In recent years, FNP s have been challenged to deliver mental health services in the primary care setting. Over half of mental health services are provided in primary care, and one-quarter of all primary care patients have a mental disorder. Moreover, 20% of older adults have a mental or neurological disorder often not diagnosed. Nationally, it is estimated that 17% of older adults commit suicide, 15% have a mental condition, 11% have dementia, and 5% have a serious mental condition. There is a paucity of adequately prepared primary care providers trained in geropsychiatric treatment. A didactic course was developed to instruct FNP students in the skills needed to provide mental health treatment in primary care. We discuss mental illness in the context of culture to ensure that treatment is congruent with a patient’s unique cultural background and experiences. This shapes the patients’ beliefs and behaviors that influence the way they view their condition and what they perceive as acceptable solutions. We then go into detail about the common mental conditions that older adults exhibit. Through the case study method, students learn to identify the presenting problem, protocols for analyzing the case, which includes making differential diagnoses and a treatment plan including initial medications, non-medical treatments, and referral. Students are introduced to the DMS-5 to learn the criteria for mental health diagnosis with an emphasis on suicide, depressive disorders, anxiety disorders, bipolar disorders, substance use disorders, and neurocognitive disorders. We have found that students most often misdiagnose neurocognitive disorders.

THE DEVELOPMENT AND EFFECTIVENESS OF A SELF-EFFICACY ENHANCEMENT PROGRAM FOR OLDER ADULTS WITH MCI
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Purpose: This study aimed to develop a self-efficacy enhancement program and examine its effectiveness in enhancing dementia preventive behaviors by improving cognitive function, dementia knowledge, and self-efficacy, and reducing depression of older adults with mild cognitive impairment (MCI).

Methods: An equivalent control group pretest-posttest design was conducted at an advanced general hospital in Seoul. Participants of older adults with MCI visiting clinics were randomly allocated to an experimental group (EG, n=16) and a control group (CG, n=16). The EG was provided with a 8-week intervention (60-minute weekly) utilizing self-efficacy enhancement strategies and the CG received the usual care. The intervention was an integrated configuration making up of physical, cognitive, and emotional activity and followed by a 4-week maintenance during which both groups engaged in self-learning at home with a dementia preventive guidebook. Outcomes were evaluated at pretest, 1st (8th week), 2nd (10th week) and 3rd posttest(12th week). Results: There were significant differences in cognitive functions, dementia knowledge, self-efficacy, and dementia preventive behaviors, but not in depression between two groups over the time. Regarding cognitive function subdomains, significant differences were observed for visuospatial/executive, attention, language, and delayed recall. Conclusions. The integrated intervention consisting of physical, cognitive, and emotional activities, not a simple merger of single intervention focused on cognitive reinforcement, was effective in improving their cognitive functions, dementia knowledge, self-efficacy, and dementia preventive behaviors. It suggests that this program can be utilized as an education program to prevent dementia for MCI in dementia support centers, public health centers, clinics, and hospitals.

THE PREVENTING DEMENTIA MOOC: CONTRIBUTION TO FIRST NATIONS’ HEALTH AND WELL-BEING
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Dementia is a global public health issue. First Nations people are at increased risk due to complex intergenerational factors grounded in inequalities in health services and economic and educational opportunities. While there is yet no drug-related cure for this progressive and terminal neurological condition, evidence confirms that increased understanding of dementia and modification of lifestyle factors can reduce risk. The primary potentially modifiable risk factors are not completing secondary school, midlife hypertension, obesity, type II diabetes, depression, physical inactivity, smoking, hearing loss acquired after the age of 55 years, and social isolation. Inherent in these factors is stress, affecting mental health. Addressing these factors globally could prevent or delay over 40 million cases of dementia. The free Preventing Dementia Massive Open Online Course (PD MOOC) is a globally recognized 4-week course that aims to build self-efficacy in knowledge and management of modifiable risk factors. The course has reached over 68,000 people worldwide and is rated highly; however, its contribution to First Nations communities has not yet been investigated. We describe the content of the PD MOOC, report on its impact in a cohort of older Aboriginal people (≥ 50 years of age) in Circular Head, Tasmania, Australia six months after course completion, and emphasize the importance of including traditional approaches to healing. We describe a protocol in which cultural determinants of health can be infused into the PD MOOC and evaluated to promote health and well-being globally for older First Nations people.

SESSION 2806 (POSTER)
RESEARCH, EDUCATION, AND TRAINING INNOVATIONS

ASSESSMENT OF AGING AND DISABILITY CONCENTRATION IN A MASTER’S PROGRAM
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A concentration in aging and disability is an alternative concentration in our Master of Health Administration (MHA) program. Students to take both of their electives in this area as well as completing their residency in a post-acute care setting. To ensure students meet the learning objectives, the following assessment plan. First, a curricular map of the areas”” of competency within our program are outlined and then the content and areas of assessment are considered.

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based on whether the competencies are “Introduced”, “Reinforced,” and “Mastered.” Next, the key assignments in each course within the concentration were aligned with the Program Objectives for the MHA Program. Another assessment strategy involves the competencies of the on-campus residency. A comparison of the competencies of the residency for those students who conducted their residency in the acute care setting to those competencies of the residency for the students who completed their residency in a post-acute setting. A final method for assessment is a review of the evaluations and the final paper for the residency. The residency is a capstone project in which students conduct analysis based on the operations management factors within the facility.

CONTINUING EDUCATION FOR GERONTOLOGICAL SOCIAL WORK: FINDINGS FROM POST-GRADUATE ADVANCED PRACTICE TRAINING
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The social work profession aims to help all individuals, families, and communities enhance their overall well-being. While gerontological social workers primarily work with seniors, they are often tasked with addressing the needs of not only their senior client, but the client’s network as well. Social workers are also asked to stay current with respect to new legislation, policy, and systemic changes to help their clients. Thus, gerontological social workers often need to obtain advanced practice education in a number of areas, as related to gerontology. Responding to this gap, the National Initiative for the Care of the Elderly (NICE) and Sinai Health offered a series of innovative advanced practice gerontological social work courses - hybrid online and in-class - to those looking to improve their knowledge and competencies in the following five identified 'high impact' areas: (1) Medical Assistance in Dying (MAiD); (2) cultural competence and LGBTQ2S; (3) mental health; (4) legal issues and aging; (5) dementia. Participants in the courses completed pre- and post-surveys assessing knowledge, attitudes and competencies with the subject matter, with responses helping to improve understanding of how to provide the most appropriate resources for those who care for older adults and how to better shape future education/training programs. Findings suggest that gerontological social workers may benefit from ‘tailored refresher courses’ that bridge knowledge and practice gaps, that the optimal update time may be every three years, and that clinicians benefit from being trained by interdisciplinary teams, rather than by someone of the same profession.

DEVELOPMENT OF SYNTHETIC HEALTH RECORDS TO SUPPORT URBAN PLANNING FOR HEALTHY AGING
Yuezhong Liu, and Yin Leng Theng, Nanyang Technological University, Singapore, Singapore

Urban planning for healthy ageing is about planning for ageing population, which considers the needs of older adults and communities during the planning process and the implications of decisions for human health and well-being. However, access to real electronic health record (EHR) data is hindered by legal, privacy, security, and intellectual property restrictions. The lack of freely distributable health records become one important issue for healthy ageing urban planning. This research develops a source of synthetic health records based on reviewed and meta-analysed evidence on the association between built environmental characteristics related to lifestyle chronic diseases for urban planning. Type 2 Diabetes Mellitus (T2DM) is used as a case study for proof of concept. This research methodology includes three steps: 1) Review and meta-analyse of the individual and built environmental variables related to the prevalence of T2DM. 2) Develop agent-based modelling and simulation for synthetic health records. 3) Evaluate the simulation result with standard healthcare file format in Geographic Information System (GIS) application. The pilot validation compares the annual prevalence of T2DM by age group and ethnicity with the public available health data. The simulation results roughly approximate age, gender and racial group at diagnosis curves (R2 = 0.876), it correctly generated more than 90% of patients for the all age group in Singapore. As a summary, these pilot validated synthetic records could be used as a risk-free (no privacy & security issues) data for supporting urban planning for healthy ageing.

EXAMINING THE ROLE OF AGING EDUCATION: EDUCATIONAL THEMES ACROSS 2013-2019 GSA CONFERENCE PRESENTATIONS
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Gerontology education and the goal of “geriatric competence” are considered invaluable within the field but barriers exist in communicating ideas and training needs across areas of specialization. The main challenge of higher education institutions throughout the world is to develop professionals capable of understanding and responding to the current issues of diverse aging populations. The specific focus of the presentation will be the examination of aging education “themes” within and across different conference sections’ presentations in GSA conference proceedings across the last six years. Specifically, this presentation will review the outcomes of qualitative content analyses from several GSA conferences’ research presentations regarding the role of education across different disciplines in the gerontology field. Thematic analysis of several past years GSA conference programs of 2013 through 2019 yielded some of the following education-related themes (sample): theme #1: community education for clients, practitioners and applied service providers, theme #2: intergenerational educational mentoring/programming among researchers and practitioners in the field, and theme #3: professional knowledge updating for geriatric professionals. The implications for increasing emphasis on ongoing geriatric education for all professionals in the field and those they serve (older adults, families, and community members) will be discussed. This presentation offers insights regarding trends in educational issues within the field as well as the unique valuation of gerontology education within different areas of field specialization. The importance of examining different areas of specialization exists because different aging-related disciplines can share knowledge and resources in providing an integrated array of educational and training options.