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Facility characteristics' influence on staff injuries was evaluated from 2013-2018 for 105 VA CLCs. Nursing hours, nurse skill-level, resident case-mix (percent of residents with mental health or other conditions) and facility size were evaluated in a multivariable regression model. Overall the average injury rates per year were 2.7 (standard deviation 4.3) and 1.5 (2.7) in STAR-VA enrolled vs. never enrolled sites ($p=0.04$). Statistically significant predictors for higher staff injury rates included percent of residents with dementia, larger bed facilities, and more mental health employee coverage. Lower staff injury rates were associated with facilities with more short-stay residents. After adjustment for facility characteristics, STAR-VA sites were not an independent predictor for staff injury rates. Sites selected for enrollment in STAR-VA have higher overall injury rates which may be due to facility differences in size, staffing and proportion of residents with dementia. Implications for training and monitoring CLC sites will be discussed.

EVALUATING THE IMPACT OF STAR-VA ON VETERANS' PSYCHOTROPIC MEDICATION USE IN CLCS

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The impact of STAR-VA on psychotropic drug use among residents with behavioral symptoms of dementia was evaluated through a difference-in-differences framework. STAR-VA residents enrolled 2013-2017 were evaluated longitudinally pre-post intervention. The primary outcome was the number of as needed administrations with an indication of 'anxiety' or 'agitation'. The analytical cohort included 214 training cases and 1,870 controls from untrained sites meeting eligibility criteria. STAR-VA cases were less white (48% vs. 54%), less black (11% vs. 14%), and had significantly longer median length of stay (830 vs. 261 days), respectively. STAR-VA cases had on average 3.5 as needed doses/month of psychotropic medication before the intervention and 1.7 after, controls averaged 1.8 doses/month. After adjustment for person-time-fixed effects, enrollment was associated with 55% (95% CI:30, 68) reduction or an

average 0.8 as needed psychotropic doses/month. Findings demonstrate effectiveness in decreasing as-needed psychotropic drug use among CLC residents, supporting continued implementation of STAR-VA.

VARIATIONS IN SUSTAINING IMPLEMENTATION OF STAR-VA: THE ROLE OF KNOWLEDGE RESERVOIRS AND OTHER FACTORS

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Variation in STAR-VA sustainability across 20 trained VA Community Living Centers was explored using prospective qualitative methods utilizing the knowledge reservoirs framework including seven domains: People, Routines, Artifacts, Relationships, Information space, Culture, and Structure. We conducted directed content analysis of transcripts to identify facilitators and barriers of successful program sustainment. We found that people, usual routines, information sharing, and team relationships were the most often mentioned facilitators by CLC staff. Common reported barriers were people, team relationships, and work culture. Overlap was found in knowledge reservoirs acting as both facilitators and barriers at the same site, most often for people/teams, team relationships, and work culture. Results will be used to develop a sustainability intervention focused on addressing reported barriers. Most notably, a focus on having the appropriate team members, positive team relationships, usual routines, and a supportive work culture are critical for STAR-VA sustainability efforts.

SESSION 3260 (SYMPOSIUM)

THE ASPREE STUDY: DISABILITY-FREE SURVIVAL, UPDATED RESULTS, SUB-STUDIES, AND IMPLICATIONS FOR ASPIRIN USE

Chair: Anne M. Murray, *Berman Center for Outcomes and Clinical Research, Minneapolis, Minnesota, United States*

Co-Chair: John McNeil, *Department of Epidemiology & Preventive Medicine, Monash University, Melbourne VIC, Australia, Melbourne VIC, Australia, Australia*

Discussant: Basil Eldadah, *National Institute on Aging, NIH, Bethesda, Maryland, United States*

The NIA/NCI ASPREE (ASpirin in Reducing Events in the Elderly) Study was a landmark RCT of 19,114 healthy adults aged 70 (whites) and 65 (US minorities) in Australia and the US that demonstrated lack of effect of low dose aspirin (LDA:100 mg/d) on the novel primary end point of Disability-Free Survival (life free of disability and dementia) over a mean treatment of 4.7 years. Surprisingly, LDA was