The largely rural setting of Northern New England offers unique challenges to implementing improved acute care for the growing geriatric population. Northern New England is one of the United States’ most rapidly aging regions, with Vermont and New Hampshire being the second and third oldest US states respectively by median age (U.S. Census 2017). There is a need to expand innovations in geriatric emergency medicine to reach older adults in rural areas such as Northern New England. Dartmouth-Hitchcock Medical Center and the West Health are collaborating on a project leveraging telehealth to extend the reach of a GED to rural hospitals, as well as investigate the opportunities for scaling and sustaining this concept to other rural facilities across Northern New England and throughout the country. This symposium will focus on our experience implementing a hub and spoke model to achieve our goal of improving the care of older adults in rural emergency departments.

**LEVERAGING THE STRENGTH OF UNIQUE PARTNERS TO IMPROVE GERIATRIC EMERGENCY CARE IN RURAL CRITICAL ACCESS HOSPITALS**
Scott Rodi, Dartmouth-Hitchcock Medical Center, Lebanon, New Hampshire, United States

Developing a level 1 accredited geriatric emergency department during the pandemic was challenging. The greater challenge has been to support rural critical access hospitals on their journey of becoming level 2 accredited geriatric emergency departments. This has been accomplished through a novel collaborative approach between the level 1 accredited emergency department, a newly established Geriatric Center of Excellence at Dartmouth-Hitchcock Health and a HRSA funded Geriatric Workforce Enhancement Program. This talk will focus on bringing together system partners and funders who have a history of success through: (a) development, testing and dissemination of tool kits and implementation guides; (b) boot camp training that includes interprofessional team training, QI and specific geriatric content training; (c) implementation support and coaching using data and QI methodology through learning collaboratives; (d) scaling successful models of evidence based geriatric care; (e) expertise in implementation science; (f) expertise in evaluation and (g) disseminating findings to achieve our goals.

**ALIGNING GERIATRIC EMERGENCY CARE WITH THE 4MS OF THE AGE-FRIENDLY HEALTH SYSTEM FRAMEWORK**
Jennifer Raymond, Dartmouth-Hitchcock Medical Center, Lebanon, New Hampshire, United States

In 2019 Dartmouth-Hitchcock Medical Center (DHMC) was recognized by the Institute for Healthcare Improvement as a level 2 Age Friendly Health System (AFHS). Over the past two years DHMC leveraged the strengths of the AFHS to become a level 1 American College of Emergency Physicians (ACEP) accredited geriatric emergency department. Leveraging the paradigm of 4M care including: What Matter’s Most, Mobility, Medication and Mentation, DHMC achieved alignment between the geriatric emergency department accreditation and the AFHS framework. Pathways focusing on the 4Ms have been identified as a model to improve transitions of care post ED. This talk will focus on lessons learned and outcome data...
specific to the creation of the 4M pathways and transitions of care,

SAFE TRANSITIONS: POST-ED DISCHARGE FROM A RURAL CRITICAL ACCESS HOSPITAL
Kristie Foster, Alice Peck Day Memorial Hospital, Lebanon, New Hampshire, United States
This talk will focus on leveraging the strengths of small rural communities to improve transitions of care post ED discharge. We moved beyond post discharge telephone calls, and partnered with already existing community-based organizations. These collaborative partnerships enabled the use of standardized bundles of interventions targeting specific risks such as falls, depression, polypharmacy and the lack of documentation around goals of care.

ENHANCED COMMUNICATION BETWEEN A RURAL CRITICAL ACCESS HOSPITAL, A RESIDENTIAL CARE FACILITY, AND PRIMARY CARE
Lee Morissette, Mount Ascutney Hospital, Windsor, Vermont, United States
A need to improve the transitions of care between a small rural emergency department, a residential care facility and a primary care practice emerged early on in our work to become a level 2 accredited emergency department. One challenge is bringing together 3 partners all with distinct types of health records, unique foci of care and a variety of disciplines and workforce. This paper will focus on our journey of creating an individualized plan of care to help mitigate problems of poor communication with a focus on the 4Ms framework including: What Matters Most, Mobility, Medication and Mentation.

SESSION 4400 (SYMPOSIUM)

TRAINING THE NEXT GENERATION OF GERONTOLOGICAL LEADERSHIP: WHO AND HOW?
Chair: Neil Charness Co-Chair: Patricia Heyn Discussant: James Appleby
Knowing how to train the next generation of gerontological leaders involves understanding where are we now and where we want to be in the coming decades. We outline the results of a survey of the membership of Directors of Aging Centers. The Directors of Aging Centers interest group in GSA has representation from the USA, Canada, and Europe. A survey was sent to the membership in late December with reminders in January and had 31 respondents. We discuss the results of the survey, highlighting the demographics of the current leadership (Neil Charness), perceived need for training by current leaders (Peter Lichtenberg), and consensus content of leadership training programs (Patricia Heyn). Patricia D’Antonio provides a perspective on GSA’s approach to professional development programs and avenues for soliciting funding for leadership training. Our discussant (James Appleby, CEO of GSA) will reflect on the need for training in the context of building the next generation of gerontological leadership. We plan to devote significant symposium time to solicit audience input on next steps for supporting the effort to improve the quantity, quality, and diversity of the gerontological leadership workforce.

CHARACTERISTICS OF LEADERS OF AGING CENTERS
Neil Charness, Florida State University, Tallahassee, Florida, United States
In December of 2021 and January of 2022, current leaders of Centers on Aging belonging to the GSA Age Directors interest group were invited to fill out a survey inquiring about their backgrounds, training for leadership, and perceived needs for training via an online Qualtrics survey. Thirty-one responses were received though a few responses were missing for most questions. The sample mostly resided in the USA (86%), and identified mainly as female (63% female, 37% male). Most were married (90%). The average age of a respondent was 58 years (SD=9; range 37-74). Respondents were not diverse; 97% White. Most had doctoral level education (1 Master’s level). The results indicate that there is a need to enhance and develop leadership skills in diverse mid-career gerontologists in order to provide replacements for an aging cohort of directors. Results are also consistent with prior National Academies’ recommendations for training the gerontological workforce.

GSA R13 DIVERSITY WORKSHOP: THE CAREER JOURNEY OF A THOUSAND EXPERIENCES BEGINS WITH ONE STEP
Patricia Heyn1, and Keith Whitfield2, 1. Center for Optimal Aging, Marymount University, Fairfax Station, Virginia, United States, 2. University of Nevada, Las Vegas, Las Vegas, Nevada, United States
After 23 years, since the NIH recognized the need to increase the contribution of underrepresented minority (URM) scientists in the biomedical sciences, modest gains have been made to address the significant under-representation in biomedical sciences. By the time URM scholars have gained the necessary research skills to succeed as scientists, they have overcome many social and professional barriers, yet they still experience the social burdens of disadvantage and discrimination. In an effort to increase representation, the GSA has been successfully delivering Diversity Mentoring and Career Development Technical Assistance Workshops (GSA DMCCTAW) since 2018 with support from grants from the NIH/NIA. Many trainees and faculty from diverse backgrounds participated in DMCCTAW. The program promoted peer mentoring opportunities, professional training, and networking engagements and underwent a series of evaluations and focus group discussions. The program framework, curriculum, and evaluation will be presented. Recommendations for future mentoring development and evaluation will be discussed.

WHAT LEADERSHIP SKILLS ARE NEEDED TO DIRECT GERONTOLOGY PROGRAM: SURVEY RESULTS FROM LEADERS ACROSS THE COUNTRY
Peter Lichtenberg, Wayne State University, Detroit, Michigan, United States
Gerontology programs across the country, including Centers, Institutes and Departments play a key role in promoting the field and the careers of the scientists they connect with. A recent survey of 30 Gerontology leaders from the GSA interest group found that 60% of them received