IMPLEMENTATION APPROACHES TO STRENGTHEN A FOOD INSECURITY INTERVENTION FOR OLDER ADULTS IN AN EMERGENCY DEPARTMENT

Aileen Aylward,[1] Timothy Platts-Mills,[1] Liane Wardlow,[2] Conor Sullivan,[1] Jessa Engelberg Anderson,[3] and Andrea Morris,[4] *1. University of North Carolina at Chapel Hill, Chapel Hill, North Carolina, United States, 2. West Health Institute, La Jolla, California, United States, 3. ServiceNow, San Diego, California, United States, 4. West Health Institute, San Diego, California, United States*

Food insecurity is prevalent among older adults, negatively impacts health, and may increase healthcare utilization. Emergency Departments (ED) are an important site of care for older adults. However, the feasibility of screening for food insecurity in EDs is unknown. We assessed the feasibility of implementing a screening and referral process to identify and address food insecurity among older adults in the ED and then monitored progress to overcome barriers to implementation. We developed a semi-structured interview (SSI) guide using the Consolidated Framework for Implementation Research. Prior to implementation, ED staff with diverse clinical backgrounds participated in SSIs. SSIs were analyzed using rapid analysis. Before and during implementation, we engaged hospital leadership to refine the screening and referral process. During implementation, we identified barriers through periodic reflections with staff, observing screenings, and reviewing Electronic Medical Record (EMR) data. Staff agreed that food insecure older adults would benefit from community services. Nursing Assistants (NA) were identified as key implementers. ED leaders expressed concerns about regulatory compliance, EMR integration, and NA scope of work, which were addressed. During implementation, barriers included competing priorities, lack of knowledge, and discomfort with the topic of food insecurity. Stakeholder input and reviewing EMR data led to adaptations including modifying criteria for referral and embedding training into NA orientation. Leadership and staff supported food insecurity interventions but identified several concerns. Steps to facilitate implementation included identifying staff to screen, EMR integration, and building staff efficacy. Reviewing screening data and soliciting stakeholder feedback enabled ongoing adaptations that strengthened implementation.

RISK PROFILES OF OLDER RURAL RESIDENTS WITH FUNCTIONAL, NUTRITIONAL, AND SOCIAL NEEDS

Raven Weaver, *Washington State University, Pullman, Washington, United States*

Community-based service organizations are well positioned to address social determinants of health by offering a range of services/supports to community residents. To identify health needs and service delivery gaps among a geographically and economically diverse eight-county region, a needs assessment was conducted to support community-based agencies efforts to better support aging residents. A random sample of adults responded to the survey, with 1,280 respondents aged 60+ (mean age=71); the majority of participants were White, female, retired, reported at least some college education, and lived with at least one person. Cluster analysis distinguished three groups of residents, informed by typical enrollment-type data and a social engagement index. A series of one-way ANCOVA and chi-square analyses were conducted to examine how low-, moderate-, and high-risk groups differed on social, nutritional, and functional health needs. High-risk respondents were significantly more likely to report needing social, nutritional, and functional health services, compared to moderate- and low-risk respondents. High-risk respondents were more likely to experience barriers to seeing a physician ($X2=34.054$, $p<.001$), a non-emergency ED visit ($X2=22.799$, $p<.001$), and an unplanned hospital visit ($X2=14.484$, $p=.001$) compared to members of either low- or moderate-risk groups. Ongoing efforts to identify high-risk residents and proactively target moderate-risk residents support low-cost community interventions (i.e., assessing residents for services in locations regularly attended, such as senior meal centers), rather than high-cost interventions (e.g., emergency care, hospitalizations) are essential. Findings inform community-based outreach approaches that target social, economic, and environmental factors essential in improving health and achieving health equity.

SESSION 2826 (PAPER)

RESEARCH METHODS | MEASUREMENT ISSUES

A PEACOCK THAT DOES NOT SHOW ITS FEATHERS IS NOT MUCH DIFFERENT FROM A TURKEY: ON BEING A PHYSICIAN EXECUTIVE FOR 25 YEARS

Saraswathy Battar, *Michael E. DeBakey VA Medical Center, Houston, Texas, United States*

Compelling common threads in the fabric of being an academic and clinical geriatrician, VA health care executive and physician champion for VIONE – a national medication deprescribing project that was launched at 59 VA programs across the nation will be presented in a thought provoking, objective, evidence based and legacy oriented format. Highlights include a)success factors b)networking c) effective presentations d) lessons learned e)implementing elements of High Performance Delivery Model (HPDM), f) transforming ideas into actions that help rise and shine g) creating a legacy h)survey readiness h) keeping the main thing the main thing i) understanding others and helping others understand you. Making significant contributions in career is important. How the work is captured, projected, made visible as a viable, actionable solution to a critical and significant mission critical problem, strategic engagement with stakeholders, implementation with measurable outcomes, passionate engagement while being an affirmative, non-controversial leader who is eager, willing, available, capable and knowledgeable etc., are some of the other non-negotiable aspects of getting work recognized. Experiences shared include creating VIONE – a medication deprescribing project that won VA USH Shark Tank competition as a Gold Status Fellow with outcomes such as over 95,000 veterans impacted, over 194,000 non-essential medications deprescribed with accomplished cost savings of over 9.6 million US dollars in 4 years. This profound journey taught me the importance of effectively displaying worthy work with global relevance with dignity, credibility, pride, persuasion, leadership, efficiency, teamwork, art of persuasion, ponder, recharge, rejuvenate and start fresh – time and again.