

In recent years, FNPs have been challenged to deliver mental health services in the primary care setting. Over half of mental health services are provided in primary care, and one-quarter of all primary care patients have a mental disorder. Moreover, 20% of older adults have a mental or neurological disorder often not diagnosed. Nationally, it is estimated that 17% of older adults commit suicide, 15% have a mental condition, 11% have dementia, and 5% have a serious mental condition. There is a paucity of adequately prepared primary care providers trained in geropsychiatric treatment. A didactic course was developed to instruct FNP students in the skills needed to provide mental health treatment in primary care. We discuss mental illness in the context of culture to ensure that treatment is congruent with a patient's unique cultural background and experiences. This shapes the patients' beliefs and behaviors that influence the way they view their condition and what they perceive as acceptable solutions. We then go into detail about the common mental conditions that older adults exhibit. Through the case study method, students learn to identify the presenting problem, protocols for analyzing the case, which includes making differential diagnoses and a treatment plan including initial medications, non-medical treatments, and referral. Students are introduced to the DMS-5 to learn the criteria for mental health diagnosis with an emphasis on suicide, depressive disorders, anxiety disorders, bipolar disorders, substance use disorders, and neurocognitive disorders. We have found that students most often misdiagnose neurocognitive disorders.

THE DEVELOPMENT AND EFFECTIVENESS OF A SELF-EFFICACY ENHANCEMENT PROGRAM FOR OLDER ADULTS WITH MCI

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Purpose: This study aimed to develop a self-efficacy enhancement program and examine its effectiveness in enhancing dementia preventive behaviors by improving cognitive function, dementia knowledge, and self-efficacy, and reducing depression of older adults with mild cognitive impairment (MCI). **Methods:** An equivalent control group pretest-posttest design was conducted at an advanced general hospital in Seoul. Participants of older adults with MCI visiting clinics were randomly allocated to an experimental group (EG, n=16) and a control group (CG, n=16). The EG was provided with a 8-week intervention (60-minute, weekly) utilizing self-efficacy enhancement strategies and the CG received the usual care. The intervention was an integrated configuration making up of physical, cognitive, and emotional activity and followed by a 4-week maintenance during which both groups engaged in self-learning at home with a dementia preventive guidebook. Outcomes were evaluated at pretest, 1st (8th week), 2nd (10th week) and 3rd posttest(12th week). **Results:** There were significant differences in cognitive functions, dementia knowledge, self-efficacy, and dementia preventive behaviors, but not in depression between two groups over the time. Regarding cognitive function's subdomains, significant differences were observed for visuospatial/executive, attention, language, and delayed recall. **Conclusions:** The integrated intervention consisting of physical, cognitive, and emotional activities, not

a simple merger of single intervention focused on cognitive reinforcement, was effective in improving their cognitive functions, dementia knowledge, self-efficacy, and dementia preventive behaviors. It suggests that this program can be utilized as an education program to prevent dementia for MCI in dementia support centers, public health centers, clinics, and hospitals.

THE PREVENTING DEMENTIA MOOC: CONTRIBUTION TO FIRST NATIONS' HEALTH AND WELL-BEING

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Dementia is a global public health issue. First Nations people are at increased risk due to complex intergenerational factors grounded in inequalities in health services and economic and educational opportunities. While there is yet no drug-related cure for this progressive and terminal neurological condition, evidence confirms that increased understanding of dementia and modification of lifestyle factors can reduce risk. The primary potentially modifiable risk factors are not completing secondary school, midlife hypertension, obesity, type II diabetes, depression, physical inactivity, smoking, hearing loss acquired after the age of 55 years, and social isolation. Inherent in these factors is stress, affecting mental health. Addressing these factors globally could prevent or delay over 40 million cases of dementia. The free Preventing Dementia Massive Open Online Course (PD MOOC) is a globally recognized 4-week course that aims to build self-efficacy in knowledge and management of modifiable risk factors. The course has reached over 68,000 people world-wide and is rated highly; however, its contribution to First Nations communities has not yet been investigated. We describe the content of the PD MOOC, report on its impact in a cohort of older Aboriginal people (≥ 50 years of age) in Circular Head, Tasmania, Australia six months after course completion, and emphasize the importance of including traditional approaches to healing. We describe a protocol in which cultural determinants of health can be infused into the PD MOOC and evaluated to promote health and well-being globally for older First Nations people.

SESSION 2806 (POSTER)

RESEARCH, EDUCATION, AND TRAINING INNOVATIONS

ASSESSMENT OF AGING AND DISABILITY CONCENTRATION IN A MASTER'S PROGRAM

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A concentration in aging and disability is an alternative concentration in our Master of Health Administration (MHA) program. Students to take both of their electives in this area as well as completing their residency in a post-acute care setting. To ensure students meet the learning objectives, the following assessment plan. First, a curricular map of the areas of competency within our program are outlined and then the content and areas of assessment are considered