The marginalization of lesbian, gay, bisexual, transgender, and queer plus (LGBTQ+) content in health and human services education is well documented and varies considerably across institutions. This presentation describes barriers to teaching LGBTQ+ content and explores innovative solutions to mitigate institutional and governmental restrictions.askets that limit LGBTQ+ content in the curriculum. The presentation concludes by highlighting future teaching and learning opportunities through innovative pedagogies including crone pedagogies. The discourse surrounding population aging has now infiltrated institutions and is changing the potential educational opportunities for social service and healthcare professionals within and beyond the academy. The marginalization of LGBTQ+ content in the field of gerontology is an issue of significant concern due to dominant heteronormative theory, literature, and teaching. Without adequate training, service providers may not have sufficient knowledge and skills for understanding the experiences of people affected by the criminal-legal apparatus. Conversely, those training to be social service and healthcare professionals within and beyond the academy should be prepared to consider the experiences of people most affected by these systems. This presentation will prompt discussions on the responsibilities of aging care providers and the future of gerontological researchers in realizing an abolitionist future. An emancipatory pedagogy, including crone pedagogy, will be introduced to help gerontological researchers develop an understanding of the coloniality of everyday life and challenge the oppressions that people face throughout their lives. The focus will be on intergenerational work and the prevention of intergenerational gap. The presentation will feature examples from teaching practice and scholarship, within and outside the academy, while encouraging the futurity that intergenerational work embodies.
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Studies have shown that women are more vulnerable to elevated depressive symptoms during the menopause transition (MT) than before. This study evaluates change in depressive symptoms, as measured by the Center for Epidemiological Studies-Depression (CES-D) score, over the final menstrual period (FMP), a more precise measure of menopause timing compared to MT stages. The sample consisted of 1,783 women in the SWAN cohort with an observed FMP and at least one CES-D assessment from baseline through follow-up (1996 – 2017). Piecewise linear growth curves were fit to repeated measures of CES-D scores as a function of time from FMP (+/- 10 years). Results showed two places with a change in slope. CES-D scores decreased by 0.22 annually (95% CI: -0.41, -0.04) until 36 months prior to FMP (Period 1). From -36 months until the FMP (Period 2), there was a non-statistically significant increase in CES-D, followed by a decline (-0.19 annually, 95% CI: -0.34, -0.03) after FMP (Period 3). We examined a range of predictors (sociodemographic, health-related, psychosocial, hormonal) of change in CES-D score during each period. Upsetting life events were related to CES-D change at periods 1 and 2, social support at periods 1 and 3, and smoking at periods 2 and 3. Baseline CES-D was related at period 1, and anxiety was related to CES-D change at period 2. These results provide a more nuanced picture of change in depressive symptoms over the FMP and the variables related to depressive symptoms at different time points over the FMP.