

## SOCIETAL IMPACTS AND BROADER IMPLICATIONS OF USING TECHNOLOGIES FOR CAREGIVING

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Advances and greater adoption of new technologies may have impacts beyond day-to-day caregiving. This presentation will explore additional implications related to the future of caregiving and technology, including their potential effects on elder abuse, financial fraud, career and labor, social isolation and more. Opinions from the expert panel – which pointed to various possibilities, benefits and challenges – will be shared during this presentation.

## USING TECHNOLOGIES TO ADDRESS CAREGIVING CHALLENGES

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As the caregiver ratio declines, technology will play an increasingly important role in supporting formal and informal caregivers. This presentation will report on the particular effects that frontier technologies may have on various tasks associated with caregiving, including assisting with basic Activities of Daily Living (ADLs) and Instrumental Activities of Daily Living (IADLs). The expert panel predicted that different technologies and new products will have varied effects on caregiving tasks, and that some tasks may be more impacted than others. Some of the key opportunities and barriers to integrating technologies into various tasks of caregiving will be discussed.

## SESSION 7610 (SYMPOSIUM)

### PRESIDENTIAL SYMPOSIUM: INTERDISCIPLINARY PERSPECTIVES FROM EARLY-CAREER SCHOLARS ON WHY AGE MATTERS

Chair: Darina Petrovsky

Co-Chair: Danielle Waldron

Discussant: Katie Sakel

The 2020 ESPO Presidential Symposium features interdisciplinary perspectives and recent scientific advances made by early career researchers from each of the GSA scientific sections. They provide examples of how their work is addressing ways age matters. The first paper by Justice (Biological Sciences) will present the latest geroscience research. The second presentation will explore how age influences end-of-life care (Health Sciences, Starr). The third presentation will focus on age as a predictor of kidney function decline (Behavioral and Social Sciences, Surachman). The fourth presentation will explore how age shapes older adults' resilience (Academy for Gerontology in Higher Education, Bouchard). The fifth presentation will examine opioid use in older adults (Social Research, Policy, and Practice, Jansen). Additionally, early career scholars will share information about their research trajectories and future directions within their disciplines. Given the diverse nature of these presentations, attendees will be exposed to varying strategies, methodologies, and tools that are employed across disciplines. The symposium concludes with a discussion on ways to identify

synergies across different fields and promote strategies for successful cross-disciplinary collaboration.

## THE TRANSLATIONAL GEROSCIENCE NETWORK: SUPPORTING A NEW PARADIGM TO ALLEVIATE AGE-RELATED CHRONIC DISEASE

Jamie Justice,<sup>1</sup> Stephen Kritchevsky,<sup>1</sup> George Kuchel,<sup>2</sup> and James Kirkland,<sup>3</sup> 1. Wake Forest School of Medicine, Winston-Salem, North Carolina, United States, 2. University of Connecticut, Farmington, Connecticut, United States, 3. Mayo Clinic, Rochester, Minnesota, United States

Aging is the leading risk factor for many chronic diseases. Through traditional approaches to drug development and treatment focus on treating one disease at a time, the geroscience hypothesis posits that by targeting fundamental aging processes one could alleviate multiple age-related diseases. Now several geroscience-guided interventions are at the point of entering human clinical trials. To accelerate testing of this important hypothesis, an interdisciplinary Translational Geroscience Network (TGN; R33 AG061456) has recently been established. The TGN is a new national resource of aging research centers committed to working together toward complementary, small-scale, proof-of-concept “use case” clinical studies. One such pilot will be highlighted: a translational trial of senolytics, or drugs targeting the biological aging process cellular senescence in patients with idiopathic pulmonary fibrosis. The promise of geroscience provides another reason “why age matters”: by studying the basic biology of aging, we may open novel therapeutic opportunities for challenging age-related diseases.

## PATIENT RISK FACTOR PROFILES ASSOCIATED WITH TIMING OF GOALS-OF-CARE CONSULTATION BEFORE DEATH

Lauren Starr,<sup>1</sup> Connie Ulrich,<sup>1</sup> Paul Junker,<sup>2</sup> Liming Huang,<sup>3</sup> Nina O'Connor,<sup>2</sup> and Salimah Meghani,<sup>1</sup> 1. University of Pennsylvania School of Nursing, Philadelphia, Pennsylvania, United States, 2. University of Pennsylvania Health System, Philadelphia, Pennsylvania, United States, 3. University of Pennsylvania, Philadelphia, Pennsylvania, United States

Early palliative care consultation to discuss goals-of-care (“PCC”) benefits seriously ill patients. To identify risk factor profiles associated with inpatient PCC timing before death, we conducted a secondary analysis of seriously ill adults who had PCC at a high-acuity hospital and died 2014-2016. Of 1,141 patients, 54% had PCC “close to death” (0-14 days before death); 26% had PCC 15-60 days before death; 21% had PCC >60 days before death (median 13 days). Classification and Regression Tree modeling showed Hispanic or “Other” race/ethnicity intensive care patients with extreme illness severity (85%) were most likely to have PCC close to death, with age <46 or >75 increasing probability (98%). Among age groups, the highest proportion of patients with PCC close to death was >75 years. Complex variable interactions associated with PCC timing suggests we need a systematic process for initiating PCC earlier and effective primary palliative training for providers across settings.