

dialogue on important public policy issues of significance in the field of aging. The session discussant will help to facilitate a robust discussion of the presentations by speakers. Organized by the GSA Public Policy Committee, this dialogue will benefit the work of the Committee in 2021.

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SESSION 7700 (SYMPOSIUM)

BEHAVIORAL HEALTH AND LEARNER-CENTERED OUTCOMES IN GERIATRIC PRIMARY CARE OR COMMUNITY SETTINGS

Co-Chair: Rebecca Allen
Co-Chair: Anne Halli-Tierney

This symposium presents data from interdisciplinary behavioral health training and research conducted in primary geriatrics care or community settings in the Deep South. The first paper describes mixed-method learner-centered outcomes from interprofessional education case sessions. Survey and qualitative data revealed the most important experiential learning derived from collaboration, problem solving, and learning about various disciplines' professional roles. The second paper presents longitudinal patient cognitive outcome data from the primary care, outpatient geriatrics clinic in which most of these interprofessional learners learn. Results show that only 26.2% of patients had scores indicating cognitive functioning within normal limits; 32.6% had scores indicative of mild neurocognitive

disorder, and 41.2% had scores indicative of dementia. Over 30% of patients reported clinically significant levels of depression or anxiety, and 16.5% of patients reported at least one indicator of hazardous alcohol use at their baseline assessment. The third paper demonstrates that psychological inflexibility is associated with depression and anxiety at baseline, and that symptoms of depression and anxiety do not change one year later. The fourth and final paper considers the impact of hearing loss on quality of life in community-dwelling older adults. Effect size calculations indicated that adults with hearing loss who lived in the most rural regions of Alabama, had lower reported QOL scores than their counterparts who had hearing within normal limits This symposium will show why age matters in behavioral health training. Mental Health Practice and Aging Interest Group Sponsored Symposium.

BEHAVIORAL HEALTH SCREENING IN GERIATRIC PRIMARY CARE IN THE DEEP SOUTH

Rebecca Allen,¹ Anne Halli-Tierney,² Dana Carroll,³ Amy Albright,⁴ Deanna Dragan,² Gregg Bell,⁵ and Brian Cox,¹ 1. *Alabama Research Institute on Aging, Tuscaloosa, Alabama, United States,* 2. *The University of Alabama, Tuscaloosa, Alabama, United States,* 3. *Auburn University Harrison School of Pharmacy, Tuscaloosa, Alabama, United States,* 4. *University of Alabama, Northport, Alabama, United States,* 5. *The University of Alabama College of Community Health Sciences, Tuscaloosa, Alabama, United States*

Behavioral health screening by interprofessional teams practicing in outpatient geriatric primary care improves identification of patient cognitive functioning and emotional needs. On average, geriatrics clinic patients who consented to participate in research (N = 209; 74% women; 16.6% African American) were 76.7 years old. Patients had an average of 5.83 medical diagnoses. Only 26.2% of patients had scores indicating cognitive functioning within normal limits; 32.6% had scores indicative of mild neurocognitive disorder, and 41.2% had scores indicative of dementia at their baseline visit. Over 30% of patients reported clinically significant levels of depression or anxiety, and 16.5% of patients reported at least one indicator of hazardous alcohol use. Five-year longitudinal data analysis reveals multiple patient profiles. Behavioral health screening in primary geriatrics clinic care may help identify patient cognitive and emotional needs across time. Part of a symposium sponsored by the Mental Health Practice and Aging Interest Group.

INTERPROFESSIONAL EDUCATION THROUGH CASE STUDY: LEARNERS' ATTITUDES ON INTERPROFESSIONAL EDUCATION

Anne Halli-Tierney,¹ Rebecca Allen,² Dana Carroll,³ and Robert McKinney,¹ 1. *The University of Alabama, Tuscaloosa, Alabama, United States,* 2. *Alabama Research Institute on Aging, Tuscaloosa, Alabama, United States,* 3. *Auburn University Harrison School of Pharmacy, Tuscaloosa, Alabama, United States*

Interprofessional education case sessions allow learners to apply discipline-specific knowledge to real-life scenarios through thorough facilitated discussion of a patient case.

Our interprofessional case discussion was implemented for learners to develop care plans for complex geriatric patients; learners have intentional time to learn with, from and about each other's roles in geriatric care. All learners receive the case and work through it from their discipline's perspective, then join a facilitated group discussion to develop collaborative care plans. Participants were surveyed using the ICAS and qualitative comments about perceptions of interprofessional learning, and most interprofessional (medicine, pharmacy, psychology and social work) learners found the sessions to be educational. Themes emerging from qualitative analysis about what was most educational were "different professional approaches", "professional roles", "collaboration" and "problem solving". Typically, learners were unable to identify "least educational" components to the activity. Overall feedback from learners aligns with the goals of interprofessional education. Part of a symposium sponsored by the Mental Health Practice and Aging Interest Group.

GERIATRICS CLINIC PRIMARY CARE: SCREENING FOR MENTAL HEALTH AND PSYCHOLOGICAL FLEXIBILITY

Monica Scicolone, *The University of Alabama, Tuscaloosa, Alabama, United States*

At baseline assessment, average level of symptoms for both depression ($M = 3.75$) and anxiety are low ($M = 1.65$). OLS regression analyses at baseline revealed psychological inflexibility ($\beta = .474$, $p < .001$) and anxiety symptoms ($\beta = .334$, $p < .001$) were significantly associated with depressive symptoms, and psychological inflexibility ($\beta = .331$, $p = .002$) and depression symptoms ($\beta = .381$, $p < .001$) were significantly associated with anxiety symptoms. These associations remained at year two in data collection. As of March 2019, there are 88 individuals with time two data for depressive symptoms ($M = 2.99$), and 79 individuals with time two data for anxiety symptoms ($M = 1.34$). Repeated measures ANOVA revealed that neither mean scores for depression nor anxiety changed significantly from time one to time two. As data collection continues into year three, multilevel modeling will be used to analyze longitudinal data. Part of a symposium sponsored by the Mental Health Practice and Aging Interest Group.

GEOGRAPHICAL RESIDENCY AND QUALITY OF LIFE IN ADULTS WITH AND WITHOUT HEARING LOSS

Marcia Hay-McCutcheon,¹ and Xin Yang,² *1. Audiology, Tuscaloosa, Alabama, United States, 2. The University of Alabama, Tuscaloosa, Alabama, United States*

There is an increased interest in the impact that hearing loss has on general well-being, including overall quality of life (QOL). The Quality of Life Inventory (QOLI), the Charlson Comorbidity Index and an Accessibility to Health Care questionnaire were administered to 108 participants. For adults with hearing loss who did not have access to hearing health care, lower QOL scores were reported compared to those with access to hearing health care, but this finding was not significant. Effect size calculations indicated that adults with hearing loss who lived in the most rural regions of Alabama, had lower reported QOL scores than their counterparts who had hearing within normal limits. Finally, those with higher

incomes, who were older, and who had fewer physical disorders reported higher QOL compared to those with lower incomes, were younger, and who had more physical ailments. Part of a symposium sponsored by the Mental Health Practice and Aging Interest Group.

SESSION 7705 (SYMPOSIUM)

HETEROGENEITY OF AGING: IMPLICATIONS FOR TEAM CARE AND TEAM SCIENCE

Chair: George Kuchel

Co-Chair: Richard Fortinsky

Discussant: Luigi Ferrucci

Increasing heterogeneity with aging is a deeply held belief in gerontology often used to combat generalizations and ageist stereotypes regarding older adults. Nevertheless, the vast majority of published studies do not report or discuss variability in their findings with aging, instead focusing on average differences between age groups. Yet, when data diversity is examined, most studies do find increased heterogeneity with aging across all domains – biological, immunological, behavioral, social, clinical, and population. Although heterogeneity has been described across the aging literature, including most GSA journals, little or no effort has been made to define and better understand the very nature of heterogeneity as a conserved feature of aging evident across all of its varied dimensions. It is well established that multidisciplinary team-based approaches are essential to clinical care of older adults, to research efforts in aging, and to the training of future generations of scientists, clinicians, educators and others in the aging field. Over the last 75 years, GSA has been a leading and unique vehicle for the development of multidisciplinary and interdisciplinary dialogue and collaborations involving its six membership sections. This symposium will provide a unique opportunity to begin a multidisciplinary dialogue designed to engage the broader GSA community in determining shared, as well as distinct, features of heterogeneity as they are manifested in terms of biology, immunology, behavioral and social considerations, and clinical and population issues, with ultimate impact on health policy and practice.

BIOLOGICAL HETEROGENEITY

Blanka Rogina, *UConn Health, Farmington, Connecticut, United States*

Studies of aging in invertebrates, mammalian animal models and humans have demonstrated increasing heterogeneity with aging in terms of varied facets of biological aging. In addition to growing heterogeneity, aging is also associated with qualitative and quantitative changes involving DNA methylation captured in epigenetic clocks of aging which seek to predict chronological and biological aging. Increased heterogeneity with aging is also evident in terms of posttranslational histone modification, gene expression, somatic clonal expansion, and increased degree of tissue mosaicism. Senescent cells accumulating with aging demonstrate significant heterogeneity. For example, while most studies targeting senescent cells have focused on cells expressing p16 (CDKN2A), not all p16-positive cells are senescent and not all senescent cells express p16. Further studies are needed