USING STORIES TO INTEGRATE GERONTOLOGY CONTENT INTO AN INTRODUCTORY DESIGN (ARCHITECTURE) COURSE

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We describe how a partnership between design and gerontology introduces students to concepts of legacy, meaning making and empathy in an undergraduate design course. Introduction to Design Thinking is offered through the Multi-disciplinary Design Program at the University of Utah and is a class that explores concepts such as the design process, human-centered design, rapid prototyping and multidisciplinary team dynamics. In collaboration with faculty from design, medicine and gerontology, the course addresses realworld problems by navigating across disciplines such as art, business, engineering, science, and gerontology. Five phases of the design process are introduced: Observation (collecting material), Analysis (finding patterns and insight), Ideation (solution exploration), Refinement, and Implementation (communication). To apply these processes, students engage in a group project where they interact with older adults residing in long term care (e.g., assisted living). Students undergo HIPAA training and didactic lectures covering narrative interviewing and aging content such as long term care and generativity prepare students for interacting with residents. Throughout the semester, students meet with the older adult to understand, gather, construct and then develop a designed artifact that reflects the stories and the memories of the participating residents. The designed artifacts (e.g., memory maps, videos, small books) are presented and given to the participating residents and their families. This project results in rich stories for both the residents and students. Students also gain interviewing and empathy skills necessary for designing compelling artifacts and potentially agefriendly long term care environments where 2 million older adults live.

SESSION 2802 (PAPER)

WHAT'S NEW IN DEMENTIA EDUCATION?

EFFECTS OF DEMENTIA SIMULATION ON NURSING STUDENT'S KNOWLEDGE AND EMPATHY

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The numbers of people living with dementia are overwhelming. Dementia education is important to prepare nursing students to care for this population. Care for people with dementia requires a better understanding of the reality of dementia. Dementia education must empower nursing students to appreciate, provide care, and support the needs of the caregiver and people with dementia. The purpose of this study was (1) to determine the effects of the dementia simulation on nursing students' knowledge of dementia and empathy for people living with dementia, (2) to explore the level of empathic concern, shared affect, perspective-taking self and perspective-taking other of undergraduate nursing

students towards individuals with dementia. A convergent mixed method design was used with pretest and posttest serving as the quantitative arm of the study. A focus group discussion with themes extracted served as the qualitative piece of the study. The convenience sample of 65 undergraduate nursing students. Students completed pre and post-test surveys which included Dementia Knowledge Assessment Tool Version 2, Comprehensive State Empathy Scale, and demographic questionnaire. Content analysis was conducted on focus group responses to qualitative interview questions. Quantitative results reported a significant increase in empathy. Qualitative findings supported the quantitative results. Results revealed the dementia simulation positively impacted students' empathy for people with dementia. This learning activity was innovative and created excitement and intrigue about caring for people with dementia. The dementia simulation experience created an awareness of dementia and ignited nursing students' passion to care for this population.

MOBILIZING COLLECTIVE ACTION FOR PUBLIC HEALTH APPROACHES TO DEMENTIA EDUCATION

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Addressing increasing rates of Alzheimer's disease and related dementias (ADRD) requires public health approaches including prevention, early detection and diagnosis, and outreach to low-income and minority communities facing higher risk and adverse health and economic outcomes. Communities are seeking ways to enhance cross-sector collaboration and overcome underdeveloped relationships and fragmentation that are barriers to effective public health responses. In this exploratory study, we evaluated outcomes of a community-wide effort to mobilize systems-level changes, build public awareness, and increase access to early detection services. A community-based organization, public health department, and academic institution in North Texas partnered to expand ADRD education programs and outreach for underserved communities. Nineteen community health workers were trained to provide brain health and ADRD education programs and refer to financial, legal, and social resources. Through collective action, 371 participants attended 26 education sessions delivered in English and Spanish. Forty-five percent of participants identified as non-white and 61% reported low educational attainment. Participants (n=314) completed post-surveys. As a result of training, 89% of trainees could recognize common warning signs of Alzheimer's disease, 86% understood the importance of early detection and diagnosis, and 96% knew activities promoting cognitive health. Findings revealed strategies to increase collective action such as sharing data, establishing referral methods, and adopting dementiafriendly and age-friendly frameworks. Results show that collective action has the potential to build a community's capacity for targeted ADRD education and improve access