

mistreatment, physical mistreatment, financial exploitation, and caregiver neglect. Higher PSS from spouse and family members were less associated with lower likelihood to experience any of four self-reported EA subtypes. Higher PSS from friends was associated with lower likelihood of caregiver neglect. Increased levels of NSS from spouse and family members were associated with higher likelihood of psychological mistreatment, financial exploitation, and caregiver neglect. A significant association was also found between NSS from friends and psychological mistreatment. This study demonstrates the positive and negative aspects of social contexts in relationship to EM. Future longitudinal studies are needed to examine causal relationships.

#### ELDER MISTREATMENT SUBTYPES AND ANXIETY: DO DEFINITIONS MATTER?

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Elder mistreatment (EM) and the magnitude of its relationship to anxiety may vary depending on definitional criteria. We leveraged data from the PINE Study, a study of 3,157 Chinese older adults in Chicago. EM was measured by 56 items on psychological, physical and sexual mistreatment, caregiver neglect and financial exploitation subtypes. Least restrictive, moderately restrictive, and most restrictive definitions of EM were constructed. Symptoms of anxiety were measured by the Hospital Anxiety and Depression Scale. Least restrictive (OR, 1.94; 95% CI, 1.57-2.40), moderately restrictive (OR, 1.56; 95% CI, 1.22-1.99), and most restrictive (OR, 1.39; 95% CI, 1.07-1.79) definitions of EM were all significantly associated with the likelihood of experiencing any anxiety symptoms. The magnitude of associations between EM and anxiety symptoms vary based on strictness of the EM definition. Future research should explore the potential causal relationships between EM and anxiety through longitudinal data.

#### ELDER MISTREATMENT AND DEPRESSIVE SYMPTOMS AMONG OLDER CHINESE AMERICANS

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This study aimed to examine the association between different types of elder mistreatment and depressive symptoms among U.S. Chinese older adults. Data were from the Population Study of Chinese Elderly in Chicago (PINE). Participants were 3,157 Chinese older adults who were 60 years and over (mean age = 72.8). Logistic regression analyses were performed. The results showed that participants with overall mistreatment (OR, 2.11; 95% CI, 1.83-2.43), psychological mistreatment (OR, 2.12; 95% CI, 1.78-2.51), physical mistreatment (OR, 1.82; 95% CI, 1.10-2.99), and financial exploitation (OR, 1.33; 95% CI, 1.11 – 1.60) were more likely to report more depressive symptoms. There was no significant association between sexual mistreatment and depressive symptoms ( $p = 0.07$ ). Longitudinal studies are needed to obtain a more comprehensive understanding of the pathways between elder mistreatment and depressive symptoms.

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## SESSION 3510 (PAPER)

### EDUCATIONAL STRATEGIES TO ADDRESS NEEDS OF AN AGING POPULATION

#### CAPTURING IMPACT ON STUDENTS PARTICIPATING IN AGING IN PLACE: A PROGRAM TO ENHANCE GERIATRIC EDUCATION

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Curricula to enhance healthcare students' geriatric training has been lacking. Therefore, we developed AIP, an interprofessional (IP) community-based curriculum, in which IP student teams visit community-dwelling older adults. Using established instruments did not capture personal and professional changes experienced by students. Thus, an additional method using qualitative analyses of students' six post-visit reflections over 15 weeks was employed to evaluate students' experiential learning. A grounded theory approach was used to describe students' growth in geriatric proficiencies related to participation in the January-April 2017 AIP program. By program completion, 21 students had submitted 111 reflective essays. An interdisciplinary panel reviewed a sample of reflections and developed an initial coding system, which was then systematically applied to the whole via QSR-NVivo. Seventy-three distinct codes across 111 student essays generated 2515 occurrences. Prevalent themes, revealed by frequency analysis, and themes with remarkable trendlines yielded fifteen central themes. Students became attuned to their client's life-world ( $n=185$ ) as demonstrated by four central themes: 1) isolation, loneliness, and depression ( $n=44$ ); 2) risks of fall ( $n=19$ ); 3) loss of function/control ( $n=98$ ); and, 4) importance of socializing in care ( $n=24$ ). This attunement informed interactional intentionality ( $n=284$ ), which shaped interactions with their client ( $n=207$ ). From these authentic encounters, students described learning about 1) myself; 2) current and future practice; 3) team dynamics; and 4) my client as an older person. Systematic analysis of student reflections revealed student growth attributable to AIP. This evaluation approach should be further assessed in geriatric curricula.

#### INTERPROFESSIONAL SKILLS AND CULTURAL AWARENESS OF STUDENTS CARING FOR OLDER ADULTS WITH MULTIPLE CHRONIC CONDITIONS

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Based on rapidly increasing numbers of older adults and growing populations of culturally diverse citizens, we developed and provided an interprofessional education program for graduate nursing and social work students that focused on the delivery of care to older adults and

veterans with multiple chronic conditions. The students participated in multiple activities together over a year long period. Activities included an introductory IPE day with all students together and simulated patient cases that had required roles for the students' specialties. Knowledge and skills of interprofessional collaborative practice were measured with the Interprofessional Self Assessment Competencies (IPEC) and Assessment of Interprofessional Team Collaboration Scale (AITCS). We also measured attitudes toward cultural differences using the Cultural Awareness Scale (CAS). The entire project was repeated a second year with a second cohort of students. Overall, our students were better able to understand and work collaboratively with other health care professionals after participating in this program. Regarding cultural awareness, both NP and SW students were more aware of and comfortable with cultural differences after participating in the program. After one year of experience, we wanted to know more about our students' skills and attitudes. Focus groups were added to the design to dive deeper into the students' perceptions about which activities were most impactful and recommendations for future IPE activities. This paper will describe these data and implications for future planning of more effective interprofessional and cultural programming for students caring for older adults and veterans.

#### **PURSuing AGE-FRIENDLY UNIVERSITY PRINCIPLES AT A MAJOR UNIVERSITY: LESSONS IN GRASSROOTS ORGANIZING**

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Rapid population aging presents opportunities for higher education to address major aging-related public issues facing society that have a direct impact on students, faculty, and both local and global communities. Students in virtually all disciplines will be working within the context of an aging society post-graduation and need to be prepared as they make career choices and enter the workforce. Further, faculty and staff are not only aging themselves but may be caregivers, which has an impact on health, income and productivity. Michigan State University (MSU) is now addressing these needs through a new program guided by Age-Friendly University (AFU) principles called AgeAlive that grew out of five years of grassroots organizing. Large-scale, research-intensive institutions present special challenges to pursuing AFU status but the lessons learned by AgeAlive may help any organization that wishes to become more age friendly. This session will review AgeAlive's path to a recognized program with a clear vision, a strategic plan, two crosscutting goals including AFU designation, and five focus areas with initiatives in each area. Tools to help achieve these goals include an inventory of aging-related activity on campus and a virtual hub for networking and information exchange. Key steps in the program development process will be described as will recommendations related to choosing a model, cultivating champions, making decisions based on data, and building infrastructure. It will allow others to understand what challenges they may face and potential approaches to minimizing and overcoming these challenges in their own AFU journey.

## **SESSION 3515 (SYMPOSIUM)**

### **POLICY SERIES: ELDER ABUSE AND THE OPIOID EPIDEMIC IN RURAL AMERICA**

Chair: Brian W. Lindberg, *The Gerontological Society of America, Washington, District of Columbia, United States*  
 Discussant: Robert Blancato, *Matz, Blancato & Associates, Washington, District of Columbia, United States*

Misuse of opioids is a national crisis affecting the social and economic welfare of communities throughout the U.S. and is particularly rampant in rural America. Older adults are far too frequently excluded from consideration of those who are affected by the opioid epidemic. While rural older adults may not suffer the highest per capita rate of opioid overdose deaths, they are deeply affected by the problem. In their youth and middle adulthood, many older adults used their bodies for labor. At older ages, they experience multiple chronic conditions and high rates of chronic pain for which opioids and related prescription and non-prescription drugs are often the treatment of choice. Also and far too frequently, older people become easy targets for abuse by persons needing resources to feed their addiction. This symposium focuses on elder abuse associated with opioid and related substance misuse. Zanjani's presentation provides the context of rurality and drugs and alcohol as a precursor to elder abuse. The second paper by Teaster and colleagues examines trends in APS cases of elder abuse in which the perpetrator is a substance user and identifies perpetrator and victim characteristics predictive of different types of substantiated abuse. Using APS case notes, Roberto and colleagues characterize cases of elder abuse in rural Kentucky in which the perpetrator used opioids and related substances. Robert Blancato and Brian Lindberg will discuss presenters' collective findings by weaving together concepts of rurality, addiction, and elder abuse and recommending strategies for prevention, intervention, and policy.

### **RURALITY, ALCOHOL, AND OPIOID USE AS PRECURSOR TO ELDER ABUSE**

Faika Zanjani<sup>1</sup>, *1. Virginia Commonwealth University, Richmond, Virginia, United States*

Pain, alcohol, and opioid risk management is an increasingly important issue in the care of the older adult population. Older adults are at higher risk for pain and the negative outcomes associated with opioid and alcohol use due to higher prevalence of multimorbidity, polypharmacy, and the age-associated changes in metabolism and elimination. Evidence-based approaches for pain and substance use management exist and are effective for older adults, but underutilized and have limited availability in rural areas. Therein, undermanagement of pain and substance use becomes a risk factor for elder abuse. Improved dissemination and implementation in practice, as well as training for health professionals and the community is needed to better realize and prevent negative health outcomes from pain, alcohol, and opioid use. Community education and training tools for health professionals will be discussed, with suggestions for community initiatives to address pain, alcohol, and opioid risk management to prevent elder abuse.