

### GERI-VET: A PROGRAM FOR OLDER VETERANS SEEN IN THE EMERGENCY ROOM

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Older adults made over 21 million Emergency Room (ER) visits accounting for nearly 46% of all ER hospital admissions in 2015. The ER setting provides not only a unique opportunity to assess patients' health, functional status and social issues, but also provide recommendations to help coordinate care. Geriatric ER assessments have been associated with reduced avoidable hospitalizations, functional decline, and institutionalization. However, few ER clinicians including physicians, nurses and technicians have received adequate training to perform geriatric screenings and implement timely referrals. In 2014 American College of Emergency physicians and American Geriatric Society published guidelines for care. Based on these guidelines a "Ger-Vet Bootcamp" Program was developed and piloted at the Northeast Ohio VAMC. This program included: simulation emphasizing standardized screenings, and the use of decision support aides for management and referrals for older adults seen in the ER. Following this multi-modal education program, 91% clinicians reported greater ability to apply knowledge learned, 82% clinicians were able to more accurately identify geriatric syndromes, and 86% were able to identify additional resources. Of the patients screened over one year, 73% of patients were identified as being at high risk for falls, 32% had high family caregiver burden, 15% had moderate to severe dementia, and 14% had positive delirium screens. Those veterans screened by Geri Vet trained Staff received significantly more referrals than usual care staff, home care 28.7% vs.15.6%, geriatric clinic 20.5% vs. 11.7% and caregiver support 5.0% vs. 1.3%. Data show hospital admissions have decreased 5-7%. Education and dissemination continues

### DOES PARTICIPATING IN SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM IMPROVE THE SLEEP OF OLDER ADULTS?

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Food insecurity among lower income adults is associated with adverse health outcomes including sleep disorders. Using data from the National Health and Nutrition Examination Survey (NHANES), 2005-2008, we explored the association between participation in the Supplemental Nutrition Assistance Program (SNAP), a safety net program addressing food insecurity, and sleep outcomes among older adults. Total sleep duration (<7 hours inadequate sleep, ≥7 hours adequate sleep) and sleep latency (10-20 mins normal sleep latency, ≤ 9 mins and ≥ 21mins abnormal sleep latency) were available for 805 participants 50 years and older and eligible for SNAP participation (≤130% federal poverty level). SNAP participation (yes/no) was assessed for the previous year. Sleep inadequacy was higher among

SNAP participants (46.5%) compared to SNAP-eligible non-participants (36.3%), whereas the corresponding numbers for abnormal sleep latency were 71.8% and 64.1%. Binary logistic regression analysis showed no significant association between SNAP participation and inadequate sleep duration (OR=1.19, 95% CI 0.84-1.70) after adjusting for age, gender, race/ethnicity, education, and food security status. SNAP participation was also not associated with abnormal sleep latency (adjusted OR=1.49, 95% CI 1.00-2.23). SNAP participation was not protective against poor sleep outcomes among a sample of low-income, at risk of food insecurity older adults.

### AN ACADEMIC-COMMUNITY PARTNERSHIP FOR IMPROVING ORAL HEALTH OF ADULTS 75-PLUS YEARS IN RURAL SOUTHEASTERN OREGON

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This presentation describes a series of research projects undertaken by a school of nursing to develop and test a model for interprofessional (IPE) practice and education. A pilot study and two funded projects have been completed and one funded project is currently underway. A goal has been to build an academic-community partnership to address health disparities for people 75 years and older living in rural areas of the state. This population is growing and more apt to be living in poverty. Low oral health literacy and limited dental health services in rural areas contribute to the likelihood of oral health problems impacting overall health. IPE supports the development of teamwork to improve health outcomes for patients by raising awareness about the relationship of oral health to overall health. This evolving IPE model has joined baccalaureate nursing and dental hygiene students in shared learning and practice. After classroom and simulation-based learning, student teams provided screening and education in primary care settings. The current study has expanded team membership by adding medical, dental and/or nutrition students. They are training and practicing together to be a "mobile oral health team" for older adults living in a rural community 100 miles from campus. Community stakeholders are helping to organize a day-long oral health screening clinic. Looking forward, this IPE model supported by an academic-community partnership will routinely visit chronically underserved areas with a mobile oral health team. Funding for a fully-equipped mobile unit are being sought to sustain this effort.

### STRATEGIES TO INCREASE MINORITY PARTICIPATION IN A HEALTHY AGING AND NEIGHBORHOOD STUDY

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Adequate minority participation is critical to health disparity research. Conventional direct mails are less effective in minority recruitment. The Healthy Aging and Neighborhood Study developed a multifaceted, community-engaged, culturally and linguistically appropriate method to recruit