Community, an urban slum area in Ibadan, Nigeria. Using an interview guide, perceptions of older persons on meanings of healthy ageing, factors related to healthy ageing and experience of ageing were explored.

**Results:** A total number of 24 interviews were conducted. Slightly more than half of the respondents were females. The majority of the respondents were of the opinion that healthy ageing is about being “strong” and able to move around, without being dependent on anyone for mobility and activities of daily living. In their opinion, healthy ageing is related to different health dimensions: biological (adoption of healthy habits and behaviors with self-responsibility, psychological (feelings of optimism and happiness), spiritual (faith and religiosity) and family and social support (healthy and well children, friends and family).

**Conclusion:** Urban Community dwelling older persons’ perception of healthy ageing was positive and incorporating their opinions on healthy aging from the perspective of the older persons can support the activities of professionals who work with this population group.

**REDUCING ASPIRATION PNEUMONIA RISK FOR OLDER PEOPLE: EFFECT OF EVIDENCE-BASED ORAL CARE**

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Poor oral health increases the risk of aspiration pneumonia for older people. This is due primarily to six pathogens found in the mouth: five bacteria and one fungus. With a cohort of older people who were dependent on others for their oral care, we analyzed the load and type of bacteria and fungi from swabs of cheek, gum, and tongue mucosa. There were no significant differences between the three sites for load of bacteria (H (2) = .89; p = .64); there were significant differences between the sites for type of bacteria (F (2,78) = 11.97; p < .001) with the tongue showing the greatest diversity. There were no significant differences between the three sites for load of bacteria (H (2) = .89; p = .64); there were significant differences between the sites for type of bacteria (F (2,78) = 11.97; p < .001) with the tongue showing the greatest diversity. There were no significant differences between the sites for load of bacteria (H (2) = .89; p = .64); there were significant differences between the sites for type of bacteria (F (2,78) = 11.97; p < .001) with the tongue showing the greatest diversity. There were no significant differences between the sites for load of bacteria (H (2) = .89; p = .64); there were significant differences between the sites for type of bacteria (F (2,78) = 11.97; p < .001) with the tongue showing the greatest diversity.

**Conclusion:** Urban Community dwelling older persons’ perception of healthy ageing was positive and incorporating their opinions on healthy aging from the perspective of the older persons can support the activities of professionals who work with this population group.

**USING IMPLEMENTATION SCIENCE STRATEGY MAPPING ON THE AGE-FRIENDLY HEALTH SYSTEM’S 4MS JOURNEY**

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**Background:** Implementation science is the study of methods to promote the adoption and integration of evidence-based practices into routine health care to improve the quality of care. The purpose of this study was to use Implementation Mapping to guide the implementation of The John A. Hartford evidence-based Age-Friendly Health Systems (AFHS) 4Ms Framework: What Matters, Medications, Mentation, and Mobility.

**Methods:** Implementation Mapping, a systematic process for planning implementation strategies, guided the 9-month integration of the 4Ms Framework in the 1,100 MinuteClinics across the US. Implementation Mapping includes five tasks: (1) conduct an implementation needs assessment and identify program adopters and implementers; (2) state adoption and implementation outcomes and performance objectives, identify determinants, and create matrices of change objectives; (3) choose theoretical methods (mechanisms of change) and select or design implementation strategies; (4) produce implementation protocols and materials; and (5) evaluate implementation outcomes.

**Results:** The implementation plan, developed by the implementation mapping method, was carried out over 9-months. Seven implementation strategies were identified from the Expert Recommendations for Implementing Change (ERIC) project including the provision of education, electronic health record integration, internal champion facilitation, cues to action, and a dashboard to monitor progress. To date, the implementation mapping has resulted in the adoption of the 4Ms by 1145 providers (37%). Monitoring of the adoption of the 4Ms Framework and consideration of future implementation strategies is ongoing.

**Conclusions:** Implementation Mapping provided a systematic process to develop strategies to improve the adoption, implementation, sustainment, and scale-up of the evidence-based 4Ms Framework.

**INTERGENERATIONAL TEACHING, LEARNING, AND ENGAGEMENT**

**EFFECTIVENESS OF AN INTERGENERATIONAL SERVICE-LEARNING PROGRAM TO CHANGE ATTITUDES ON AGING**

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This study evaluated the efficacy of a 10-hour intergenerational service-learning program administered to undergraduates to determine if it would increase knowledge about aging, improve attitudes about older adults, and reduce ageism more than a course with less service-learning activity. Making maximum impact on students in these areas in a short amount of time is particularly relevant in short, quarter-based university programs. A quasi-experimental design using a convenience sample compared pre-test