

conducted with 20 Japanese citizens, aged 60-75, with a learning experience of more than 3 years. Results showed that both personal and socio-relational factors matter. First, personal factors include older adults' past learning experience, access to learning in the present, and work status. Past learning experience relates to their perception as students and their memories of learning during school age. Regarding accessibility, classes within walking distance, for example, would help in continuation of learning, especially for people with health problems. People may choose to become involved in learning activities after retiring from the workforce and they have time to spend. Second, the importance of socio-relational factors was evident in how family supported older people by accepting how important learning was for them and offering them rides to the classes. Within the class, they can share information about the happenings and activities in their community, become mentors, and stimulate each other. The instructor enhances their enthusiasm to learn and provides a comfortable learning space. Therefore, the findings of this study suggest that while there is no single condition, a person-environment fit promotes older adults continued learning.

PROMOTING AND ATTRACTING STUDENTS TO CAREERS IN AGING SERVICES

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Three student focus groups were conducted at residential, center, and online university locations (N = 15) to investigate interest and understanding of careers in gerontology and exposure to aging issues. Students majoring in health services administration, psychology, and human services were recruited and given an honorarium for participating. Sessions were recorded and transcribed with two researchers independently coding to identify themes. Center and online participants were more likely to be non-traditional students. Eighty-seven percent of participants were female, 13 percent were male. Ages ranged from 19 to 34 (M = 23.4). Eighty-seven percent were upperclassmen. This study is unique as most research has investigated aging issues with traditional aged students. Center students reported aging issues were discussed in courses outside of their majors, whereas residential students stated issues did not receive attention outside of gerontology classes. Online students stated discussions depended on the class. Common deterrents for not considering careers in gerontology were concerns about performing "physical cares" or coping with death anxiety. Few considered what a career in gerontology looked like outside of nursing homes. To increase awareness, some students felt "gerontology classes should be mandatory." Students felt taking field trips to modern nursing homes "changed their perspective," from medical model facilities. All participants reported little exposure to older adults or gerontology as a viable career path in high school. With the rapidly aging population, we suggest incorporating a "Careers in Aging" unit in high schools to increase awareness of gerontology opportunities.

TRAINING SENIOR VOLUNTEERS TO IMPLEMENT A GROUP MUSIC INTERVENTION FOR PERSONS WITH DEMENTIA

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The Retired Senior Volunteer Program (RSVP) is a national program with many regional offices that offers a variety of volunteer opportunities for seniors. Research demonstrates the importance of volunteering and social participation on the well-being, health and longevity of older individuals. Further, studies of RSVP volunteers have demonstrated marked improvement in their perceived physical, mental health and quality of life (McDonald et al., 2013). Little evidence exists, however, supporting the effectiveness of using senior volunteers to assist with or even lead activities programming for persons with dementia (PWDs). Seniors Making Connections through Music, a group program designed to engage persons in the moderate to advance stages of dementia, included the training of 21 RSVP volunteers to lead or assist with the program. Volunteers were mostly female (95%) and educated (80% college/advanced degree), with more than half reporting professional or personal experiences with dementia (62%). Data were gathered through structured interviews and post-session debrief meetings. Findings suggest volunteers felt they were able to use existing knowledge and experience, received good and helpful supervision, and reported increased knowledge of dementia after volunteering for the group. Other results summarize: Volunteer satisfaction with program, role, tools and materials used, the program's impact on the community, and willingness to volunteer for the program in the future. Programmatic features, training protocols, and the impact of using retired senior volunteers to strengthen program sustainability will be discussed. Volunteer testimonials and video demonstrations will also be shared.

REDUCING OPIOID OVERDOSE RISK IN A COMMUNITY CARE COORDINATION CLINIC: RICHMOND HEALTH AND WELLNESS PROGRAM

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Objective Opioid safety is increasingly important in the care of older adults due to higher risk for negative opioid-related outcomes related to higher prevalence of chronic pain, multimorbidity, polypharmacy, and age-associated changes in drug metabolism and elimination. Evidence-based practices for screening and safe opioid use for older adults are needed. Our project aims to develop, implement, and evaluate a care-coordination workflow and interprofessional clinical opioid misuse screening, support, and referral training to support older adult care. Methods Our research occurs in context of the Richmond Health and Wellness Program (RHWP), a community-based interprofessional care coordination initiative, with interprofessional faculty and students providing on-site integrated care to residents in low-income senior housing communities. Curriculum development, and interprofessional clinical faculty, peer support, and health professions student training have been conducted. Results will discuss the findings from the health professions student training. Findings The Opioid Overdose Risk Reduction Curriculum was delivered via Blackboard and

in-person during student orientation. Pre (n=66)/Post (n=59) assessment indicated that after the training, there was an increase in knowledge, specifically change from 50% at baseline, 60% recognized Tramadol as an opioid, change from 80% to 97% understanding that MME represents Morphine Milligram Equivalent, and change from 62% to 93% understanding that 50 MME level greatly increases overdose risk. Only 20%, change from 60%, reported not being able to calculate MME. Conclusions Our findings indicate that opioid safety training within community care coordination is feasible. Future works needs to explore the impact on resident health as the workflow is implemented.

THE ROLE OF IMPROVED SOCIAL SUPPORT FOR HEALTHY EATING IN A LIFESTYLE INTERVENTION: TEXERCISE SELECT

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Healthy diet is essential to the management of chronic conditions such as cardiovascular disease and diabetes. Research suggests an association between social support and dietary behavior, yet the relationship is not fully explored. The role of social support in nutrition consumption was examined among older participants in a group-based lifestyle enhancement program (Texercise Select) designed to improve dietary behaviors and physical activity and related supports. Factor analysis and structural equation modeling were performed using secondary data from a quasi-experimental study of participants who completed a baseline survey and three-month follow-up (Intervention group N = 211, comparison group N = 175). The majority of participants were age 70 years or older (Mean = 74.30, SD = 8.54), female (82.1%), and had at least two chronic conditions (63.5%). The two groups did not differ in baseline levels of nutrition intake or social support. Program participants improved in terms of intake of water and fruits/vegetables as well as social support. Structural equation models adjusting for the effect of baseline scores indicated that the intervention effect on fruits/vegetable intake ($\beta = 0.19$, $p < 0.001$) was partially mediated ($\beta = 0.03$, $p = 0.021$) by social support for planning and keeping dietary goals and reducing barriers to healthy eating (X²/df = 1.89; RMSEA = 0.04; CFI = 0.99; TLI = 0.99; SRMR=0.02). Findings suggest that programs designed to enhance social support may be effective in improving dietary behaviors among older adults. Future research should investigate various types of social support for promoting healthy diets.

LATER-ADULTHOOD TRAUMA REENGAGEMENT IN VIETNAM VETERANS WITH PTSD: FINDINGS FROM A PROGRAM EVALUATION PROJECT

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As Veterans age, they may experience an emergence or exacerbation of stress symptomatology. Later-Adulthood Trauma Reengagement (LATR) is an intervention that provides psychoeducation on the LATR process, teaches mindfulness and coping, facilitates trauma re-integration, and fosters meaning-making in late life. This program evaluation project evaluated the LATR group offered in the Geriatric Mental Health Clinic at VA Boston. Twenty-one Vietnam Veterans with PTSD symptomatology were referred to the group between 2017-2018. Fifteen completed the 10-week group, and 12 completed pre- and post-intervention assessments and offered feedback. At the conclusion of the group, Veterans reported a decrease in depressive and PTSD symptoms. Of the 4 Veterans who endorsed suicidal ideation at the start of the group, 3 reported a decrease post-group. Veterans endorsed slightly more positive appraisals of their military service. Veterans reported that the group offered support, connection, and a sense of belonging with other Veterans, helped increase coping, and increased insight into thoughts, feelings, and behaviors. A suggested improvement to the group was to offer more sessions. Eleven Veterans sought continued mental health services following the group; three newly sought trauma-focused interventions. Four Veterans reported that their trauma-related symptoms were resolved and declined referral. Veterans found the LATR group helpful as evidenced by reduction in symptoms and responses to open-ended questions. A small number sought additional trauma-focused treatment; others reported that their symptoms were resolved and did not require additional treatment. Findings support the continued offering of the LATR group within this clinical setting.

CNA WORK IS BETTER LEARNED HANDS-ON: TRAINING CERTIFIED NURSING ASSISTANTS TO FEED RESIDENTS WITH DEMENTIA

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In nursing homes across the United States, Certified Nursing Assistants (CNAs) provide essential mealtime assistance to residents with dementia who have difficulty feeding themselves. However, dementia-related training content in CNA programs can vary. In this qualitative study, we sought to understand the training provided to CNAs in Alabama, and to identify the ideal training modality for content related to feeding residents with dementia. Nine focus groups were conducted with 53 CNAs. Each participant had at least one year of working experience as a CNA caring for older adults. Focus groups were audio recorded and transcribed verbatim. Data were analyzed using the directed content analysis approach. Analyses revealed several key themes related to training CNAs to feed residents with dementia. Across focus groups, CNAs agreed that they needed additional training about feeding residents with dementia. They unanimously agreed that the best person to provide