that gerontologists recognize the ageism present in how older adults and the aging process are viewed, as this ultimately impacts how they are treated. Data from 1,609 undergraduate surveys from the multi-institution, multi-year Gerontological Literacy Network can assist in our understanding emerging professionals’ perspectives. Results indicate students incorrectly associate aging with loss of function and a reliance on assistive devices (cans 29.3% and glasses 19.6%), physical changes (balding 27.3% and wrinkles 30.3%), and greater likelihood of being male (32.5%). Aging is thought of as time passing (16.1%) and death (14.2%). Findings reveal a need to reframe students’ understanding of aging from that of decline to recognizing the strengths associated with age.

AGEISM FIRST AID: AN ONLINE COURSE DESIGNED TO ADVANCE GERONTOLOGY AND COMBAT AGEISM WITHIN THE HELPING PROFESSIONS

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Ageism First Aid is an online course designed to combat ageism, advance Gerontology, and generate revenue for Gerontology programs and GSA/AGHE activities. The project was funded by a grant from the Retirement Research Foundation and sponsored by the AGHE Academic Program Development Committee. The AFA course content is informed by developmental, social, and cognitive psychology, sociocultural and cognitive linguistics, speech-language science, and geriatrics. The content cultivates ageism awareness by replacing the common misconceptions about aging that underlie ageism with facts. The content also cultivates cultural consciousness and uses concise common language accessible to learners of diverse backgrounds. During this symposium, participants will be introduced to the course content and explore the benefits of this multidisciplinary approach to curriculum development. The results summary of the AFA course pilot will be presented as evidence of the course efficacy. Participants will leave able to utilize AFA within their institutions and local Aging Networks.

FROM WRINKLES TO WISE: DISRUPTING AGING PERCEPTIONS AMONG COLLEGE STUDENTS

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What words come to mind when students are asked about aging? Wrinkles, grumpy, gray. What words come to mind when students are asked about aging after Disrupt Aging Classroom? Wise, wisdom, opportunity. Disrupt Aging Classroom is a successful curriculum created by AARP Connecticut and Borrow My Glasses to help dispel the myths of aging among college students in multiple disciplines. In comparison to a control group, pre- and post-test results show college students’ perceptions of change to a more positive frame after being exposed to this intervention administered in the classroom. There is also evidence to suggest that this program has a positive effect on behavior with students reporting they talked differently about aging and acted differently toward older adults since participating in this program. Presenters will describe the curriculum as well as the evaluation design and results collected in 2018-2019 from this successful intervention program.

TERMINOLOGY USED BY EMPLOYERS AND JOB SEEKERS FOR AGING-RELATED POSITIONS

Leanne J. Clark-Shirley1 Tina Kruger Newsham2 and M. A. Guest1, 1. AARP, Washington, District of Columbia, United States, 2. Indiana State University, Terre Haute, Indiana, United States, 3. University of Kentucky, Lexington, Kentucky, United States

Our aging society calls for a workforce capable of meeting older adults’ diverse needs. Yet the extent that employers seek out a workforce with aging-related training or education is unclear, as is how people with such backgrounds search for positions. We describe an exploratory content analysis of job postings to understand how employers are searching for applicants with aging-related backgrounds, and compare job posting keywords to terms used by a sample of aging-trained job seekers/employees. Results showed 35% of aging-related job postings used keywords expressing preference for applicants with aging-related backgrounds; the most commonly occurring terms were “gerontology,” “Assisted living” + “adult day” + “director” + “nursing home administrator,” and “elderly.” Job seekers also cited “gerontology” as a term used to search for positions, along with “aging,” “older adults” and “seniors.” Findings suggest that employers should use more positively-conned terms to attract applicants with aging-related backgrounds, rather than terms like “elderly.”

WORKING WITH OR WITHOUT AGING SPECIALISTS: WHERE ARE THE GERONTOLOGISTS?

Heidi H. Ewen1, 1. University of Indianapolis, University of Georgia, Indianapolis, Indiana, United States

One question asked by generations of gerontology doctoral students is what types of employment can be secured after completing the PhD in Gerontology. The Gerontology Education Longitudinal Study (GELS) has surveyed graduate students and alumni of the various doctoral programs in order to understand the career trajectories of graduates. Of 102 alumni surveyed in 2014 (42% response rate), the majority (60%) were not working with other people who had degrees in gerontology, yet 51% report working with at least some people who have experience with aging and older adults. On the job, graduates say that their duties require knowledge and mastery of public policy issues, health and medical aspects related to aging, and psychological theories. As aging experts, it is inherent in their work to combat ageism and reduce age-related stereotypes. As such, gerontologists are using substantive content expertise within their careers and serving as experts in aging.

SESSION 685 (SYMPOSIUM)

UNDERSTANDING THE IMPACT OF OBESITY THROUGH THE LIFECOURSE ON LATER-LIFE FUNCTIONING AND DEPENDENCY

Chair: Carol Jagger, Newcastle University, Newcastle upon Tyne, United Kingdom

GSA 2019 Annual Scientific Meeting
Populations worldwide are seeing rising levels of obesity and its health consequences, particularly diabetes. Levels of childhood obesity are particularly high with concerns of how this will affect individuals’ health and functioning in mid and later life. Such research questions are difficult to answer as ideally they require longitudinal studies of cohorts from birth or childhood through to later life, with consistent measures of obesity and functioning throughout. The first two presentations in this session use the unique UK birth cohorts, the 1946 National Survey of Health and Development (1946-NSHD) and the 1958 National Child Development Study (1958-NCDS) with a focus on poor physical functioning (PF; i.e. the ability to perform physical tasks of daily living) in later life. Poor PF was defined as the lowest (gender and cohort-specific) 10% on the Short-form 36 subscale at 60-64y (1946-NSHD) and 50y (1958-NCDS). The presentations explore (i) how the timing of onset and duration of obesity, from childhood through to mid-life, affects later life PF; and (ii) whether the relationship between obesity and PF is mediated by physical inactivity. In the final presentation we utilise a new dynamic micro-simulation model, the Population Ageing and Care Simulation (PACSim) which simulates the ageing of a base population of individuals aged 35 years and over from three longitudinal studies (Understanding Society, the English Longitudinal Survey of Ageing, and the Cognitive Function and Ageing Study II) to examine the extent to which reducing obesity in mid life could potentially reduce later dependency and care needs.

BIRTHWEIGHT, LIFETIME OBESITY, AND PHYSICAL FUNCTIONING IN MID-ADULTHOOD: A NATIONWIDE BIRTH COHORT STUDY

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Evidence is scant on long-term implications of body mass index (BMI) gains over the life-course for poor physical functioning (PF). Using the 1958 British birth cohort (N=8,674) we examine whether i) birthweight and BMI across the life-course; ii) BMI gains at specific life-stages; and iii) age of obesity onset, were associated with PF at 50y. At each adult age, obesity was associated with poor PF (e.g. for males at 23y adjusted-ORs for poor PF was 2.28(1.34,3.91)). BMI gains were associated with poor PF (e.g. for females, adjusted-OR per SD BMI gain 16-23y was 1.28(1.13,1.46)). Longer obesity duration was associated with poor PF (e.g. for males, adjusted-OR was 2.32(1.26,4.29) for childhood obesity onset, and 1.50(1.16,1.96) for mid-adulthood onset); associations were abolished with further adjustment for 50y BMI. Obesity, BMI gains, and earlier obesity onset were associated with poor PF in mid-adulthood reinforcing the importance of preventing obesity early in the lifecourse.

OBESITY AND MIDLIFE PHYSICAL FUNCTIONING IN TWO BRITISH BIRTH COHORTS: THE MEDIATING ROLE OF PHYSICAL INACTIVITY

Snehal Pinto Pereira1, Bianca L. De Stavola2
Nina T. Rogers3, Rebecca Hardy4, Rachel Cooper5
Chris Power1, 1. University College London, London, England, United Kingdom, 2. UCL GOS Institute of Child Health, London, England, United Kingdom, 3. UCL Research Department of Epidemiology & Public Health, London, England, United Kingdom, 4. MRC Unit for Lifelong Health and Ageing, London, England, United Kingdom, 5. NA, London, England, United Kingdom

Associations between obesity and physical inactivity are bi-directional. Both are associated with physical functioning (PF) but whether obesity influences PF via inactivity is unknown. We investigated whether mid-adult obesity trajectories were associated with subsequent PF and mediated by inactivity in the 1946 National Survey of Health and Development (1946-NSHD; N=2,427) and the 1958 National Child Development Study (1958-NCDS; N=8,674). Estimated randomised-interventional-analogue natural direct (rNDE), indirect (rNIE) and total (rTE=rNDE+rNIE) effects of obesity trajectories on PF via inactivity are expressed as risk ratios. In 1946-NSHD, rTE of incident obesity at 43y (vs never) on poor PF=2.32(1.13,3.51); at 53y=1.53(0.91,2.15). rNIEs via inactivity were 1.02(0.97,1.07) and 1.02(0.99,1.04) respectively. Estimated rTE of persistent obesity from 36y=2.91(1.14,4.69), with rNIE of 1.03(0.96,1.10). Longer obesity duration was associated with increased risk of poor PF. Inactivity played a small mediating role. Findings reinforce the importance of preventing and delaying obesity onset to protect against poor PF.

WHAT IS THE EFFECT OF REDUCING OBESITY ON LATER-LIFE DEPENDENCY? FINDINGS FROM THE PACSIM MODEL

Andrew Kingston1 and Carol Jagger2, 1. Newcastle University, Newcastle upon Tyne, United Kingdom, 2. Newcastle University, Newcastle upon Tyne, England, United Kingdom

Understanding the extent to which reducing obesity will help maintain independence in later life is of key importance in the goal to achieve healthy ageing. To investigate this we use a unique dynamic microsimulation model, the Population Ageing and Care Simulation (PACSim) model, formed from three longitudinal studies: Understanding Society, the English Longitudinal Study of Ageing, the Cognitive Function and Ageing Study II; with the base population of 303,589 individuals aged 35 years and over (a 1% random sample of the England population in 2014). PACSim simulates the characteristics (sociodemographic factors, health behaviours including overweight and obesity, chronic diseases and geriatric conditions) of individuals between 2014 and 2040, with transition probabilities for characteristics estimated by modelling state changes from baseline to two-year follow-up in the combined studies. We estimate the effect of different strategies for obesity reduction on years spent independent from age 55 between 2015 and 2030.

SESSION 690 (SYMPOSIUM)

WE READ HIS PAL CARD AT THE FUNERAL: EVALUATING THE IMPLEMENTATION OF A PERSON-CENTERED COMMUNICATION TOOL

Chair: Katherine M. Abbott, Miami University, Oxford, Ohio, United States
Discussant: Howard Degenholtz, University of Pittsburgh, Pittsburgh, Pennsylvania, United States

This symposium describes the development and implementation of an interdisciplinary and novel person-centered