racism, and underrepresentation in research, service provision, health education, and successful aging theories. The focus of this symposium is to discuss specific barriers and challenges related to Indigenous aging in rural and urban communities, as well as community strategies supporting aging well. The first presentation by Zayla Asquith-Heinz and colleagues will share the results of what successful aging or “Eldership” means in the Norton Sound southern subregion of Alaska. Results indicate that family plays a central role within the Norton Sound model of successful aging. The second presenter, Steffi Kim and Jordan Lewis, are discussing the role of cultural influences and Elder identity on successful aging in the context of Alaska Native Elders migrating from rural traditional communities to a western urban community. The third and fourth presentations by Sarah Russell and Rachel Quigley will share the results on what aging well means within Torres Strait Islander people. The results suggest that the availability and accessibility to traditional practices, language and foods can facilitate aging well within these communities. They will also describe the development and implementation of a toolbox of culturally appropriate screening tools and interventions. Lastly, Jordan Lewis will explore the Indigenous concept of “doing” successful aging rather than having good health. He will outline differences and similarities with BIPOC studies on successful aging.

ALASKA NATIVE SUCCESSFUL AGING IN NORTHWEST ALASKA: AGING IN A GOOD WAY STARTS WITH YOUR FAMILY

Zayla Asquith-Heinz1, Jordan Lewis2, and Steffi Kim3, 
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Alaska Natives (AN) view aging from a holistic perspective. One of the challenges of researching with cultural groups is the lack of data, or research, on culture and aging. This research explored successful aging from an AN perspective. A community-based participatory research (CBPR) model was used to engage participants at every stage of the research process. Semi-structured interviews were conducted with 16 AN men and 25 women. Kleinman’s Explanatory Model of Illness was adapted to gain a sense of the beliefs about aging and to guide the data analysis to establish an AN understanding of successful aging or attaining “Eldership” in Northwest Alaska. The foundation of the Norton Sound southern sub-region Model of Successful Aging is family, which contributed to Elders’ feelings of emotional well-being, ability to engage in their Native Way of life, maintain their physical health, and continue spiritual practices.

AN EXPLORATION OF CULTURAL INFLUENCES ON SUBJECTIVE SUCCESSFUL AGING

Steffi Kim, University of Minnesota, Minneapolis, Minnesota, United States

Indigenous peoples worldwide face unique challenges growing old. Many of these challenges are remnants of previous colonization practices and current oppressive systems often leading to out-migration from rural to urban environments. Despite Anchorage having the highest population of Alaska Native Elders little is known about the experience of relocation. This study investigated the impact of culture on the experience of successful aging within the Alaska Native context. Twenty-five semi-structured qualitative interviews with rural (N=13) and urban Elders (N=12; ages 48-84) were conducted. The use of Gee’s discourse analysis tools provided the framework for analyzing the discourse of Elders based on location and traditional or western influences on subjective successful aging. We explored the use of language within two identified discursive patterns: cultural discourse and Elder identity discourse. Social and contextual determinants of successful aging involve aspects of minority and majority culture and self-appraisal of successful aging based on cultural assumptions.

ON THE “ACTION” OF DOING HEALTHY AGING AS OPPOSED TO “HAVING” GOOD HEALTH

Jordan Lewis, University of Minnesota Medical School, Duluth, Minnesota, United States

The field of successful aging continues to grow and expand as authors investigate this topic in BIPOC populations, broadening the scope of successful aging, including Indigenous communities in the Arctic. Successful aging in Alaska Native communities is still a young, but growing, field of research, and this field of study places Indigenous voices at the forefront. This presentation will present data from 11 years of interviews with 108 Alaska Native Elders from rural and urban communities across the State of Alaska and highlight how successful aging is more of an “action” of doing healthy aging as opposed to the Western notion of “having” good health. The findings of this presentation will discuss how Alaska Native Elders’ understanding, or doing, successful aging can be applied to everyday life, similarities and differences with BIPOC studies on successful aging, and serve as an act of resistance against western notions of successful aging.

SESSION 3800 (SYMPOSIUM)

INTEGRATING AGE INCLUSIVITY WITH DEI EFFORTS ON AGE-FRIENDLY UNIVERSITY (AFU) CAMPUSES

Chair: Joann Montepare Co-Chair: Kimberly Farah
Discussant: Peter Lichtenberg

The pioneering Age-Friendly University (AFU) initiative, endorsed by GSA’s Academy for Gerontology in Higher Education (AGHE), calls for institutions of higher education to respond to shifting demographics and the needs of age-diverse, older populations through more age-friendly programs, practices, and partnerships. Over 85 institutions in the United States, Canada, European countries, and beyond have joined the global network and endorsed the 10 AFU principles, with even more showing interest in becoming partners in the movement. One key foundational area identified by AFU research efforts and partners is integrating age inclusivity with ongoing diversity, equity, and inclusion (DEI) efforts on campuses. This symposium explores the need for this integration featuring AFU partners who will offer their observations and recommendations. Bowen and colleagues will open the session with data from their national study of
age-friendliness in U.S. institutions to describe their insights regarding the state of age diversity on campuses and the experiences of students, faculty, and staff that call for greater age inclusivity. Morrow-Howell and colleagues will present data from interviews with DEI officers that identify institutional considerations for inclusion efforts. Andreoletti and colleagues will offer specific curricular and related strategies for connecting age-inclusivity efforts with DEI campus efforts. Gugliucci will discuss considerations regarding age-inclusive images and messages in health professions education including the inclusion of identifiable DEI objectives in syllabi. As discussant, GSA president Lichtenberg will comment on age-inclusivity efforts in higher education within GSA’s broader commitment to diversity, equity, and inclusion.

MAKING THE CASE FOR AGE INCLUSIVITY IN HIGHER EDUCATION
Lauren Bowen1, Joann Montepare2, Nina Silverstein1, Susan Whitbourne1, and Celeste Beaulieu1. 1. University of Massachusetts Boston, Boston, Massachusetts, United States. 2. Lasell University, Newton, Massachusetts, United States. 3. University of Massachusetts Amherst, Amherst, Massachusetts, United States.

Often viewed as institutions primarily serving 18-to-24-year-old student populations, U.S. colleges and universities are age-diverse. In our recent national study of AFU institutions, 21 campuses maintaining age data reported that 12,718 faculty (39.24% of faculty) and 21,361 staff (42.31% of staff) were ages 50+. Additionally, 22 campuses reported 7,080 students (1.58%) ages 50+. Despite higher education’s attention to diversity, equity, and inclusion (DEI), age is often overlooked; therefore, universities may need strategies for improving age inclusivity. Across 2,447 open-ended survey responses from our study, faculty, staff, and students describe experiences with age inclusivity (e.g., feeling valued) and exclusion (e.g., feeling unwelcome), and many call for greater sensitivity to aging in existing DEI efforts, such as more age-inclusive language in classrooms and attention to age bias in hiring and promotions. In addition, this presentation will examine responses that raise important considerations for integrating age inclusivity with other higher education DEI efforts.

AGE AS A DIVERSITY FACTOR IN HIGHER EDUCATION: INSIGHTS FROM DEI OFFICERS
Nancy Morrow-Howell, Natalie Galucia, and Michele Dinman, Washington University in St. Louis, St. Louis, Missouri, United States.

This study described how DEI officers across universities/colleges currently think about AGE as a diversity factor; and identified strategies used to increase age-inclusivity. Data were generated through review of university websites, focus groups and one-to-one interviews with DEI staff. Findings suggest that age is acknowledged as a diversity factor but there is less action toward strategies to increase age-inclusion. Examples of initiatives include: training human resource staff to be age-neutral in hiring; eliminating birthdates and other years from applications; workshops on multigenerational workplaces and classrooms; presentations on ageism; and specific programs to support non-traditionally aged students.

Some of the motivation to address ageism stems from legal mandates rather than being mission-driven. There is the concern that focusing more on age may require moving attention and resources away from other diversity factors. It appears that there is interest in elevating age as an important factor in DEI efforts.

STRATEGIES FOR CONNECTING AGE INCLUSIVITY TO DEI EFFORTS: A CAMPUS CASE STUDY
Carrie Andreoletti, and Andrea June, Central Connecticut State University, New Britain, Connecticut, United States.

We’ve employed a multi-pronged approach to connecting our AFU initiatives, which promote age inclusivity, to our university’s DEI efforts. First, we asked our DEI office if they would collaborate. They agreed to link our AFU webpage to the DEI webpage and support Ageism First Aid training for faculty and staff. Second, we participated in equity, justice, and inclusion (EJI) efforts on campus by ensuring that gerontology courses qualified for the EJI designation. This helps expand aging education across the curriculum as all students must take one EJI designated course. We also volunteered to speak about ageism to the first cohort of John Lewis Institute Scholars. Third, we partnered with our Center for Teaching and Innovation to offer programming on age inclusivity and generational diversity in the classroom. Taken together, these efforts have helped us to expand our reach and ensure that age is part of DEI conversations on our campus.

AGE-FRIENDLY MESSAGES AND IMAGES: A VIEW FROM HEALTH PROFESSIONS EDUCATION
Marilyn Gugliucci, University of New England College of Osteopathic Medicine, Biddeford, Maine, United States.

The World Health Organization (WHO) report published March 2021 emphasizes that older adults are often subjected to a variety of negative stereotypes including helplessness, frailty, and child-like qualities. Ageism has both real mental and physical health consequences, including a decreased will to live, less desire to live a healthy lifestyle, an impaired recovery from illness, increased stress, and a shortened life span. Health professions education has a responsibility to prepare future providers in more than mindful physical care of older adults, it must address ageism that has proliferated negative personal biases that have triggered reduced overall health and quality of life. Preparation of lectures and learning materials in health professions education requires mindfulness of diversity as well as the implicit bias faculty may portray regarding age. This presentation will bring these nuances to light for consideration and as a reference to instill change.

SESSION 3810 (BIOLOGICAL SCIENCES INVITED SYMPOSIUM)

GENE REGULATION IN AGING
Chair: Alexander Mendenhall

The regulation of genes can both influence aging, and be influenced by the aging process itself. That is, the rate of aging can be altered by changing the gene expression program. And, the aging process itself causes changes in gene