chair stands are two measures of frailty. We face a number of clinical implementation challenges: (1) We lack normative data for U.S. older adults and (2) The clinical relevance of change in frailty measures is unclear. The National Social Life, Health and Aging Project dataset allows an examination of the distribution of 3-meter gait and 5-repeated chair stands times as well as 5-year change in these measures in a nationally-representative, community-dwelling older adult sample. Dr. Huisingh-Scheetz will describe demographic predictors of change in these measures as well as determine whether baseline plus 5-year change in these measures predicts loss of independence in activities of daily living (ADLs).

SESSION 4075 (SYMPOSIUM)

PARTNERING IN GERIATRICS WORKFORCE ENHANCEMENT PROGRAMS: MODELS TO ENHANCE COLLABORATION AND ENGAGEMENT
Chair: Leland Waters, Virginia Commonwealth University, Richmond, Virginia, United States
Discussant: Nina Tumosa, Health Resources and Services Administration, Rockville, Maryland, United States

To achieve their healthcare system transformational goals to improve care for older adults, Geriatrics Workforce Enhancement Programs (GWEPs) facilitate the building of strong relationships among academia, community-based organizations, and primary care networks. Each GWEP develops strategies to formalize collaborations and build sustainable networks to meet program goals while addressing partner needs. Unique models from four GWEPs addressing stakeholder engagement are described, and factors facilitating collaboration are explored. One GWEP achieves mutual goals by collaborating with statewide coalitions that have a history of successful partnerships. Another GWEP achieves programmatic goals through an “all-in” interprofessional model called the Plenary. A third GWEP has capitalized on a shared complex outcome that requires multi-level stakeholder engagement to support aging in place. The final GWEP has coopted the resource exchange model as a conceptual foundation in order to enhance collaboration. Themes emerging from these four models include: (1) the enhancement of interpersonal relationships through communication, trust, and engagement; (2) the importance of commitment to the overall partnership itself; (3) the critical component of resource sharing and synergy across projects; and (4) strategies for sustainability in the face of changes and challenges across healthcare systems. Given the complex nature of person-centered interventions in geriatrics, it truly takes a village to develop and provide services for a heterogeneous, targeted population. This symposium emphasizes key elements of the structures and processes of these transformational GWEP villages.

FACTORS FACILITATING COLLABORATION AND ENGAGEMENT: BUILDING AND SUSTAINING STATEWIDE COALITIONS
Cristine B. Henage,1 Ellen C. Schneider,2 Ellen Roberts,2 Vicki Tilley,3 and Jan Busby-Whitehead3, 1. University of North Carolina, Chapel Hill, North Carolina, United States, 2. The University of North Carolina at Chapel Hill, Chapel Hill, North Carolina, United States, 3. The University of North Carolina at Chapel Hill School of Medicine, Chapel Hill, North Carolina, United States

Sustaining collaboration across multiple community-based organizations (CBOs) creates synergies and economies of scale to support age-friendly communities beyond the provision of direct services any single CBO can achieve. The Carolina Geriatrics Workforce Enhancement Program (CGWEP) created and sustained multiple statewide coalitions focused on geriatrics syndromes. More than 290 CBOs, including Area Health Education Centers, social services programs and nongovernmental organizations, meet quarterly to form linkages, promote education and build infrastructure to support rural and underserved older adults. Shared governance with pooled resources has been achieved because of a long history of partnership, mutually beneficial relationships, flexibility, and frequent communication. The strength of the partnership is evidenced by continued growth in number of CBOs, number of sponsored events, and number of referrals to CBOs. Two coalitions, focused on falls prevention and mental health respectively, have been adopted by partners and sustained beyond grant funding.

STAKEHOLDER ENGAGEMENT IN THE PLenary AS A MODEL FOR PROFESSIONAL-COMMUNITY PARTNERSHIPS
Edward F. Ansello,1 Sarah A. Marrs,1 and Leland H. Waters1, 1. Virginia Commonwealth University, Richmond, Virginia, United States

The Virginia Geriatric Education Center (VGEC), a consortium of four Virginia universities, directs all initiatives in its Geriatrics Workforce Enhancement Program (GWEP) through an “all-in” interprofessional model called the Plenary. Both the structure and the process of the Plenary can serve as a model for building and maintaining successful, interdisciplinary, and intersystem partnerships that work toward shared goals. In addition to faculty and staff from the four institutions who represent nine health professions, representatives from CBOs also serve on the Plenary and attend in-person meetings twice monthly to engage in a continuous, democratic, and hands-on PDSA (Plan-Do-Study-Act) cycle to improve GWEP programs. This allows our community partners to be engaged in all components of identifying and addressing unmet needs in current and emerging interprofessional gerontology and geriatrics training, increasing CBO’s stake in the overall success of the GWEP beyond their specific involvement. Team science principles guide program improvement and growth.

CUSTOMIZING STAKEHOLDER ENGAGEMENT TO SUPPORT AGING IN PLACE
Elyse Perweiler,1 Jennifer DeGennaro,2 Sherry Pomerantz,2 Lisa Bodenheimer,2 Marilyn Mock,1 and Margaret Avallone1, 1. Rowan School of Osteopathic Medicine, Stratford, New Jersey, United States, 2. Rowan University School of Osteopathic Medicine, Stratford, New Jersey, United States, 3. Fair Share Housing Inc., Northgate II, Camden, New Jersey, United States, 4. Rutgers University School of Nursing-Camden, Camden, New Jersey, United States

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Geriatrics infusion and transformation of community-based settings to support “aging in place” is complex. It requires a customized approach that engages multiple stakeholders who are invested in systems redesign and process change. Rowan University School of Osteopathic Medicine’s NJ Geriatrics Workforce Enhancement Program, in partnership with an affordable housing facility operated by Fair Share Housing/Northgat e II, and Rutgers University School of Nursing (RSoN), implemented a Resident Health Risk Assessment (RHRA) tool as part of an interprofessional community-based training experience for health professions students. The goal was to identify health risks that impact a resident’s ability to age in place and implement a person-centered intervention plan. Multi-level stakeholder engagement and ongoing rapid cycle quality improvement catalyzed changes in structure and process for all partners. Results included refinement of an interprofessional clinical rotation, introduction of competency attainment into the orientation process, and resource reallocation to support data collection.

THE RESOURCE EXCHANGE NETWORK: A MODEL FOR TRANSFORMATIVE CHANGE IN GERIATRIC CARE
Phillip G. Clark,1 Phillip Clark,1 Christine Ferrone,1 Faith Helm,1 and Alexandra Morelli1, 1. University of Rhode Island, Kingston, Rhode Island, United States

Transformational efforts to redesign the care system for older adults call for the development of novel partnership models incorporating academic institutions, primary care networks, and community-based organizations. The Rhode Island Geriatric Workforce Enhancement Program (RI-GWEP) has utilized the “resource exchange model” to develop innovative, interdisciplinary, and integrated projects combining educational resources, clinical expertise, programmatic experience, and impact evaluation. With particular emphasis on the challenges of developing interprofessional education spanning the traditional gaps between disciplines and departments, this presentation emphasizes the critical conditions, components, and capacities of such a collaborative network. These include: (1) mission dominance, (2) barter exchange, (3) partnership investment, and (4) interpersonal relationships. RI-GWEP’s experience provides insights into the conceptual foundation of geriatrics networks and specific, concrete examples of projects incorporating these principles. Implications for the development of networks in other settings include consideration of particular: (1) projects, (2) people, (3) places, (4) personalities, and (5) possibilities.

SESSION 4080 (PAPER)

TECHNOLOGY, THERAPY, AND TREATMENT OF VARIOUS HEALTH CONDITIONS

EVALUATION OF ART ON THE BRAIN, A HEALTH APP FOR OLDER ADULTS, IN LONG-TERM CARE
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ArtOn the Brain is a mobile application that incorporates art history education, play and socialization for older adults. This pilot project examined its health and social impact among long term care residents. A convenience sample of 48 residents, 60+ years, with borderline intact to moderate cognitive impairment were recruited. Residents with mild or better cognitive status used the app individually on a tablet while the remaining participated in therapist-led group sessions. One-hour intervention occurred twice weekly. Primary outcomes, health and well-being, were measured with 5Q-5D-5L and Warwick-Edinburgh Mental Well-being tools at baseline and after 6 weeks. Secondary outcomes were mood, cognition, function and overall satisfaction with activity options and personal relationships. Pre-post paired t-test analyses of data from EQ-5D-5L and Warwick tools did not show a significant difference. There were no notable declines with cognitive performance, functional ability and depression post-intervention. Four activity options and three personal relationship items had statistically significant improvements post-intervention. Activity options addressed engagement in enjoyable activities on weekends and evenings, and opportunity to, spend time with other like-minded residents and explore new skills, interests. Personal relationships included engagement in activities helpful to others and having people to do things with. ArtOn the Brain is a novel application suitable for long term care residents. While 6 week intervention did not show improvement in overall health and well-being, there were significant improvements with residents’ reported engagement in activity options and improvement of personal relationships. Longitudinal evaluations are needed to examine changes in health status and well-being.

INSTAPALS: FACILITATING INTERGENERATIONAL CONTACT THROUGH TECHNOLOGY
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Using the traditional framework of Pen Pals, Instapals was a project that facilitated 1-to-1 intergenerational relationships through daily exchanges on Instagram for 30 days. Although communication channels have exploded in the past 10 years in large part to social platforms and digital technologies, the diversity of daily social interactions has decreased. More and more, society has become siloed by age, interest, and belief. Building off intergroup contact theory, Instapals was designed to encourage positive intergenerational contact between younger (undergraduate students) and older adults (individuals 65+) and challenge ageist beliefs. Intergenerational social exchanges occurred both on Instagram and during three in-person meetings. Among undergraduates, attitudes and stereotypes toward older adults and aging were assessed at three timepoints (before meeting their older adult partner, during a mid-point evaluation, and at the end of the project). Quantitative analyses demonstrate a decrease in aging anxiety, a decrease in psychological concerns about the aging process, and a greater endorsement of positive perceptions toward one’s older adult partner. Qualitative analyses of written responses from students (collected before meeting