REDUCING AGEISM IN A LIFESPAN DEVELOPMENT COURSE USING SERVICE LEARNING: DOES AN AGING FOCUS MATTER?

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A rapidly growing older adult population underlines the importance of reducing ageism. Research shows that college students typically hold negative views of older adults. While education and demonstrations within aging-focused courses contribute to reducing ageist beliefs, attitudes, and behavior toward older adults, contact with older adults amplifies these effects. This study investigated whether integrating contact with older adults into a lifespan development course was effective in decreasing college students’ ageism. The sample (N = 104; Mage = 19.94, SD = 3.27) were enrolled in the psychology course, largely as a major requirement for social science majors (51.9%) and health science majors (38.5%).

As part of the course curriculum, a portion of the students (n = 57) interacted with older adults to fulfill a service-learning requirement; a control group (n = 47) were not given this option. Knowledge (Facts on Aging), behavior (Relating to Old People Evaluation; aging-related career intentions), and attitudes (Anxiety about Aging and Ambivalent Ageism) were assessed at the beginning and end of the semester. Quantity and quality of contact with older adults was also measured at baseline as a covariate. In a series of ANCOVA analyses, students with aging-related experiences across the term did not differ significantly on any measure compared to those without these experiences, controlling for experience with older adults and baseline assessments. The implications of this finding in the context of research may signal that focus of the course content may be an important moderator of the effectiveness of service-learning experiences with older adults.

SENIORS AND UNDERGRADUATES MUTUALLY BENEFIT FROM AN INTERPROFESSIONAL SERVICE-LEARNING HEALTH PROMOTION PROGRAM

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Although benefits of service-learning and interprofessional education (IPE) have been separately well documented to be effective for students in gerontology and geriatrics courses, few curricula appear to integrate both aspects into a single course for undergraduate students in public health. This poster discusses the development and implementation of a service-learning health promotion program utilizing IPE embedded within two courses in two different departments at a mid-sized university. Students worked in interdisciplinary teams and acquired interprofessional educational learning outcomes while they engaged in their first experiences working with diverse older adults at a low-income, independent-living housing community. Twenty-five students (N=25) each team-taught 2 sessions on nutrition, physical activity, and stress reduction techniques in a 10-week program. Qualitative and quantitative results are presented which demonstrate significant learning outcomes from the students about the health needs of the aging population and increased comfort in working with older adults. Older participants in the program also reported positive health and psychological outcomes from their participation. Limitations, challenges, and next steps are also presented.

STARTING THEM YOUNG: INTRODUCING HIGH SCHOOL STUDENTS TO COMMUNITY GERONTOLOGY

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The Clinical Research Experience Internship Program (CREST) provides participants with foundations in scientific research appropriate for high school students interested in clinical careers in health-related disciplines (for example, nursing). The overall program goal is to provide research and career experiences to individuals from disadvantaged backgrounds, racial/ethnic minorities, and others who are underrepresented in these fields. The focus of this presentation is that part of the CREST program that has been ongoing since 2013. One program mentor has provided an internship experience to 22 high school students training in and work experience with community-based programs designed to improve health for older adults (identified as ‘community gerontology’). This poster presentation describes some of these experiences (e.g., preparation of caregiver support materials, preparation of nutrition based materials for congregate meal sites for older adults, coaches’ training and program implementation of several evidence-based community programs). Students have worked with older adults in senior housing facilities, supported housing complexes for veterans, and congregate meal sites for older adults. Because of the program experience, the CREST program helps dispel common stereotypes about older adults and encourages students exploring possible clinical career options to consider focusing on older adults as client populations. Program components are described which can allow conference participants to decide on the applicability of this type of programming for their own communities. Qualitative data are presented that provide insights into these experiences as these influence choice of college major and projected career paths and attitudes about working in community-based healthcare with older people.

THE AGE-FRIENDLY UNIVERSITY: THEORY AND PRACTICE IN INSTITUTIONAL TRANSFORMATION

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Growth in the network of Age-Friendly Universities (AFU) signals the importance of making higher education more age inclusive. Commitment to AFU principles creates opportunities for universities to develop new initiatives and activities that embody them. However, changing academic culture can present unique challenges as well as opportunities. Theories of organizational change help in developing strategies promoting greater involvement of older adults in communities traditionally focused on younger adults. The University of Rhode Island’s experience in continuing to develop as an AFU illustrates the complex challenge of transformation in institutions typically slow to change. This presentation focuses on the following three elements. First, uncovering and confronting ageism in academic settings is a critical first step in opening up the campus community to students of all ages. Second, identifying champions who can advocate for change in different institutional segments is an essential element in expanding the AFU movement. Third, promoting
Intergenerational programs helps to build bridges between traditional age and older students, particularly emphasizing the contributions that older adults can make to the academic enterprise. Implications for expanding the AFU network while focusing on individual institutions include the following: (1) using theory to drive practice in an intentional and strategic fashion; (2) identifying factors opposing change, particularly since they are usually hidden and not widely recognized; (3) developing a strategy to address these barriers, especially one tailored to the unique institutional context; and (4) recognizing the larger social, economic, and political forces generally in higher education that establish the context for AFUs.

**USING THE AGE-FRIENDLY 4MS FRAMEWORK TO REDESIGN A COMMUNITY CLINICAL EXPERIENCE**
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The Age-Friendly 4Ms Framework (IHI/Hartford Foundation) was used to redesign an existing undergraduate nursing community experience, teaching students how to evaluate what matters to the individual, medications, mental health, and mobility. As part of the NJ Geriatric Workforce Enhancement Program (NJGWEP), a 5-year grant supported by DHHS-HRSA, ten senior nursing students joined a team of bilingual social workers, APNs, and a PharmD in an affordable housing urban highrise. This paper will describe the implementation and evaluation of a redesigned clinical experience using the 4Ms framework. Students visited older residents with bilingual social workers, performed health assessments and developed person-centered plans of care. Students presented resident cases during weekly interprofessional conferences to promote team collaboration and planning. Residents who screened positive for dementia were referred to an interprofessional Memory Assessment Program. Medications were reviewed using the Beers criteria, reconciled, and referred to primary care providers if appropriate. Fall risk was assessed and managed using the STEADI toolkit (CDC). Students were evaluated on attainment of geriatric-specific competencies, including medication review, cognition and depression screening, and fall risk assessments, by direct observations and interview. Following the semester-long experience, students completed a retrospective pretest/posttest survey to evaluate achievement of objectives based on the 4Ms. Mean scores for achievement of learning objectives ranged from 4.7-4.9 on a Likert scale of 1-5. Students identified barriers that older diverse individuals face when managing chronic health problems in the community. Students also valued the partnership with the social workers, stating, “We learned from each other.”

**SESSION 2805 (POSTER)**

**DEMENTIA EDUCATION AND TRAINING STRATEGIES**

**A LONGITUDINAL AGING AND END-OF-LIFE CARE CURRICULUM FOR MEDICAL STUDENTS USING THE GERIATRIC 5MS FRAMEWORK**
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Medical student training in geriatrics and palliative care is critical to prepare them to care for older adults and those facing serious illness. We created a longitudinal Aging and End of Life Care Curriculum at Harvard Medical School, using Kern’s Curriculum Design Model. We conducted a focused needs assessment survey with course and clerkship directors, then implemented curricula based on the AAMC and Hartford Foundation’s 26 learning objectives in Geriatrics (Leipzig et al, Acad Med 2009), and “Raising the Bar for the care of seriously ill patients” which established competencies for medical students in palliative care (Schaefer et al, Acad Med 2014). We structured the curricular content to enable spaced learning, using the Geriatric 5Ms framework of Mobility, Mind, Medications, Multi-complexity and Matters Most (Tinetti at al, JAGS 2017), which aligns with the Age Friendly Health Systems Initiative priorities. Students participate in trainings on Delivering Serious News and Goals of Care Conversations, structured home visits with older adults, and clinical reasoning sessions focused on falls, delirium and polypharmacy risk reduction. The curriculum includes interactive, case based and jigsaw learning, as well as flipped classroom learning. Students are evaluated using a three part longitudinal Objective Structured Clinical Examination with an aging patient, which demonstrates an increase in medical student clinical skills in geriatrics. Individual sessions of the curriculum demonstrate increases in student knowledge of and attitude to geriatrics; longitudinal assessment is ongoing to ensure that students graduate ready to care for an aging society with competence, knowledge and compassion.

**AN ALZHEIMER’S CURRICULUM TO EDUCATE THE CURRENT AND FUTURE PUBLIC HEALTH WORKFORCE**
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Alzheimer's disease is the 6th leading cause of death among adults in the United States and the 5th leading cause for those aged 65 and older. Nearly 14 million Americans will be diagnosed with Alzheimer’s dementia by 2060, but the public health workforce is struggling to meet current demands. As the older adult population continues to grow, the public health sector will need to ensure a sizable and competent workforce is prepared to meet the needs of those living with dementia as well as their caregivers. In support of national efforts to promote and ensure a competent workforce, the Alzheimer’s Association, Centers for Disease Control and Prevention, and Emory University developed “A Public Health Approach to Alzheimer’s and Other Dementias” (ADOD) curriculum. The free, introductory curricular resource was first piloted by faculty and students at undergraduate schools of public health across the country; however, due to its broad applicability the curriculum has since been updated and expanded to educate graduate students in schools of public health, students in related disciplines, and practicing public health professionals.