across a variety of organizations and interests. Analysis of participant survey data demonstrates the strength of QI efforts and includes a qualitative analysis of open-ended responses. To date, 153 presentations have been held with 2,704 attendees and 1,470 respondents, 86.3% of whom planned to make a health change after attending the presentation. Qualitative analysis of these behavior change plans reveals that 82.6% are proactive behaviors versus restrictive behaviors, and that diet, exercise, and lifestyle changes are most common. This program, and its RCQI approach, serves as a successful model for aligning the educational objectives and priorities of network partners, while ensuring relevancy and cultural competency in promoting positive healthy behaviors in the older adult community.

IMPROVING THE PERSONAL CARE ASSISTANT WORKFORCE THROUGH TRAINING, DATA, AND TECHNOLOGY

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Ensuring a quality personal care aide (PCA) workforce is critical to meeting the needs of an aging population. The Integrated Model for Personal Assistant Research and Training (IMPART) program is a PCA training and advocacy model designed to increase the number of qualified PCAs. A core component is an evidence-based, comprehensive PCA training program, Building Training...Building QualityTM (BTBQTM), supported by a robust data platform. This online system was designed to register, train, and certify PCAs and Trainers, maintain a qualified PCA workforce database, and enhance the capacity to track IMPART process, performance, and impact measures. This innovative system was developed using a User-Centered Design approach, which includes four main user interfaces: Administrator, PCA, Trainer, and Public. It automates central administration functions, tracking, and reporting of training events, and standardizes and consolidates all training activities on a scalable and usable web-based technology platform. User acceptance testing of the tool and a usability evaluation with representative PCAs and trainers has been completed. Over 50 PCAs have completed BTBQTM modules and 22 new trainers have completed a new BTBQTM Trainer Certificate program during the tool development phase. The PCAs are already reporting substantially higher wages. Launching the new web-based data platform in April 2019 will make it possible for these programs to scale up for wide distribution. As more PCAs and trainers graduate, the number of qualified PCAs will increase exponentially. The data collected with this technology can inform responsible fiscal and policy decisions about resource allocation to support a stronger PCA workforce.

EXPERIENCES AND BARRIERS TO SUCCESS FOR MID- AND LATER-LIFE COLLEGE STUDENTS: APPLYING A GERONTOLOGICAL LENS

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Adult students have emerged as a key population of interest within higher education as states and institutions strategize to meet postsecondary attainment goals. However, much of the previous research on non-traditional age college students has collapsed all students age 25 and older into a single category, glossing over important age and life stage differences. Using a gerontological lens, this paper examines experiences and barriers encountered by mid-and later-life (MLL) students (age 40 and older) attending community colleges. We report qualitative findings from a mixed-methods study of MLL students in Ohio community colleges, funded by the Institute of Education Sciences. Based on thematic analysis of interviews and focus groups with students, faculty, staff, and administrators at 23 colleges, we identify multiple dimensions of age and aging that each play a meaningful role in shaping MLL students’ community college experiences and outcomes. Additionally, we provide an in-depth profile of MLL students— including their educational and work trajectories, reasons for enrolling, and experiences in community colleges—that can help colleges better recruit and serve this segment of the adult student population. MLL students face both unique and common barriers that colleges can address at the classroom, program, and institution levels. Implications for research, policy, and practice are discussed.

SESSION 3310 (POSTER)

END OF LIFE

END-OF-LIFE SERVICES IN TRIBAL COMMUNITIES

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Terminally ill American Indians/Alaska Natives (AI/ANs) are less likely to receive hospice and palliative care than other racial/ethnic groups, with fewer than 1/3 receiving these services compared to over 45% of EuroAmericans (Johnson, 2013; NHPCO, 2017). While some AI/ANs believe that End of Life (EoL) services will hasten their deaths (Colclough & Brown, 2014), claims that Natives reject EoL services due to death taboos are likely overgeneralizations. Rather, extant studies point to barriers to access resulting from lack of financial resources and inadequate service infrastructure, especially in rural areas (Jervis, Jackson, & Manson, 2002; Kitzes & Berger, 2004; Kitzes & Domen, 2004; Weech-Maldonado et al., 2003). While these factors undoubtedly play a role in underutilization, our preliminary research suggests that other factors—such as a lack of tribally based EoL programs and the cultural mismatches that occur when non-Native programs attempt to deliver hospice services to Native clients—may discourage AIANs from seeking and/or retaining