oxygen from superoxide into water using a copper and zinc ion to deactivate the oxygen. When the SOD1 gene is deleted, yeast cells are still able to undergo meiotic divisions and generate four spores, but the spores that are produced are inviable. However, we see that randomly, *sod1Δ* spores can grow on rich media. This leads us to hypothesize that somewhere in the genome, there is a suppressor mutation that allows these cells to grow. We tested this hypothesis by preparing samples for whole genome sequencing. By comparing the genomic sequences from our suppressor mutants to wild-type controls, we're able to identify a single point mutation within a gene called NCA2, which codes for a protein that regulates expression of Fo-F1 ATP synthase subunits 6 and 8. Given this result, we are now working to try and understand the relationship between the *sod1Δ* spore death phenotype and the modulation of ATP synthase activity. In summary, the results from our work have the potential to further help us understand what role Sod1 plays in yeast meiosis and may be able to give us a deeper understanding for ALS cases that are linked to Sod1.

GOALS OF CARE CONVERSATIONS IN NURSING HOME AND ASSISTED LIVING CARE PLAN MEETINGS

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Me & My Wishes is a novel systematic approach for long-term care residents living with dementia to record videos about their care preferences that can be shared with staff and families in care plan meetings. To understand how the videos were utilized in Goals of Care (GOC) conversations, we coded and analyzed transcripts of recorded care plan meetings at the time of sharing the video using a priori codes derived from GOC conversation elements. Coding discrepancies were resolved in team meetings; finalized codes were summarized to derive themes. Thirty-four care plan meeting conversations between residents (n=34), family members (n=29) and staff (n=35) were analyzed. Residents appreciated sharing personal histories and preferences via video, while staff members appreciated deeper understanding of residents' care preferences. Two themes described care plan meeting conversations: Everyday Care - a checklist-style assessment of the resident's daily care (e.g., help with activities of daily living), activities engaged in and satisfaction with care; and Clarifying Care Goals - checking the resident's treatment preference (e.g., pain management, CPR), explaining hospice, or confirming the resident's contact person. Several elements of GOC were not discussed (e.g., disease progression) and conversations lacked depth and comfort evidenced by apologetic language and abrupt transitions of topics rather than exploring alignment of goals with care preferences. Me & My Wishes videos are a mechanism for residents to voice preferences. Standardized guidance, which is lacking in long-term care, is needed to help care teams engage in meaningful conversations to ensure alignment of goals and treatment preferences.