U.S. when the COVID-19 pandemic resulted in the shutdown of almost all of the programs participating in ADS Plus. Qualitative and quantitative data collected during the evaluation suggested that a more robust incorporation of implementation domains and measures (e.g., organizational readiness to change) may have helped avoid some of the challenges related to staff training, fidelity, and other critical intervention delivery aspects. Incorporating implementation science frameworks and measures as early as possible in intervention design may have helped to overcome some of the challenges experienced in ADS Plus.

**TRACKING ADAPTATION AND FIDELITY WHEN EMBEDDING COPE, EVIDENCE-BASED DEMENTIA CARE, IN PACE SITES**

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One essential question in moving dementia care interventions to practice is, “What is the optimal balance between fidelity to, and adaptation of, a proven program in “real world” settings?” We present a protocol for measuring the adaptation/fidelity and implementation of an evidence-based dementia care program (Care of Persons in their Environment, COPE) in PACE settings. During pre-implementation, science-based elements of COPE were documented including the theory of change, logic model and core components. Possible adaptations to COPE in its delivery were identified and included program structure (sequence of sessions), content (assessments), and delivery methods (online). During implementation, documentation of implementation strategies is captured using an evidence-informed checklist derived from the Expert Recommendations for Implementing Change (ERIC) workgroup. Ongoing documentation of fidelity/adaptation aspects of program implementation is conducted using the FRAME framework. Understanding methods and measures deployed in adaptation and implementation of evidence-based dementia programs can help guide future translation efforts.

**ADAPTATION OF THE CARE ECOSYSTEM INTERVENTION FOR INDIVIDUALS WITH DEMENTIA IN A HIGH-RISK, CARE MANAGEMENT PROGRAM**

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The Care Ecosystem (CareEco) model is a telephone-based dementia care program providing standardized, personalized and scalable support and education for caregivers and persons living with dementia (PLWD), medication guidance, and promotion of proactive decision-making. It has demonstrated improvement in quality of life for PLWD and reduced unnecessary healthcare expenditures. We initiated a pragmatic, embedded randomized pilot trial of an adapted CareEco model for nurses who provide high-risk care management and are embedded in primary care practices within a large healthcare system. Outcomes include feasibility of collecting emergency department visits, usability and acceptability of the intervention by nurse care managers, caregiver strain, behavioral symptoms of dementia and healthcare expenditures. Challenges of implementation include engaging key care management leaders, adaptation of the CareEco training modules for nurses, identification of primary caregivers, training and reinforcing knowledge and skills of the nurses, embedding clinical assessments into care manager workflows and integration with the EMR.

Session 2160 (Paper)

**TRENDS AND ISSUES OF OLDER ADULTS LIVING WITH HIV/AIDS**

**MEDIATING ROLE OF LONELINESS ON STIGMA AND DEPRESSIVE SYMPTOMS AMONG OLDER PERSONS LIVING WITH HIV**

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Studies have shown associations among stigma, loneliness, and depressive symptoms in older persons living with HIV (OPLWH) but research assessing the mediating pathway among these variables is lacking. As such, the aims of this study were to assess the association between stigma and depressive symptoms and to test the mediating effects of loneliness. A sample of 146 OPLWH (50 years of age and older) recruited from an outpatient HIV clinic in Atlanta, GA, completed a cross-sectional survey. Mediation analysis, guided by Baron and Kenny’s (1986) criteria, was conducted using Stata v14.2 to assess the direct and indirect effects of loneliness on the association between stigma and depressive symptoms while controlling for covariates (self-rated health [0=poor to fair, 1=good to excellent]; past unstable housing [0=No, 1=Yes]; and HIV disclosure status [0=to none; 1=to someone]). Loneliness mediated the association between stigma and depressive symptoms (β=0.79, SE=0.23, p < .001). The model reflected a very good fit (χ²=0.09, p=.765; CFI=1.00, TLI=1.09, RMSEA < 0.001) and explained 27% of the variance in loneliness and 33% of the variance in depressive symptoms. Stigma predicted higher loneliness, which in turn predicted more depressive symptoms. Findings suggest that addressing depressive symptoms in OPLWH may require multifaceted interventions targeting psychosocial and interpersonal factors including stigma and loneliness.

**OVERWEIGHT, OBESITY, AND NEUROPSYCHOLOGICAL PERFORMANCE: RESULTS FROM THE WOMEN’S INTERAGENCY HIV STUDY**

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The study examined the interactive effects of obesity, overweight, and overweight status on neuropsychological performance in older women living with HIV (OPLWH) and their partners living with HIV (PPLWH). The sample included 24 OPLWH (mean age=65.7 ± 6.9 years) and 43 PPLWH (mean age=63.5 ± 6.2 years). The investigation utilized cross-sectional data from the Longitudinal Study of the Older Women’s Interagency HIV Study (LSOWISH). The results indicated that overweight and obesity were associated with lower performance on measures of mental flexibility, attention, and memory. These findings highlight the importance of addressing weight-related factors in the care of older women living with HIV.
Conflictting associations of body mass index (BMI) and waist circumference (WC) with neuropsychological performance (NP) are observed in the general population and among people living with HIV. We examined BMI and WC in middle-aged women living with HIV (WLWH) and without HIV (HIV-) in relation to 10-year trajectories of NP in the Women’s Interagency HIV Study (WIHS). NP assessments occurred biennially from 2009-2019. Demographically-adjusted T-scores were calculated for six NP domains: learning, memory, executive function, processing speed, attention and working memory, and motor function. Multivariable linear models stratified by HIV serostatus examined whether baseline (2009) BMI and WC were associated with NP domains - 1) cross-sectionally and 2) longitudinally over 10 years. The sample included 432 WLWH and 367 HIV- women, >40 years old. Most women (73%) were overweight (BMI=25-29.9 kg/m²) or obese (BMI=≥30 kg/m²). Among WLWH, 28% were overweight, 45% obese; among HIV- women, 26% were overweight; 56% obese. Cross-sectionally at baseline, WLWH who were overweight versus normal weight (BMI=18.5-24.9 kg/m²), performed worse on executive function, processing speed, and motor function (all p<0.05). HIV- women who were overweight versus normal weight performed worse on memory, learning, executive function, processing speed and motor function (all p<0.05). Baseline BMI and WC were not associated with worsening NP domains in this younger, primarily overweight and obese sample of WLWH or HIV- women (all p>0.05). Future follow-up of these women will enhance understanding of the age when total and/or central obesity may influence NP trajectories and health of the aging brain.

TRENDS IN ANTIRETROVIRAL REGIMEN COMPLEXITY AMONG MEDICARE BENEFICIARIES WITH HIV, 2014-2018

Little is known about antiretroviral therapy (ART) patterns among Medicare beneficiaries with Human Immunodeficiency Virus (HIV). ART has significant implications for spending in Medicare Part D as use of single-tablet regimens (STR) grows, generic availability remains low, and price increases for branded therapies consistently exceed inflation. The objective of this study is to detail patterns of STR utilization among Medicare beneficiaries with HIV. We conducted a retrospective trend analysis using a 5% sample of Medicare Chronic Conditions Data Warehouse, 2014-2018. We included each person-month that fee-for-service beneficiaries with HIV had Parts A, B, and D coverage. Trends in annual prevalence of STR overall, by ART class, and by age, sex, and race subgroups were estimated. The study included 9,509 beneficiaries who contributed 345,708 person-months to the analysis. The prevalence of STR increased from 21.8% (95%CI, 21.5-22.1) in 2014 to 44.6% (95%CI, 44.3-45.0) in 2018 (p <0.0001), an increase of 104.6%. Integrase strand transfer inhibitors (INSTI) saw the largest increase in utilization between 2014 (4.4% [95%CI 4.2-4.5]) and 2018 (35.1% [95%CI 34.8-35.4]) (p<0.0001), a 701.8% increase. All sociodemographic subgroups experienced similar growth in STR use between 2014 and 2018. STR and INSTI utilization increased significantly over the study period, suggesting increased ART spending under Part D. Although increasing availability of generic multi-tablet ART regimens (MTR) may offer cost-savings, further research is needed comparing generic MTR to branded STR with regards to patient preferences, adherence, healthcare resource utilization, and total costs in the growing population of Medicare beneficiaries with HIV.

VISION DIFFICULTY AND ENGAGEMENT IN CARE AMONG AGING MEN LIVING WITH HIV

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For aging adults living with HIV (AALH) who have complex medical care needs, vision impairment may be an added burden that may lead individuals to disengage from their own medical care. We examined the relationships of self-reported vision difficulty with indicators of care engagement: 1) adherence to HIV antiretroviral therapy (ART; defined as taking ≥95% of medications); 2) self-reported avoidance of medical care; 3) self-reported tendency to ask a doctor questions about care (> 2 questions at a medical visit). A modified version of the National Eye Institute vision function questionnaire was administered at three semi-annual visits (from October 2017 to April 2018) to assess difficulty performing vision-dependent tasks (no, a little, moderate to extreme difficulty). We included 1063 AALH participants (median age 60 years, 24% Black). Data were analyzed using repeated measures logistic regression with generalized estimating equations adjusted for fixed race, and at visit values for age, education level, depressive symptoms, alcohol use, and smoking status. Compared to no vision difficulty, those reporting moderate to extreme vision difficulty on at least one task (18%) had 1.95 times higher odds (95% CI: 1.36, 2.79) of having less than optimal ART adherence and 1.92 times higher odds [95% CI: 1.06, 3.47] of avoiding necessary medical care, but 1.6 times higher odds [95% CI: 0.93, 2.72] of asking more questions. These findings suggest that vision impairment plays a role in medical care engagement among older adults living with HIV, and may contribute to poorer management of HIV and chronic comorbidities.