

older adults and that loneliness plays a mediating role. The findings suggest maintaining social relations and coping with feelings of loneliness are beneficial to older adults' cognitive functioning.

THE IMPACT OF ALIVIADO DEMENTIA CARE HOSPICE EDITION TRAINING PROGRAM ON HOSPICE STAFF'S DEMENTIA SYMPTOM KNOWLEDGE

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A lack of high quality dementia training for healthcare workers is a key barrier to effective care for persons with dementia (PWD), a vulnerable and increasing population across the care continuum. Hospice agencies in particular are underprepared to care for this population, although annually about 17% of hospice patients have a primary diagnosis of dementia and an additional 28% as a comorbidity. Aliviado Dementia Care-Hospice Edition is an interdisciplinary, evidence-based quality improvement program developed to assist hospice interdisciplinary teams in caring for PWD and their caregivers. Interdisciplinary hospice team members in two agencies were enrolled in online training modules, which addressed multiple areas including pain, behavioral and psychological symptoms of dementia (BPSD), and working with caregivers. They were also provided a toolkit to integrate training in daily practice. Changes in knowledge, confidence and attitudes were tested before and after training and paired t-tests were utilized to evaluate the program's effect. Thirty-five individuals completed the program and pre/post tests. Paired t-tests showed clinically and statistically significant increases in knowledge, attitudes and confidence in five of 10 domains including depression knowledge and confidence and BPSD knowledge, confidence and interventions. The greatest increase was in using BPSD interventions (18.5% increase, p-value: 0.0002), depression confidence (15.9% increase, p-value: 0.006) and BPSD confidence (12.6% increase, p-value: 0.02). Aliviado is an evidence-based, systems-level intervention shown to improve clinical knowledge, attitudes and confidence in treating pain and BPSD in PWD. This training could be used to produce systems-level practice change for hospice interdisciplinary team members serving PWD.

GENDER AND BELIEFS ABOUT SUCCESSFUL AGING IN EASTERN NEPAL

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Gender shapes opportunities and experiences over the life course, which may influence beliefs about what it means to age successfully. In Nepal, a developing nation in South

Asia, women and girls have historically had fewer social and economic opportunities than their male counterparts. To understand how gender may shape beliefs about successful aging, adult members of the Jiri population in eastern Nepal were asked to rate the importance of health-related (e.g., longevity), psychological (e.g., satisfaction with life), and social (e.g., support of family and friends) elements of successful aging (n = 1479; 52.9% female; 49.0% age 18-39, 33.1% age 40 to 59, 17.8% age 60 and over). Each of the 13 elements was rated as very important by over two thirds of the sample. Few gender differences in beliefs were observed; however, results of logistic regression analysis indicate that the odds of Jiri women endorsing longevity (OR = 0.75, p = 0.02) and life satisfaction (OR = 0.65, p = 0.02) as very important to successful aging were significantly lower than for men, controlling for age, education, and presence of illness. While more similarities than differences in beliefs about successful aging were observed by gender, the extent to which socially-defined roles and expectations may be responsible for observed differences should be explored in future research.

EFFECTS OF FUNCTIONAL BRAIN NETWORKS AND WHITE MATTER DISEASE ON MOBILITY OF OLDER ADULTS IN AN EXERCISE INTERVENTION

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Declining mobility is associated with increased accumulation of white matter hyperintensities (WMH). However, a high WMH burden is not always accompanied by impaired mobility. Our previous work demonstrates that some variance in mobility may be explained by brain network connectivity. Here, we extended this work by measuring WMHs and brain networks in older adults participating in a lifestyle intervention. The Short Physical Performance Battery (SPPB) and resting state functional magnetic resonance imaging (fMRI) were collected before and after a 5-month caloric restriction plus aerobic exercise intervention in 57 obese, sedentary adults aged 65-78. Participants were categorized based on median splits of baseline SPPB scores and WMH burden: Expected Healthy (EH: low WMH, SPPB \geq 11, n=16), Expected Impaired (EI: high WMH, SPPB \leq 10, n=17), Unexpected Healthy (UH: high WMH, SPPB \geq 11, n=12), and Unexpected Impaired (UI: low WMH, SPPB \leq 10, n=12). Graph theory-based methods were used to characterize brain networks and compare the four groups. At baseline, the somatomotor cortex community structure (SMC-CS) was less consistent in EI (p=0.05) and UI (p=0.23) compared to EH. The EI (mean=1.25, p=0.003) and UI (mean=1.57, p=0.001) significantly improved their SPPB scores following the intervention. Although both groups had equivalent SPPB scores, SMC-CS was less consistent in the UH than EH (p=0.16). However, UH displayed a significant (p=0.004) increase in second-order connections to the precuneus compared to EH. These data suggest that studying brain networks could improve the understanding of the development of mobility disability and the CNS contributions to mobility independent of white matter disease.