

of new program practices aimed at increasing access and adherence to physical activity for Veterans wherever they live, and improving their overall health and wellness. This consortium has served over 7000 Veterans. The first paper describes the impact of overweight/obesity on functional outcomes. The second abstract describes a newly developing use of live video connection from an exercise leader directly to the home for exercise. The third paper provides a case series on the impact of Gerofit on fall prevention. The fourth paper describes the impact of Gerofit on physical function among Veterans with arthritis. The fifth paper describes the impact of Gerofit on Post Traumatic Stress Disorder (PTSD) symptoms among participating Veterans with self-reported PTSD. This symposium highlights the impact of a highly synergistic network working together to improve the lives of older Veterans.

GEROFIT: IMPACT ON PTSD SYMPTOMS AMONG PARTICIPATING VETERANS WITH SELF-REPORTED PTSD

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Post-traumatic stress disorder (PTSD) increases risk of medical comorbidities in aging. The Gerofit Program is an exercise program for older Veterans that shows efficacy for physical health. We sought to determine its impact on PTSD. Veterans in Gerofit completed a self-report questionnaire at 3 and 6 months assessing effect of Gerofit on: PTSD symptoms generally, disturbing dreams, avoidance, negative feelings, and irritability. Two hundred twenty-nine Veterans completed the questionnaire. Of these, 56 (24.5%) reported PTSD. None reported worsened PTSD following Gerofit participation. At 3 months, >50% of Veterans reported symptom improvement and this was maintained over 6 months for all items ($p > 0.05$ paired t-test). There was an increase between 3 and 6 months in the percentage who reported "improved a lot" for overall symptoms (16.7% to 22.2%), negative feelings (5.6% to 11.1%) and irritability (0% to 11.1%). Gerofit may offer an effective intervention to improve PTSD symptoms in older Veterans.

SIX MONTHS OF GEROFIT RESULTS IN MOBILITY IMPROVEMENTS IN OLDER VETERANS REGARDLESS OF BMI CLASSIFICATION

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Older Veterans represent a unique population at high risk for mobility limitations. They are also more likely to be overweight or obese when compared to the general population. We sought to compare changes in mobility function across the obesity spectrum in older Gerofit participants at

six different sites. Two-hundred and seventy Veterans (mean age: 74 years) completed six-months of Gerofit participation and mobility assessments at baseline, three and six months. Our assessments included gait-speed, six-minute walk distance, 30-second chair stands, and the eight foot up and go. When comparing weight groups, we found no significant interaction of weight and time, however we found clinically significant ($P < 0.02$) improvements of 7-20% across all mobility measures. Six-months of Gerofit participation appears to be one way to improve mobility function in older Veterans across the weight spectrum.

MODERNIZING EXERCISE WITH TELE-VIDEO TO REACH A RURAL GERIATRIC POPULATION OF VETERANS

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Rural Veterans often lack access to health care. Veterans Affairs (VA) supports telehealth technologies to provide services remotely that are comparable to onsite in-person care. We piloted VA Video Connect (VVC), to deliver an interactive exercise program for Veterans modeled on the VA Gerofit Program, a successful facility-based exercise program. VVC connects an exercise physiologist directly to the home with smart devices. Invitations to join Gerofit were mailed to 216 rural Veterans. Of 17 respondents, 7 (mean age 68) agreed to VVC tele-exercise 1x week for 12 weeks. Two Veterans were lost to follow-up prior to enrollment. Baseline VVC assessments ($N=5$) were indicative of high functional impairment in comparison to age-based norms: 2-minute step test (67.2 steps, 5th%tile), 30-second chair stands (12.4 stands, 26th%tile), and 30-second arm curls (15.3 curls, 25th%tile). Feasibility, barriers, and program impact will be discussed. Functional impairment indicates need for telehealth to reach Rural Veterans.

THE IMPACT OF 3 MONTHS OF SUPERVISED EXERCISE ON CHANGE IN FUNCTION: COMPARISONS BY ARTHRITIS STATUS

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Physical activity is an established intervention for the management of arthritis. This study evaluated the effect of 3 months of participation in Gerofit on physical function by arthritis status. Participants, 519 Veterans aged ≥ 65 years self-reported either no arthritis (NA) (49%), upper body arthritis (UB) (8.2%), lower body arthritis (LB) (12.7%), or both upper and lower body arthritis (UB&LB) (30.4%) upon enrollment. Physical function measures [10-meter usual gait speed (m/s) (GS), arm curls (AC), chair stands (CS), and 6-minute walk (yards) (SMW)] were assessed at baseline and follow-up. Mean differences between time points were calculated. At baseline, compared to NA, LB and UB&LB had slower GS (1.10 and 1.06 vs 1.13) and shorter SMW distance (468.8 and 448.8 vs 490.7). All groups tended to increase physical function, with greatest improvement among LB (GS=0.27, AC=2.06, CS=2.52, SMW=42.53). Participation in Gerofit is associated with functional gains, regardless of burden of disease.

SIX MONTHS OF FOCUSED EXERCISE IN GEROFIT LEADS TO REDUCED FALL RISK THROUGH IMPROVED BALANCE

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Many older Veterans are physically debilitated, with a reduced quality of life (QOL.) Use of assistive devices during ambulation is indicative of fall risk. We describe two case studies following six-months of participation in Gerofit, a structured exercise program. Ms. M., a 75 y/o Veteran with chronic PTSD and joint pain could walk 237 yards in six-minutes using a cane. Mr. D., an 86 y/o Veteran, came to Gerofit using a Front Wheeled Walker and could walk 307 yards in 6-minutes. After six-months of Gerofit, neither Veteran used assistive devices during testing, and both reported higher QOL. Ms. M. now walks 514 yards in six minutes, while Mr. D. can walk 375 yards in six minutes. Both Veterans exhibit improved balance and endurance. They tell us: "Gerofit gave me my life back!" and "Gerofit gets me out of the house and off the couch."

SESSION 635 (PAPER)

HEALTHCARE AND MANAGEMENT

EDUCATIONAL INITIATIVE ABOUT MEDICATION MANAGEMENT FOR OLDER ADULTS

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Older adult patients often have multiple comorbidities, see multiple providers, leading to poor medication management (MM). Educational seminars were conducted to health care providers (HCPs) and community-based organizations

to deliver health programs to linguistically diverse communities by a pharmacist utilizing interpreters. Participant knowledge was assessed using matched pre-post surveys (translated to participants' respective languages). Behavioral intention was measured using a Likert scale. Results indicate participation from 136 community dwelling adults via 6 educational sessions; 44 caregivers via 5 sessions, and 22 HCPs (4 students and 22 residents) participated in one session. 91% of the community population were born outside of the US, 67% coming from South Asian countries, speaking over 7 different languages. Knowledge about medication management increased from an average of 44% correct responses pre-session to 48% correct post-session – a statistically significant change ($t(135) = -2.26, p < .03$). Most caregivers were females (82%) and born in a South Asian country (87%). Knowledge about medication management when caring for a loved one increased significantly from an average from pre (46%) to post (60%) ($t(41) = -3.07, p < .01$) Finally, most HCPs were females (53%), 63% Asian; 87% were born outside of the US, predominantly in East Asia. Providers had a significant increase on knowledge ($t(21) = -3.03, p < .01$) about prescribing for older adults. Detailed results of the programs will be presented. Despite challenges in diverse audience members, all three target populations indicated a statistically significant change in knowledge indicating the value in targeted and tailored health education topics.

EFFECTS OF COGNITIVE DECLINE ON DIABETES SELF-MANAGEMENT EDUCATION AND CARE

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People with diabetes experience a faster cognitive decline and have a greater risk for future dementia diagnoses. Cognitive impairment can negatively influence diabetes management activities. Diabetes self-management education (DSME) can enhance diabetes control, but limited evidence exists about the differential effects of DSME based on cognitive status. This study examines the moderation effects of cognition on the relationship between participation in DSME and diabetes management among older adults using Georgia 2017 BRFSS data (N=496). Primary outcomes were diabetes self-management (e.g., self-blood glucose monitoring, self-feet check, and physical activity) and clinical care (e.g., seeing a health professional for diabetes and A1C, feet, and eye exams). Multiple logistic regression models examined the effects of DSME and self-reported cognitive decline on diabetes care. Based on the Anderson-and-Newman Framework, all regression models were adjusted for predisposing (age, sex, race, ethnicity, and education), enabling (income, marital status, and health plan), and need (insulin treatment) factors. About 48% of participants participated in a DSME, and about 16% reported experiencing cognitive decline. DSME participation was positively associated with self-blood glucose monitoring ($p=0.014$), physical activity ($p=0.024$), seeing a health professional for diabetes ($p=0.002$), and feet exam ($p=0.043$), but cognitive decline was not significantly associated with most diabetes care ($p>0.05$). Further,