

Interestingly, when the results for the PCA from the previous study were used with the current data, the model classified fallers with 87% sensitivity and 86% specificity and an overall model of 86%. Notably, in all analyses, gait variables were central in identifying fall risk, with single- vs. dual-task difference scores of particular predictive importance. The differences observed between the best-fitting models across the two cohorts implies that modelling methods should accommodate and harness individual differences (e.g., machine learning techniques).

SESSION 2365 (POSTER)

ELDER ABUSE

NATIONAL IMPLEMENTATION OF A VHA DIFFUSION OF EXCELLENCE GOLD STATUS PRACTICE

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Advance care planning (ACP) is a health behavior that requires in-depth discussions support by trained professionals and motivational strategies to promote goal-setting and actions. Group visits in the healthcare setting can effectively increase an individual's motivation and self-efficacy for ACP. The Department of Veterans Affairs (VA) has developed the Diffusion of Excellence Initiative to identify and spread innovative practices such as Advance Care Planning via Group Visits (ACP-GV), which uses an interactive group session to engage Veterans in thinking about and planning for their future medical decisions. In these sessions, social workers, nurses, psychologists, and chaplains, facilitate group discussions to increase the chance that a Veteran's care preferences are known and reflect with their wishes. This also can relieve trusted others of having to make these tough decisions without much guidance. In addition, ACP-GV increases the effectiveness of advance care planning through allowing Veterans to discuss and process this complex topic with their peers. To date, 36 VA Medical Centers (VAMCs) are currently adopting, implementing or sustaining this practice and more than 15,250 Veterans have attended ACP-GV sessions. In addition, another 40 VAMCs are exploring participating this practice. Of those participants, approximately 18-20% develop a new advance directive and 86% set a smart goal to take steps toward advance care planning. Continued dissemination and implementation of this innovative practice is ongoing. After the session, attendees will have practical guidance for implementation of ACP-GV discussions in integrated (VA) or fee-for-service (Medicare) settings.

THE NATIONAL ELDER MISTREATMENT STUDY 8 YEARS LATER: VICTIM MENTAL HEALTH OUTCOMES AND PROTECTIVE FACTORS

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The purpose of this study was to conduct an 8-year follow-up of the National Elder Mistreatment Study (NEMS) and specify risk ratios for negative outcomes of elder abuse, including DSM-5 defined depression, generalized anxiety disorder (GAD), post-traumatic stress disorder (PTSD), and poor self-reported health. Methodology: Attempts were made to re-contact, via Computer Assisted Telephone Interview, all 752 NEMS participants who reported mistreatment since age 60 at Wave I, as well as a randomly selected sample of non-mistreated NEMS participants Results: 183 NEMS Wave I elder abuse victims and 591 non-victims provided data. In bivariate analyses, elder mistreatment 8 years earlier increased risk of negative outcomes by 200-700%. However, multivariate analyses revealed that Current (Wave II) social support was highly protective against most negative outcomes (excepting PTSD), and even appeared to nullify effects of mistreatment on GAD and poor self-reported health. Conclusions: Outcomes of elder mistreatment have not been studied prospectively in a national sample. The NEMS 8-year follow-up findings indicate a strong relationship between elder mistreatment at Wave I and negative emotional and physical health 8 years later. Fortunately, current (Wave II) social support appears to be both consistently and powerfully protective against most negative outcomes.

FACILITATORS AND BARRIERS FOR ELDER ABUSE VICTIMS SEEKING HELP: FINDINGS FROM THE NATIONAL ELDER MISTREATMENT STUDY

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Understanding help-seeking among victims of elder abuse is a critical challenge in the field. The vast majority of elder abuse victims remain hidden from formal support/protective response systems, such as adult protective services, legal/justice, law enforcement, or other agencies responsible for addressing this issue in the community. Guided by the Behavioral Model of Health Services Use, this study examined factors that facilitate or impede formal help-seeking among victims of elder emotional, physical and sexual abuse, represented by a call for help in the form of a report to police or other authorities. Data came from a national, population-based elder abuse study in the U.S. with a representative sample (n=304) of victims reporting abuse in the past year. Gold-standard measurement strategies were used to assess each elder abuse subtype. Multivariable logistic regression was conducted to identify help-seeking facilitators/barriers. Help-seeking through reporting to police or other authorities occurred among only 15.4% of elder abuse victims nationwide. Help-seeking was predicted by factors attached to the victim (abuse type, poly-victimization), perpetrator (prior police trouble, social network size), and victim-perpetrator relationship (victim dependence on perpetrator). This study highlights the extremely hidden nature of elder abuse in our society, as well as the need to develop strategies that incorporate victim, perpetrator, and victim-perpetrator relationship factors to promote greater help-seeking among victims.