Fit Model posits that users have varying needs, abilities, and attitudes; technology systems and tasks vary in demands; social, physical, and policy environments influence a person’s access to and support for technology transactions; and human-technology interactions are dynamic. A focus of the presentation will be on how a user-centered design approach is compatible with the P-E Fit model and can optimize the fit between older adults and technology systems.

Session 4485 (Paper)

Work and Retirement

IQ IN YOUNG ADULTHOOD AND DEPRESSIVE SYMPTOMS OVER THE RETIREMENT TRANSITION
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Retirement can be a challenging life transition for mental health. Higher levels of IQ in young adulthood have been shown to be advantageous for different outcomes later in life such as quality of life and well-being. However, it remains unclear whether possessing higher cognitive abilities in early life also favors individuals’ mental health when facing challenges related to the retirement transition. In this study, we therefore investigated the relationship between IQ in young adulthood and depressive symptoms over the retirement transition. We used data of six waves from the longitudinal population-based HEArth, Aging and Retirement in Sweden (HEARTS) study, as well as data on IQ in young adulthood from conscription. In a piecewise structural equation model, we modelled trajectories of depressive symptoms (measured by the CES-D scale) before and after retirement and in relation to young adulthood IQ (n = 1722 men). Results indicated an average decrease in depressive symptoms over the retirement transition for this sample of men. Higher childhood IQ was associated with further reduction in post-retirement depressive symptoms while controlling for education, retirement age, and memory ability and cardiovascular health at baseline. Our findings support the conclusion that higher IQ in young adulthood may act as a protective factor for mental health in the retirement transition. Individuals with higher IQ in young adulthood may have acquired coping strategies throughout their life-course, which they can apply when handling challenges related to retiring.

LEARNING TO WORK WITH CHRONIC HEALTH CONDITIONS: HOW TIME SINCE DIAGNOSIS AFFECTS OLDER WORKERS’ VITALITY AND WORRIES
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Background. Chronic health conditions (CHCs) pose stark detrimental effects on the health and abilities of older workers. The extent of these effects depend on the CHC, the time since its diagnosis and the type of health measure: a rarely explored combination of heterogeneities. Objective. This study examined how four existing and newly diagnosed CHCs influence workers’ vitality and worries about enduring physically and mentally until retirement age. Method. Data from two waves of the NIDI Pension Panel survey conducted in the Netherlands in 2015 and 2018 were used. We analyzed a sample of 1,894 older workers between the ages of 60-62 years at wave 1 using conditional change ordinal least square regression models. Results. Having a CHC at wave 1 was associated with lower levels of vitality and higher levels of worries at wave 2. These effects of CHCs on vitality and worries were much larger for older workers who were newly diagnosed with CHCs compared to those who experienced CHCs for longer. Intriguingly, the new diagnosis of physically disabling conditions increased worries about physical endurance at wave 2, while the new diagnosis of mentally disabling conditions increased worries about mental endurance at wave 2. Conclusion. By distinguishing the effects of four existing and newly diagnosed CHCs on vitality and worries, this study allows the identification of vulnerable groups of older workers. The findings may inform work accommodations and interventions which could improve both the quality and sustainability of work lives, while promoting healthy ageing of older workers.

WORK EXPECTATIONS AND TRAJECTORIES OF DEPRESSIVE SYMPTOMS AND PASSIVE SUICIDAL IDEATION AMONG BABY BOOMERS
Linh Dang, and Briana Mezuk, 1. University of Michigan School of Public Health, Ann Arbor, Michigan, United States, 2. University of Michigan, Ann Arbor, Michigan, United States

Expectations regarding work (e.g., probability of retiring at a certain age), whether realized or not, may influence mental health, however there is limited quantitative research on this question. This study examined the longitudinal relationship between expectations of full-time work after age 62 and depressive symptoms and passive suicidal ideation among Baby Boomers, a generation that experienced the Great Depression as they neared retirement. Data came from the Health and Retirement Study, 2008 - 2016 (N = 8,954, mean age = 55.3, 52.2% female, 77.8% non-Hispanic White). Clinically-relevant depressive symptoms were indexed by the Composite International Diagnostic Interview (CIDI). Expectation (probability) of working after age 62 was modeled continuously (range: 0 to 1). Multivariate mixed-effects logistic regression models of screening positive on the CIDI and passive suicide ideation were fit, separately, adjusting for demographics, household income and wealth, and health characteristics. Respondents working at baseline were less likely to screen positive on the CIDI longitudinally (OR: 0.36, 95% CI: 0.26 - 0.51), and while expectations were inversely associated with screening positive on the CIDI this was not significant after accounting for work status (OR: 0.68, 95% CI: 0.43 - 1.09, p=0.104). Longitudinally, higher expectations of working were inversely associated with passive suicidal ideation (OR: 0.54, 95% CI: 0.32 - 0.92) even after accounting for working status. Future research will examine variation in these relationships by contextual factors like...
wealth, sex, and race/ethnicity to clarify how these features shape the association between work and mental health for this generation of older adults.

Session 4490 (Symposium)

(RE)INTRODUCING THE GERONTOLOGY AND GERIATRICS CURRICULAR STANDARDS AND GUIDELINES IN HIGHER EDUCATION
Chair: Tamar Shovali
Co-Chair: Marilyn Gugliucci
Discussant: Nina Silverstein

The Academy for Gerontology in Higher Education (AGHE), the education member group of GSA, is the only national institutional membership organization devoted primarily to gerontology and geriatrics education. Its mission provides for development and sponsorship of initiatives to advance the field of aging through its focus on education in gerontology/geriatrics. AGHE first published the Gerontology and Geriatrics Curricular Standards over three decades ago – a document that has been an integral resource for implementing/revamping programs in liberal arts, the sciences, and more recently, health professions. To meet the needs in the field for increased breadth and depth of content, the new 7th edition of the educational guidelines fully embraces competency-based education for gerontology, as the health professions programs have for years. Our first presenter will provide an overview of the new edition. The second presenter will focus on associate degree programs in gerontology and their unique contribution to higher education. The third will present on graduate programs in gerontology explaining how these programs give students an edge in today’s job market. The fourth presenter will address graduate programs in gerontology, describing master’s degree programs and doctoral degree programs in gerontology and aging studies. The fifth presenter will discuss health professions programs including geriatrics curricula for osteopathic medical education, gerontology/geriatrics curricula for health-related programs and the doctor of pharmacy degree programs. Presentations will provide expert recommendations for program development through mapping AGHE’s Gerontology Competencies for Undergraduate and Graduate Education to programs in higher education. Nina Silverstein will serve as discussant.

STANDARDS AND GUIDELINES FOR ASSOCIATE’S DEGREE PROGRAMS IN GERONTOLOGY
Suzie Macaluso,1 and Michael Faber,2 1. Abilene Christian University, Abilene, Texas, United States, 2. Portland Community College, Portland, Oregon, United States

Associate degree programs in gerontology occupy a unique space in higher education. They must prepare students for a wide variety of careers and opportunities from technical and vocational training to preparation for further gerontology education at a four-year college. It is widely known that there is great variability among the numerous associate degree programs in gerontology; this presentation gives an overview of the revised standards and guidelines for associate degree programs. Associate degree programs will vary based on the faculty, the leadership, the program, and institutional support, this presentation discusses best practices for a variety of program types paying particular attention to competency-based educational strategies.

STANDARDS AND GUIDELINES FOR UNDERGRADUATE PROGRAMS IN GERONTOLOGY
Carrie Andreoletti,1 Laura Donorfio,2 Karen Kopera-Frye,3 and Robert Maiden,4 1. Central Connecticut State University, New Britain, Connecticut, United States, 2. University of Connecticut, Waterbury, Connecticut, United States, 3. New Mexico State University, Las Cruces, New Mexico, United States, 4. Alfred University, Alfred, New York, United States

Undergraduate programs (majors, minors, certificates) and continuing education programs in gerontology prepare students for entry-level careers in aging and increase competitiveness for graduate work in a variety of fields. Job growth in the field of gerontology is high, especially for positions requiring a bachelor’s degree and less. Gerontology education at this level is essential for meeting the growing demand for workers in social services and health services who understand the opportunities and challenges that come with increased longevity and global aging. This presentation will highlight the new recommendations for competency-based gerontology education for undergraduate and continuing education credentials outlined in the latest edition of AGHE Standards and Guidelines. Whether you are developing a new curriculum or revising an old one, we will offer suggestions for using the AGHE competencies and guidelines to ensure that your program adequately prepares students and offers them a competitive edge in today’s job market.

STANDARDS AND GUIDELINES FOR GRADUATE PROGRAMS IN GERONTOLOGY AND GERIATRICS
Julie Masters,1 and Rona Karasik,2 1. University of Nebraska, Lincoln, Nebraska, United States, 2. Saint Cloud State University, SAINT CLOUD, Minnesota, United States

Graduate programs in gerontology prepare students for advanced academic and/or applied careers in aging. Programs at this level offer greater depth, breadth, and increased emphasis on theory and research. Persons completing a master’s