Co-Chair: Shannon D. Mathews, *Winston Salem State University, Winston Salem, North Carolina, United States*
Discussant: Pamela Elfenbein, *University of North Georgia, Oakwood, Georgia, United States*

At a time in education when it is important for programs at colleges and universities to be productive in teaching, student recruitment, and income generation, the AGHE Program of Merit review process can aid in advancing gerontology/geriatrics programs. The Program of Merit has expanded its review now Colleges of Osteopathic Medicine and any Health Professions program may apply for Program of Merit status – your institution need not be an AGHE member to apply. The POM designation provides gerontology programs and those health disciplines that include geriatrics/gerontology content in the curriculum with an AGHE "stamp of approval" which can be used to verify program quality to administrators, to lobby for additional resources, to maintain a quality program, to market the program, and to recruit prospective students into the program. This session will begin with the "Why," "What" and "How" of applying for Program of Merit and then provide time for small group consultation regarding the Program of Merit application. Preparation of the self-study document will be detailed by the experienced faculty members followed by the review process and timelines associated with application process. Free consultation available!

AGHE PROGRAM OF MERIT: HEALTH PROFESSIONS PROGRAMS OPPORTUNITIES

Marilyn R. Gugliucci,[1] and Donna Weinreich[2], *1. University of New England College of Osteopathic Medicine, Biddeford, Maine, United States, 2. Western Michigan State University, Kalamazoo, Michigan, United States*

In 2015, the Program of Merit was expanded and adapted to implement a voluntary evaluation process for health professions programs that are choosing to integrate gerontology/geriatrics competencies in order to prepare students for working with older adults as well as their informal care partners. These programs are now eligible to apply for the Program of Merit designation. The Program of Merit for Health Professions Programs is based on the AGHE Standards and Guidelines for Gerontology/Geriatrics in Higher Education, Sixth Edition (2015), specifically Chapters 11 and 12. This session will provide the information and support systems in place for health professions programs to be recognized with the AGHE Program of Merit designation.

AGHE PROGRAM OF MERIT: GERONTOLOGY DEGREE PROGRAMS, MINORS, AND CERTIFICATES

Shannon D. Mathews,[1] and Pamela Elfenbein[2], *1. Winston Salem State University, Winston Salem, North Carolina, United States, 2. University of North Georgia, Oakwood, Georgia, United States*

The Executive Committee of the Academy for Gerontology in Higher Education (AGHE), formerly known as the Association for Gerontology in Higher Education, approved a proposal to establish and implement a voluntary program of evaluation known as the Program of Merit (POM). The POM designation provides gerontology programs with an AGHE "stamp of approval," which can be used to verify program quality to administrators, to lobby for additional resources to maintain a quality program, to market the program, and to recruit prospective students into the program. In 2014, AGHE Gerontology Competencies for Undergraduate and Graduate Education© were established and have been integrated into this process. This session will outline the Program of Merit process and present the opportunities for gerontology program leaders to advance gerontology education.

PROGRAM OF MERIT REVIEWS: THE REVIEWERS' PERSPECTIVE

Donna Weinreich[1], *1. Western Michigan University, Kalamazoo, Michigan, United States*

Each Program of Merit Application goes through a process of review. It is the same regardless if the application is for a gerontology program or a health professions program. In this session, the reviewer perspective will be shared and tips for how to complete an application to provide information in a format that aids the review will be shared.

SESSION 3010 (PAPER)

DEPRESSIVE DISORDERS IN OLDER ADULTS

ASSOCIATIONS OF ADVERSE CHILDHOOD EXPERIENCES WITH DSM-5 DEPRESSIVE DISORDERS AND SUICIDE ATTEMPT IN OLDER ADULTS

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Adverse childhood experiences (ACEs) may have long-term effects on mental health. Using a life-course perspective, this study examines prevalence of ACEs and the associations of ACEs with depressive disorders and suicide attempt in US older adults. The study sample were those aged 65 and older who participated in the 2012-2013 National Epidemiological Survey on Alcohol and Related Conditions Wave III (n=5,806 unweighted). ACEs, the key independent variable, were assessed using validated measures and outcome variables included lifetime and past-year major depressive disorder (MDD) and dysthymia using DSM-5 criteria, and lifetime suicide attempt. We estimated national prevalence of ACEs in older adults and used multivariable-adjusted logistic regression analyses to assess the association between ACEs and the outcomes after adjusting for sociodemographics and clinical co-morbidities. Overall, 34.7% of older adults, representative of 14.3 million older adults nationwide, reported some form of ACEs. The most common type was parental psychopathology (20.8%), followed by neglect (14.8%), and physical/psychological abuse (8.4%) (non-mutually exclusive). Having experienced any ACEs was associated with higher odds of having a past-year MDD diagnosis (adjusted odds ratio [aOR]=1.77; 95% confidence intervals [CI]=1.36, 2.29). Similar results were found for other depressive disorders. ACEs were also associated with

higher odds of having a lifetime suicide attempt (aOR=4.34; 95% CI=2.64, 7.14). In conclusion, ACEs may expose older adults to an increased risk for mood disorders and suicide attempts, even over long periods of time as seen in this sample. Reducing ACEs is an important public health goal that may yield long-term benefits.

CHRONIC CONDITIONS, FUNCTIONAL LIMITATIONS, AND DEPRESSION IN OLDER ADULTS: ANALYSIS OF A LONGITUDINAL STUDY

Jyotsana Parajuli,[1] Diane Berish,[2] and Ying-Ling Jao[2], *1. The Pennsylvania State University, College of Nursing, State College, Pennsylvania, United States, 2. Pennsylvania State University, University Park, Pennsylvania, United States*

Background: Chronic conditions, functional limitations, and depression are highly prevalent in older adults. Evidence suggests the links between chronic conditions, functional limitations, and depressive symptoms separately. However, few studies have considered these three conditions together longitudinally. This study examined the longitudinal relationship between chronic conditions and depressive symptoms and evaluated the mediation effect of functional limitations on the relationship between chronic conditions and depressive symptoms in older adults. Methods: This study analyzed longitudinal data from the Health and Retirement Study collected in 2012 and 2014. Mediation analysis was used to examine the direct and indirect effects of chronic conditions and functional limitations measured at the year 2012 on depressive symptoms measured at the year 2014 controlling for demographics. Results: Results revealed that chronic conditions predicted depressive symptoms. Specifically, one additional chronic condition in 2012 corresponded to an increase of 0.35 in depressive symptoms in 2014 ($p<.001$). After adding functional limitations as a mediator, the direct effect was reduced to 0.26 and the indirect effect was .088 ($p<.001$). In other words, functional limitations explained approximately 25% of the direct effect of chronic diseases on depression. Discussion: Findings reveal the longitudinal impact of chronic conditions and functional limitations on depressive symptoms in older adults. Findings help identify the high-risk population of depressive symptoms and intervene early.

GENDER DIFFERENCES IN DEPRESSIVE SYMPTOMS OF PATIENTS WITH END-STAGE LIVER DISEASE

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Background/aims: Similar to many chronic diseases, depression is common in patients with end-stage liver disease (ESLD), although gender differences are less known. Understanding the burden of depression in this population may help identify at-risk patients who would benefit from early intervention. The purpose of this work, therefore, is to describe gender differences in depressive symptoms in patients with ESLD. Methods: Patient data were collected as part of a larger study (NINR: 1R01NR016017-01). Patients (≥ 21 years) diagnosed with ESLD from the outpatient hepatology clinics of two healthcare systems in Pacific Northwest completed Patient Health Questionnaire (PHQ-9). Survey data were analyzed using descriptive statistics. Results: Sample included 154 participants, 101 males (65.6%), average age 57 years (SD=10.92), and 53 females (34.4%), average age 55 years (SD=11.28). More than 75% of the sample (78% females and 77% males) reported at least mild depression (PHQ score ≥ 5); mean PHQ-9 scores were higher for males (M=9.26±5.86) than females (M=9.10±5.07), but were not statistically different (U=2396, p=0.99). There was no significant relationship between depression severity and gender [X2 (4, N=147)=1.90, p=0.594]. Conclusion: Our study showed a high prevalence of depression in patients. A higher percentage of females reported mild to moderate depression and had higher clinically significant levels of depression (PHQ-9 score ≥ 10) than males, indicating females may be at a greater risk for depression. Females may, therefore, gain greater benefit from interventions to improve depressive symptoms. Future studies should examine the benefit of interventions on depression severity in this patient population.

STRENGTHENING LATE-LIFE DEPRESSION COLLABORATIVE CARE THROUGH COMMUNITY ENGAGEMENT: CARE PARTNERS INITIATIVE

Ladson Hinton,[1] Theresa J. Hoeft,[2] Stuart Henderson,[1] Melissa M. Gosdin,[1] Laura Rath,[3] and Jurgen Unutzer[2], *1. University of California Davis, Sacramento, California, United States, 2. University of Washington, Seattle, Washington, United States, 3. Archstone Foundation, Long Beach, California, United States*

Despite the availability of effective treatments for late life depression, many older adults with depression either do not access or fully engage in treatment. The goal of this study was to examine the feasibility and two-year outcomes from an Archstone Foundation funded Care Partners Initiative to strengthen depression care for adults 65 years of age and older. Seven sites throughout California implemented evidence-based collaborative care through partnerships between primary care organizations, community-based organizations (CBOs), and families of older adults with depression. Evaluation used a mixed-methods approach incorporating both qualitative and quantitative data. Of the seven sites, six formed partnerships between primary care clinics and CBOs and one site only focused on engaging family members in treatment. In the first two years, 274 patients were enrolled and rates of depression improvement were comparable to prior depression care effectiveness trials. Overall, 49% of patients at CBO sites interacted 3+ times with CBO staff/clinicians, while at the family site, 79% of patients had 3+ contacts including a family member. Using data from key informant interviews, focus groups, and site progress documents, seven core components were identified that facilitated successful implementation and delivery of partnered collaborative care, including three foundational components: strong stakeholder buy-in, effective patient engagement, and the promotion of depression treatment as a core value across organizations. Multiple complexities of partnering between primary care clinics and CBOs or families were identified. Challenges and lessons learned from this initiative will also be discussed.