

cancer type. Cancer survivors reporting faster walking paces had significantly reduced mortality risk. Relative to those reporting an 'easy' walking pace, walking at a 'normal,' 'brisk,' or 'very brisk' pace was associated with significantly lower risk: [HR=0.74 (0.70,0.78)], [HR=0.66 (0.61,0.71)], and [HR=0.73 (0.60,0.89)], respectively. Being 'unable to walk' was associated with 30% increased mortality [HR=1.30 (1.15,1.46)]. These findings provide novel support for the association between self-reported walking pace and survival after cancer.

#### DETERMINANTS OF LEISURE-TIME PHYSICAL ACTIVITY IN OLDER, RURAL CANCER SURVIVORS IN CENTRAL PENNSYLVANIA

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This study explored social and environmental determinants of leisure-time physical activity (LTPA) in cancer survivors (CS) residing in Central Pennsylvania, a largely rural region. Rural CS completed questionnaires assessing LTPA, social support (SS) for LTPA, home and neighborhood environments for LTPA. Logistic regression models were used to assess associations with being active/inactive. Participants (n=219) were categorized as mature survivors (<75 years, 80.7%) or elderly survivors (>=75 years, 19.3%). Only 28.2% of elderly survivors reported meeting LTPA guidelines compared to 45.6% of mature survivors. Survivors reporting SS for LTPA were 10% more likely to active than those who did not have SS (OR=1.1, CI 1-1.1). Mature survivors that reported environmental support (home: OR=1.2; CI 1-1.3; neighborhood: OR=1.8, CI: 1-3.2) were more likely to be active than those without strong environmental support. Creating more supportive environments to foster LTPA in elderly survivors in rural areas is a key priority for future research.

### SESSION 2055 (SYMPOSIUM)

#### GAPS AND OPPORTUNITIES TO IMPROVE ACCESS TO HEALTHCARE FOR OLDER RURAL VETERANS

Chair: Bret Hicken, *Veterans Rural Health Resource Center-SLC, Salt Lake City, Utah, United States*

Co-Chair: Aaron T. Seaman, *Iowa City VA Healthcare System, Iowa City, Iowa, United States*

Discussant: Lauren Moo, *Geriatric Research Education & Clinical Center, Bedford, Massachusetts, United States*

Almost 25% of US military veterans live in rural areas and over 70% of these are age 55 years or older. The physical, cognitive, and functional declines common to aging coupled with accumulated physical and psychological traumas often incurred through military service make caring for older Veterans an especially difficult challenge. Furthermore, the geographic distances associated with rural living pose a significant barrier to timely access to care for aging Veterans and caregivers living in remote communities. Significant gaps

remain in VA's understanding of the needs of this population, which is essential for developing adequate models of care. This symposium highlights various aspects of the rural older Veteran experience and will suggest opportunities for improving access to care for this population. The first presentation estimates the differential impact of rural status on mortality rates among older Veterans using mortality data from the General Social Survey (Wilmoth et al). A second study is an analysis of urban/rural differences in PTSD symptoms as function of multiple co-factors and accounting for geographic location (Kurth et al). Seaman et al present qualitative data regarding the experience of Veterans with head and neck cancer to understand how rurality impacts cancer survival (Seaman et al). The final presentation will highlight a model to address mental health problems in older Veterans in primary care (Geri-PACT [Kube et al]) and will specifically highlight how this VA program may be adapted to address such needs of older Veterans in rural areas.

#### VETERAN MORTALITY DISADVANTAGE AMONG RURAL, SUBURBAN, AND URBAN RESIDENTS

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Although veterans tend to have higher mortality rates than non-veterans, recent research suggests there is substantial heterogeneity in veteran mortality on the basis of various characteristics such as race, period of service, type of health insurance coverage, and service-connected disability status. This analysis extends the extant literature by using the 1978-2014 General Social Survey linked to the National Death Index (GSS-NDI) to examine veteran status differences in mortality by geographic location. We estimate a series of Cox regression models predicting death for male veterans and nonveterans, controlling for age, race/ethnicity, education, income, and work status. Separate models are presented for rural, suburban, and urban residents. All models are weighted and include robust standard errors. The results indicate that rural veterans have higher mortality risk than rural non-veterans, particularly among older adults. There are no significant differences in mortality risk between veteran and non-veterans living in suburban and urban areas.

#### PTSD SYMPTOMS AMONG VIETNAM, PERSIAN GULF, AND OEF/OIF/OND VETERANS: A RURAL/URBAN COMPARISON

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There are mixed results in studies examining rural/urban differences in PTSD symptoms among veterans; however, many of these studies failed to consider possible confounds with geographic location. This study examined rural/urban differences in PTSD symptoms by combat exposure, war cohort, and gender. The VALOR (Veterans Aging: Longitudinal studies in Oregon) pilot study sampled Vietnam, Persian Gulf, and OEF/OIF/OND war cohorts using an online survey. The sample (N=237, Mage=57.84, SD=12.68) was mainly male (65%), White (85%), and urban (75.95%); most reported combat exposure (71%). Participants completed measures