SESSION 1350 (SYMPOSIUM)

PROMOTING HEALTHY AGING OF WORLD TRADE CENTER RESPONDERS
Chair: Katherine Ornstein Co-Chair: Fred Ko

By 2030 the majority of World Trade Center (WTC) rescue and recovery workers (general responders) will be aged 65 and over and at risk for age-related conditions and consequences. Despite the US government’s commitment to support WTC responders who have exposure-related health conditions (e.g., cancers, PTSD), little research to date has focused on age-related issues in this population. Because WTC responders were exposed to high levels of toxicants and intense psychological trauma in the emergency response and cleanup following the 2001 WTC disaster—hazards that can accelerate the aging process—they are likely at increased risk for premature aging and associated age-related syndromes (e.g., functional decline, falls). An improved understanding of how aging affects the health of WTC responders is critically important to improving their clinical care, health outcomes, and overall quality of life. In this symposium we will present 3 studies that have shed light on the aging of WTC responders. First, we assess frailty among responder using a frailty phenotype. In the next study we examine the extent of polypharmacy among WTC responders and associated factors. Finally, we examine trajectories of frailty in this population over 2 decades of follow up using a validated clinical frailty index. This work represents the first examination of frailty and aging among WTC responders and will be an area of growing research as the population ages.

FRAILTY TRAJECTORIES AMONG WORLD TRADE CENTER GENERAL RESPONDERS
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As the WTC cohort ages, it is important to examine whether there are differences in frailty trajectories over time in the cohort and examine clinical risk profiles of subpopulations with different trajectories. We used longitudinal data collected annually from the WTC data center and included all individuals with 3+ Clinical Frailty Index (FI) measurements after 9/11 to examine frailty trajectories using latent class growth mixture models. These patterns of change of Clinical-FI all showed an increasing trend over time, but there were three distinct patterns with different rates of increase. These were associated with distinct profiles of characteristics including sociodemographic, occupational and exposure level. WTC responders with higher age, working in construction, and higher intermediate WTC level of exposure had higher rate of increase of Clinical-FI over time. While WTC responders with younger age, working in protective environment, and with higher education had lower rate of increase of Clinical-FI over time.

FRAILTY AND AGE-RELATED CONDITIONS AMONG WORLD TRADE CENTER GENERAL RESPONDERS
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As WTC exposure may precipitate frailty, we examined patterns of frailty in the general responders cohort. We used two methods to assess frailty: a Clinical Frailty Index (FI) developed using a deficit accumulation approach utilizing clinical assessments performed during routine annual visits to a WTC clinical program in New York City; and a frailty questionnaire (5-point FRAIL scale) collected from a subsample of responders. Using a Clinical FI cutoff score of 0.25, over 25% of the 7,679 participants, median age 38.3 years (IQR 9.3), who had any visit to the WTC clinical program from 2017 to 2019, were frail. In a subsample of 100 participants with additional frailty assessment (FRAIL scale), we found that 27% were pre-frail, 5% were frail, 14% had recent falls, 9% had ADL dependencies; 34% had mild cognitive impairment. These data suggest that frailty and its related conditions are prevalent among the cohort despite younger age.

POLYPHARMACY AND FRAILTY AMONG WORLD TRADE CENTER GENERAL RESPONDERS
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Polypharmacy in older adults is associated with increased risk of adverse events such as falls, adverse drug reactions and functional decline. WTC responders suffer from conditions related to WTC exposure and are at higher risk of polypharmacy. We examined patterns of medication use among WTC general responders aged 50 and over who had at least one visit from 2017 to 2019 (n=7,679); 56.1% took 5+ medications and 22.5% took 10+ medications. Factors associated with polypharmacy (taking 5+ medications) include age (OR 1.08, p<0.001), female sex (OR 1.33, p<0.001), obesity (1.90, p<0.001), fair/poor self-rated health (OR 1.32, p<0.001) and limitations on performing moderate activity (OR 1.52, p<0.001). Frailty, as measured by the deficit count in the Clinical Frailty Index, is associated with polypharmacy after adjusting for other covariates (OR 1.23, p<0.001). Addressing polypharmacy by improving medication use may yield health benefits for this rapidly aging population at risk for adverse outcomes.

SESSION 1370 (SYMPOSIUM)

SIGMA PHI OMEGA PRESIDENTIAL SYMPOSIUM: ITS ROLE IN ADVANCING THE FUTURE OF GERONTOLOGISTS AND HEALTH PROFESSIONALS
Chair: Diane Martin Co-Chair: Katarina Friberg Felsted

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. The formation of this society provided
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 universities and colleges 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,