department (-0.110 coefficient; p = 0.004 95% CI -0.184 -0.035) and were less likely to be hospitalized overnight during the past 6 months (-0.121 coefficient; p=0.004; 95% CI -0.203 -0.040). Frailty is an under-recognized syndrome in caregivers. Little is known about the impact of frailty on the caregiving dyad; however, ED utilization and hospitalization was decreased in these caregivers and their care recipients. This decrease may imply a delay in seeking care; and, in fact, lead to worse health outcomes for the dyad. With the aging of Baby Boomers and the continued dependence for long term care delivered by unpaid caregivers, implementation of programs to prevent and treat frailty in caregivers is essential.

## LOWER BACK PAIN AFFECTS MOBILITY-RELATED INJURIES IN OLDER ADULTS

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Pain causes functional limitations and might elevate risk for mobility-related injuries in older adults. For this reason, we examined the longitudinal impact of lower back pain on the likelihood of MVCs and falls. Between 1998 and 1999, participants (ages >55 years) completed cognitive and physical measures at three Motor Vehicle departments. Participants then completed a telephone interview (n=1,248) assessing yearly health complications and injuries, which continued annually for 14 years. Separate longitudinal models examined the relationship between lower back pain and MVC and fall likelihood while controlling for demographics and mobility. Overall, those with lower back pain were twice as likely to have a fall than unafflicted peers (95%CI:1.69-2.47) and odds of MVC was just beyond statistical significance (95%CI: 0.97-1.94). In persons with lower back pain, problems in lower-limb function, divided attention, and task-switching were associated with MVCs whereas problems in lower-limb function were related to falls. Addressing limitations from pain might reduce mobility-related injury in older adults.

## THE FEASIBILITY OF USING COMMUNITY PHARMACISTS TO COUNSEL OLDER ADULTS ON FALL PREVENTION

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Despite recognition as a serious public health problem, older adults falls increased 30% between 2007-2016. Numerous evidence-based fall prevention programs exist, but may have inadequate reach. Pharmacists are highly trained and accessible clinicians who have potential to counsel on fall prevention. This study describes the reach of a fall prevention outreach conducted by a large national pharmacy chain in partnership with local area agencies on aging (AAAs). On August 7, 2018, the pharmacy chain held an outreach during which older patients were incentivized to speak with pharmacists about their fall risk and prevention strategies. In Ohio, AAAs provided pharmacists additional support and availability of AAA fall prevention programs. A random sample of pharmacists was sent a follow-up survey to assess the program's reach, except in Ohio where all pharmacists received the survey. Response rates were 41% (N=111) and 59% (N=160) in Ohio and non-Ohio states, respectively. We estimate that pharmacists discussed fall prevention with an additional 57,642 on 8/7/2018. The difference in older patients counseled on fall prevention on 8/7/2018 vs. a typical day was significantly greater (p=0.03) for Ohio pharmacists (μ=9.28) compared to non-Ohio pharmacists (μ=5.94). The majority of pharmacists in Ohio and non-Ohio states were moderately or extremely confident in their ability to discuss fall prevention with older patients (69.82% vs. 72.72%) and play an important role in fall prevention (59.75% vs. 54.54%). This study demonstrates the feasibility of utilizing community pharmacists, in partnership with AAAs, to reach large numbers of older adults to counsel on fall prevention.

## FRAILTY MEDIATES SENILITY IN MEXICAN AMERICANS

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The latent construct "d" (for "dementia") offers a continuously distributed transdiagnostic dementia severity metric. Age is significantly associated with "d". We test whether frailty mediates age's effect on 6 year prospective change in dementia severity in Mexican-Americans (MA), using data from the Hispanic Established Population for Epidemiological Studies in the Elderly (HEPESE). Age was regressed onto the 6yr prospective slope of change in "d" in N = 880 [mean age = 77.4 (6.1) at wave 3]. Change in "d" was estimated by a latent growth curve (LGC) indicated by latent cognitive measures across three HEPESE waves (i.e., 3, 5 and 6). "Frailty" was assessed by a modified version of Fried et al.'s construct observed at wave 5, and was tested as a mediator of age's association with change in "d". The mediation effect was estimated by MacKinnon's method. "d" at each wave, and the LGC of change in "d" all had acceptable model fit (e.g. RMSEA <.05). Age was significantly associated with change in "d". 51% of their association was explained by frailty. Frailty mediates the majority of age's association with dementia severity. Not only does this support the existence of a cognitive "frailty" syndrome in MA, it also implicates an effect of frailty on intelligence (as "d" is derived from Spearman's general intelligence factor "g"). Their association may be mediated by blood-based serum biomarkers, including somatomedins, which may offer targets for the treatment and /or prevention of senility in frail elderly persons.