

BROADENING THE CONCEPTION OF FOOD INSECURITY AMONG OLDER ADULTS: DEVELOPMENT OF A SUMMARY INDICATOR IN THE NHATS

Emma Tucher,¹ Tamra Keeney,¹ Alicia Cohen,² and Kali Thomas,¹ 1. *Brown University, Providence, Rhode Island, United States*, 2. *Providence VA Medical Center, Providence, Rhode Island, United States*

Comprehensive measurement of food insecurity among older adults has focused on financial barriers to food access. Using data from the community-dwelling older adults in Round 5 of the U.S. National Health and Aging Trends Study (n=7,070), we constructed a summary indicator of food insecurity and inadequate food access incorporating items related to food scarcity within three domains: functional, social support, and financial limitations. We analyzed the construct validity of the summary indicator for known biopsychosocial factors associated with food insecurity among older adults. In 2015, 4.3% of community-dwelling older adults, approximately 1,673,775 million people, were characterized as food insecure or lacking adequate food access. Multivariable regression models identified that being homebound, frail, and experiencing community disability were associated with food insecurity and inadequate food access. These findings indicate food insecurity and inadequate food access among older adults is associated with functional and mobility characteristics and not isolated to financial barriers.

ASSOCIATION OF FOOD INSECURITY AND SARCOPENIA: THE NATIONAL HEALTH AND NUTRITION EXAMINATION SURVEYS

John Batsis,¹ Curtis Petersen,¹ and Tyler Gooding,² 1. *Dartmouth College, Lebanon, New Hampshire, United States*, 2. *Dartmouth Hitchcock Medical Center, Lebanon, New Hampshire, United States*

Understanding the association between food insecurity and sarcopenia can inform policies that address healthcare disparities. We identified 2,965 subjects aged ≥ 60 years with grip strength and food security data from the National Health and Nutrition Examination Surveys 2011-14. Sarcopenia was defined using grip strength < 26 kg for men and < 16 kg for women, and food security with the 18-item US Household Food Security Survey. Logistic regression evaluated the association of food insecurity (referent = full security) with sarcopenia, adjusting for age, sex, marital status, race/ethnicity, education, body mass index, smoking, and comorbidities. Mean age (% female) was 76.6 (60.9%) and 68.9 years (53.4%) with and without sarcopenia, respectively. Sarcopenia prevalence was 8.4%. Rates of full food security were higher in those without sarcopenia (90% vs. 84.2%; $p < 0.001$). Food insecurity was strongly associated with sarcopenia (OR 1.79 [1.18, 2.72]), suggesting a need for both longitudinal and interventional studies to target these disparities.

NUTRITIONAL VULNERABILITY: THE COMPLEXITY OF PREPARING OLDER VETERANS FOR SURGERY

Kathryn Starr,¹ Nancy Loyack,² Shelley McDonald,³ Mitchell Heflin,⁴ Sandhya Lagoo-deenadayalan,¹ and Connie Bales,¹ 1. *Duke University School of Medicine, Durham, North Carolina, United States*, 2. *Durham VA*

Medical Center, Durham, North Carolina, United States, 3. *Duke University, Durham, North Carolina, United States*, 4. *Duke University Medical Center, Durham, North Carolina, United States*

Poor nutritional status leads to postoperative complications, infections, poor healing, and increased mortality, creating a high-risk situation for older adults undergoing surgery. Psychosocial and environmental factors, including socioeconomic disadvantage, disability, social isolation and depression, are known precipitators of nutritional risk. However, these potentially modifiable concerns are rarely taken into consideration preoperatively. In 736 older Veterans preparing for surgery, we found 42% reported it was hard/somewhat hard to pay for basic needs, 6% reported sometimes/often times not having enough to eat, 24% reported living alone, 47% reported needing assistance with 1 or more IADLs, and 42% reported a history of depression. Findings from older Veterans, illustrate the prevalence of psychosocial and environmental risk factors prior to surgery. Best practices for identifying these factors, the importance of an interprofessional team for intervening, and specific resources that can be utilized throughout the perioperative period to improve outcomes will be presented.

CHOICE FOOD PANTRIES IN THE DEEP SOUTH: A NOVEL APPROACH TO ADDRESSING FOOD INSECURITY IN OLDER ADULTS

David Buys, Masey Smith, and Erin King, *Mississippi State University, Mississippi State, Mississippi, United States*

Older adults in the deep south are living with high food insecurity rates; this is exacerbated by challenges with rural-living, like transportation limitations and no grocery stores. To address this, we must increase emergency food assistance offerings and adopt best practices for food pantries including choice food pantry approaches, which empowers clients with some autonomy in choosing the foods they receive as part of their pantry distribution. Coalitions in eight income-limited, aging, rural Mississippi Delta counties received support from a Centers for Disease Control and Prevention Grant to enhance the food-related infrastructure in their communities through technical assistance and economic investments. A detailed process evaluation was conducted on this effort. Each coalition adopted food pantry-related policies like adding new food pantries and adapting their existing food pantries with the choice model. Both aging volunteers and clients indicated positive outcomes from the process of adding pantries and adapting existing ones.

SESSION 7130 (SYMPOSIUM)

IMPLEMENTING EFFECTIVE, EVIDENCE-BASED OLDER ADULT FALL PREVENTION

Chair: Gwen Bergen

Over one in four older adults (65 years and older) in the US reports falling annually with estimated medical costs of \$50 billion. Evidence-based strategies exist that can reduce falls with one of the most promising being multifactorial, clinically-based initiatives such as the Centers for Disease Control and Prevention's STEADI (Stopping Elderly Accidents, Deaths, and Injuries) Initiative. STEADI includes