providers in integrating and evaluating new fall prevention programs that screen older adults for fall risk, assess patients' modifiable fall risk factors, and implement evidenced-based fall prevention interventions (e.g., medication management, physical therapy). The CCP offers guidance for incorporating a STEADI-based fall prevention program including how to engage leadership, integrate with existing clinic workflow and electronic health records, and strategies on how to obtain reimbursement for fall prevention. The Evaluation Plan offers details on how to engage stakeholders, collect data, interpret findings and how to share results for maximum impact. Both documents were based on lessons learned from successful implementation of STEADI-based programs in primary care. A STEADI-based program in New York found fewer fall-related hospitalizations among at-risk patients who received a fall prevention care plan compared to at-risk patients who did not receive a care plan.

RECONSIDERING PROTECTIVE FACTORS OF SUICIDALITY IN OLDER ADULTHOOD: RESULTS FROM THE CDC NVDRS NATIONAL DATASET

Kyle L. Bower,[1] and Kerstin G. Emerson[1], *1. University of Georgia, Athens, Georgia, United States*

Existing literature comprehensively addresses the issue of suicide; however, there is still much to be understood concerning this phenomenon in later life. For instance, suicide rates are particularly high for older agricultural workers, yet there remains considerable ambiguity concerning the factors contributing to this public health crisis. We conducted exploratory analyses with the Centers for Disease Control (CDC) National Violent Death Reporting System (NVDRS) 2003-2017 dataset. We identified a sample of individuals who committed suicide while working in the agricultural sector (N= 2,106). We coded "farmer" as anyone who worked in the agricultural sector at their time of death, or prior. The majority (>90%) of the sample was Caucasian male, and approximately 38% was age 65 and older. We also found that 40% of farmers were married (or in a domestic partnership) at the time of death. Specifically, of those 65 and older, 26% were married at the time of death (second largest majority as 70% were widowed). This finding is particularly interesting as marriage or long-term partnerships have been shown in the literature to be a protective health factor in later life, especially for older men. Our findings regarding marital status suggest that having a significant other may not be the most critical relationship for suicide prevention. Future mental health interventions should explore alternative social connections as a means to identify more effective methods of preventing suicide in this vulnerable population.

STEADI-RX: ADAPTING CDC'S STEADI INITIATIVE FOR USE IN COMMUNITY PHARMACIES

Elizabeth R. Burns,[1] Stefanie Ferreri,[2] Jessica Robinson,[3] and Chelsea Refroe[4], *1. Centers for Disease Control and Prevention, National Center for Injury Prevention and Control, Division of Unintentional Injury, Atlanta, Georgia, United States, 2. University of North Carolina Eshelman School of Pharmacy, Chapel Hill, North Carolina, United States, 3. UNC Eshelman School of Pharmacy, Chapel Hill, North Carolina, United States,*

4. University of Tennessee Health Science Center College of Pharmacy, Memphis, Tennessee, United States

Falls among older adults (age 65 and older) cause roughly 3 million emergency department visits and $50 billion in medical costs annually. The Centers for Disease Control and Prevention (CDC) developed the Stopping Elderly Accidents, Deaths, and Injuries (STEADI) initiative to increase clinical fall prevention. STEADI encourages screening for fall risk annually, assessing modifiable risk factors, and intervening to reduce risk using effective strategies like medication management. Medication management is critical given new data on the increased use of medications linked to falls. In 15 years, opioid use among older adults increased from 15% to 35% and anticonvulsant use tripled from 4% to 14%. To address the issue, CDC partnered with the University of North Carolina who 1) adapted STEADI tools for use in community pharmacies and 2) piloted and assessed their use in 31 North Carolina pharmacies. The adapted tools and processes were branded STEADI-Rx. Community pharmacists following the STEADI-Rx initiative, screen older patients for fall risk in the pharmacy, perform a medication review to identify medications that could increase fall risk, and intervene to reduce risk by sharing information with the patients' healthcare providers. Providers can then optimize medications to reduce fall risk and improve health. STEADI-Rx tools include 1) a community pharmacy algorithm, outlining how pharmacists can conduct fall risk screening, assessment, and care coordination; 2) a community pharmacy fall risk checklist; and 3) communication materials to help pharmacists share information with patients' providers. STEADI-Rx was launched in July 2019. More information is available at www.cdc.gov/STEADI.

GENE-OBESOGENIC ENVIRONMENT INTERACTIONS ON BODY MASS INDICES ACROSS RACE AND SEX AMONG OLDER ADULTS

Mika D. Thompson,[1] Catherine M. Pirkle,[1] Fadi Youkhana,[1] and Yanyan Wu[1], *1. University of Hawai'i at Mānoa, Honolulu, Hawaii, United States*

Gene-obesogenic environment interactions influence body mass index (BMI) across the life-course; however, limited research examines how these interactions may differ by race and sex. Utilizing mixed-effects models, we examined interaction effects of polygenic risk score (PGS) generated from 97 single nucleotide polymorphisms, and environmental factors, including age and physical activity, on measured longitudinal BMI from the Health and Retirement Study (HRS). HRS is a population representative survey study of older adults aged 50-years or older in the U.S. This study used a sub-sample of genotyped Black (N=1,796) and White (N=4,925) males and females. The association between PGS and mean BMI weakened as individuals aged among White males (Pinteraction=0.038) and White females (Pinteraction=0.054). The mean BMI difference between the highest and lowest PGS quintiles was 4.25 kg/m2 among 50-year old White males but 3.11 kg/m2 among the 70-year old's, i.e. a decrease of 1.14 kg/m2 (95%CI: -0.06,2.65) over 20 years. Similarly, the decrease among 50- and 70-year old White females was 1.33 kg/m2 (95%CI: 0.07,3.45). Additionally, the association between physical activity and BMI was stronger among White females with higher PGS (Pinteraction=0.038). Vigorous physical activity