a much-needed link between educators, practitioners, and administrators in various settings where older persons are served. Through the efforts of the international office and executive board officers, Sigma Phi Omega builds avenues to further their members’ academic and professional gerontological excellence. The goals of Sigma Phi Omega are achieved primarily through activities of local chapters at higher education institutions worldwide. Sigma Phi Omega chapters serve as links within their respective communities to promote interaction between gerontology educators, students, alumni, and local professionals. This international organization has a laser focus on excellence within gerontology and health professions education. In this session, the first presentation will provide the history of Sigma Phi Omega and its outreach efforts; the second presentation will focus on the future goals of Sigma Phi Omega to expand its role as an international honor society in preparing gerontologists, service providers and health professionals working with or on behalf of older adults; and the third presentation will focus on the SPO Chapters and their relationship with the piloted Gerontological Society of America Student Chapters.

SIGMA PHI OMEGA CHAPTERS AND THEIR COLLABORATION WITH THE PILOTED GSA STUDENT CHAPTERS
Marilyn Gugliucci, University of New England College of Osteopathic Medicine, Biddeford, Maine, United States

Networking is the action or process of interacting with others to exchange information and develop professional or social contacts. The newly piloted GSA student chapters are encouraged to build relationships that can lead to networking and collaboration. While it is important to maintain a unique Sigma Phi Omega institutional chapter identity, the GSA student chapters also focus on the field of aging within a Higher Education Institution. Sigma Phi Omega collaborating with GSA Student Chapters is mutually beneficial in expanding learning, exploring new ideas, building professional connections, creating innovative projects, and gaining insights to other opportunities for professional and personal growth. This session will provide guidance on how to foster collaboration and growth for each of these chapters while honoring respective chapter missions, requirements, and educational experiences.

SIGMA PHI OMEGA’S FUTURE
Diane Martin, University of Maryland, Baltimore Graduate School, Baltimore, Maryland, United States

Sigma Phi Omega (SPO) is well established within the United States but as The International Academic Honor and Professional Society in Gerontology, it is time to intentionally expand globally in preparing gerontologists, service providers, and health professionals in the field of aging. This session will build on the platform provided by Dr. Katarina Friberg Felsted, Sigma Phi Omega immediate past president, and encourage discussion with and among attendees on ideas and creative approaches for advancing Sigma Phi Omega at colleges and universities worldwide. Broad input and feedback for mapping the future of Sigma Phi Omega across the national and international arenas provides opportunities and prospects that advances the fields of gerontology and geriatrics. The key is upholding Sigma Phi Omega’s mission and vision that supports aging through the work our members do with or on behalf of older adults.

SIGMA PHI OMEGA: HISTORY AND ITS OUTREACH EFFORTS
Katarina Friberg Felsted, University of Utah, Salt Lake City, Utah, United States

Sigma Phi Omega, The International Academic Honor and Professional Society in Gerontology (aka Sigma Phi Omega), was established in 1980 to recognize excellence of those who study gerontology and aging, and the outstanding service of professionals who work with or on behalf of older persons. Its mission and vision was thoughtfully crafted to support the endurance and outreach of Sigma Phi Omega within the United States and globally. This session will share the structure and function of Sigma Phi Omega and its accomplishments. This foundation is an essential platform for the launching of the organization’s strategic plan as we move forward in the field of aging.

SESSION 1380 (SYMPOSIUM)

STIGMA IN THE CONTEXT OF ALZHEIMER’S DISEASE AND RELATED DEMENTIAS (ADRD) WITHIN RURAL AND UNDERSERVED POPULATIONS
Chair: Elizabeth Rhodus Co-Chair: Steffi Kim Discussant: Fayron Epps

Stigma in the context of Alzheimer’s disease and related dementias (ADRD) is associated with a higher prevalence of depression, anxiety, social isolation, and poorer caregiver health. This is particularly true for underserved and rural communities; however, little is known about the sources of stigma and implications of stigma within these communities. This symposium explores sources of stigma along with implications of stigma in rural and/or underserved communities and introduces novel interventional considerations for addressing stigma. The first presentation by Rhodus and colleagues highlights implications of stigma in rural Appalachian communities as it relates to ADRD healthcare service and research participation. Next, Sabat and colleagues present findings of a recent intervention program, “Respite for All,” specifically, implications of this program for caregivers’ perception of stigma, as well as the person living with ADRD. This symposium also includes presentations focused on Alaska Native (AN) experiences with stigma and ADRD. Kim discusses findings of a community-based participatory research project using mixed-method to explore structural stigma in rural communities and needed initiatives for familial care partners. To conclude the program, Crouch and Rosich present results of a grounded theory, exploratory study aimed to understand the cultural practices and values that compose AN Elder beliefs and perceptions of ADRD, including stigmas. This symposium will conclude with a discussion on how researchers may begin to integrate approaches to address stigma in rural and underserved communities in order to enhance care utilization and quality of life for older adults caring for and living with ADRD.

STIFLED UTILIZATION OF DEMENTIA-RELATED HEALTHCARE SERVICES DUE TO STIGMA IN RURAL APPALACHIA
Elizabeth Rhodus1, Allison Gibson1, David Gross2, Rob Sprang1, Kelly Parsons1, Julia Johnston1, and Gregory Jicha1, 1. University of Kentucky, Lexington,
Kentucky, United States, 2. St. Claire Healthcare, Morehead, Kentucky, United States

Residency in rural Appalachia is linked with heightened morbidity and mortality due to a myriad of conditions, many of which are associated with increased risk and prevalence of Alzheimer's disease and related dementias (ADRD). Despite this, access to and utilization of dementia-specific healthcare services in the region are limited. This study presents community-based stigma associated with enrollment in healthcare clinical research offered in rural Appalachia. Additional data from focus groups with care partners of people with memory impairment in rural Appalachia discuss implications of stigma in their communities. Findings elaborate on recruitment challenges associated with terminology, such as caregiver and dementia, as well as availability of diagnostics. This study illustrates unique characteristics needed for community-based education programs tailored to the culture and customs of rural regions in order to increase utilization of healthcare for older adults at risk or living with ADRD.

SOURCES OF STIGMA AND THEIR IMPACT ON ALASKA NATIVE ADRD CAREGIVERS' WELLBEING
Steffi Kim, University of Minnesota, Minneapolis, Minnesota, United States

Challenges such as isolation, scarce resources, and limited knowledge of the disease are often the result of stigmatizing experiences from multiple systemic sources. No studies have investigated the impact of sources of stigma on the quality of life in Alaska Native (AN) ADRD caregivers. This exploratory, mixed-method study within a community-based participatory research framework assessed the experience of family stigma among 40 AN caregivers of people with ADRD across Alaska by administering a measure of systemic stigma and describing the impact of stigmatizing experiences on AN caregivers’ quality of life to develop preliminary data-driven stigma-reducing initiatives. AN caregivers completed the Family Stigma – Alzheimer’s Disease Scale (FS-ADS), assessing caregiver stigma, layperson stigma, and structural stigma. Quality of Life was assessed with the Goodness of Life for Every Alaska Native (GLEAN) scale. Preliminary data on structural stigma and its impact on caregiver quality of life will be presented.

THE RESPITE FOR ALL PROGRAM DECREASES STIGMA AND CAREGIVERS’ ANXIETY WHILE INCREASING THEIR CONFIDENCE
Steven Sabat1, Abigail Howell1, and Daphne Johnston2, 1. Georgetown University, Washington, District of Columbia, United States, 2. First United Methodist Church, Montgomery, Alabama, United States

Feelings of burden and stigma are associated with social isolation (Adelman, et al., 2014) which is considered a public health concern (Brodaty & Donkin, 2009; Tatangelo, et al., 2018a). The stigma associated with a dementia diagnosis, care partners’ burden, and diminishing financial resources have been found to be significant contributors to increased social isolation (Lee, et al., 2021; Sun, et al., 2021; Hung, et al., 2021). Care partners report significant anxiety in connection with behavioral manifestations of dementia attracting negative attention (McHugh, et al, 2012; Sanders, et al, 2008) or judged by the general public (Lee, et al., 2021), and those with high levels of grief commonly report experiencing social isolation (Sanders, et al, 2008). The Respite For All program for people living with dementia has led to decreases in stigma and caregivers’ anxiety while increasing their confidence. We will discuss the nature of this program and present supporting data.

TOWARD EQUITABLE AND DESTIGMATIZING DEMENTIA: ALASKA NATIVE POPULATIONS AND CULTURALLY BASED INTERVENTIONS
Maria Crouch1, and Rosellen Rosich2, 1. Yale School of Medicine, New Haven, Connecticut, United States, 2. University of Alaska Anchorage, Anchorage, Alaska, United States

Alaska Native (AN) people's incidence and prevalence of Alzheimer's Disease and Related Dementias (ADRD) are projected to disproportionately increase in contrast to the U.S. population. This is alarming given that AN peoples experience health disparities exacerbated by prejudice, stigma, and systemic and structural inequalities. Twelve semi-structured interviews with AN Elders assessed the culturally derived meanings of memory function, loss, decline, and disease. Qualitative analyses observed eight culturally grounded themes and five interrelated and nested subthemes elucidating both the resilience and the stigmas, racism, and barriers faced by AN peoples: (1) Historical Trauma; (2) Oppression; (3) Distrust of Western Medicine; (4) Social Justice; and (5) Walking in Two Worlds. En masse historical and contemporary oppression, particularly within Western medicine, both contextualizes the present and points to the ways in which the strengths, wisdoms, and balance inherent in AN culture are imperative to the holistic health and healing.

SESSION 1390 (PAPER)
DEPRESSION, DEMENTIA, AND OUTCOMES
ALZHEIMER’S DISEASE AND COMORBIDITIES: A COMPLEX INTERPLAY IN THE CONTEXT OF AGING
Konstantin Arbeeve, Olivia Bagley, Arseniy Yashkin, Hongzhe Duan, Vinit Nalawade, Igor Akushevich, Svetlana Ukraintseva, and Anatoliy Yashin, Duke University, Durham, North Carolina, United States

There is evidence on high prevalence of comorbidity in people with dementia and on associations between comorbidities and progression of Alzheimer’s disease (AD). Comorbidities accumulate with age and age is also a major risk factor for AD. Repeated measurements of comorbidity provide possibilities for gaining more knowledge about dynamic interconnection between comorbidities and AD development in the context of aging. We constructed the comorbidity index (CMI) for participants of the Health and Retirement Study aged 66+ years using data on onset of diseases from linked Medicare service use files (6,830 participants, 3,829 females, 3,001 males). We performed the joint analysis of longitudinal measurements of CMI and data on onset of AD and survival since onset of AD using the approach (the stochastic process model) that allows decomposing the overall association of