

health professionals. The curriculum provides an introduction to ADOD as a public health crisis, basics of dementia, the role of public health in addressing the epidemic, and the creation of dementia-friendly communities. The purpose of the curriculum is to educate future public health workforces about ADOD; encourage the current public health workforce to apply knowledge to practice; and seek to improve health outcomes for those living with dementia, as well as their caregivers.

AN INNOVATING TOOL TO ENHANCE THE ORAL HEALTH OF OLDER ADULTS WITH OR WITHOUT DEMENTIA THROUGH THE 4MS MODEL

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Oral health of the elderly is the most neglected area of healthcare by many providers across healthcare disciplines. Often due to lack of Medicare funding and affordability of the elderly that leads to a constant high cost of non-traumatic dental related emergency department visits. By 2030, the number of adults in the USA will increase to 74 million. Over 22 million (30%) of older Americans will need specialized geriatric care. Simultaneously, in 2025, a national shortage of medical geriatricians will be close to 27,000 full time positions. This shortage has a greater impact on oral health often due to limited access, affordability and shortage of trained dentists to manage patients with special needs, particularly those with cognitive declines. There is an urgent need for an innovation for workforce enhancement nationwide. Innovation that can create a network of age-friendly dental clinics could be based on the 4Ms model-Mentation, Mobility, Medication, and Matters most. Project ECHO is a telementoring guided practice model that revolutionizes health education and increases workforce to provide best-practice specialty care by reducing health disparities. By utilization of the Project ECHO among community dentists, this makes transformation richly effective. Training oral health providers for utilizing the project ECHO model is a logical response for the shortage and to increase oral health access. Project ECHO trains general dentists & dental hygienists to provide specialty care services. Meaning the elderly can obtain the care they need in the right place, at the right time, with better treatment outcomes and reduces costs.

EFFECTS OF ANIMAL-ASSISTED THERAPY ON VERBAL COMMUNICATION AND AGITATION IN ADULTS WITH DEMENTIA IN LONG-TERM CARE

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The effects of Animal-Assisted Therapy (AAT) on verbal communication and agitated behaviors of older adults with mild to severe dementia were examined. We conducted a pilot study at a long-term nursing facility in rural Nebraska on five residents with various stages of dementia and agitation (over two reported incidents of agitation within two months). The study consisted of four sessions of assessment with and four sessions without the presence of a certified therapy dog. The assessment battery included a Mean Length of Utterance (MLU), and responding to a Picture Recognition Activity

(PRA) task to assess the production and comprehension in verbal communication respectively. Agitation Behavioral Scale (ABS; Corrigan, 1989), and a General Care Survey (GCS) were used to measure agitation and agitated behavior. The results showed statistically significant differences in the performance of all five participants when the dog was present as compared to when it was absent. We observed an increase in verbal communication (57.4% MLU; 28% PRA), and a decrease in agitated behaviors. This pilot study brings evidence that AAT can be a cost-effective, non-pharmaceutical therapy approach for individuals with dementia to decrease agitation and increase communication. References: Corrigan, J. D. 1989. Development of a scale for assessment of agitation following traumatic brain injury. *Journal of Clinical and Experimental Neuropsychology*, 11: 261–277.

MANAGING OLDER ADULTS WITH COGNITIVE IMPAIRMENT: AN INTERPROFESSIONAL, STANDARDIZED PATIENT APPROACH

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Several professional organizations have called for increased preparation of health professionals capable of working with older adults, including those with cognitive impairment. Standardized patients (SP) are often used in interprofessional education (IPE) in the health professions, but limited data exists to support their use when teaching about the care and management of older adults with cognitive impairment. The purposes of this project were to: 1) develop, implement, and assess an interprofessional standardized patient exercise involving physical and occupational therapy students and 2) to evaluate students' perceptions of a SP encounter on relevance and utility to patients with cognitive impairment. 88 students representing physical therapy (DPT) and occupational therapy (DrOT) were assigned to interprofessional teams to evaluate an SP portraying an older adult with cognitive impairment. At the conclusion of the session the SP provided the group formative feedback. Student teams then completed an assignment to develop a collaborative intervention plan and addressed questions about roles and responsibilities and communication/teamwork. Pre-/post- surveys focusing on the knowledge of roles and responsibilities, communication, and teamwork were completed by all students. Students also completed an evaluation about the SP experience. Results demonstrated student agreement to understanding the role of the other's profession improved 28.67%; being comfortable communicating with the geriatric population improved 27.31%; and working in interprofessional teams can improve geriatric patient care improved 32.11%. These findings demonstrate that use of SPs has several advantages in teaching students how to work and communicate with individuals with cognitive impairments as an interprofessional team.

TEACHING FAMILY NURSE PRACTITIONER STUDENTS TO PROVIDE MENTAL HEALTH CARE TO OLDER ADULTS

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In recent years, FNPs 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 world-wide 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