limited, the results of meta-analysis are inconclusive, knowing the associated factors could contribute to the prevention and management of this syndrome.

REDUCING FALL RISKS IN THE HOME USING SIMULATION EDUCATION FOR HOSPITALIZED GERIATRIC PATIENTS

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Falls are the number one reason for hospital admissions and the leading cause of injuries among older adults. Each year, 2.5 million older individuals are treated in emergency departments for fall injuries and over 700,000 are hospitalized. As our population ages, the $34 billion annual cost for US hospitals to treat falls will skyrocket. One out of three adults 65 and older and one out of two 80 years and older fall each year. Falls account for "25% of hospital admissions, 40% of nursing home admissions…40% admitted do not return to independent living and 25% die within a year" (CDC, 2012).

Hospital-based fall prevention strategies focus less on education and more on restricting movement to keep patients safe while in the hospital. These strategies should focus on applicability to the home setting and emphasize education, creating safer environments, and prioritizing fall-related research to reduce risk. Simulation-based education can provide a unique learning experience to maximize recall and retention, bridge the gap between hospital-based learning and post-discharge compliance, and stimulate a desire to make sustainable changes in the home to reduce injury risk. A minimal risk falls study launched in 2015 randomizes participants to an intervention group using a permuted-block randomization scheme to study the benefits of utilizing simulation versus traditional, written education. Preliminary results show significant advantages to using simulation education including, but not limited to, 54% fewer people experienced a fall and 38% fewer fell at least once after discharge, and 82% made sustainable changes to their home environment.

THE OTAGO EXERCISE PROGRAM—RESULTS FROM 5 YEARS OF DISSEMINATION IN THE UNITED STATES

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The Otago Exercise Program (OEP) is an evidence-based fall prevention program designed to be delivered by physical therapists and physical therapy assistants in 6 visits over a year period. Though highly effective, the program has been challenging to translate for implementation in the United States (US) due to a myriad of regulatory and reimbursement barriers. Innovative delivery models have been developed and tested in the US which have proven to be highly effective and lower cost than the traditional OEP. Three models will be compared in this paper: 1) The OEP delivered over an 8 week period: 2) the OEP delivered by non-PT; and 3) The OEP delivered virtually using a kinect camera and monitored remotely by a physical therapist. All three models have demonstrated significant improvements in fall risk outcome measures. These innovative delivery models will be compared and contrasted for cost effectiveness and outcomes, and key characteristics of effective delivery sites will be presented.

ETHNICITY AND SOCIOECONOMIC STATUS AS PLAYERS IN COMMUNITY-DWELLING OLDER ADULTS' FALLS

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The United States is becoming older and increasingly diverse in cultures, languages and socioeconomic standing. However, providing culturally and linguistically adequate health promotion programs for ethnically diverse older adults remains a challenge. Research investigating the relationships between ethnicity, socioeconomic status and disease has been limited. This clinical demonstration project explored the relationship between falls and ethnicity and socioeconomic status in a group of community dwelling older adults in San Antonio, TX, using a culturally and linguistically adapted clinical video novela on fall prevention. The video, available in English and Spanish, was designed using quality indicators from the Assessing Care for Vulnerable Older Elders (ACOVE) criteria. Data were collected using pre and post surveys asking general demographic information, fall risk factors, general knowledge of falls and satisfaction with video. Zip codes were used as a proxy for socioeconomic status. Data were managed with REDCap and analyzed using the SAS V9.4 statistical software. 172 individuals attending different senior community centers and one clinic screened the video. 45.2% self-identified as Hispanic. 31 watched the video in Spanish. Significant relationships were found between mean household income and fear of falling (chi^2=11.92, df=3, p<0.05), ethnicity and fall history (chi^2=8, df=1,p<0.005), ethnicity and fall injury (chi^2=8, df=1, p<0.005) and ethnicity and risk of falling (chi^2=11.15, df=1, p<0.001). In conclusion, there are significant differences in attitude towards falling among Hispanic vs. non-Hispanic individuals and those from different socioeconomic levels. These differences must be considered when designing and implementing fall prevention education programs in the community.

IMPACT OF 25(OH)D AND FALLS ON OLDEST OLD SURVIVAL

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Introduction: Some factors that contribute to active aging can benefit the raising number of oldest old people. Vitamin D and life style have shown impact on functionality and mortality. Objective: Evaluating if 25(OH)D, outdoor activity time and falls are predictors of survival in independent oldest old. Methods: We selected 258 community-dwelling and independent elderly people with 80 years old or more. We evaluated the mortality through the death certificate or register in medical records from April 2010 to March 2016. During the survival analysis, we have used the models