and self-rated health status, using optimal aging as the reference group. Compared to the optimal aging group, neuroticism predicted membership to the normal aging (RR=1.61, CI=1.16-2.22) and the successful aging groups (RR=.55, CI=.38-.79). Optimism predicted membership to all groups, with lower risk ratios to the impaired aging group (RR=.11, CI=.04-.33) and normal aging group (RR=.57, CI=.42-.79), and higher risk ratio to the optimal aging group (RR=1.96, CI=1.35-2.85). Extraversion only predicted membership in the impaired aging group (RR=.27, CI=.12-.63) indicating high levels of social isolation. Thus, personality may play an important role in determining the patterns of aging.

SESSION 3375 (POSTER)

WHAT'S NEW IN GERONTOLOGICAL EDUCATION

EXPECTATIONS AND VALUE OF EDUCATION OF STUDENTS OF THE MASTER IN GERONTOLOGY OF THE UNIVERSITY OF GUADALAJARA

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For Institutions of Higher Education, it's important to know better the expectations and the value of education of their students to plan and offer successful postgraduate educational services The purpose of this project is to identify and analyze the expectations and the value of education of students of the Master in Gerontology at the University of Guadalajara, The data collection was carried out through a questionnaire divided into two parts. The first one contemplated socio-demographic characteristics of the participants such as: name, age, marital status and coexistence with older adults. In the second part, the Value of Education Scale (Battle & Wigfield, 2003) was applied, which measures different aspects of the expectations and the value that graduate students give to education. 25 students participated. 64% (16) were women and 36% (9) were men, with an age range of 24 to 53 years. Single people (80%) and 56% coexist with older adults every day. Highest scores: Intrinsic Values "I like to learn from people who are experts in their field" 4.96. Value of Achievement "graduate studies have a great value for me" 4.64. Value of Utility "I want to complete my postgraduate studies to acquire knowledge and experience" 4.80. Cost Perceived "I think in the end it will be worth the postgraduate despite all the work and effort." 4.96. We consider a guarantor of success for our students, their high expectations and the value they give to their education that make them stand out and gain knowledge every day.

TACKLING THE OPIOID EPIDEMIC: A STATE-WIDE INITIATIVE TO DECREASE OPIOID PRESCRIBING

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More than 500,000 preventable deaths annually have been attributed to the growing opioid epidemic and increased opioid prescribing rates by providers (CDC, 2016). A report by the American Medical Association (AMA) found that only 50% of physicians have taken continuing

professional development (CPD) activities on managing pain with opioid alternatives (2016). In 2012, Kentucky passed a comprehensive law regulating the prescribing of controlled substances and requiring ongoing CPD in opioid prescribing and abuse. UK HealthCare CECentral partnered with the Kentucky Office of Drug Control Policy (KODCP) to provide CPD training. This study utilized retrospective learner data collected from CECentral between 2012 - 2017. Since the initiative began in 2012, CECentral has provided this training to 8,893 individuals: 5,877 physicians, 1,527 APNs, and 831 other health professionals. This initiative has resulted in more than 6,000 total participants committing to various forms of clinical practice change to help combat the opioid crisis. Between 2012 and 2016, these commitments resulted in an increase in Buprenorphine/Naloxone prescriptions and prescribers requesting controlled substance reports on their patients. An overall decrease in opioid prescriptions was also shown to be a result of this Kentucky opioid initiative. Results of the study indicate that partnerships between state agencies and CPD providers can lead to practice improvements that address public health concerns. Future research should focus on the efficiency and effectiveness of CPD training and such collaborations as public health initiatives.

THE SAGE SYMPOSIUM: A MODEL FOR HANDS-ON INTERACTIVE CONTINUING EDUCATION

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Current graduate and postgraduate medical education has minimal geriatric and palliative care curricular requirements, leaving Continuing Education (CE) programs poised to fill a critical educational niche. The San Antonio Geriatric and Palliative Education (SAGE) Symposium was a 3 day long interprofessional CE conference for providers caring for older adults. SAGE addressed geriatric knowledge, skill, and attitude deficits in practicing providers by incorporating: 1) a community and provider based needs assessment, 2) active skills sessions culminating in a health fair, and 3) multimedia based reflective exercises. Needs Assessment (Knowledge): A video needs assessments of older adults were performed using a convenience sampling methodology in 13 non-healthcare public locations in each quadrant of the city. 23 respondents were interviewed before reaching thematic saturation with 3 main themes: geriatric syndromes, patient-provider relationships, and support. Content areas for the course were derived from the needs assessment. Skills Sessions (Skills): In addition to standard plenary sessions, multiple active breakout session taught attendees common geriatric skills. On the last day of the conference, attendees applied these skills under supervision at a senior community health fair. Reflective Exercises (Attitudes): Videos, poems, and artwork with themes on aging were displayed during conference breaks. Attendees received CE credit for electronically submitting short reflections to each multimedia piece. Reflections were compiled and reported back to the group at the end of the conference. By changing the traditional CE conference format to an interactive experience, the SAGE Symposium was able to address knowledge, skills, and attitudes towards aging in its attendees.