

Being outdoors in nature has been associated with improved mental and physical health. There are no known studies exploring older adults' satisfaction with outdoor activities at the start of long-term services and supports (LTSS; in nursing homes, assisted living, or at home). We examined characteristics of older adults receiving LTSS and factors associated with outdoor activities satisfaction. A secondary analysis was conducted of baseline data involving structured interviews with older adults new to LTSS (Health-Related Quality of Life: Elders in Long-Term Care; R01AG025524-05). Primary outcome was a single item on the satisfaction with outdoor activities (not at all satisfied to extremely satisfied). We conducted multivariable linear regression models controlling for the influence of the characteristics important to health-related quality of life (LTSS setting, gender, age, number of comorbidities, and sensory impairment [vision/hearing].) Among 356 people, the majority (59%) were satisfied with their outdoor activities. Of 339 participants with complete data, more depressive symptoms (higher Geriatric Depression Score; $p < .001$) and higher cognitive functioning (higher MMSE score; $p = .038$) were associated with lower ratings of satisfaction with outdoor activities. Higher self-rated physical health ($p = .038$) and more independence with activities of daily living ($p = .017$) were associated with greater satisfaction with outdoor activities. Due to the cross-sectional nature of this study it is difficult to determine causality; however, outdoor activity is important to people receiving LTSS. Interdisciplinary teams can work with older adults receiving LTSS to assess interest level with outdoor activities and create a person-centered plan to increase outdoor activity and satisfaction levels.

THE MEANINGS OF TRUST IN AFRICAN AMERICAN COMMUNITIES AND THEIR ASSOCIATION WITH PARTICIPATION IN DEMENTIA RESEARCH

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African American /Black American older adults' low participation in research reduces the generalizability of research findings and hinders understanding of dementia mechanisms, further widening health disparities. Both the Alzheimer's Association and the National Institutes of Health have identified recruitment of African Americans with cognitive impairment into dementia research as an area of high priority. Distrust of research and medical institutions is often cited as a barrier to participation of African Americans in dementia research. Therefore, the goal of this study is to better understand African American community members' expectations associated with trust. We used focus groups and semi-structured interviews to examine the expectations associated with overall trust. We conducted 6 focus groups: 4 with African American older adults and 2 with caregivers of African American older adults with cognitive impairment. We also interviewed 5 African American older adults with cognitive impairment (total $n = 59$). Data were analyzed

with content analysis. Five themes emerged: 1) Importance of providing truthful help/information leading to trust; 2) Long relationships leading to trust; 3) Acting efficiently and consistently (e.g., "not fooling around") leading to trust; 4) Transference of trust (e.g., I can likely trust someone trusted by a trusted person); 5) Difficult to trust because of a harsh social environment. To conclude, trust is a complex belief associated with multiple expectations and relationships. It is critical that researchers understand these expectations related to trust in order to increase recruitment of African American older adults into dementia research.

TREATMENT WITH ANTIPSYCHOTICS AND RISK OF DEATH IN 58,000 PATIENTS FROM SWEDISH DEMENTIA REGISTRY

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Background: Behavioral and Psychological symptoms of Dementia (BPSD) are a heterogeneous group of clinical phenomena that is subjectively experienced by the patient and/or observable by an examiner (e.g., caregiver, physician) consisting in disturbed emotions, perception, thought, motor activity, and altered personality. There are recommendations to limit antipsychotic use in patients with dementia, and the big educational effort is made to follow them. In Sweden antipsychotics use changed from 10.1% in 2007-2008 to 5.2% in 2014-2015. Aims: The aim of the study is to analyze the actors associated with treatment and mortality of dementia patients, particularly those suffering from BPSD. Particularly we focus on assessing all-cause mortality patients with dementia treated with antipsychotic drugs (APDs). Methods: We have analyzed 58,412 patients newly diagnosed with dementia. We have found that 2526 of the patients were prescribed APDs (602 typical APDs and 1833 atypical APDs)- Results In the adjusted models, use of APDs at the time of dementia diagnosis was associated with increased mortality risk in the total cohort (hazard ratio = 1.4; 95% confidence interval 1.3-1.5). We have also stratified the results. Conclusions: The risk of death in patients with dementia was increased in group that used atypical and typical APDs. Our study gives more evidence to advice caution in APD prescription for patients with dementia.

SESSION 2220 (SYMPOSIUM)

PRESIDENTIAL SYMPOSIUM: EDUCATION NETWORKS: STRENGTHENING GERONTOLOGY AND GERIATRICS THROUGH CONNECTIVITY

Chair: Judith L. Howe, *James J Peters VA Medical Center, GRECC, Bronx, New York, United States*

Discussant: Kathryn Hyer, *University of South Florida, Tampa, Florida, United States*

The AGHE Presidential Symposium, related to the theme of the annual scientific meeting, underscores the importance of networks, collaborations and partnerships in advancing education in gerontology and geriatrics. AGHE has been

at the forefront of many innovative programs since it was founded in 1974, contributing to the growth of the field and the recognition of education as one pillar of the field of gerontology and geriatrics, along with research, policy and practice. This symposium highlights three ongoing initiatives that promote connections and collaborations. The first paper discusses the Age-Friendly University (AFU) network which is made of institutions around the globe who have committed themselves to becoming more age-friendly in their programs and policies. AGHE endorses the AFU principles and invites its members and affiliates to call upon their institutions become part of this pioneering initiative. The AFU initiative is one of several international activities that AGHE, global leaders in education on aging, has engaged in. The second paper describes international networking activities such as collaborations with international organizations including the World Health Organization and connecting international and US students. In the third paper, initiatives to connect disciplines and professions through competency-based education and curricula are discussed. For instance, the Gerontology Competencies for Undergraduate and Graduate Education and the Program of Merit promote competency-based gerontology education across disciplines and professions.

PERILS, PITFALLS, AND POTENTIALS OF NETWORKING IN INTERPROFESSIONAL EDUCATION: TAKING ON THE CHALLENGES

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Gerontology and geriatrics are conceptualized as quintessential interdisciplinary fields. To understand aging and provide quality care to older adults, you need an interdisciplinary perspective and an interprofessional team. However, academic and clinical settings—with their vertical structures—require bridging strategies to connect the disciplinary dots. Implicit in this approach is the need for creating networks to support interdisciplinary education in both classroom and experiential settings. Taking on these challenges requires emphasizing the importance of key competencies for both gerontology and interprofessional practice with older adults, including foundational, interactional, and contextual dimensions. These competencies recognize the unique perspectives, contributions, and roles of different disciplines, and create the connections critical for promoting and sustaining interprofessional education. Strategies for developing and maintaining interprofessional networks include: (1) identifying forces driving and restraining change, (2) matching strategies for promoting networks to readiness for system change, and (3) enlisting external forces to make and maintain changes.

AGE-FRIENDLY UNIVERSITIES: POSSIBILITIES AND POWER IN CAMPUS CONNECTIONS

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Populations are aging locally, nationally, and globally – and challenging institutions of higher education to consider how they can respond to these changing demographics through new approaches to teaching, research, and community engagement. The Age-Friendly University (AFU) initiative was recently launched by an international team convened

by Dublin City University, and endorsed by the Academy for Gerontology in Higher Education (AGHE). The AFU concept and 10 guiding principles provide a guiding campus-wide framework that colleges and universities can use for distinguishing and evaluating age-friendly programs and policies, as well as identifying institutional gaps and opportunities for growth. To date, over 45 institutions have joined the AFU global network. This presentation will describe how collaborations across aging-focused programs and campus units devoted to diversity, community engagement, professional studies, and related educational efforts offer prime opportunities to build and sustain an AFU vision.

THE EVOLUTION OF AGHE AS A GLOBAL LEADER IN EDUCATION ON AGING: HOW, WHY, AND WHAT'S NEXT

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The scope of AGHE's responsibility to gerontology and geriatrics extends worldwide, as reflected in its tag line, "Global Leaders in Education on Aging." Optimal responses to worldwide demographic transitions can only come from persons well-versed in the dimensions of aging and trained and globally situated to translate that knowledge into effective and culturally-appropriate solutions. This presentation reviews the evolution of AGHE's role in initiating and fostering global networks of educators in gerontology and geriatrics, including collaborative efforts with major international organizations (e.g., WHO, UN, IAGG) to increase the visibility and appreciation of aging-related issues among world leaders; sponsoring national and international meetings to promote exchange of ideas and refinement of teaching methodologies; initiating and adapting new models of gerontological training enhanced by advances in information and communication technology; and supporting world-wide cohorts of emerging scholars to assume leadership roles within the organization. Recommendations for next steps are considered.

SESSION 2225 (PAPER)

ELDER ABUSE AND OBSTACLES TO SUCCESSFUL AGING

BARRIERS AND OPPORTUNITIES TO HEALTHY AGING IN ANCHORAGE, ALASKA, USING CONCEPT MAPPING

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Alaska currently has the fastest growing proportion of older adults than any state in the country, and seniors are choosing to age-in-place in Anchorage in record numbers. Research shows that including older adults with community-based professionals (aging advocates, researchers, service providers) in focus group activities can provide a rich and holistic model of aging that demonstrates a robust foundation for supporting aging and addressing health disparities. This paper presents the results of a project conducted with older adults (50+ years), advocates, and other stakeholders in Anchorage using Concept Mapping (CM) methodology,