

to test nurse's knowledge of falls prevention and interventions. Forty seven registered or licensed practical nurses, English speaking who were full or part time employees were recruited to participate. Most were female (n=46; 98.7%) with a median age of 49.5 years and ten years' experience. Using Colazzi's (1978) method, 47 responses of nurse's were read from typed transcripts and analyzed independently by 2 judges. Significant statements were extracted to derive meanings and form themes. For falls related to acute causes, nurses most often stated they would collaborate with the physician, propose a blood pressure intervention and promote safety. For falls due to chronic causes, nurses promoted ambulation safety, pain interventions and collaborated with specialists. Since nurses intervened differently, identifying fall type is critical in selecting appropriate interventions.

RURAL RESIDENCE, NUTRITION RISK, AND FALLS IN COMMUNITY-DWELLING OLDER ADULTS

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Decreasing fall risk and maintaining independence is vital for community dwelling older adults. Nutritional status and rural residence may be independent predictors of falls. The aim of this study was to evaluate if nutritional status and rurality are positively associated with fall risk and predictive of future falls in community-dwelling older adults. We used data from a health risk assessment conducted by the Support and Services at Home organization serving Medicare beneficiaries in Vermont in 2017-2019 (N=3109; 79.6 years \pm 8.4, 75% female). Measures included the Fall Risk Questionnaire, Determine Nutrition Risk questionnaire, and fall history. Descriptive statistics from baseline measures and logistic regression analyses were used to identify predictors of a new fall with respect to rurality, fall risk, and nutritional status. At baseline, 67% of participants lived in rural communities, 37% had high nutrition risk, and 60% had elevated fall risk. Independently, rurality and high nutrition risk were significantly associated with fall risk ($p < 0.001$) and high nutrition risk was associated with rurality ($p < 0.001$). In the adjusted model, rural residence was not significantly associated with a fall within one year from baseline, whereas participants at high nutrition risk had a 50% higher odds of falling ($p = 0.001$). These findings suggest that falls may be associated with nutrition risk, but not living in a rural setting. Community-based initiatives should consider including nutrition screens as part of fall risk assessments. Further research is needed to understand the relationship between nutrition status and falls risk.

SHOULD CAREGIVERS ATTEMPT TO ASSIST FALLING PATIENTS?

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This quality improvement project seeks to provide guidance on whether caregivers should attempt to "assist" fallers, and if so, the safest way to minimize injury to themselves and the faller. Primary aims were to: 1) Identify common characteristics of documented assisted falls, 2) Identify cases where injuries to patients and/or staff occur, and 3) Provide guidance to the clinical field. Data sources for this project includes secondary databases of assisted falls events as well as primary data collection using computer simulation. Initial results for 2 VA quality tracking databases of assisted falls over a 9-year period are presented. Qualitative matrix analyses were conducted for both assisted falls datasets, which separately examined patient and employee injuries related to assisted falls. Two trained qualitative experts analyzed 195 fall narratives from the datasets to develop insights about the most common fall scenarios that result in injury. The most commonly reported assisted falls scenarios included 1) related to toileting, 2) while ambulating, and 3) while transferring from wheelchair. Findings of these analyses indicate current documentation does not capture the nuance of assisted falls. Additional variables such as 1) the direction of the fall; 2) the fall scenario; 3) how staff sought to assist; 4) staff injury description and 5) and other key variables (patient symptoms, environmental factors) that could improve fall documentation and understanding of assisted falls. Preliminary efforts are providing information for development of a computer simulation using a virtual environment to repeatedly test common fall scenarios and influences of caregiver assistance.

STAFF AND ADMINISTRATOR PERCEPTIONS OF FALL RISK MANAGEMENT IN HOME- AND COMMUNITY-BASED SERVICE SETTINGS

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Older adults who receive home- and community-based services (HCBS), such as home-delivered meals and personal care assistance, are at particular risk for falls due to their extremely high prevalence of fall risk factors. HCBS organizations and their staff are well-positioned to implement fall risk screens with HCBS clients and then refer older adults to fall prevention services as needed; however, the extent to which HCBS organizations manage fall risk has yet to be systematically examined. The purpose of this qualitative study was to explore the barriers to and facilitators of implementing fall risk screens and fall prevention service referrals in HCBS organizations. A total of 26 HCBS staff members and administrators participated in semi-structured interviews and focus groups. Qualitative data were examined using directed content analysis guided by the Consolidated Framework for Implementation Research. HCBS staff expressed that strong rapport with clients allowed for them to address fall risk proactively but were concerned that their lack of fall prevention training precluded them from effective fall risk management. HCBS administrators perceived their organization to have reliable internal communication procedures which enhanced fall prevention care coordination but believed their limited connections with fall prevention service providers served

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.