

fasting. However, the benefits are enhanced if feeding/fasting cycles are present and match their normal nocturnal activity. Circadian alignment of feeding with at least 12h fasting boosts CR-mediated increase on survival in mice, independently body weight. Aging leads to widespread upregulation of inflammation-related genes and downregulation of metabolic pathways in liver from ad lib fed mice; whereas CR at night ameliorates these aging-related changes and preserves circadian oscillations in gene expression. Overall, our results demonstrate that circadian interventions promote longevity and provide a novel perspective for elucidating mechanisms of aging.

THE IMPACT OF SHORT-TERM DIETARY RESTRICTION ON STEM CELL FUNCTION

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Stem cells play a critical role in the maintenance of tissue function and their proliferative/regenerative capacity is essential to this role. Because stem cells persist over the lifespan of an animal, they are susceptible to gradual accumulation of age-associated damage, resulting in the loss of regenerative function that can impair organ function. Understanding the mechanism(s) that regulates stem cell function is essential for retarding the aging process, and stem cells are attractive targets for aging interventions. Dietary restriction (DR), the most robust anti-aging intervention to-date, has been shown to enhance the activity and integrity of stem cells in a variety of tissues (e.g., muscle, bone marrow, and intestine), and it is believed that effect of DR on stem cells plays an important role in the anti-aging action of DR. For example, DR has been shown to preserve and increase the number of intestinal stem cells (ISCs) and enhance their regenerative capacity in young animals. Data from my lab shows that ISCs from old mice have limited proliferation activity and form few if any organoids in vitro (a surrogate for a fully functional crypt) and that ISCs isolated from old mice on life-long DR show an improved ability to form organoids. While it is well accepted that life-long DR increases lifespan and has anti-aging effects an important aspect of DR that has been largely overlooked is that DR implemented only for a short time early in life can increase lifespan of rodents even when rodents are fed ad libitum the remainder of their life. In line with this, we recently found that ISCs from old mice fed DR for only a short-period resulted in a dramatic increase in ability of the ISCs to form organoids. This is the first evidence that short-term DR administrated late in life can rescue the loss in ISC function that occurs with age.

Session 1445 (Symposium)

NURSING HOME SOCIAL WORK WITH RESIDENTS WITH SEVERE MENTAL ILLNESS, THOUGHTS OF SUICIDE, OR DEMENTIA

Chair: Mercedes Bern-Klug

Discussant: Amy Restorick Roberts

Many of the close to 3 million persons who receive care in a U.S. nursing home in any given year face mental-health-related challenges that range from minor to severe. One of the core professionals involved with care planning for the psychosocial needs of nursing home residents with mental health concerns is the social worker. Reporting data from a

2019 nationally representative survey of nursing home social services directors, this session provides information about the training needs of nursing home social workers in terms of their work with residents diagnosed with a severe mental illness such as schizophrenia or severe depression, residents who are suicidal, and residents with dementia.

DEMENTIA CARE INVOLVEMENT AND TRAINING NEEDS OF SOCIAL SERVICES DIRECTORS IN U.S. NURSING HOMES

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This study describes social services directors' involvement in dementia care in U.S. nursing homes, focusing on interest in and needs for dementia care training. Respondents were 841 social service directors from U.S. nursing homes. We found that 87% of social service departments engaged in cognitive assessment; 59% of social services directors were strongly interested in dementia care training, and 23% would need up to 10 hours of preparation time or would not be able to train staff on dementia-related care. Racial minority background, fewer years of experience in nursing homes, and barriers to staffing predicted strong interest in dementia care training. These findings demonstrate social services directors' active involvement in dementia care and need for training.

NURSING HOME SOCIAL SERVICES DIRECTORS CARING FOR RESIDENTS WITH SERIOUS MENTAL ILLNESS

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Psychosocial care for residents with serious mental illness (SMI) requires understanding of co-morbidities and careful attention to needs, rights, and preferences. Analyses of social services directors (SSDs) responses (n=924) to the National Nursing Home Social Service Director Survey considered perceived roles and competence to provide care stratified by the percentage of NH residents with SMI. Depression screenings and biopsychosocial assessments were common roles regardless of the percentage of residents with SMI. About one-quarter lacked confidence to train colleagues in recognizing distinctions between depression, delirium and depression (23.4% unable) or to develop care plans for residents with SMI (26% unable). A bachelor's degree (OR=0.64, 95% CI:0.43, 0.97) or less (OR= 0.47, 95% CI:0.25, 0.89) was associated with less perceived competence in care planning compared to those with a master's degree. SSDs reported less involvement in referrals or interventions for resident aggression in homes with a high proportion of residents with SMI.

NURSING HOME SOCIAL SERVICES DIRECTORS' ROLES AND SELF-EFFICACY IN SUICIDE RISK MANAGEMENT

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Nursing home (NH) residents face many risk factors for late life suicide, and transitions into and out of NHs represent risk periods for suicide. Based on data from the 2019 National Nursing Home Social Services Directors survey (n = 924), this presentation describes NH social services directors (SSDs) roles in managing suicide risk and factors that influence self-efficacy in this area. Nearly one-fifth (19.7%) of SSDs lack of self-efficacy in suicide risk management, reporting needing significant preparation time or being not able to train others on this topic. Results of ordinal logistic regression indicate that SSDs who consider insufficient social services staffing as a minor barrier (comparing with a major barrier) to psychosocial care, those who report greater involvement in safety planning for suicide risk, and those with Master's degree, are more likely to perceive greater self-efficacy in suicide risk management. Implications for training and staffing will be discussed.

Session 1450 (Symposium)

OPPORTUNITIES TO IMPACT DISABILITY: TRENDS, COSTS, AND EVIDENCE-BASED INTERVENTIONS

Chair: Sarah Szanton

Discussant: David Grabowski

As healthcare shifts to a focus on social determinants and population health, and older adults increasingly seek to "age in community," it is vital to understand the functional capabilities and related costs for older adults with disability. This symposium will present data on five major areas related to older adult disability. The 1st presenter will describe recent national disability trends. The 2nd will present Medicare costs by disability, dementia, and community-dwelling status in order to illustrate how these different demographic groups vary in Medicare expenditures over time. This information is critical to policymakers and health systems leaders to plan for these populations. They will then describe a 3rd project, which employs a novel longitudinal modeling approach, Group Based Trajectory Modeling, to identify and describe the distinct trajectories of Emergency Department use after incident disability. This work assesses the heterogeneity in health care use after disability, which may be shaped by available supports. The 4th presentation will describe a combined analysis of the 11 sites that have published data from implementations of the CAPABLE program. This program is a 10 session, home-based interprofessional program that provides an occupational therapist, a nurse, and a handyworker to addresses older adults' self-identified functional goals by enhancing individual capacity and the home environment. Taken together, these presentations can inform interventions and policies that improve the health and quality of life of older adults with disabilities.

CAPABLE PROGRAM IMPROVES DISABILITY IN RESEARCH AND IMPLEMENTATION SETTINGS

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Interventions to reduce disability are crucial for older adults with disabilities to avert unnecessary hospitalizations or nursing home placements and improve daily life. Developed and tested at one research site, multiple health systems and community based organizations have since implemented CAPABLE. All published or peer reviewed tests of CAPABLE were reviewed (six studies, 11 sites) with a total of 1087 low-income community-dwelling older adults with disabilities. Participants were an average age of 74-79, cognitively intact, and self-reported difficulty with one or more activities of daily living (ADL). These trials were reviewed by extracting the participants' scores on main outcomes, ADLs and IADLs, and when available, fall efficacy, depression, pain and cost savings. All studies yielded improvements in ADL and IADL limitations, with small to strong effect sizes. Studies with the complete dose of CAPABLE showed more improvement in ADLs and cost savings than the studies that implemented a decreased dose.

MEDICARE COSTS BY DISABILITY AND COMMUNITY-DWELLING STATUS

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Understanding population-level Medicare expenditure patterns for older adults with functional disability is critical to focus supports to reduce costly and potentially burdensome health care use. We used the National Health and Aging Trends Study (NHATS) to assess quarterly Medicare expenditures over the 12 months following NHATS interview. We examine Medicare expenditure patterns for older adults in nursing homes (N=386), in the community and without disability (N=20,103), with disability and dementia (N=2,008), and with disability but not dementia (N=2,945). One-year mortality ranged from 2.0% for those without disability in the community to 25.9% for those residing in nursing homes. Among those surviving 1 year, Medicare expenditures the first quarter after NHATS survey ranged from \$1,794 (95% CI \$1,690-\$1,898) for those with no disability to \$5,177 (95% CI \$4,535-\$5,818) for those with disability and dementia. We assess trends over the following two years, and find that trajectories vary by clinical grouping.

DISABILITY TRENDS AMONG COMMUNITY-DWELLING OLDER ADULTS AND RELATED DETERMINANTS OF DISABILITY

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The growing aging population with disabilities poses challenges to caregiving and health care services but there is little recent data on disability trends. Some studies have shown that disability is decreasing while others have shown it increasing. Understanding these trends among community-dwelling older adults is critical for communities to allocate resources and develop policies. This study updates disability trend data among community-dwelling older adults using nationally representative National Health & Aging Trends Study data. Results revealed that about 30% of Medicare beneficiaries had at least one limitation of the activity of daily