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.

## PUBLIC POLICY ADVISORY COMMITTEE PERSPECTIVE

Linda Harootyan, Harootyan 2., LLC, Wilmington, North Carolina, United States

# SOCIAL RESEARCH, POLICY AND PRACTICE SECTION PERSPECTIVE

Bob Harootyan, Harootyan 2., LLC, Wilmington, North Carolina, United States

## ACADEMY OF GERONTOLOGY IN HIGHER EDUCATION PERSPECTIVE

Dana Bradley, University of Maryland Baltimore County, Baltimore, Maryland, United States

### BEHAVIORAL AND SOCIAL SCIENCES SECTION PERSPECTIVE

Eileen Crimmins, University of Southern California, Los Angeles, California, United States

**BIOLOGICAL SCIENCES SECTION PERSPECTIVE** Matt Kaeberlein, University of Washington, Seattle, Washington, United States

#### HEALTH SCIENCES SECTION PERSPECTIVE

George Kuchel, University of Connecticut, Farmington, Connecticut, United States

### EMERGING SCHOLAR AND PROFESSIONAL ORGANIZATION PERSPECTIVE

Darina Petrovsky, University of Pennsylvania, Philadelphia, Pennsylvania, United States

#### 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,<sup>1</sup> Anne Halli-Tierney,<sup>2</sup> Dana Carroll,<sup>3</sup> Amy Albright,<sup>4</sup> Deanna Dragan,<sup>2</sup> Gregg Bell,<sup>5</sup> and Brian Cox,<sup>1</sup>, 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,<sup>1</sup> Rebecca Allen,<sup>2</sup> Dana Carroll,<sup>3</sup> and Robert McKinney,<sup>1</sup> 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.