predicted further cognitive impairment and progression to dementia. However, when the slow gait component of frailty was combined with baseline cognitive impairment, it showed the highest risk of progression to dementia (HR: 35.9; 95%CI: 4.0–319.2; p = 0.001). Frailty and Cognitive impairment are common and co-exist in the same individuals. However, slowing gait seems to be the frailty component driving the association with future dementia.

A U.S. NATIONAL PROFILE OF OLD ADULTS WITH COGNITIVE IMPAIRMENT ALONE, PHYSICAL FRAILTY ALONE, AND BOTH

Meiling Ge,1 and QIANLI XUE2, 1. Center on Aging and Health, Johns Hopkins Medical Institutions, Baltimore, Maryland, United States, 2. Department of Medicine Division of Geriatric Medicine and Gerontology, School of Medicine, Johns Hopkins University, Baltimore, Maryland, United States

Using data from NHATS, we aimed to identify characteristics (demographics, health conditions/events, self-care behaviors, psychological wellbeing) that distinguish joint vs. separate presence of physical frailty (by the Fried’s) and cognitive impairment (CI: bottom quintile of test performance in executive function and memory; or proxy-report of dementia diagnosis or AD8 score >=2). Of the 7,497 older adults, 25.5%, 5.6%, and 8.7% had CI only, frailty only, and both, respectively. After adjusting for demographic characteristics, current smoker, single disease, and knee surgery history uniquely identified “frailty only”. Although none was found to uniquely identify “CI only” or “both”, surgery history and comorbidity were strongly associated with “frailty only” and, to a lesser degree, “both”, but not “CI only”. The findings advocate for treating physical frailty and CI as overlapping yet distinct conditions, and prioritizing comorbidity, surgery history, and smoking status in clinical screening of frailty and CI before formal diagnostic assessments.

SESSION 2100 (SYMPOSIUM)

LESSONS LEARNED FROM ACCREDITING GERONTOLOGY PROGRAMS: GETTING READY!

Chair: Harvey L. Sterns, The University of Akron, Akron, Ohio, United States
Co-Chair: Janet S. Hahn, Western Michigan University, Kalamazoo, Michigan, United States

Accreditation for Gerontology Education Council (AGEC) is an organization that collaborates with, but is independent from the Gerontological Society of America and the Academy for Gerontology in Higher Education. It is directed by a Board of Governors consisting of nine members representing higher education gerontology programs and entities associated with the field of aging. The organizational structure also includes review teams, site visitors, and staff support. Higher education degree granting programs in gerontology, specifically associate arts degree, baccalaureate degree, and master’s degree programs, are eligible to apply to AGEC for accreditation. This symposium will have presentations that focus on Overview and Experiences to Date that will describe the accreditation process and what has been learned by the accreditation of the first three degree programs. The second presentation will focus on How and Why to Apply for Accreditation and will provide background information on the steps and processes necessary to submit for the accreditation review with clarification updates. The third presentation will provide lessons learned from our first reviews with suggestions on Preparing the Self-Study and will include guidance on approaches to be taken. The fourth presentation is also lessons learned with a focus on Mapping the Competencies as part of the Self Study. Symposium presenters share important information to encourage gerontology degree programs to apply for AGEC accreditation.

ACCREDITATION FOR GERONTOLOGY EDUCATION COUNCIL: OVERVIEW AND EXPERIENCES TO DATE

Harvey L. Sterns1, 1. The University of Akron, Akron, Ohio, United States

This presentation will describe the accreditation process that was developed by a special committee under the sponsorship of the Association for Gerontology in Higher Education. With support from The Russell & Josephine Kott Memorial Charitable Trust, the committee developed materials to guide the evaluation process and an operations manual, formed a Board of Governors, registered as an independent non-profit and gained approval as a 501C3 entity. This resulted in the official formation of the Accreditation for Gerontology Education Council. Three schools have gone through the accreditation process. Results of the process will be described and lessons learned will be discussed. Refinement of the process is ongoing. There is a marketing committee that has reached out to additional schools, and new applications are being accepted.

HOW AND WHY TO APPLY FOR GERONTOLOGY ACCREDITATION

Janet S. Hahn,1 and Donna E. Schafer2, 1. Western Michigan University, Kalamazoo, Michigan, United States, 2. National Association for Professional Gerontologists, Healdsburg, California, United States

This presentation covers the steps to achieve accreditation of a gerontology program as well as the costs and benefits of accreditation. The overall timeline for a typical accreditation process is presented as well as the organization of required standards. Advance planning and a close review of Accreditation for Gerontology Education Council standards will allow time for a program to comply and document compliance with standards. Communication and cooperation within an institution are needed for a program to successfully seek accreditation. Key individuals and important conversations will be identified to assist those who are considering accreditation for their gerontology program.

PREPARING YOUR AGEC SELF-STUDY

Donna Weinreich,1 and Donna Schafer2, 1. Western Michigan University, Kalamazoo, Michigan, United States, 2. National Association for Professional Gerontologists, Healdsburg, California, United States

Section VI of the AGEC Handbook provides guidelines for writing the self-study. This Handbook section is central to the accreditation review process because it provides information about how your program demonstrates that accreditation standards have been met/exceeded. It also
specifies preparatory work that programs should undertake prior to applying for accreditation. Based on insights gained from the first round of AGEC accreditation reviews at the master’s, baccalaureate and associate levels, Section VI of the Handbook has been revised to clarify expectations about the self-study. Specifically, greater emphasis has been placed on 1) following the Standards outline in Section V of the Handbook, 2) insuring that all relevant information is contained in the self-study and, 3) requiring that the complete document, including appendices, is submitted well in advance of the site visit. This presentation describes the content and revisions in Section VI, as well as the process for submitting the self-study.

ASSESSMENT OF THE AGEC STANDARD DEMONSTRATING STUDENT LEARNING

Robert J. Maiden,¹ and Jan Abushakrah², 1. Alfred University, Alfred, New York, United States, 2. Portland Community College, Portland, Oregon, United States

Addressing the gerontology program’s experience in measuring and integrating the competencies in their curricula is a fundamental challenge in program evaluation. Using the AGHE Gerontology Competencies for Undergraduate and Graduate Education is the key. We will demonstrate how one identifies the learning outcome measures across the curriculum based on the competencies by adumbrating a four-step process. First, it entails developing a written statement of the key learning outcomes, expressing them in objective, measurable terms. Second, the learning outcomes are assessed. Third, the results of the assessments are posted in a matrix format across a four or five year period. Fourth, the results of the learning outcome assessments are discussed, evaluated, and implemented in a formative process to improve teaching and learning. In addition, the results can be applied in a summative way to evaluate and improve the gerontology program.

SESSION 2105 (SYMPOSIUM)

LIVING IN RURAL CONTEXTS: TOWARD A CRITICAL INTERDISCIPLINARY PERSPECTIVE ON RURAL AGING

Chair: Kieran Walsh, NUI Galway, Galway, Ireland, Ireland
Co-Chair: Mark Skinner, Trent University, Peterborough, Ontario, Canada

Despite a growing focus on rural ageing, international literature in this field remains underdeveloped in critical and interdisciplinary perspectives. Reflecting traditional divisions across geographic, gerontological and health literatures, how we understand experiences of growing older in rural settings can still be characterised by a narrow, applied approach. This has implications for our capacity to disentangle multifaceted lived realities from rural contexts, and macro socio-economic and structural environments. There then remains questions about the ways in which the study of rural ageing needs to develop to direct policy, research and practice agendas to be a more critical reflection of these complexities. This symposium aims to draw together interdisciplinary critical perspectives on ageing and rurality as a means to advance this development. It will consider different theoretical approaches and major cross cutting challenges in relation to rural ageing. Burholt and Scharf will examine how critical gerontology has raised awareness of the heterogeneity of rural ageing across social justice elements of demography, resources, recognition and representation. Keogh and Walsh address these same elements in relation to the empirical intersection of exclusion and change in the production of a new rurality for older people. Cutchin and Rowles present a pragmatist theoretical perspective to encapsulate the essence of rural integration within an ever-changing milieu. Poulin et al. offer a critical approach to rural gerontological health that emphasizes intersectionality in the formation and development of older adult health. Herron and Skinner explore the intersectional construction of dementia and mental health in rural settings for older adults.

CRITICAL SOCIAL GERONTOLOGY AND RURAL AGING

Vanessa Burholt,¹ and thomas Scharf², 1. Swansea University, Swansea, United Kingdom, 2. Newcastle University, Newcastle, England, United Kingdom

This paper examines the extent to which critical gerontology has raised awareness of the heterogeneity of rural ageing in High Income Countries (HICs) and compare this to our knowledge of the issues that are associated with rural ageing in Low to Middle Income Countries (LMICS). We will draw on Nancy Fraser’s social justice framework to summarize key issues around: (1) Demography (such as globalization, urbanization, counter-urbanization and rural population ageing); (2) Resources (individual material and social resources; community resources such as access to services); (3) Recognition (social status, cultural visibility through social participation and cultural worth through valued social roles); (4) Representation (in social, health and rural development policies; and in private sector and NGO approaches). We argue that an intersectional approach that takes into account location and context (structural/eco-nomic/political) alongside other dimensions of oppression and/or privilege can provide a better understanding of the experience of ageing in rural areas.

PROCESSES OF EXCLUSION AND NEW RURALITY: COMMUNITY CHANGE IN THE LIVES OF RURAL OLDER PEOPLE

Sinead Keogh,¹ and Kieran Walsh², 1. National University of Ireland Galway, Galway, Ireland, Ireland, 2. Irish Centre for Social Gerontology, Galway, Galway, Ireland

Rural settings are sites of rapid change. Now sharing many of the processes that characterise their urban neighbourhood counterparts, older people’s rural communities, even those in remote locations, are being altered by forces driven by gentrification and population churn. While the potential for displacement is apparent, the extent to which older people respond to these processes is not well understood. The degree to which these shifting contexts produce new exclusionary mechanisms for older people to contend with and new opportunities for them to exploit has yet to be sufficiently explored. This paper aims to address the intersection of exclusion and community change in the production of a new rurality for older people. The analysis will 1) present an...