

University of Utah College of Nursing, Salt Lake City, Utah, United States

The University of Utah's Gerontology Interdisciplinary Program (UUGIP), a fully online program recently aligned all courses to meet the 2014 Academy of Gerontology in Higher Education (AGHE) "Gerontology Competencies for Undergraduate and Graduate Education" and to meet best practices in online teaching. These efforts led to the GIP Masters of Science program being recognized in 2017 by AGHE as a Program of Merit as well as a publication in the AGHE Journal of Gerontology & Geriatrics Education (Dassel, Eaton, & Felsted, 2018). In an effort to further this work, we analyzed student evaluations in core Master of Science program courses prior to and following these program revisions, assessed by qualitative and quantitative evaluation data from two semesters immediately prior and two semesters immediately following revisions. This presentation will discuss results, implications, and future applications of this analysis.

COMMUNITY ENGAGEMENT AND SERVICE LEARNING: PROMISING PEDAGOGICAL PRACTICES FOR TEACHING GERONTOLOGY

Tina M. Kruger¹, *1. Indiana State University, Terre Haute, Indiana, United States*

In terms of studying human development, gerontology is unique in that most college students have not experienced this aspect of the life course yet. While personal experience cannot be generalized, our students can at least relate to the idea of being a child, an adolescent, and a young adult. What they cannot do it relate to the experience of being old, and they may have limited contact with the older adult population, with the exception of grandparents, who tend to be viewed differently from older non-relatives. One way to facilitate students connecting with the older adult population is through community engagement or service-learning (CE/SL) projects. Such projects are ripe for facilitating learning, but there are also potential pitfalls to consider. Here we discuss the need for CE/SL in gerontology, theoretical and practical suggestions, and potential pitfalls to avoid.

GERONTOLOGICAL EDUCATION: APPLIED PERSPECTIVES AND PEDAGOGICAL APPROACHES

Kelly Niles-Yokum¹, *1. University of La Verne, La Verne, California, United States*

The art and science of gerontological pedagogy is a balance of multidisciplinary paradigms that provide students with a pathway to the depth and breadth of the field of gerontology. This session will explore a variety of issues, including possibilities and challenges within the context of pedagogical approaches to gerontology education both in and out of the classroom. Topics include applied and theoretical perspectives and the what, why, and how gerontological educators do what they do and how it can impact the learning environment not only for students but for the community at large.

WHEN I'M 75: COLLEGE STUDENTS' SELF-PERCEPTIONS OF AGING IN AN INTRODUCTORY GERONTOLOGY COURSE

Sarah J. Hahn¹ and Jennifer Kinney², *1. Mercy College, Dobbs Ferry, New York, United States, 2. Miami University, Oxford, Ohio, United States*

This presentation examines college students' self-perceptions of aging using written essays from the assignment "When I'm 75" that was assigned at the beginning and end of the semester in an introductory gerontology course. Despite robust literature on people's attitudes toward aging and older adults, far less is known about attitudes toward one's own aging, especially among college students. Interpretive Phenomenological Analysis was used to analyze the students' perception of their aging experience in their written assignment. Three overarching superordinate themes were identified: challenges of aging, proactive steps to avoid negative consequences of aging, and housing considerations. Findings suggest that after completing an introductory gerontology course, students demonstrated an understanding of some age-related changes yet still had a stereotypical understanding of what it is like to be age 75. This suggests the need to engage students in moving beyond stereotypes and to better link older age with their own future experience.

SESSION 740 (PAPER)

LONG-TERM CARE I

A NATIONAL ASSESSMENT OF THE RELATIONSHIP BETWEEN NURSING HOME CULTURE CHANGE AND RESIDENT OUTCOMES

Margot L. Schwartz,¹ Julie C. Lima,² Pedro L. Gozalo,² Melissa A. Clark,² and Susan C. Miller², *1. Brown University School of Public Health, Providence, Rhode Island, United States, 2. Brown University, Providence, Rhode Island, United States*

Literature is mixed regarding the relationship between Nursing Home (NH) culture change and resident outcomes, and the majority of studies are limited to small samples. We evaluated this relationship separately for five unique domains of NH culture change (physical environment, resident care, staff empowerment, leadership, and family and community involvement practices) using a 2016/2017 survey administered to a stratified-random national sample of NHs; 74% of NH administrators responded (n=1,583). We assessed the relationship between each culture change domain and 8 outcomes (calculated with MDS 3.0 and Medicare claims data) using resident-level multivariable logistic regression models, that accounted for resident and NH characteristics, and were weighted by facility-level inverse probability weights (to address NH Selection). We found the relationship between NH culture change and resident outcomes varied by culture change domain. High scores on leadership practices (i.e., two-way communication, staff involvement, education/training, respect for workers, and coaching) were most strongly associated with outcomes. Compared to the lowest quartile, performance in the highest quartile (most implementation of practices) on the leadership domain was associated with 13% lower odds (OR: 0.87, 95%CI: 0.78, 0.96) of urinary tract infections, 15% lower odds (OR: 0.85, 95%CI: 0.80, 0.91) of worsened locomotion, and 41% lower odds (OR: 0.59, 95%CI: 0.42, 0.83) of physical restraint use. For the other domains the estimates (and statistical significance) of the relationship with outcomes varied more than observed for leadership. Our findings emphasize the importance of high-quality NH leadership. Investments in improved leadership practices may result in higher-quality resident outcomes.