health systems served, GWEPs have significant experience working with a wide variety of communities to implement age friendly care. In this symposium, we present successes and lessons learned from GWEP projects representing diverse populations and approaches to achieving age friendly communities. For instance, one GWEP is utilizing Patient Priorities Care to lay the framework for What Matters in clinical decision-making. Another GWEP is focusing on What Matters by uniquely embedding Area Agencies on Aging care coordinators within primary care settings to invite the participation of aging patients in advance care planning, among other health interventions. A third GWEP is using the 4Ms to educate patients and caregivers in geriatric psychiatry clinics in a population of veterans. Another GWEP is pairing Age Friendly Health System efforts within a health system with community-based efforts to become an age friendly and dementia friendly city. A final GWEP is using multiple educational modalities to create Age-Friendly Communities and assure that health systems, community-based organizations, and older adults and families are educated about the 4Ms. By exploring successes and lessons learned in making communities age friendly, we can improve existing and future programs centered on age friendly care for older adults.

EDUCATION OF CAREGIVERS AND VETERANS TO IMPROVE THE CARE OF THE GERIATRIC PSYCHIATRIC PATIENT
Kristen Sorocco, OKC VA Health Care System, Oklahoma City, Oklahoma, United States

The geriatric psychiatry outpatient clinic provides assessment of the elderly Veteran with mental illness and behavioral and psychological symptoms of dementia. I will describe strategies developed and implemented in this setting to provide education to the caregiver (family) to improve early identification of delirium, depression and cognitive impairment. This education proved to reduce the number of pharmacological treatment and increase the use of nonpharmacological interventions based on “what matters to the patient” and following the BEERS criteria guidelines. One of the most important outcomes of the education and evaluation in the geriatric psychiatric clinic was a decrease in number of emergency room visits of elderly, specifically those with dementia.

SUCCESSES AND LESSONS LEARNED FROM AGE-FRIENDLY COMMUNITY COLLABORATIONS: BAYSTATE HEALTH GWEP
Maura Brennan, and Rebecca Dobert, Baystate Health, Springfield, Massachusetts, United States

Baystate is the largest health system in Western Massachusetts with 4 hospitals, 3 Community Health Centers (CHCs) and a large primary care network. Baystate Medical Center (BMC) is in Springfield, Massachusetts. BMC and the CHCs were the first health care sites nationally to be recognized by the Institute for Healthcare Improvement as “Committed to Care Excellence” in the age friendly movement. Collaboration with a city-wide coalition of community-based organizations led to simultaneous recognition of Baystate as “age friendly” and recognition of the city as both dementia and age friendly. The 3 awards were presented at a Springfield senior center with media coverage and the participation of the mayor and other political leaders. This collaboration persists and the GWEP and coalition partners continue to participate in multiple joint educational and community outreach projects. As a result, the city coalition has added health care to its initial focus on housing and transportation.

WHAT MATTERS MOST: ACP EVOLVING IN PRACTICE
Kevin Valadares, University of Southern Indiana, Evansville, Indiana, United States

The University of Southern Indiana (USI) GWEP uniquely embeds Area Agencies on Aging (AAA) care coordinators within primary care settings to invite the participation of aging patients in advance care planning (ACP), among other health interventions. Two subsequently developed features of the USI GWEP’s ACP initiative emerged to address the What Matters metric of the 4Ms: 1) Patients are invited to engage in What Matters Most conversations through multiple touchpoints that frame Medicare Wellness Visits with a Deaconess provider and introduce a free, online ACP platform, Prepare for Your Care. 2) Provider, patients and families are supported in having ACP conversations with the dedication of a new Advance Care Planning facilitator position. Certified in Respecting Choices and jointly funded by the GWEP and Deaconess, the ACP facilitator supports individuals in navigating these essential healthcare conversations about balancing quality care with quality of life.

CATCH-ON EDUCATIONAL INTERVENTIONS FOR PROVIDERS, OLDER ADULTS, AND CAREGIVERS
Erin Emery-Tiburcio,1 Michelle Newman,2 and Robyn Golden,2 1. Rush University, Chicago, Illinois, United States, 2. Rush University Medical Center, Chicago, Illinois, United States

CATCH-ON, the collaborative GWEP led by Rush University Medical Center, is working to create Age-Friendly Communities by assuring that health systems, community-based organizations, and older adults and families are educated about the 4Ms. For providers, CATCH-ON offers a monthly Learning Community that focuses on one of the 4Ms each quarter. Each session provides practical recommendations for 4Ms implementation and opportunities to share experiences in small groups. CATCH-ON also partnered with Community Catalyst, older adults, and caregivers to develop a 4Ms educational brochure. The brochure is available electronically and by paper to educate older adults and caregivers about the 4Ms and discussing them with their healthcare team. Additionally, CATCH-ON created 4M online modules for older adults and families. This session will explore the success and lessons learned in developing educational interventions for diverse audiences and how this approach strengthens Age-Friendly Communities.

Session 4255 (Paper)

Health Promotion (SRPP Paper)

AGE-TASTIC: AN EVIDENCE-BASED INTERVENTION TO IMPROVE HEALTH, SAFETY, AND WELL-BEING IN OLDER ADULTS
Manoj Pardasani,1 Jacqueline Berman,2 Mebane Powell,3 and Madison Gates,4 1. Adelphi University, Garden City, New
Age-Tastic! is a holistic intervention that enhances the well-being, health and safety of older adults. Most evidence-based interventions aimed at older adults have focused on singular aspects of health such as cognitive health, falls prevention, depression, advanced care planning, etc. There are few interventions that encompass a holistic approach to health and safety. Age-tastic! is one such intervention that encompasses various aspects of health – social support, financial well-being, physical safety, mental health, health care management, and nutrition. Designed as a competitive board game to entice older adults, this intervention integrates concepts of cognitive restructuring, behavioral activation and game theory to educate, motivate and encourage healthful behaviors. At the core of this intervention is a focus on increasing awareness of health and safety issues, improving health literacy and changing harmful behaviors. A randomized control trial was conducted with 98 older adults assigned to an experimental and control group. Interviews were conducted at baseline, right after the intervention ended (8 weeks) and again after a short time (8 weeks after intervention ended). The results showed significant increases among experimental group participants in knowledge of healthy behaviors (p=0.05), perception of self-efficacy for engaging in healthful behaviors (p<0.001) and engagement in health behaviors (p=0.001). Regression analyses demonstrated that greater knowledge and self-efficacy were associated with behavioral change within the intervention group (p<0.001). Knowledge about the importance of preventing falls and communication with medical providers was positively correlated with the corresponding behavioral change (p<0.05). Implications for health literacy among older adults will be shared.

CHILDHOOD DISADVANTAGE AND LATER-LIFE MULTIMORBIDITY: DEMONSTRATING ROBUSTNESS UNDER IMPERFECT IDENTIFICATION
Brayan Seixas, and James Macinko, UCLA, Los Angeles, California, United States

This study assesses the relationship between indicators of early childhood disadvantage and later-life multimorbidity within a nationally representative sample of Brazilians aged 50 and over (n = 9,412). Data come from the baseline assessment (2015/2016) of the Brazilian Longitudinal Study of Aging (ELSA). We employed survey-weighted Ordinary Least Squares regression to estimate the effects of individual and combined measures of childhood disadvantage on the total number of chronic conditions in later life. Mediation analysis assessed whether adult socioeconomic status (SES) mediated the relationship between childhood disadvantage and chronic conditions. We found that individual and combined measures of childhood disadvantage were associated with the total number of chronic conditions, even after controlling for potential confounders. Mediation analysis suggested that part of the effect of childhood adversity is mediated by higher SES in adulthood (~10%). A formal strategy of sensitivity analysis showed that omitted variable bias is extremely unlikely. To rule out the observed effect, an unobserved hypothetical confounder would need the explanatory power of the residual variance of both the independent and the dependent variables that is at least 30 times larger than that of BMI or 5 times larger than the explanatory power of age. Results should inform efforts to strengthen interventions targeting early childhood development and to improve other key inputs (such as education) to enhance adult SES and lessen the impact of early life stressors on health in older adulthood.

FOOD INSECURITY, FOOD ENVIRONMENTS, AND DISPARITIES IN DIET QUALITY AND OBESITY
Yeon Jin Choi, University of Southern California, Los Angeles, California, United States

Food insecurity is a public health concern that is associated with poor diet and obesity. Poor food environments with low access to healthy, affordable food may amplify the negative impact of food insecurity on diet and obesity. This study aims to investigate whether food insecurity and food environments are jointly associated with an increased risk of poor diet quality and obesity. We used data from a nationally representative sample of 6,395 older adults in the Health and Retirement Study Health Care and Nutrition Survey and the National Neighborhood Data Archive. Weighted regression models were estimated to examine the relationship between food insecurity and food environments with diet quality and obesity. Both food insecurity and poor food environment were associated with lower healthy eating index scores, indicating poorer quality diet. Food insecure older adults were more likely to be obese than food secure older adults and poor food environments exacerbate the negative impact of food insecurity on obesity risk. However, there was no statistical difference in obesity risk by food environment among food secure respondents. Findings from this study highlight the negative impact of limited access to healthy food due to financial difficulties and/or poor food environments on diet quality and obesity risk. Providing financial or nutritional supports along with efforts to promote healthy food environment may reduce disparities in diet quality and obesity. Special support should be provided to food insecure older adults with poor food environment, those at the greatest risk of poor diet quality and obesity.

GENDER, TOBACCO CONTROL POLICIES, AND RECALCITRANT SMOKING AMONG OLDER ADULTS IN 20 EUROPEAN COUNTRIES
Manjing Gao, Chioun Lee, and Soojin Park, University of California, Riverside, Riverside, California, United States

Little is known about sociodemographic and macro-level predictors of “recalcitrant smoking,” defined as persistent smoking when one has developed a health condition that is likely caused by smoking. We aim to investigate the impact of gender, education, and tobacco control policies on recalcitrant smoking among older adults in Europe from 2006 through 2013. Data from 33,839 respondents—aged 50 years and older with a smoking history and at least one smoking-related health condition—were pooled from the 2006–07, 2011, and 2013 waves of three harmonized longitudinal studies on ageing (SHARE, ELSA, and TILDA). We fitted gender-specific logistic regression models with two-way fixed effects and tested interaction terms between gender, tobacco control