Springfield, MA. A third GWEP is implementing age-friendly practice workflows in programs that connect primary care and community-based organizations to address specific needs of an underserved older population. By integrating CBOs within the age-friendly health system framework, we can better create sustainable partnerships with health systems to improve health outcomes for our elders.

HOW GWEPS ARE IMPACTING AGE FRIENDLY AND DEMENTIA-FRIENDLY COMMUNITIES: BAYSTATE HEALTH

Maura Brennan, *Baystate Health*, Northampton, Massachusetts, United States

Baystate has collaborated with Community Based Organizations (CBOs) to secure designation for Springfield, MA as both age and dementia friendly. We worked together so our city could be recognized as the first in the nation which was age and dementia friendly and also had an agefriendly health system within it. Baystate joined a Springfield coalition of CBOs; with the assistance of the Massachusetts Healthy Aging Coalition, AARP, State and local Elder Affairs, the Massachusetts Councils on Aging and the Institute for Healthcare Improvement, we secured and celebrated all three recognitions at a public forum in June 2019. The event was attended by the Mayor, Baystate Health and local Elder Affairs leaders, the press and other stakeholders as well as older adults from the community. Along with ongoing efforts to improve transportation and housing, access to agefriendly health care is now also an additional area of focus for the coalition.

AGE-FRIENDLY COMMUNITY EDUCATION: FOSTERING HEALTH BEHAVIOR CHANGE IN A MEDICALLY UNDERSERVED COMMUNITY

Katherine Thompson, University of Chicago Medicine, Chicago, Illinois, United States

The University of Chicago GWEP, SHARE Network (Supporting Healthy Aging Resources and Education), is located on the South Side of Chicago, an urban medically underserved community. SHARE Network partners with a variety of community based organizations (CBOs) to support Age Friendly care through an Age Friendly Community Education Curriculum. In a one year period, 28 events were held in 13 CBO sites. Each of these events addressed the 4Ms of Age Friendly care with a specific content focus on Mentation (5 events), Mobility (5), Medications (4), and What Matters (10), and 4 events focused on multiple domains. There were 458 attendees, 290 completed surveys (63% response rate). Eighty-eight percent of participants planned to make a healthy behavior change after participation. Age Friendly Community Education can complement health system transformation to lead to health behavior change for community-dwelling older adults in medically underserved communities.

PARTNERSHIPS CONNECTING HEALTHCARE AND COMMUNITY-BASED ORGANIZATIONS IN VIRGINIA

Patricia Slattum,¹ Pamela Parsons,² Mary Rubino,³ and Leland Waters,¹ 1. Virginia Commonwealth University, Richmond, Virginia, United States, 2. Virginia Commonwealth, Richmond, Virginia, United States,

3. Family and Community Medicine, Eastern Virginia Medical School, Norfolk, Virginia, United States

The Virginia Geriatric Education Center (VGEC)'s Geriatrics Workforce Enhancement Program (GWEP) partners with two programs, Senior Strong at Eastern Virginia Medical School in Norfolk, VA and the Richmond Health and Wellness Program at Virginia Commonwealth University in Richmond VA to support their age-friendly initiatives. These programs enhance primary care for an older population experiencing adverse social determinants of health by providing screening around the 4Ms pillars of age-friendly healthcare and connecting participants with healthcare and community-based organizations. These programs offer a rich learning environment for interprofessional students. The VGEC GWEP strengthens these programs by developing faculty and student training in collaboration with the programs and facilitating program participation in the GWEP-CC Age-Friendly Action Community to develop and refine age-friendly practice workflows, referral pathways and documentation.

AGE-FRIENDLY INITIATIVES AND PRIMARY CARE IN RURAL ARKANSAS

Robin McAtee,¹ and Leah Tobey,² 1. UAMS, Little Rock, Arkansas, United States, 2. University of Arkansas for Medical Sciences, Little Rock, Arkansas, United States

The Arkansas Geriatric Education Collaborative (AGEC)'s Geriatric Workforce Enhancement Program is partnering with a plethora of community based organizations (CBO) and with ARcare, an Arkansas federally qualified healthcare clinic network, to implement the 4Ms of age-friendly care in rural clinics. Baseline clinical data related to the Age-Friendly 4M Framework has been gathered and quality improvement projects initiated to improve the outcomes. Initiatives to improve depression and cognitive screenings are addressing Mentation; fall prevention screens and the offering of fall prevention programs have been added for Mobility; high risk medication screens and chronic pain educational programs are being implemented to address Medications; and finally, Medicare Annual Wellness Visits is the cornerstone to improve what Matters to older adults. A campaign that involves partnered CBOs to address health literacy and increase involvement in evidence-based programs is also helping to drive improvements in age-friendly care in rural Arkansas.

SESSION 5065 (SYMPOSIUM)

INNOVATIONS IN GERONTOLOGY EDUCATION: A MULTIFACETED APPROACH

Chair: Melissa O'Connor

Discussant: Melissa O'Connor

By 2030, older adults are projected to outnumber children. This growth among older adults presents both opportunities and challenges on how to care for this unprecedented older adult population. In 2010, there were 7.2 family caregivers for every person 80 and older; this is expected to fall to 3 by 2050. Many older adults are at risk of becoming an elder orphan - someone aging alone with no family available to address their caregiving needs. This underscores the urgent need for the education of nurses who are prepared to care for older adults with complex social and health needs, many