

as a barrier to referring at-risk clients to appropriate care. Accordingly, HCBS stakeholders are encouraged to develop strategies, such as providing fall prevention coaching and building a network of fall prevention service providers, that account for these barriers and facilitators in future efforts to support effective fall risk management with HCBS clients.

STUDENT-LED FALL PREVENTION CARE MANAGEMENT REDUCED FALL RISKS AT ASSISTED LIVING FACILITIES

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Older adults in residential care settings are four times more likely than those not living in care facilities to experience falls. Yet, fall prevention efforts at long-term care settings are under-resourced, under-regulated, and under-studied. To address this gap, we developed and studied the impact of a specialty clinical, Fall Prevention Care Management (FPCM), for nursing students to decrease older adults' fall risks. We enrolled assisted living residents that facility liaison identified as being high fall risk (fall rates or fall risk were not tracked at the study sites) and MOCA ≥ 15 , in 2 assisted living facilities in Northwest USA. Participants received weekly, 1-hour, individual, semi-structured, Motivational Interviewing-based care management visits by same students over 6 visits. Changes in fall risks were measured by the CDC STEADI assessment (unsteadiness & worry), Falls Self-Efficacy Scale International-Short (FESI-S), and Falls Behavioral Scale (FAB). Twenty-five residents completed the study. Students addressed the following (multiple responses possible): emotional needs (n=23), improved motivation to prevent falls (n=21), and individualized education/coaching (i.e., exercise, mobility aids) (n=10-17). FESI-S score improved from 16.0 to 14.4 (p=.001; decreased fear. FAB score improved from 2.94 to 3.10 (p=.05; more frequent fall prevention behaviors). Frequency of those who felt steady while standing or walking increased (24% to 40%, p=.07) and those who did not worry about falling increased (20% to 36%, p=.08). FPCM clinical offered valuable opportunity to address unmet care needs of older adults to reduce fall risks.

SESSION 2909 (POSTER)

DIET AND NUTRITION

ANTHROPOMETRIC MEASURES OF OBESITY AND FOOD CONSUMPTION AMONG U.S. CHINESE OLDER ADULTS

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Most research uses body mass index (BMI) alone to measure obesity. Combined with waist circumference (WC), BMI may better identify obesity-related health risk. And diet is a key component of obesity management. To better understand the relationship between obesity and diet, this study aims to examine two anthropometric measures of obesity

and the food consumption among U.S. Chinese older adults. Data were drawn from the PINE study wave III (2015-2017), a prospective cohort study of community-dwelling Chinese older adults (N=3053). We categorized participants into 6 groups: normal BMI (18.5-24.9) with normal WC (women ≤ 88 cm and men ≤ 102 cm), normal BMI with high WC (women WC > 88 cm and men WC > 102 cm), overweight (BMI=25.0-29.9) with normal WC, overweight with high WC, obese (BMI > 30) with normal WC, and obese with high WC. A forty-eight-item food frequency questionnaire was used to measure frequencies of vegetables, fruits, grains, protein foods, dairy, sweets, and alcohol intake. Almost 12% participants had normal BMI but high WC and 10% were overweight with high WC. Participants who were overweight with high WC reported the highest intake of vegetables among groups. Participants with higher WC had significantly higher fruit consumption, compared to those with normal WC, regardless of their BMI. Spearman correlation analysis showed that being overweight with a high WC was correlated with higher frequencies of vegetables and fruits intake and having normal BMI with normal WC was correlated with higher alcohol intake. The findings provide new insights for future research and interventions on obesity/chronic disease management.

ASSOCIATION OF SLEEP QUALITY AND NUTRITIONAL STATUS IN MIDDLE-AGED AND OLDER ADULTS: FINDINGS FROM THE WCHAT STUDY

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Poor sleep quality and malnutrition are two common symptoms which are closely related to the health of middle-aged and older people, but few studies focus on the association between them. In this study, we aimed to identify associations between sleep quality and nutritional status in middle-aged and older adults. A total of 6792 community-dwelling adults aged 50 and older from the baseline of the West China Health and Aging Trend (WCHAT) study were analyzed in the present study. Sleep quality was assessed using the Pittsburgh sleep quality index (PSQI). Scores ≤ 5 , 6-10, 11-15 and ≥ 16 were categorized as good/mild impaired/moderate impaired/severe impaired sleep quality, respectively. Mini Nutritional Assessment Short Form (MNA-SF) was used to assess the nutritional status and a score < 12 was identified as at risk of malnutrition. Logistic regression models were conducted to explore the associations. Of 6792 participants (mean age 62.41 ± 8.26 years, 62.49% women), 1831 (26.96%) had risk of malnutrition. The prevalence of participants with good/mild impaired/moderate impaired/severe impaired sleep quality were 53.72%, 35.54%, 9.61%, and 1.12%, respectively. In the logistic regression model, there were significant association between mild/moderate/severe impaired sleep quality and the presence of risk of malnutrition (OR=1.49, 95% CI=1.32, 1.68; OR=2.15, 95% CI=1.79, 2.59; OR=2.52, 95% CI=1.56, 4.06; all p < 0.05) after adjusting for potential confounders. Sleep quality was significantly associated with malnutrition risk with a dosage effect among middle-aged and older adults. Our results highlight the importance of maintaining good sleep quality and nutritional status in middle-aged and older adults.