

### LIFESTYLE CHALLENGES AMONG OLDER FEMALE CANCER SURVIVORS

Jessica Krok-Schoen,<sup>1</sup> Janell Pisegna,<sup>2</sup> Elizabeth Arthur,<sup>2</sup> Emily Ridgway,<sup>3</sup> and Ashley Rosko,<sup>3</sup> 1. *Ohio State University, Columbus, Ohio, United States*, 2. *The Ohio State University, Columbus, Ohio, United States*, 3. *The James Cancer Hospital, The Ohio State University, Columbus, Ohio, United States*

The American Cancer Society recommends that survivors maintain a healthy lifestyle including a normal weight, being physically active, and maintaining a healthy diet to improve prognosis and health-related quality of life (HRQoL). Unfortunately, the majority of cancer survivors do not engage in a healthy lifestyle. The largest proportion of cancer survivors are older adults ( $\geq 65$  years), yet they are often understudied, particularly regarding healthy lifestyles. This study sought to examine the lifestyle behaviors (maintaining healthy weight, dietary intake, physical activity) of older female cancer survivors and to identify associations with HRQoL. Older female cancer survivors ( $n=170$ ) completed surveys to assess HRQoL (RAND-36), diet quality (HEI-2015), physical activity, malnutrition, and BMI. Descriptive analyses, correlations, and stepwise linear regressions were utilized. The majority of the sample (mean age= $74.67 \pm 8.43$  years) were white (90%), married (54.4%), college-educated (63.9%), and breast cancer survivors (67.4%). Self-reported health was very good (42.6%) and good (39.6%) and general HRQoL was  $59.48 \pm 15.34$  out of 100. Self-reported physical activity was low; 75.3%, 54.2%, and 68.1% reported no strenuous, moderate, and mild physical activity, respectively. Mean BMI was  $27.71 \pm 6.24$  with 64% of the participants being overweight or obese. Mean HEI-2015 scores were  $66.39 \pm 10.00$ , below the "good" diet quality score of 80. Risk of malnutrition was present in 27.4% of participants. Regressions found that being White ( $\beta = -0.528$ ,  $p=0.001$ ) and lower BMI ( $\beta = -0.405$ ,  $p=0.024$ ) were significant predictors of HRQoL. Results indicate the need for tailored health coaching for older cancer survivors regarding their lifestyle behaviors to improve prognosis and HRQoL.

### MULTIPLE CHRONIC CONDITION COMBINATIONS AND COGNITIVE TASK PERFORMANCE

Aaron Ogletree,<sup>1</sup> and Benjamin Katz,<sup>2</sup> 1. *American Institutes for Research, Washington, District of Columbia, United States*, 2. *Virginia Tech, Blacksburg, Virginia, United States*

A growing body of literature describes important advances in the study of chronic conditions, most notably a paradigm shift from the study of individual chronic conditions to the study of multiple chronic conditions (MCCs). Despite these advances, little research has explored MCC combinations, and almost no published research has explored how MCC combinations are related to cognitive outcomes in older adult populations. Using data from the Health and Retirement Study, we categorized 17,349 older adults into one of 32 groups using self-reports of five of the most commonly diagnosed conditions. These included arthritis, diabetes, heart problems, hypertension, and respiratory problems. We utilized ANOVA to examine the associations between combinations of MCCs and performance on two cognitive tasks associated with executive function and fluid intelligence: verbal fluency and verbal analogies. Results demonstrated that older adults with a greater number of health conditions performed more

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poorly on both the verbal fluency ( $p < .0001$ ) and analogies ( $p < .0001$ ) tasks than those with fewer conditions. Some MCC combinations were associated with poorer cognitive task performance than other combinations: for example, older adults in the Heart-Hypertension-Respiratory group had an average score of 488.73 ( $SD=24.96$ ) on the verbal analogies task and 14.06 ( $SD=7.06$ ) on the verbal fluency task. Conversely, adults in the Arthritis-Heart-Respiratory group had average scores of 503.69 ( $SD=27.89$ ) and 16.45 ( $SD=7.03$ ), respectively, suggesting differential additive effects of MCCs. These findings demonstrate the complex associations of specific MCC combinations with cognitive performance and highlight the importance of better understanding the unique needs of older people with MCCs.

### UTILIZATION OF AN INTEGRATED MEDICARE ADVANTAGE MODEL IS POSITIVELY ASSOCIATED WITH MEDICATION ADHERENCE

Renae Smith-Ray,<sup>1</sup> Tanya Singh,<sup>2</sup> and Chester Robson,<sup>3</sup> 1. *Walgreens Center for Research on Health and Wellbeing, Deerfield, Illinois, United States*, 2. *Walgreen Co, Riverside, Illinois, United States*, 3. *Walgreen Co, Deerfield, Illinois, United States*

An estimated 30% of U.S. healthcare costs are due to waste, inefficiencies, and excessive pricing. Research shows that integrated primary care models (IPC) improve health outcomes and reduce costs. Nearly all IPCs embed ancillary clinicians, including pharmacists, within the clinic. IPCs that embed a primary care clinic within a pharmacy are novel. This study describes the first known IPC for older adults that is based in a pharmacy and examines its impact on medication adherence. In January 2018, Walgreens launched an IPC focused on Medicare Advantage patients at select Kansas City Walgreens locations. Each morning the entire IPC team meets to review needs of patients who will be seen that day. Upon arrival, the patient is first seen by a pharmacist who completes medication and immunization reviews and fall risk screening. If a new medication is prescribed during the physician visit, the pharmacist returns to consult the patient. The IPC team works together to ensure that the Medicare Annual Wellness Exam is completed in entirety. We examined the impact of IPC utilization on adherence to the top seven chronic condition drug groups. IPC patients age 50+ with sub-optimal adherence (<80% proportion of days covered) during the year prior to the clinic opening were included ( $n=64$ ). A Student's t-test revealed an 11% improvement in optimal adherence year-over-year between the pre- and post- periods ( $p < .0001$ ). The pharmacy-based IPC is associated with improved medication adherence. Future research should examine the impact of this model on patient satisfaction and additional health outcomes.

### SESSION 2995 (PAPER)

#### ATTITUDES, BELIEFS, AND PERCEPTIONS ABOUT AGING

#### AWARENESS OF AGE-RELATED CHANGE, FUTURE TIME PERSPECTIVE, AND IMPLICATIONS FOR GOAL MANAGEMENT IN OLDER ADULTHOOD

Bethany Wilton-Harding,<sup>1</sup> and Tim Windsor,<sup>2</sup> 1. *Flinders University, Adelaide, Australia*, 2. *Flinders University, Adelaide, South Australia, Australia*