

measured using the Geriatrics Attitudes Scale (GAS). Overall, students improved during the program (mean=3.88 to 4.05 on a 5-point Likert scale, $p < 0.001$).

EDUCATION AND TRAINING

ELECTRONIC NAVIGATION SYSTEMS' IMPACT ON OLDER DRIVER PERFORMANCE AND TRAINING TO OVERCOME UNFAMILIARITY

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Technology may assist older adults in improving their driving performance and therefore driving safety. However, it is sometimes a distraction and some older adults avoid its use due to the complexity of learning the systems. This study examined how older drivers interacted with an electronic navigation system (e.g., GPS) and the extent to which it impacted driving performance on unfamiliar routes. It also examined three approaches to training older adults how to program the devices. In Phase 1, 80 older drivers navigated unfamiliar routes using a GPS or paper directions and completed destination entry tasks. In Phase 2, 60 older drivers completed one of three training conditions (video, video with hands-on, placebo) to examine the impacts of training on destination entry performance. Driving performance was improved with GPS over paper directions ($p = .025$), as evaluated by a driver rehabilitation specialized on counterbalanced standardized routes. Analyses also showed significant effects for familiarity for use of GPS ($p = .035$) and age group (60's versus 70's) ($p < .001$), but many drivers had difficulty entering destinations. In Phase 2, a main effect of training was found ($p = .02$) with using video and one-on-one training showing the best performance. This study demonstrates older drivers could benefit from the use of such devices when driving to unfamiliar destinations, but training is needed with hands-on training with a live instructor being the best.

TWO STEPS FORWARD AND THREE STEPS BACK: STUDENTS' PERSPECTIVES ON LIVING AND WORKING WITHIN AN AGING SOCIETY

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Each day, 10,000 Americans celebrate a 65th birthday, but there are still many young adults not choosing to enter a field that focuses on working with the older population. As part of a continued effort to understand low enrollments in a minor in aging studies and a graduate certificate program in gerontology, focus groups were held with students to explore why they are not choosing to learn more about one of the fastest growing sectors of the U.S. population. A total of 21 students participated in two focus groups. Students' majors varied but included social work, public health, nursing and communications. All of the students were between the ages of 18 and 22 except for one student who was 68 years old. Only 6 students had taken an aging class, but every student indicated that they were close to a family member, 60 years old or older. Two researchers coded and analyzed the focus

group data for themes. Examples of the themes about older adults included being unwilling to change, having negative views toward millennials, and being hampered by technology. Themes relative to student perspectives included needing empathy and patience to work with older adults, assuming decline and lacking opportunities within their majors to take gerontology courses. Comparing views and perspectives of older adults decades ago by traditional college-aged students to current day perspectives resulting from this data will be discussed as well as successful strategies for increasing enrollments in gerontology programs.

ADVANCING POLICY TO BUILD A BEHAVIORAL HEALTH WORKFORCE THAT ADDRESSES THE NEEDS OF OLDER ADULTS

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California's Mental Health Services Act has infused funding for workforce education and training into the public mental health system. However, funding has not kept pace with an existing behavioral health workforce shortage crisis, the rapid growth of an aging population, and the historical lack of geriatric training in higher education for the helping professions. This study draws on findings from a recent evaluation of how older adults are served by California's public mental health delivery system, and a review of state planning documents and academic literature, to describe gaps and deficiencies in the workforce that serves older adults. While California has more than 80,000 licensed behavioral health professionals in a variety of disciplines, very few have specialized training in geriatrics. Across the U.S., there are fewer than 1,800 geriatric psychiatrists and only about 3% of medical students take any geriatrics electives during their training. Very few nurses (1%), psychologists (4%), or social workers (4%) have training in and/or specialize in geriatrics. Of additional concern in California is the lack of representation of ethnic and racial minorities, and rural/urban geographic disparities in the distribution of the behavioral health workforce. Recommendations for advancing policy change to improve the preparation and distribution of the geriatric behavioral workforce are presented to three distinct audiences: state policymakers and administrators; educational institutions, accrediting bodies, and licensing boards; and county mental health/behavioral health departments and their contracted providers.

DEVELOPMENT OF AN OPIOID EDUCATION RESOURCE FOR OLDER CANCER PATIENTS

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Pain is a common problem in older cancer patients, estimated to affect 70% of those with advanced disease. As older adults live longer after diagnosis, the use and misuse of opioids will continue to rise. Gaps in available age-friendly opioid resources for patients were identified at a Comprehensive Cancer Center. An interprofessional team