

SESSION 855 (POSTER)

DISEASE MANAGEMENT | FALLS | HEALTH PROMOTION

GERIATRIC ASSESSMENT ADOPTION IN COMMUNITY CANCER CENTERS: TRENDS, BARRIERS, AND RECOMMENDATIONS

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Addressing the needs of older adults with cancer is critical for the delivery of high-quality, patient-centered care. The Association of Community Cancer Centers (ACCC) has identified barriers and best practices for serving this growing patient population in order to help support the multidisciplinary team in understanding and proactively preparing for this large subgroup of patients. A survey was administered to 332 cancer professionals. 95% agreed that their older adult patients would benefit from a comprehensive geriatric assessment, yet only 17% of respondents are performing CGAs. 74% of respondents are not using any screening tool to identify high risk patients. The top three barriers to this were time/personnel and limited familiarity with available, validated tools. 61% are not focused on increasing older adult participation in clinical trials which leads to a disparity in care. Techniques for evaluating fitness, cognitive status, psychological status, comorbidities, and toxicity risk were often informal and not recorded in an EMR. Three in-depth focus groups were completed at programs demonstrating effective, yet different models of care for an older population. City of Hope Cancer Center is running a Senior Adult program under a grant where patients receive care in concordance with a score (CARG toxicity calculator) and a team review with a geriatrician. Sidney Kimmel Cancer Center has a consultative clinic where patients attend a 2-hour appointment to complete a comprehensive geriatric assessment with oncology, geriatrics, and specialists including pharmacy and nutrition. ACCC has recommended resources to address deficits in care, particularly in the community setting.

CHOOSE TO MOVE: IMPLEMENTATION OF A PHYSICAL ACTIVITY INTERVENTION AT SCALE ACROSS BRITISH COLUMBIA, CANADA

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Despite the many benefits of physical activity (PA), older adults remain among the least active Canadians. Regular PA effectively enhances social connectedness which in turn, is linked to positive health benefits. PA also promotes older

adult's physical mobility which is "the best guarantee of retaining independence and being able to cope" in later years. Although effective PA interventions exist, all but five were conducted at small scale. None were effectively scaled up and sustained over the longer term. To improve population health, effective interventions must be scaled-up. In 2015, BC Ministry of Health released a PA strategy and action plan--older adults were identified as one priority area. In partnership with government and community stakeholders we were entrusted to co-design, implement and evaluate a 6 month, evidence- and choice-based PA intervention (Choose to Move; CTM) across BC, Canada. Implementation and adaptation frameworks and processes we adopted were embedded within socioecological models. We evaluated CTM at scale-up in 26 communities with 458 low active older adults. Our implementation evaluation showed that relationships and infrastructure were key facilitators to delivering CTM at scale. Our impact evaluation showed that PA and social connectedness were enhanced; mental health (loneliness/happiness), grip strength and mobility all improved following participation in CTM. A flexible, adaptable PA model, designed with scalability in mind is key to enhance health indicators in low active older adults. Effectively engaging stakeholders at multiple levels in the implementation process is essential to success.

INDOOR AND OUTDOOR FALLS AMONG ADULTS AGING WITH A PHYSICAL DISABILITY

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Falls among community-dwelling adults are a significant public health concern. Adults aging with a physical disability report a high number of falls, recurrent falls, and injuries caused by falls. Prevention strategies are needed to reduce the incidence of falls among this population; however, the location of the fall may influence which strategies will be most effective. The purpose of this project was to examine falling indoors versus outdoors was associated with fall related psychological concerns (e.g., self-efficacy), self-reported physical activity levels, physical function and sociodemographic characteristics (e.g., sex, age, education, employment), using survey data of adults aging with four conditions: muscular dystrophy (MD), multiple sclerosis (MS), post-polio syndrome (PPS), and spinal cord injury (SCI). Of the 1381 participants who completed the survey in 2017, 52% (n=719) reported at least one fall in the past 6 months. When asked about their worst fall, 32% of falls (n=233) occurred outdoors and 68% (n=486) occurred indoors. Participants with MS were significantly more likely to report falling outdoors (MS=35%, MD = 21%, PPS = 21%, SCI = 24%). Factors significantly associated with outdoor falls included living in an urban environment (OR = 1.59; 95%CI:1.06, 2.39), being more physically active (OR = 1.01; 95%CI:1.001, 1.02) and having better physical function (OR = 1.05; 95%CI:1.03, 1.08). These results fill a critical gap in the falls literature on fall location and have important implications for tailoring fall prevention interventions for individuals aging with a physical disability.