

We hypothesized that better UFOV scores would be associated with better performance on functional tasks requiring efficient information processing. We analyzed data of 119 adults with diagnoses of MCI due to AD. The mean age of the sample was 74 and 50% were women. UFOV scores represent the briefest duration (16 – 500 ms) at which a person reliably performs each task; these 4 scores (16ms - 500ms) are summed to form a total score. Lower scores are better. We divided the sample by UFOV scores < 1000 (n = 50) vs. > 1000 (n = 69) and used t-tests to examine differences in total scores on the Timed IADL (TIADL) and Financial Capacity Instrument-Short Form (FCI-SF). Each instrument measures efficiency and accuracy in multiple domains, with tasks such as medication management and finding phone numbers (TIADL), and simple money calculations, check writing, and applying medical insurance information (FCI-SF), among others. TIADL and FCI-SF scores differed by UFOV group. Those with UFOV > 1000 had far worse performance on summary scores (p values < .001) and on virtually all domain and time scores of both functional measures. Results emphasize the relationship of processing speed—which can be improved with training—to performance of everyday tasks related to independent functioning in MCI.

USING A LABORATORY-BASED CUMULATIVE DEFICITS INDEX TO EXAMINE THE IMPACT OF TOTAL PATHOGEN BURDEN

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Background: Detecting underlying biological wear and tear prior to diagnosed clinical dysfunction is increasingly providing clues to the aging process. Few studies have examined pathogen burden, a measure of the cumulative effects of multiple persistent pathogens, as potentially accelerating the pace of age-related biological decline by midlife. **Methods:** Using data from two waves of the National Health and Nutrition Examination Survey, we compared three alternative methods for measuring pathogen burden, composed of mainly persistent viral infections, using a cumulative deficits index (CDI) as an outcome: single pathogen associations, a pathogen burden summary score, and latent class analyses. The CDI was constructed by summing the number of 28 biomarkers (i.e. white blood cell count, calcium, etc.) for which an individual was in the dysfunctional range. The study sample was aged 20–49 years old. Seven pathogens were assessed in wave 1; five in wave 2. **Results:** We found significant heterogeneity in the distribution of the CDI by age, sex, race/ethnicity, and education. There was an association between pathogen burden and the CDI by all three metrics. The latent class classification of pathogen burden showed particularly strong associations with the CDI. **Conclusions:** Our results suggest that pathogen burden may influence early clinical indicators of poor health as measured by the CDI, even in a relatively young population. These findings suggest that reducing pathogen burden and the specific pathogens that drive the CDI may provide a target for preventing the early development of age-related physiological changes.

USING SERVICE-LEARNING IN GRADUATE EDUCATION TO ENGAGE STUDENTS AND THE COMMUNITY: OPPORTUNITIES AND CHALLENGES

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While gerontology has a long history of incorporating service-learning and community engagement (SLCE) into core courses, service-learning has had less utilization in graduate education. This presentation will discuss projects that have been developed to create opportunities for students to master content and to engage with older adults and the broader community. These SLCE projects include a project asking older adults to reflect on the concept of age-friendly communities. This project allowed students to learn about conducting research within a research methods course and to apply this knowledge in participatory action research, focusing on the goal of developing communities that are supportive for older adults. A second project focused on students working with older adults to learn about successful aging. For this project, students developed an interview to ascertain what successful aging was from the standpoint of the older adult. The last SLCE project focused on having students participate in a community-based seminar on aging in place and environmental design through a collaboration with the university's Optimal Aging Institute. The service-learning component consisted of students working on home safety and universal design checklists with seminar participants, allowing students to take what they learned about environmental design and work with community-residing older adults to provide for a home that was conducive to aging in place safely. The purpose of this presentation is to describe the development, implementation, analysis, and dissemination of these SLCE projects as mechanisms of graduate education and to describe the opportunities and challenges of SLCE within graduate education.

UTILIZING SOCIAL ROBOT TO REDUCE WORKLOAD OF HEALTHCARE PROFESSIONALS IN PSYCHIATRIC HOSPITAL: A PRELIMINARY STUDY

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This study implemented an intervention program to examine the benefits and challenges of utilizing a humanoid social robot (Pepper) for healthcare professionals who work with patients with dementia in an acute hospital setting in Japan. Two 30-minute programs consisting of light physical and social activities (e.g., singing a song together) were installed on Pepper for the patients with dementia to enjoy while sitting in a chair. The program itself was run by the robot, but operated by researchers twice a week for two months. At each session, 10 to 15 patients participated. Healthcare professionals (68% nurses and 32% clinical psychologists) completed pre- (n=24) and post- (n=20) surveys. There were no statistical differences in the pre- and post-survey results. However, an additional question of whether any changes were noticed, which was included only in the post-survey, indicated decreased workloads (25% reported) and increased patients' smiles (45% reported). On the other hand, 25% reported increased behavior problems of the patients (e.g., agitation) that were observed particularly after

these sessions. Although the cause of such behavior problems was unclear, we noted that most patients were very concentrated on Pepper during the sessions, which may have resulted in higher levels of stimulation of the patients. These results demonstrate potential benefits of utilizing a social robot in dementia care in hospital settings. However, a follow-up process may be necessary to undertake in the operation, such as including a short closing activity in order to unwind and ease the stimulation of the patients with dementia.

VALIDATION OF THE PAULSON-LICHTENBERG FRAILTY INDEX AGAINST THE DEFICIT ACCUMULATION MODEL

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Despite an increase in frailty research in recent years, there is a lack of consensus regarding the approach to, and instrument used for, frailty measurement. Frailty measurement approaches include deficit accumulation models and frailty phenotypes. The current study evaluates a brief, self-report phenotypic frailty instrument, the Paulson-Lichtenberg Frailty Index (PLFI), against the deficit accumulation frailty index proposed by Mitnitski, Song, and Rockwood in 2004. The sample included 51 individuals over age 70 from the Vascular Aging Study. The PLFI consisted of 5 items: wasting, weakness, slowness, falls, and fatigue; frailty criteria was met if a participant endorsed three or more items. Bivariate correlation and receiver operating characteristic curve analyses were employed to compare the PLFI to a deficit accumulation frailty index, which included 40 self-reported health and health-attitude related items. Rate of frailty based on the PLFI was 14%. Mean score on the deficit accumulation model was 5.61 (SD = 4.36), and significantly varied between ($t=-4.12$, $p<.001$) non-frail (mean=4.76, SD=3.57) and frail (mean=11.18, SD=5.36) participants. PLFI scores significantly correlated with deficit accumulation frailty index scores ($r = .61$, $p < .001$). Area under the receiver operating characteristic curve = .846 ($p=.004$), indicating good discrimination with the PLFI between those who meet the frailty criteria and those who do not, based on items endorsed on the deficit accumulation frailty index. In sum, results suggest that the PLFI is a valid phenotypic assessment of frailty with high clinical utility given its brevity and ease of administration.

WHAT ARE THEY LEARNING? USING STUDENT EXPERIENCES TO INFORM SUCCESSFUL GERONTOLOGY PROGRAM DEVELOPMENT

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In 2013, new gerontology faculty were hired and tasked with leading the University of Wisconsin - La Crosse Gerontology Emphasis which had dwindled to a single declared undergraduate student. Within four years, the emphasis had grown to 54 students. The Emphasis co-chairs determined a need for a systematic assessment of the first wave of new students in Spring 2017. This was an important opportunity to continue the successful emphasis development based off specific student feedback. A Qualtrics survey was distributed to all gerontology emphasis students. The assessment included questions about the strengths and weaknesses of the program; the content across courses; the coverage of the Association of Gerontology in Higher Education (AGHE)

core competencies; and ways to improve the emphasis. Qualitative analysis of the comments and quantitative assessments of the ratings were conducted. A follow-up survey conducted in Spring 2018 included an updated set of questions regarding hands-on experiences with older adults. Data revealed that respondents were primarily psychology majors and therapeutic recreation majors, which is representative of the emphasis. For each of the 10 AGHE competencies, 65% or more of the respondents reported each competency was successfully reflected in the emphasis coursework. Research trends across the surveys will be discussed. By maintaining a strong Gerontology Emphasis, University of Wisconsin - La Crosse can provide students a unique supplemental layer to their education which will serve them well, personally and professionally. The findings of these surveys are being used to make adjustments to our future program planning.

WHY DON'T YOU WANT TO WORK WITH OLDER ADULTS? COMPARING STUDENTS WITH AND WITHOUT AN INTEREST IN GEROPSYCHOLOGY

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Geropsychology recruitment efforts might be facilitated or impeded by the aging-related beliefs, attitudes and life experiences of students. This exploratory study consisted of an online survey comparing students who reported having an interest in treating older adults ("Interested") to those with little to no interest ("Uninterested"). Respondents ($n=47$) were graduate students enrolled in a counseling program, 98% female, with a mean age of 36.38 (SD= 9.61). Interested students ($n= 25$) were more racially and ethnically diverse (56% African American, Latinx, Asian or other, and 44% Caucasian students). Uninterested students ($n= 19$) were 68% Caucasian and 32% African American, Latinx, or other. T-tests revealed several significant differences between groups. The Uninterested were significantly more likely to endorse a desire to avoid sick or dying clients ($p<0.0001$), a belief that work with older adults would be depressing ($p=0.001$) or challenging ($p=0.003$), and a belief that they lacked sufficient life experience to treat this population ($p=0.03$). Further, 32% ($n= 8$) of Interested students had experienced the death of a parent, compared to only 11% ($n= 2$) of Uninterested students. Results suggest that Uninterested students may carry misconceptions about clinical work with older adults. Through targeted education, mentorship, and field experience, such beliefs might be malleable. Differences in beliefs about aging across racial and ethnic groups, and how this may influence interest in geropsychology, warrants further investigation. Lastly, future research may also explore if certain life experiences sensitize and inspire individuals to enter this field.

SESSION 2260 (POSTER)

DEATH, DISASTER, AND ADVERSITY

A STUDY ON THE INFLUENCE FACTORS OF SUICIDE IDEATION AMONG ELDERLY RESIDENTS IN URBAN AND RURAL AREAS

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South Korea's suicide rate among OECD countries is a very serious level, the suicide rate among the elderly has been growing constantly have two to three times more