overview of the relevant international literature, and 2) highlight the current and emerging exclusionary processes that are impacting on the lives of older people using data from individual narratives and time-use diaries.

RETHINKING RURAL GERONTOLOGY THROUGH A DEWEYAN PRAGMATIST PERSPECTIVE
Malcolm Cutchin,1 Malcolm P. Cutchin,1 and Graham D. Rowles2. 1. Wayne State University, Detroit, Michigan, United States; 2. University of Kentucky, Lexington, Kentucky, United States

Rural aging as we have conceived of it in the gerontological literature of the past 50 years no longer exists, if it ever did. In this presentation, we contribute toward a reframing of the discourse on rural aging through a critique of established views of rural aging as an ecological, cultural, and phenomenological experience. We argue that each view is limited in its ability to encapsulate the essence of rural living and community. Our critique provides a context for a dynamic perspective on rural aging that embraces the situational uniqueness of each rural environment. We introduce that perspective, based in John Dewey’s philosophy, and grounded in the idea of situationally defined manifestations of place integration within an ever-changing milieu. We conclude with a discussion of key implications, including how this perspective reshapes the roles of researchers and older rural residents in the process of ongoing rural gerontological inquiry.

LEVERAGING CRITICAL RURAL GERONTOLOGY TO IMPROVE RURAL GERONTOLOGICAL HEALTH
Laura Poulin,1 and Neil Hanlon2. 1. Trent University, Ontario, Peterborough, Canada; 2. University of Northern British Columbia, Prince George, British Columbia, Canada

A critical approach in rural gerontology has led to a better understanding of the complex interplay between older adults’ unique aging experiences and the multidimensional and dynamic communities in which they live. The evolution of critical rural gerontology will be explored, outlining why a similar approach is needed in rural gerontological health. In particular, rural gerontological health literature must expand beyond a deficit focus that homogenizes older adult health experiences and recognize the complexities of negotiating older adult health within multidimensional rural spaces. Inherent in this approach is recognizing the intersectionality of older adult health as well as the need to study rural gerontological health as an experience enhanced and inhibited by interactions within and across formal health services, informal social services and informal care. This approach will contribute to innovations in policy and practice addressing the burgeoning interest of how to effectively care for older adults in rural settings.

EXPLORING THE CRITICAL CONTRIBUTIONS OF ARTS-BASED APPROACHES IN RURAL DEMENTIA CARE
Rachel Herron1. 1. Brandon University, Manitoba, Canada

People living with dementia can experience significant barriers to meaningful participation in their communities, particularly in underserviced rural and small-town settings. Drawing on a multi-method pilot study employing observations, diaries, focus groups and interviews in rural Canada, we examine the potential of an innovative dance program developed by Baycrest Health Sciences and Canada’s National Ballet School, to transform the experiences of people living with dementia and the rural places in which they live. Our findings identify moments, processes, and places of transformation throughout the program including moments of individual self-expression; changing interactions with staff, volunteers, and carers; and changing relationships with home and community. We argue that art-based programs can challenge dominant assumptions about people living with dementia and contribute to the creation of more just health and social care in rural places. In doing so, we illustrate the value of critical arts-based approaches to aging in rural places.

SESSION 2110 (SYMPOSIUM)

OPEN SCIENCE AND TRANSPARENT RESEARCH PRACTICES: IMPLICATIONS FOR GERONTOLOGY
Chair: Derek M. Isaacowitz, Northeastern University, Boston, Massachusetts, United States
Discussant: Jonathan W. King, National Institute on Aging, Bethesda, Maryland, United States

Scientists from many disciplines have recently suggested changes in research practices, with the goal of ensuring greater scientific integrity. Some suggestions have focused on reducing researcher degrees of freedom to extract significant findings from exploratory analyses, whereas others concern how best to power studies and analyze results. Yet others involve ensuring that other interested researchers can easily access study materials, code, and data, to help with re-analysis and/or replication. These changes are moving targets, with discussions and suggested practices ongoing. However, aging researchers have not yet been major participants in these discussions, and aging journals are just starting to consider open science policies. This symposium, sponsored by the GSA Publications Committee, will highlight transparency and open science practices that seem most relevant to aging researchers, discuss potential challenges to implementing them as well as reasons for doing so, and will consider how aging journals may implement these practices. Open science practices to be considered include: preregistration, open data, open materials and code, sample size justification and analytic tools for considering null effects. Presenters from a range of areas of aging research (lab, secondary data, qualitative) will show examples of open science practices in their work and will discuss concerns about, and challenges of, implementing them. Then, editorial team members will discuss the implications of these changes for aging journals. Finally, discussant Jon King will give NIA’s perspective on the importance of encouraging open science practices in the aging field.

OPEN SCIENCE IN GERONTOLOGY: IMPLICATIONS FOR PUBLISHING
Derek M. Isaacowitz1. 1. Northeastern University, Boston, Massachusetts, United States

One big push in open science is to change journal practices to encourage a more transparent and replicable scientific record. I will start by considering why these issues are important from the perspective of a journal editor. The Transparency and Openness Promotion Guidelines were
developed as a modular way for journals to encourage and/or require certain practices by authors before submitting. I will describe the TOP guidelines and will recount my experience in working to bring the Journals of Gerontology: Psychological Sciences to Level 1 of the TOP guidelines. Despite the challenges involved in changing journal practices to encourage and/or mandate greater use of open science practices, these changes will likely be coming to more journals in gerontology and beyond in the coming years, making it important for authors to be aware of changes in expectations and practices.

PREREGISTRATION TO FACILITATE A REPLICAble SCIENCE OF AGING
Walter R. Boot1, 1. Florida State University, Tallahassee, Florida, United States

Psychology and other sciences have been in the midst of a replication crisis. One proposal to address this crisis is the preregistration of studies, including study hypotheses, methods, measures, and analysis approaches to reduce false positive findings resulting from “experimenter degrees of freedom.” This talk will explore the benefits, and also the challenges, of preregistration, along with common misconceptions about preregistration. A preregistration case study will be presented involving a series of experiments exploring different hypotheses regarding the mechanism behind changes in attentional processing associated with aging (http://doi.org/10.1525/collabra.26). This talk will present a brief tutorial of how to preregister studies and where to preregister them. The importance of preregistration for intervention studies will be emphasized.

CHALLENGES IN PRE-REGISTRATION AND APPLYING OPEN SCIENCE PRINCIPLES WHEN USING SECONDARY OR LONGITUDINAL DATA
Daniel K. Mroczek1, 1. Northwestern University, Chicago, Illinois, United States

The application of open science, preregistration, and transparency principle is challenging when using existing data, including ongoing long-term longitudinal data. The goal is to distinguish clearly between exploratory and confirmatory research, but in the context of archival or longitudinal work there are risks associated with prior knowledge that has been obtained from these secondary sources. That said, new principles are being developed, including specialized pre-registration templates, that can guide the application of open science and transparency ideas to longitudinal and other secondary data, thereby increasing credibility of such work. These include: 1) disclosure of prior knowledge about a given dataset, ranging from “never worked with these data” to having multiple publications, in the pre-registration, 2) use of hold-out subsamples that can be used for validation or confirmatory purposes, and 3) making more clear what research questions are exploratory and confirmatory.

PRE-REGISTERING QUALITATIVE RESEARCH: BENEFITS, UNINTENDED CONSEQUENCES, AND UNANSWERED QUESTIONS
Barbara Bowers1, 1. University of Wisconsin-Madison, School of Nursing, Madison, Wisconsin, United States

While preregistration has gained increasing acceptance for quantitative, particularly experimental, studies, its relevance and implementation for qualitative research has only recently been proposed. This presentation provides an overview of the very recent and ongoing debate on the potential benefits and costs of implementing preregistration for qualitative research. The presentation summarizes the debates about whether and how preregistration will lead to greater transparency in qualitative research, explores the implications of preregistration for qualitative research, identifies some of the costs incurred in preregistering qualitative studies, describes the inaccurate assumptions about qualitative research that are repeatedly embedded in calls for preregistration, and identifies some likely, unintended consequences of adopting the same approaches employed or proposed for quantitative studies. Acknowledging the importance of greater transparency and reduced publication bias for all research, including qualitative studies, questions about transparency that qualitative researchers must urgently address are also suggested.

SESSION 2115 (SYMPOSIUM)

PRESIDENTIAL SYMPOSIUM: OPTIMIZING SURGICAL CARE FOR ALL OLDER ADULTS
Chair: Thomas Robinson, University of Colorado, Aurora, Colorado, United States
Co-Chair: Ronnie Rosenthal, Yale School of Medicine, New Haven, Connecticut, United States

Our program will provide a detailed overview with an emphasis on the research aspects of the new Coalition for Quality in Geriatric Surgery, a project supported by the American College of Surgeons and the John A. Hartford Foundation. This project is a national endeavor which aims to systematically improve the surgical care of older adults by establishing a verifiable quality improvement program with standards based on best evidence focused on what matters most to the individual patient. We believe there is a critical need for safe, high-quality, patient-centered surgical care for older adults. Aging surgical patients have unique physiological needs, social needs and unique goals of care. We formed the Coalition to help hospitals meet these rising needs by setting and verifying interdisciplinary standards and developing outcome measures that matter to older patients, families and caregivers. In collaboration with our 50+ stakeholder organizations, we have set the standards, developed measures that matter, educated providers and patients, and created awareness about the surgical needs of older adults at all hospitals through the program. The geriatric surgery program, set to launch in the Summer of 2019, will use the four principles of continuous quality improvement: set standards, define the right infrastructure, collect rigorous data, and verify. The program not only improves perioperative care, but also impacts the full cycle of care for older adults. Our group has harnessed the power of networks through partnership and collaboration of all disciplines involved in the peri-operative care of older adults.

CREATION OF EVIDENCE-BASED GERIATRIC SURGERY STANDARDS
Marcia McGory Russell1, 1. UCLA Medical Center, Los Angeles, California, United States

GSA 2019 Annual Scientific Meeting