

EMERGING NUTRITIONAL INTERVENTIONS FOR AGE-ASSOCIATED CELLULAR DECLINE

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Aging is associated with a progressive decline in cellular health leading to dysfunction in organs with a high metabolic demand. A key feature of age associated cellular decline is impairment of mitochondrial quality control pathways such as mitophagy. Deficits in optimal functioning of these pathways results in a compromise in cellular bioenergetics that ultimately leads to mitochondrial dysfunction. Promising nutritional interventions have emerged that boost mitochondrial health such as nicotinamide riboside (vitamin B3 precursor) and Urolithin A (gut metabolite of compounds found in pomegranates), that act via different mechanisms of action to improve overall mitochondrial health. Recent literature on the evidence behind these interventions will be presented and discussed during this symposium. We will also share recent clinical evidence from double-blind placebo-controlled studies with Urolithin A. Our results suggest that nutritional interventions such as Urolithin A are promising approaches that can be employed to manage age associated cellular decline.

SESSION 7100 (SYMPOSIUM)

SUPPORTING PEOPLE WITH DEMENTIA IN THE COMMUNITY: OCCUPATIONAL THERAPY SERVICE AND REIMBURSEMENT INNOVATIONS

Chair: Michael Lepore

Co-Chair: Erin Long

Discussant: Richard Fortinsky

The wide range of services needed to support a safe and quality life among people living with dementia at home is growing and extends beyond the bounds of traditional reimbursement models. Within the context of a health care system that is not designed to reimburse for these types of services, federal grants from the Alzheimer's Disease Programs Initiative (ADPI) funded by the Administration for Community Living (ACL) have supported the delivery of home- and community-based services (HCBS) for people with dementia and their care partners with a pragmatic emphasis on sustainability, such as establishing successful reimbursement pathways. Drawing lessons from ACL's ADPI program and from the Health Resources & Services Administration Geriatric Workforce Enhancement Program and Geriatrics Academic Career Award program, this symposium examines opportunities and strategies for providing services to people living with dementia in the community and highlights occupational therapy as a valuable dementia care service that has potential for sustainable delivery and opportunities for professional expansion. Papers address needed workforce development for delivering HCBS to diverse populations living with dementia and examine occupational therapy roles in delivering HCBS to persons with dementia and their care partners. Additionally, papers examine the implementation and outcomes of evidence-based occupational therapy and interprofessional interventions for persons living with dementia in the community. Reimbursement mechanisms for occupational therapy services delivered to people with dementia in the community are described. Discussion addresses

how these innovative interventions and reimbursement mechanisms align with the recent surge of National Institute on Aging funding for pragmatic trials.

OCCUPATIONAL THERAPY FOR PEOPLE LIVING WITH DEMENTIA IN THE COMMUNITY: WORKFORCE DEVELOPMENT OPPORTUNITIES

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Establishing a workforce capable of delivering evidence- and team-based HCBS for the growing population impacted by dementia is of growing public health importance. Occupational therapy (OT), in collaboration with other disciplines, offers promise for supporting people with dementia to live well at home. However, neither uptake of team-based programs for people with dementia nor availability of providers who work in teams to support people with dementia are well understood. We reviewed information from three federal programs to improve understanding of team-based workforce development needs and opportunities. Findings indicate that interprofessional evidence-based interventions for people with dementia are increasingly implemented but geographically limited and development of the OT workforce's dementia capability is nascent in interprofessional/interdisciplinary training. OT is a key profession delivering evidence-based HCBS for people with dementia, but substantial opportunity exists for workforce development, including education, training, financing, recruitment, retention, care coordination, and translation and implementation of effective care.

POST-DIAGNOSTIC SUPPORT AND OCCUPATIONAL THERAPY PROGRAM FOR COMMUNITY-BASED DEMENTIA SERVICES

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Service gaps and the absence of a clear-cut care/symptom management pathway for people recently diagnosed with dementia and their family carepartners motivated LiveWell Dementia Specialists to implement a multi-service post diagnostic support program including three occupational therapy (OT) interventions. Program services include an education series on 'Resilient Living with Dementia', family coaching and topical education sessions, and OT services including Care of Persons with Dementia in their Environments (COPE), Skills2Care®, and Home Based Memory Rehabilitation. Program services promote adoption of adaptive strategies and action steps to increase carepartner capacity and enhance quality of life among people with dementia. Participants complete assessments at baseline, program completion, and 4- and/or 10-month follow-up. Carepartners