expanding training opportunities for rural areas and under-served populations.

MOBILIZING PARTNERS TO INCREASE THE GERIATRIC WORKFORCE

J.J. Severance, *Center for Geriatrics, University of North Texas Health Science Center, Fort Worth, Texas*

Applying the Plan-Do-Study-Act continuous improvement method, the Workforce Enhancement in Healthy Aging Program develops geriatric training for 1) undergraduate and graduate students; 2) family medicine residents; 3) practicing health care professionals, including physicians, nurses, physician assistants, pharmacists, physical therapists, social workers, and dieticians; and 4) caregivers of older adults. Teams of interprofessional faculty and community organizations build upon existing training programs to integrate geriatric topics and unique learning experiences with community based organizations, and to expand caregiver training in rural communities. Training enhancements focus on community needs in health literacy, falls prevention, medication management, chronic disease self-management and dementia. New programs are proposed for a Geriatric Certificate for Family Medicine Residency Programs, and a Geriatric Professional Leadership Institute. Program evaluation demonstrates expanded partnerships that increase the number of geriatric-trained primary care providers to meet the needs of older adults at individual, community and population levels.

LINKING COMMUNITY NEEDS AND PROGRAMS TO GERIATRIC EDUCATION

D. Smith, *1. United Way of Tarrant County, Inc., Fort Worth, Texas, 2. Area Agency on Aging of Tarrant County, Fort Worth, Texas*

The United Way of Tarrant County's LIVE WELL Initiative addresses the health issues of the aging population and those who care for them. The three core values based on community needs include: 1) 'Care for Caregivers' to provide support for people who take care of loved ones with ongoing health concerns, 2) 'A Healthier Me' to provide services to adults with ongoing health concerns, and 3) 'A Healthier Community' that helps educate and provide information for a healthier community. This presentation reports on the continuation of evidence based programs and programmatic relationships to embed LIVE WELL values across collaborating institutions, and thereby provide the best outcomes for older adults.

GERIATRIC TRAINING FOR INTERPROFESSIONAL TEAMS

J. Knebl, *University of North Texas Health Science Center, Fort Worth, Texas*

The 2008 IOM Report: *Retooling for an Aging America* identified the number of adults in the US aged 65 and older would almost double from 12% to 20% of the population, placing increased demand on the patchwork of US health care services for older adults. The Reynolds Geriatric Education and Training in Texas (Reynolds IGET-IT) Programs were developed as a proactive effort to address the lack of training in medical professionals on geriatric syndromes. The following programs and innovative modules were implemented over an eight year period to address the goals of geriatrics education: an integrated geriatrics curriculum, faculty development in geriatrics, interprofessional geriatric skills lab and senior mentoring program, a capstone course for senior level health professions students, and E-learning modules for residents and practicing physicians. This presentation will address the impact on medical professions students and professionals, the community partnerships that were built, and advancement of interprofessional education.

GERIATRIC LEADERSHIP TRAINING FOR HEALTH PROFESSIONALS IN EMERGING HEALTH SYSTEMS

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The Geriatric Practice Leadership Institute was designed for healthcare professionals including physicians, physician assistants, nurses, pharmacists, physical therapists, dieticians, and social workers. The participants learn about concepts needed to effectively work in and take leadership roles in the emerging health care environments for older adults in primary care. Driven by team project goals, five domains are addressed by the GPLI curriculum: 1) Leading Self, 2) Leading Teams, 3) Leading Organizational Change, 4) Population Health Science, and 5) Aging Network and Healthcare Delivery for Older Adults. The curriculum for each of these areas will be developed with the aim of enhancing each participant's understanding of personal leadership skills and how to create and participate in effective interprofessional teams that provide value-based patient-focused care to older adults in the developing primary healthcare systems.

SESSION 4800 (PAPER)

GERIATRIC ASSESSMENT AND MANAGEMENT IN VARIOUS SETTINGS

GERIATRIC CO-MANAGEMENT PROGRAMS: HOW ARE THEY ORGANIZED AND EVALUATED? A SYSTEMATIC REVIEW

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This systematic review determined what program structure, intervention processes and outcomes have been reported by in-hospital geriatric co-management programs. Primary studies reporting on geriatric co-management of inpatients aged 65 years or older (or mean age of study sample ≥ 75 years), published in English, Dutch, German, French or Spanish were eligible for inclusion. An independent literature search using databases (MEDLINE, EMBASE, CINAHL, Cochrane Central Register of Controlled Trials), reference lists, citation searching and ClinialTrials.gov was performed in May 2016. Forty-four articles from 6 randomized controlled trials (RCT), 1 non-RCT, 5 prospective before-and-after studies, 18 before-and-after studies with a historic cohort, and 10 cohort studies. The majority of programs consisted out of medical/surgical staff, a geriatrician, physical therapist and social worker. Program interventions focused on early rehabilitation, medical care review and discharge planning, but only 4 studies reported a post-discharge intervention. Around half of the programs reported performing ward rounds for co-management purposes, but only