mediated the relationship between VF damage and fall rates, with VF damage remaining an independent predictor of fall in models including gait and/or balance features (RR =1.36 to 1.48, p-value= <0.001 to 0.005). While balance and gait measures are associated with fall rates, they do not explain why persons with greater VF damage fall more frequently, suggesting the importance of other factors such as hazard perception.

SESSION 7120 (SYMPOSIUM)

FITNESS MATTERS AS WE AGE: A CELEBRATION OF THE VA GEROFIT PROGRAM

Chair: Miriam Morey
Discussant: Cathy Lee

In recognition of the GSA's 75th Anniversary "Why Age Matters" we celebrate the 7th anniversary of the Gerofit dissemination initiative. Gerofit is an exercise and health promotion program for older Veterans that has been declared a Veterans Health Administration (VA) "Best Practice" and been disseminated to 17 VA's across the country. Over 7000 Veterans have participated in Gerofit initiated programs and have reported robust outcomes including improved quality of life, physical and mental health, and high levels of satisfaction with the programs. For this symposium, we focus on newly acquired program outcomes that emphasize the importance of fitness as we age. The first paper compares hospitalization and emergency room visits between individuals participating in Gerofit for 12 months compared to a matched control group. The second paper describes four-year trajectories of physical performance to highlight the impact of becoming fit over expected normative trajectories. The third paper examines outcomes of a home-based geriatric walking clinic. The fourth paper describes the impact of exercise adherence on chronic pain. The fifth paper describes changes in medication utilization compared to a matched control group following 12-months of supervised exercise. These papers highlight the importance of fitness as a contributor to overall health during the aging process and celebrates that fitness matters, no matter when you start!

DOES GEROFIT EXERCISE REDUCE VETERANS' USE OF EMERGENCY DEPARTMENT AND INPATIENT CARE?

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Little is known about the relationship between exercise and health care utilization in older adults. This study examined hospitalizations/emergency Department (ED) visits in the 12 months prior to and during 12 months of active Gerofit participation (across 5 sites). Data were compared for each outcome to a propensity matched nearest neighbor sample from the same site [Mean, 95% CI]. Of the 226 Veterans who were active in the program for ≥12 months and enrolled in VA and Traditional Medicare for 12 months prior to Gerofit participation, hospitalizations/ED visits were greater prior to (15.3%/42.0%) than during (6.8%/37.1%) Gerofit participation. Gerofit participants were 8% less likely to have a hospitalization in the 12 months following enrollment than controls [-0.08 (-0.14, -0.02)] but no between-group differences in ED use [-0.00 (-0.11, 0.10)] were observed. Participation in Gerofit may reduce hospitalizations, but its impact on ED use is inconclusive.

TRANSLATING EXERCISE BENEFITS OVER TELEHEALTH

Kalpana Padala,[1] Shelly Lensing,[2] Tammy Evans,[3] Megan Pearson,[4] Miriam Morey,[5] and Prasad Padala,[6] *1. Central Arkansas Veterans Healthcare System, North Little Rock, Arkansas, United States, 2. University of Arkansas for Medical Sciences, Little Rock, Arkansas, United States, 3. GRECC, Central Arkansas Veterans Healthcare System, North Little Rock, Arkansas, United States, 4. Veteran Affairs Health Care System, Durham, North Carolina, United States, 5. Veterans Health Administration, Durham, North Carolina, United States, 6. Central Arkansas Veterans Healthcare System, Little Rock, Arkansas, United States*

Background: Gerofit-Geriatric walking clinic is a home-based program that helps older veterans engage in regular walking via different platforms to improve access. The objective was to compare the outcomes of face-to-face visits to telehealth visits. Methods: Older Veterans (N=646) and walking-buddies (N=154) were seen either face-to-face or via telehealth at baseline, 2-, and 6-months. The primary intervention, pedometer feedback and motivational phone calls were delivered remotely. Results: Demographic data were similar in both Veteran groups and 47% were seen via telehealth. Compared to face-to-face, a higher proportion in the telehealth group had walking buddies (10% vs. 27%; p<0.001), received exercise counseling (75% vs. 95%; p=0.001), and reported perceived barriers (40% vs. 67%; p=0.004). There were statistically significant improvements in step-counts at 2- and 6-months compared to baseline (57% and 99% improvement; p<0.01) with no significant between-group differences. Conclusion: Tailored activity promotion programs via telehealth are effective in reaching older veterans.

CREATING AND KEEPING EXERCISE GAINS INTO YOUR 70S, 80S AND 90S

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Carolina, United States, 6. Duke University, Veterans Health Administration, Durham, North Carolina, United States, 7. VA Greater Los Angeles, Los Angeles, California, United States, 8. Baltimore VA Healthcare System, Baltimore, Maryland, United States

Background: Gerofit, an exercise program for older Veterans, is undergoing national dissemination (17 sites in 6 years). Four sites have accrued 4-year functional outcomes (gait speed, 8-foot-up-and-go, 30-second chair stand, and six-minute walk). Methods: Functional assessments were administered quarterly in first year and annually thereafter. Individuals with baseline and at least two follow up measures were included for analysis (n=587). Means were gathered across each timepoint. Results: Mean values for functional assessments from baseline to 4 year were as follows: gait speed m/s- 1.04, 1.12, 1.13, 1.13, 1.09, 1.07, 1.13; 8 ft-up-and-go seconds- 7.6, 6.82, 6.69, 6.69, 7.29, 7.29, 7.51; 30 second chair stands 11.88, 14.06, 14.72, 14.89, 14.69, 14.71, 14.96; and six-minute-walk yards- 499, 532, 541, 544, 531, 530, 556. All follow up measures were significantly improved over baseline (P<.01) and superior to normative age-related decline. Implications: Results indicate that exercise promotes compression of morbidity and improved functional health.

GEROFIT DECREASES MEDICATION USE AMONG OLDER VETERANS

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We examined whether Veterans enrolled in Gerofit for at least 12 months between 10/2012-3/2017 saw reductions in their medication utilization (5 sites, 226 Veterans). VA outpatient pharmacy data was used to identify medications used 12-months prior, and 12-months following Gerofit enrollment. Seven drug classes were identified (cardiovascular, diabetic, lipid, mental health, opioids, vitamins, other medications). Nearest-neighbor propensity-matched analyses was conducted with exact match on number of baseline medications and site. At baseline, Gerofit participants were taking, on average, 11.6 medications (1.7 cardiovascular, 0.6 diabetes, 0.7 lipid lowering, 0.7 mental health, 0.5 opioids, 0.6 vitamins, 7.0 other). At 12-month follow-up, Gerofit patients were taking fewer medications: any (-2.7 [-4.4, -1.0]); cardiovascular (-0.5 [-0.7, -0.3]); diabetes (-0.7 [-1.2, -0.2]); mental health (-0.9 [-1.5, -0.2]); and other (-2.4 [-3.5, -1.4]) compared to matched comparisons. No significant differences at 12-months were found for lipid lowering, opioids, or vitamins. Conclusion: Gerofit participation reduced medication use.

OLDER VETERANS WITH CHRONIC PAIN WHO PERSIST IN GROUP EXERCISE SHOW IMPROVED MOBILITY

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Approximately 50% of older adults receiving care at VA are Veterans with chronic pain (V-CP). While physical activity can reduce chronic pain and increase mobility, little is known about group exercise (GE) effects for V-CP. We hypothesized that attrition may limit GE effectiveness. In this study, we retrospectively compared program attrition and participant mobility at three-months of Gerofit GE. At baseline, Older V-CP (N=21) had lower mobility assessment scores (gait speed, 6MW, chair stands, TUG: 1.04 m/s, 443 yd, 11, 9.35s vs. 1.09 m/s, 463 yd, 12, 8.19s respectively) compared to unaffected Veterans. Three-month attrition was higher for older V-CP (54% vs 39%). For those completing three months GE, gains in mobility were similar. We conclude that Veterans with chronic pain are less likely to persist in group exercise but those who persist benefit much like those without pain. Further study is needed to understand successful exercise adherence.

SESSION 7125 (SYMPOSIUM)

FOOD INSECURITY IN THE UNITED STATES: IDENTIFICATION, TREATMENT, AND IMPLICATIONS

Co-Chair: Rose Ann DiMaria-Ghalili
Co-Chair: Connie Bales
Discussant: Julie Locher

Food insecurity is an under-recognized geriatric syndrome that has extensive implications in the overall health and well-being of older adults. Understanding the impact of food insecurity in older adults is a first step in identifying at-risk populations and provides a framework for potential interventions in both hospital and community-based settings. This symposium will provide an overview of current prevalence rates of food insecurity using large population-based datasets. We will present a summary indicator that expands measurement to include the functional and social support limitations (e.g., community disability, social isolation, frailty, and being homebound), which disproportionately impact older adults, and in turn their rate and experience of food insecurity and inadequate food access. We will illustrate using an example of at-risk seniors the association between sarcopenia, the age-related loss of muscle mass and function, with rates of food security in the United States. The translational aspect of the symposium will then focus on identification of psychosocial and environmental risk factors including food insecurity in older veterans preparing for surgery within the Veterans Affairs Perioperative Optimization of Senior Health clinic. Gaining insights into the importance of food insecurity will lay the foundation for an intervention for food insecurity in the deep south. Our discussant will provide an overview of the implications of these results from a public health standpoint. By highlighting the importance of food insecurity, such data can potentially become a framework to allow policy makers to expand nutritional programs as a line of defense against hunger in this high-risk population.