

Aging; This symposium explores the role of age-inclusivity and a rights-based perspective in gerontology and geriatrics education and offers both challenges and best practices for moving forward. The first presentation explores the meaning of age-inclusivity in aging education in a global context and asks how do we build upon our international roots? Our second presenter shares a proposed framework for a rights-based approach to gerontology education. The third presentation explores an example of a rights-based training program. We conclude with a lively discussion focusing on how to take action through education.

A PROPOSED FRAMEWORK FOR IMPLEMENTING A RIGHTS-BASED APPROACH TO GERONTOLOGICAL EDUCATION AND TRAINING

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This paper uses the nine general principles that underpin human rights (Non-discrimination, Respect, Dignity, Autonomy, Equality, Self-fulfillment and Personal development, Full and effective participation, Intergenerational solidarity, and Recognition of intrinsic value and worth as a human being) to frame a right's based approach. This framework looks beyond the older person and the issues they are facing to the structure and culture of the society itself and the ways in which it is contributing to challenges. Using this lens, we will discuss how to develop definitions and standards of right's-based education that are culturally and contextually appropriate, define right's based competencies and recognize, that despite the universal rights of older persons, the implementation may need to be adjusted for unique sociocultural environments. . Lastly we will outline a strategy to identify and train multidisciplinary teaching and research teams using this proposed framework.

PAST, PRESENT, AND FUTURE OF HUMAN RIGHTS IN GERONTOLOGICAL EDUCATION

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The rights of older persons, essential to our work as gerontologists, were discussed in the World Assembly on Aging (1982) and adopted through the United Nations Principles of Older Persons and followed by the Madrid International Plan of Action on Aging (MIPPA) in 2002. Although it has been endorsed by the General Assembly of the United Nations, in contrast to conventions, it is not binding on member states. This paper discusses the rights of older persons and our obligations as educators and researchers to focus on core issues associated with the rights and quality of life of older people. We will review the role of education in meeting this call to action through examples like the UN Decade of Healthy Ageing where education is a required element to accomplish the action areas and the Age-Friendly University movement. Both have involved multiple university communities on a global scale.

BRINGING RIGHTS OF OLDER PERSONS TO THE REAL WORLD: LESSONS LEARNED FROM A RIGHTS-BASED TRAINING

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When gerontological education and training are grounded in a rights-based approach, this framing provides a tool to ensure the rights of older people are advocated for and experienced. A "train the trainer" program was given to non-governmental organizations (NGOs) providing services to refugees in Jordan. The goal of the training was to educate NGOs on how to use a rights-based approach when responding to and supporting older refugees. The training covered a range of topics in ensuring the rights of older people in the provision of care, protection, and inclusion. Training outcomes revealed an increased awareness of the rights of older people. Skills and knowledge gained as a result of this training empowered participants to further develop their own work, within their cultural context, to reflect a rights-based approach to services and programs.

Session 3310 (Paper)

Social-Environmental Contexts and Well-Being

AIR QUALITY IMPROVEMENT IS ASSOCIATED WITH DECREASING DEPRESSIVE SYMPTOMS IN OLDER WOMEN

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Air pollution exposure is an environmental risk factor in brain aging and may also be associated with late-life depressive symptoms (DS). It is unknown if air quality (AQ) improvement is associated with reductions in DS in later life. Longitudinal data from 917 cognitively intact women with no prior history of depression (baseline age 66.4 ± 1.6 years old) participating in the Women's Health Initiative Memory Study of Younger Women (WHIMSY; 2008-2016) were analyzed to examine whether AQ improvement over the 5-years prior to WHIMSY baseline was associated with trajectories of DS (measured by 15-item Geriatric Depression Scale). Annual PM_{2.5} (fine particulate matter of aerodynamic diameter <2.5) and NO₂ were estimated at the participants' residence using regionalized universal kriging models. Estimates were aggregated to the 3-year average at 5 years (remote) and immediately (recent) before WHIMSY baseline. Associations between AQ improvement (difference between remote to recent exposure) and trajectories of DS were estimated using linear mixed effect models, adjusting for sociodemographic, lifestyle, and clinical covariates. AQ improved prior to baseline (PM_{2.5}: 1.62 ± 1.45 $\mu\text{g}/\text{m}^3$ and NO₂: 3.70 ± 2.81 ppb). Women residing in locations with greater improvement in NO₂ (per IQR = 4.34 ppb) or PM_{2.5} (per IQR = 2.30 $\mu\text{g}/\text{m}^3$) reported significant annual reductions in DS (β_{NO_2} =3.1%, $p=.046$; $\beta_{\text{PM}_{2.5}}$ =1.6%, $p=.046$), similar to the effect of engaging in moderate to vigorous physical activity four times or more a week. These findings suggest that improving air quality may reduce depressive symptoms in older women.