



TRANSFORMING THE
LANDSCAPE OF CAREGIVING:
From Research to Practice

37th Annual Meeting
Southern Gerontological Society
Thursday – Sunday, March 31 – April 3, 2016



The Boar's Head Resort
200 Ednam Drive, Charlottesville, Virginia 22903
Hotel Toll Free Phone: (855) 452-2295

Share your conference experiences at: #SGSEngage
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2016 MEETING SCHEDULE AT-A-GLANCE

THURSDAY, MARCH 31, 2016

Start	End	Description
12:00pm	8:00pm	Meeting Registration Open
12:00pm	5:00pm	Exhibit Set-up
1:00pm	5:00pm	Collection for Silent Auction
2:00pm	4:00pm	Opening Board Meeting
5:00pm	5:30pm	Meet & Greet
5:30pm	7:30pm	Opening Session: President's Distinguished Panel on Caregiving
7:30pm	8:00pm	Presidential Opening Reception
8:00pm	9:30pm	Student Poster Session

FRIDAY, APRIL 1, 2016

7:00am	7:30am	Nature Walk
7:00am	7:30am	Yoga Stretch & Energize
7:30am	5:00pm	Meeting Registration Open
7:30am	8:50am	Refreshments – Coffee & Pastries
8:00am	4:00pm	Exhibits Open
9:00am	5:15pm	Silent Auction Open
9:00am	10:15am	Presidential Keynote – Dr. George Bloom, "The Quest to End Alzheimer's"
10:30am	11:45am	Presidential Welcome & State of the SGS
12:00pm	2:00pm	Gerontologists Rooted in the South (GRITS) Luncheon* featuring "PALETTE"
2:10pm	3:40pm	Concurrent Session I
3:50pm	5:10pm	Concurrent Session II
5:30pm	8:30pm	Downtown Dine-Arounds
8:45pm	11:00pm	SGS MOVIE NIGHT – Come watch "Penelope"!

SATURDAY, APRIL 2, 2016

7:00am	7:30am	Nature Walk
7:00am	7:30am	Yoga Stretch & Energize
7:30am	5:00pm	Meeting Registration Open
8:00am	4:00pm	Exhibits Open
8:00am	9:30am	Devotions & SGS Membership Business Meeting Breakfast
9:30am	4:45pm	Silent Auction Open – place final bids starting at 4:45pm
9:45am	11:15am	Concurrent Session III
11:30am	1:00pm	Join a Committee Luncheon
1:15pm	2:45pm	Concurrent Session IV
3:00pm	4:30pm	Concurrent Session V
4:45pm	5:15pm	Silent Auction FINAL BIDDING
5:30pm	6:15pm	Engage in Drumming: An Energetic Social
6:30pm	9:00pm	Presidential Gala & Awards Ceremony*

SUNDAY, APRIL 3, 2016

8:00am	10:30am	Meeting Registration
8:15am	9:45am	Concurrent Session VI
10:00am	11:45am	Council of Presidents Closing Session: How Do Gerontologists Experience Aging?
12:00pm	1:30pm	Closing SGS New Board Member Orientation Meeting

*indicates that a ticket must be presented in order to attend this event. Tickets are found in the conference registration materials. Additional tickets for guests may be purchased at the registration desk.

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PRESIDENT'S WELCOME MESSAGE

Welcome to SGS's 37th Annual Meeting

As President of the Southern Gerontological Society, I am truly honored to welcome you to Charlottesville, VA for our 37th Annual Meeting. The Southern Gerontological Society is a welcoming and supportive network of practitioners, policymakers, scholars, and other professionals in the field of aging. Partly as a consequence of the diversity of perspectives represented by our members, the annual meeting has always served as a forum to highlight YOUR work that promotes effective practice and expands understanding of the experiences of older adults and their families. I feel sure you will be warmly welcomed as you arrive. I know your brain and body will be nourished, and I hope you depart with a sense of pride and renewal in the important work we do!



For those who joined us in Williamsburg, Virginia last year, we hope you enjoyed the flavor of colonial life while learning about age-friendly communities. As a Virginia resident, I'm proud that the Commonwealth of Virginia was selected to host our annual meeting again in 2016.

The theme for our 37th Annual Conference is *Transforming the Landscape of Caregiving: From Research to Practice*. Caregiving, as a concept and as an experience, has finally risen to a well-recognized term and issue in both academic and popular press. The CDC recognizes family caregiving as a public health issue that needs our attention. Estimates indicate that more than 40 million persons in the US are providing care to an older adult, and in 1/3 of those cases the caregiver is managing care for 2 older adults. Professional staff, those who work in a variety of home and facility-based settings such as respite care agencies, adult day services programs, and long-term care communities, are also caregivers, and they can benefit from training and support as well. As gerontological professionals and specialists, and those who support older adults, we must both communicate about caregiving issues and advocate with and for caregivers (care partners) and care receivers. Take a look at the 6 tracks. Which topics will be most helpful for your work and which are areas you would like to learn more?

Many thanks to our Program Committee, led by Denise Scruggs and Bert Waters, for carefully managing the review and assignment of abstracts to make this program so engaging. Our hosts on the Local Arrangements Committee, co-chaired by Ishan Williams and Ellen Phipps, have planned an array of conference events that showcase both the Boar's Head Inn and Charlottesville. Finally, a special word of thanks to SGS Association Manager, Lee Ann Ferguson, for her steady hand and genuine joy expressed as she led the planning and development of this conference.

With great appreciation for SGS,

A handwritten signature in black ink, appearing to read "Christine J. Jensen".

Christine J. (Christy) Jensen, PhD
President, Southern Gerontological Society

PROGRAM CHAIR WELCOME MESSAGE

We are pleased to invite you to Charlottesville for the 37th Annual Meeting of the Southern Gerontological Society where we will focus on the theme of "Transforming the Landscape of Caregiving".

We are excited to offer a diverse range of panel sessions, workshops, posters, and plenary sessions. Here are just a few highlights of the plenary sessions offered:

Thursday's events include an Opening Presidential Panel Symposium, followed by the Presidential Opening Reception and the first of two poster sessions. Friday's Presidential Keynote will feature Dr. George Bloom, Director of University of Virginia's Bloom Laboratory, dedicated to Alzheimer's disease. Dr. Bloom will open the conference with a Presidential Keynote entitled "The Quest to End Alzheimer's". Our Silent Auction room will be open and accepting donated items and bids!

We cordially invite all conference attendees to Friday's GRITS Awards Luncheon in the Grand Ballroom. PALETTE will provide a showcase of intergenerational movement art as a prelude to the SGS Awards Ceremony. This will be followed by two concurrent sessions including a presentation from Dr. Ann Basting, whose work focuses on the potential for the arts and humanities to improve our quality of life as communities and individuals. Dr. Basting will discuss the Penelope Project, a collaborative effort to dramatically raise the bar on activities in long term care. After Friday evening's Downtown Dine-Arounds, enjoy a screening of Dr. Basting's film "Penelope" with a post-show discussion on the rethinking of activities in long term care.

On both Friday and Saturday mornings, we start off with either yoga or a nature walk, and then offer three concurrent sessions with presentations from all six conference tracks. Don't miss your opportunity to place a final bid at the Silent Auction, starting at 4:45pm on Saturday (all bids close by 5:15pm). Then, we top off the evening with the Presidential Gala and Awards Program.

Sunday's concurrent sessions are followed by the Council of President's Featured Closing Session.

We want to thank Program Planning Committee members Lauren Catlett, Annette Clark, Malcolm Cutchin, Stephanie Edwards, Karen Marshall and Becky Watson, for pulling together a very rich and exciting program. We encourage you to join us in this regional conference and look forward to welcoming you to the Boars Head Inn and Charlottesville. Be sure to make plans to see us again next year in Asheville, North Carolina from April 6-9, 2017.

Warm Regards,
Your 2016 SGS Program Co-Chairs

Bert Waters, PhD
Virginia Geriatric Education Center,
Virginia Center on Aging



Denise Scruggs, MA, MS, BSW
Beard Center on Aging,
Lynchburg College



LOCAL ARRANGEMENTS WELCOME MESSAGE

Hello and welcome to the Southern Gerontological Society's 37th Annual Meeting! We are so pleased to invite you to our lovely home, Charlottesville, Virginia. Along the Blue Ridge Mountains, Charlottesville has a lot to offer you as you visit. Our committee has worked hard to give you a taste of the flavors of this vibrant and historic place. First, you will be able to travel back to the time of the area's most famous son, Thomas Jefferson, during a pre-conference tour of the grounds of his home, [Monticello](#). Make sure when you register for the conference to indicate if you are interested in going on this trip. The ticket price for the tour and transportation is \$40.

Second, we have also planned an evening of Dine Arounds for you to feast at some of our finest restaurants while also strolling the brick-lined [Downtown Mall](#) or [The Shops at Stonefield](#) on Friday, April 1. If you choose to visit the Downtown Mall, you will also have the opportunity to explore the city's art scene at a variety of galleries that host opening events on the first Friday of the month. For your convenience, a tour map will be provided to those who would like to visit the galleries during the Dine Arounds. Then, join fellow conference-goers back at the Boar's Head to unwind after an eventful day during an SGS-sponsored movie night.

Third, we know you will enjoy the Gala and Awards ceremony on Saturday night. This year our program will feature the "arts." As specialists in the field of healthy aging, we are aware of how participating in creative arts programs and lifelong learning through the arts improves the quality of life of older adults, caregivers, and ourselves. You will have several opportunities to engage in creative artistic events during the conference. For example, before the Gala, spend some time enjoying a "drum circle" and looking at artwork created by participants in [Arts Fusion](#), a local Alzheimer's Association program promoting creative expression for persons affected by dementia. In addition, during the Gala we will have a special performance by the Chihamba African Dance group. It is sure to be a time of creative delight!

Finally, before you leave this beautiful city, take time to explore our 30+ local orchards and [vineyards](#). There is so much to fall in love with here in Charlottesville, and we hope to share some of it with you during your time here.

With well wishes,
Your 2016 Local Arrangements Co-Chairs.

Ishan C. Williams, PhD
University of Virginia,
School of Nursing



Ellen Phipps, CTRS, MSG, Gerontologist
Central & Western Virginia Alzheimer's
Association



WELCOME TO CHARLOTTESVILLE, VIRGINIA



The Boar's Head Resort, Charlottesville, Virginia

Welcome to the beautiful Boar's Head Resort, set amid the rolling landscape of Charlottesville, Virginia. The Boar's Head offers a truly first class accommodation with beautiful antique furnishings and unique décor. From touring renowned wineries and family-owned vineyards, taking a once-in-a-lifetime hot air balloon ride, or walking the same grounds and estates of past presidents and viewing other historical treasures, it is all possible and within easy reach when staying at the Boar's Head.

Nestled amid the foothills of the magnificent Blue Ridge Mountains about a hundred miles south of Washington, D.C., the greater Charlottesville region offers visitors a thriving community, a vanguard of arts and culture that's both boldly innovative and grounded in rich tradition. Just beyond city lines, quiet rolling hills and family farms complement city life within Albemarle County's more than 700 square miles of vibrant natural beauty, including Shenandoah National Park's Skyline Drive. This juxtaposition of urban and rural creates rich diversity that is the lifeblood of Charlottesville and Albemarle County. Visitors to Charlottesville can enjoy restaurants where talented chef-owners can go plate-to-plate with any major American city, blending traditional fare and regional favorites with flavors and influences from around the globe. Also for enjoyment is the variety of music echoing from the Charlottesville Pavilion or Batesville Country Store, where free concerts fill the air with salsa, bluegrass, and every genre in between.

But the richness of Charlottesville doesn't end with nature, music, and food—it's a reflection of the entrepreneurial spirit that shapes life here, dating back to the area's most famous son, Thomas Jefferson, whose home, Monticello, attracts visitors from all over the world. In 1776, Jefferson penned the Declaration of Independence. Today, residents and visitors write their own declarations on the Downtown Mall's Freedom of Expression Wall, a stretch of dark granite covered daily with the messages, art, and manifestos of passersby. In Jefferson's day, Charlottesville and Albemarle County were dominated by agriculture, and that legacy continues today in small farms raising organic crops and free-range livestock. Orchards dot the region, and a 200-year tradition of winemaking now produces some of the most honored and acclaimed wines on the East Coast.

In addition, Charlottesville is an enclave of academia as it is home to the University of Virginia, consistently ranked one of the nation's top public universities, with world-leading programs in business, law, and English and a leading medical center. In line with the conference theme, "Transforming the Landscape of Caregiving: From Research to Practice," the conference will feature a wide selection of speakers from local researchers at the University of Virginia to practitioners and gerontologists in the field.

IMPORTANT MENTIONS

SGS Receives State Grant

SGS is thrilled to announce we have been awarded Geriatric Training and Education (GTE) funds through the Virginia Center on Aging. These funds have allowed us to invite and host 1 representative from each of Virginia's 25 Area Agencies on Aging to this Annual Meeting. The grant award included funds to not only cover their conference registration and travel support but also a 1-year membership to SGS! You will recognize our AAA representatives by the green "scholarship recipient" ribbon on their name badge. Please offer them a warm welcome to SGS!

I'd like to especially thank Leigh Wade, President of the Virginia Area Agency on Aging, for her willingness to partner with SGS and to encourage all 25 AAAs to identify a representative to attend our Annual Meeting. A special thank you to Dr. Ishan Williams, of the UVA School of Nursing (and SGS Treasurer) for preparing this proposal and for serving as project manager. And a special word of gratitude to our amazing Association Manager, Lee Ann Ferguson, for personally reaching out to every AAA to extend an invitation and in helping the representatives complete their application, conference registration, and membership paperwork.

This program was made possible in part by Geriatric Training and Education (GTE) funds appropriated by the General Assembly of Virginia and administered by the Virginia Center on Aging at Virginia Commonwealth University.

With much appreciation,
Christy Jensen, SGS President



The Virginia Center on Aging

IN OUR MEMORY

Pam DeYoung, MSG Home Instead Senior Care

Pamela A. De Young, MA, MS, after facing cancer with grace and courage, died comfortably with a smile being able to share her final goodbyes with her family and friends on 9/6/15. We said farewell much too early to a wife, mother, grandmother, sister, daughter, friend, colleague, teacher, advocate, and confidante.



Pam was a very soft-spoken person, quietly performing God's work each day of her life, which continued as an organ donor. She was married for 42 years to her husband Russell De Young, and deeply loved her children and grandchildren. Pam received a MA in English Literature from University of Illinois, and following a career as an elementary school teacher in Newport News, received a MS in Gerontology from Virginia Commonwealth University. Pam spent the last 12 years training professional and family caregivers of Alzheimer's patients, leading support groups, and advocating in her community. Pam's husband Russell shared his thoughts at her memorial service of how Pam exemplified each of life qualities found in Philippians 4:8 at her bedside with "think" underlined, **"... whatever is true, whatever is honorable, whatever is just, whatever is pure, whatever is lovely, whatever is commendable, if there is any excellence, if there is anything worthy of praise, think about these things."**

In the words of her husband Russell, "What else can be said except ... Thank you Pam for choosing to live out your life that way you did among us. Thank you God for gifting and allowing Pam to be a healing, loving presence in this world."

--submitted by Kimberly Van Eck



VCUHealth™

VCU School of Allied
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Gerontology

40th
Anniversary

April 22, 2016

**You won't want to miss our 40th Anniversary
Day of Disruption.**

Join the VCU Department of Gerontology as we take over Carytown all day on April 22. Come to our Open House at Mott Gallery, 3027 W. Cary St, Richmond, Va. from 4 - 6:30 p.m.

To register:

agingstudies@vcu.edu
804-828-1565

#DisruptAgeism

facebook.com/vcugerontology



@AgeWellVA

GENERAL INFORMATION

Badge & Event Ticket Policy

A conference registration badge is required for admission to all annual meeting session events. The Presidential Opening Session, the GRITS brunch, and the Presidential Gala are ticketed events and will require attendees to present the tickets provided to them in their registration materials in order to gain admission. Additional tickets, for any or all of these three ticketed events, may be purchased at the registration booth.

Business Center

The Boar's Head Resort can assist with many business needs. Shipping, copying, and fax services are available to conference attendees through the hotel sales office.

Internet Access

Wireless Internet is free in the following areas: Public Areas, Guest Rooms and Meeting Rooms

Cell Phone Policy

As a courtesy to the presenters and other attendees, please turn off your cell phone or set it on vibrate when in conference sessions.

Emergency and Medical Assistance

In case of an emergency or if medical assistance is required, dial "0" on the house phone closest to you. The hotel operator will direct your call appropriately. The closest emergency room is at the UVA Medical Center at 1215 Lee St., Charlottesville, VA 22908. The phone number is (434)924-2231. There is an urgent care facility at MedExpress Urgent Care - Charlottesville - Seminole Square, 1149 Seminole Trl., Charlottesville, VA 22901-2897. The phone number to that facility is (434) 978-3998.

Housing

The Boar's Head Resort, Charlottesville is our host for the 37th Annual Meeting. To help you find your way around the resort, please refer to the **resort floor plan on page 10**.

Child Care Arrangements

Should attendees be in need of child care, please contact Ashley Belfort for rates and scheduling assistance. Ms. Belfort can be reached by phone at (703) 226-9248.

Adult Care Arrangements

If you have need for adult day during the conference, please let us know by reserving this space in advance. The Jefferson Area Board on Aging is providing adult day services at the Boar's Head during the conference on Friday and Saturday, and there is a brief form that will need to be completed to ensure this service. Jean Bourbeau, Adult Care Center Manager, can answer any questions you have regarding these services. Ms. Bourbeau can be reached at (434) 817-5222. Adult Care Services will be held in the Coach Room of the Boar's Head Resort.

Hotel Shuttle

The hotel shuttle may be scheduled to take guests to local area locations. Please speak with the hotel front desk to make these arrangements. A shuttle fee may apply.

Lost & Found

Lost items should be returned to the SGS registration booth. Should you lose anything, please visit the registration booth to report the lost item. If the registration booth is closed, please turn in lost items to the hotel's front desk.

Photography Disclaimer

By attending the SGS 2016 Annual Meeting, you acknowledge that photographs and/or videos of you may be taken by our conference staff and/or photographers at any time. Furthermore, you grant SGS permission to use photographs and/or videos of your likeness in any type of media, including websites and print publications, without compensation or reward.

Registration

Registration is located in the Boar's Head Conference Pavilion lobby.

Registration Desk Hours

Thursday, March 31 **12:00p.m. – 8:00 p.m.**

Friday, April 1 **7:30a.m. – 5:00p.m.**

Saturday, April 2 **7:30a.m. – 5:00p.m.**

Sunday, April 3 **8:00a.m. – 10:30a.m.**

(moves to Original Ballroom Pre-function area on Sunday)

Services for the Disabled

If special arrangements are required for individuals with disabilities to attend this meeting, visit the registration desk for assistance

Be sure to tag your pictures and tweets with #SGSEngage and share with @sgsmgr



UNC CHARLOTTE

<http://gerontology.uncc.edu/>

THE UNC CHARLOTTE GERONTOLOGY PROGRAM OFFERS:

- Interdisciplinary curriculum with training and research opportunities
- Competitive graduate assistantships and stipend opportunities
- Opportunities to work with leaders on aging in the public and private sector
- Support from College of Liberal Arts and Science and College of Health and Human Services

LIFE IS BEAUTIFUL



Interested in Gerontology?

Contact our Program

Director

Dr. Julian Montoro-

Rodriguez

CHHS 499C

9201 University City Blvd.,

Charlotte, NC 28223

Phone: 704-687-6166

Email: jmontoro@uncc.edu

The Southern Gerontological Society
would like to recognize
the outgoing
Executive Board of Directors



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Dr. Christine Jensen
2015-2016 President



Dr. Ishan C. Williams
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Thank you for your commitment
and service to SGS



Virginia Geriatric Education Center

This consortium of healthcare professionals from Eastern Virginia Medical School, University of Virginia and Virginia Commonwealth University is strengthening Virginia's geriatrics workforce through faculty development, continuing education and clinical training of students. Geriatrics training based upon evidence and collaboratively-developed interdisciplinary content never gets old.

A prepared workforce is a happy workforce!

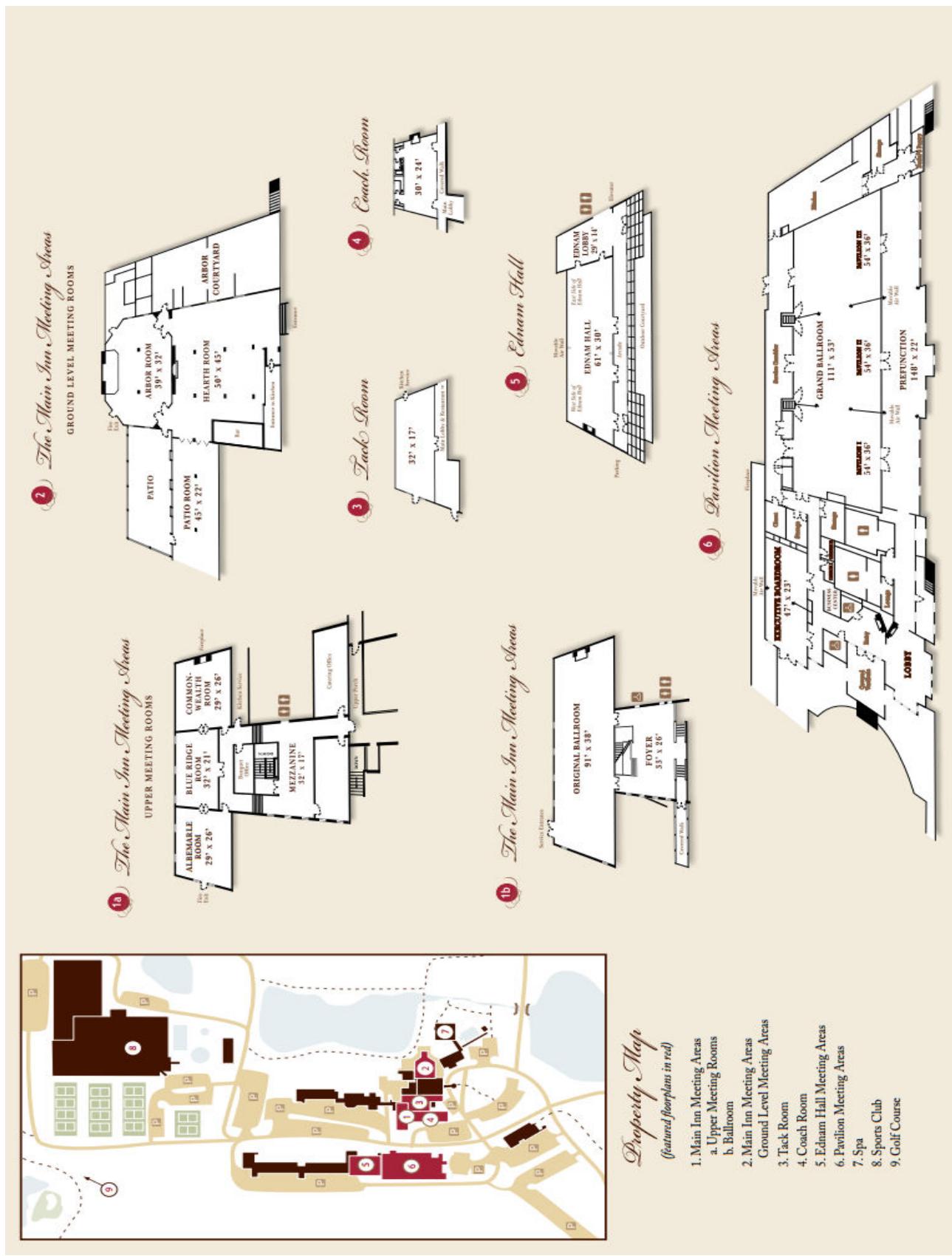


VGEC Faculty Development Program - Class of 2014 Scholars

Funding for this program is provided by the Bureau of Health Professions (BHPr), Health Resources and Services Administration (HRSA), Dept of Health and Human Services (DHHS) under Grant No. U1QHP28744 (Geriatrics Workforce Enhancement Program).



THE BOAR'S HEAD CONFERENCE CENTER MAP



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Alzheimer's Association, Central & Western VA

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Kadamba Tree Foundation

Stephanie Edwards, BSW
Virginia Commonwealth University

Lauren Catlett, BA, (MSN)c
University of Virginia, School of Nursing
Alzheimer's Association, Central & Western VA

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Dr. Patricia Suggs	1993 – 1994	Dr. Dana Bradley	2011 – 2012
Dr. Edward F. Ansello	1994 – 1995	Dr. James Peacock	2012 – 2013
Dr. Kenneth Cook	1995 – 1996	Dr. LaVona Traywick	2013 – 2014
Mr. William S. Massey	1996 – 1997	Dr. Don Bradley	2014 – 2015

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- Arkansas Gerontological Society
- Association for Gerontology in Higher Education (AGHE)
- Department for Aging & Rehabilitative Services (DARS)
- Home Instead
- Georgia Gerontological Society
- Georgia State University, Gerontology Institute
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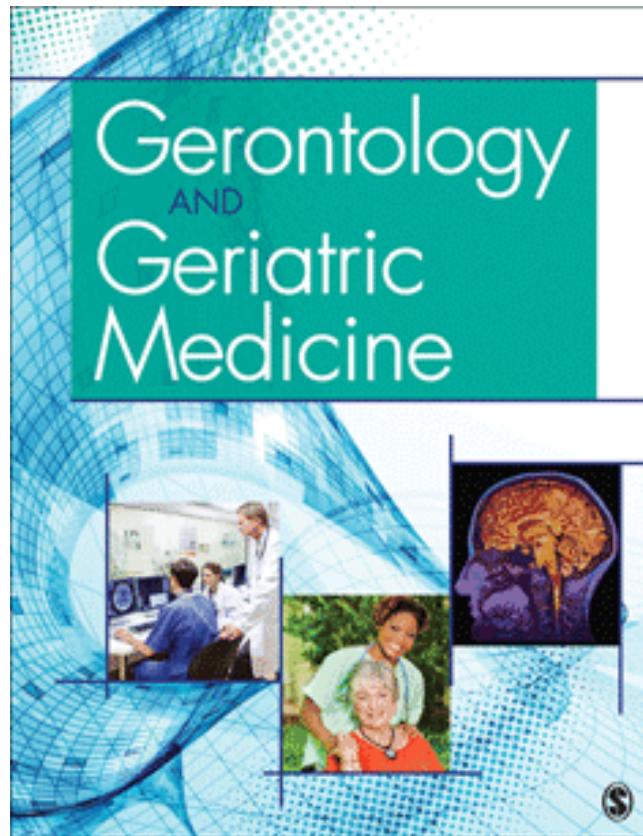
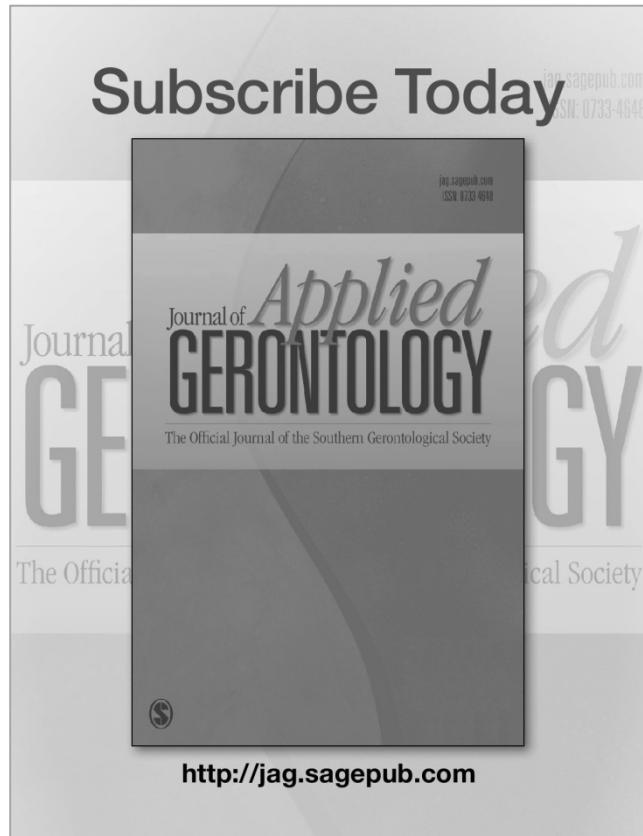
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- Virginia Commonwealth University, Department of Gerontology
- Western Carolina University
- Western Kentucky University

GIVING TO SGS

If you are financially able, please consider a tax-deductible donation to the Southern Gerontological Society. We would sincerely appreciate and are grateful for any level of support. You may make a donation by mailing a check made out to Southern Gerontological Society to:

Lee Ann S. Ferguson, Association Manager
Attn: SGS Student Support Scholarship
PO Box 160, Taylorsville, NC 28681

SGS would like to thank Dr. Wayne Moore for his donation of the grits given out during our GRITS luncheon!



CONFERENCE HIGHLIGHTS

OPENING SESSION:

PRESIDENT'S DISTINGUISHED PANEL ON CAREGIVING

Thursday, March 31, 2016 5:30pm-7:30pm

Room: Pavilion II & III

Panel members:

Leisa Easom, PhD, RN,
Executive Director, Rosalynn Carter Institute for Caregiving

Lynn Friss Feinberg, MSW
Senior Strategic Policy Advisor, AARP Public Policy Institute

Gail Hunt
President and CEO, National Alliance for Caregiving

The purpose of this panel is to highlight the work being done by 3 national experts and leaders in the field of caregiving. Each panelist will speak briefly about what their organization does to support caregivers and to "transform the landscape of caregiving." Then the moderator will ask the panelists to each address several key questions to include the following: what the Presidential candidates are saying about caregiving; what evidence-based programs exist for caregivers and how caregivers can get enrolled; what policies are in place or could be in place to better support caregivers; and what reports those in the caregiving field should be aware of as key resources. As time permits, the moderator will field questions from the attendees.



Leisa R. Easom, PhD, RN is the Executive Director of the Rosalynn Carter Institute for Caregiving (RCI) and Pope Eminent Scholar at Georgia Southwestern State University (GSW). The mission of the RCI is to establish local, state, national and international partnerships committed to building quality long-term, home and community-based services for caregivers in the promotion of caregiver health, skills, and resilience. Dr. Easom was a Professor of Nursing and served as the Chair in the GSW School of Nursing from 2007-2010. Prior to this, she served as the Program Coordinator of the RN-BSN program at Macon State College in Macon, Georgia. She has served as an adjunct professor for the Clinical Nurse Leader graduate program at the Medical College of Georgia. Dr. Easom has been a Registered Nurse for over 30 years and devoted much of her nursing practice to addressing the mental and physical health needs of the older adult population. Dr. Easom completed her doctoral degree in nursing at the Medical College of Georgia in 2003. Post-doctoral education included end-of-life training. Certified in gerontology, Dr. Easom focuses her program of research on caregivers (military and dementia), end-of-life issues, aging, and health promotion in rural areas of the United States. She has been the recipient of many awards including Teacher of the Year Award at GSW and was selected as a Helene Fuld Scholar recipient for the American Association of Colleges of Nursing (AACN) Leadership program. Dr. Easom serves on many collegiate committees and, additionally has served on the Medical Assisting Board for South Georgia Technical College, on the Caregiving Advisory Panel for the U. S. Administration on Aging, the ARCH Expert Panel on Respite Research, the Carter Center Task Force for Mental Health and is a member of the American Society on Aging, Gerontological Society of Aging, and National League for Nursing. She was recently selected as a "Reynolds Center of Geriatric Nursing Excellence Distinguished Scholar in Aging". Dr. Easom serves on the Editorial Board of Generations, a peer-reviewed national journal focused on aging.



Lynn Friss Feinberg, MSW is Senior Strategic Policy Advisor at the AARP Public Policy Institute, and is responsible for family caregiving and long-term care issues. She came to AARP from the National Partnership for Women & Families, serving as the first Director of the Campaign for Better Care. Previously, Ms. Feinberg served as Deputy Director of the National Center on Caregiving at Family Caregiver Alliance (FCA), where she was a leader in family-centered care and dementia issues. At FCA, she directed the National Consensus Project for Caregiver Assessment, and led the first 50-state study on publicly-funded caregiving programs in the U.S. In 2007-2008, Ms. Feinberg

was selected as the John Heinz Senate Fellow in Aging, serving in the office of U.S. Senator Barbara Boxer. She has published and lectured widely on family care policy and practice, and has served on numerous advisory boards and committees to address aging and caregiving issues. Currently, Ms. Feinberg is Chair of the American Society on Aging (ASA). She also serves on the Institute of Medicine's (IOM) Committee on Family Caregiving for Older Adults. In 2015, she received the Paul Nathanson Distinguished Advocate Award from Justice in Aging, for her career work on family care issues. Ms. Feinberg holds a master's degree in social welfare and gerontology from the University of California at Berkeley.



Gail Hunt is President and Chief Executive Officer of the National Alliance for Caregiving, a non-profit coalition dedicated to conducting research and developing national programs for family caregivers and the professionals who serve them. Prior to heading the Alliance, Ms. Hunt was President of her own aging services consulting firm for 14 years. She conducted corporate eldercare research for the National Institute on Aging and the Social Security Administration, developed training for caregivers with AARP and the American Occupational Therapy Association, and designed a corporate eldercare program for EAPs with the Employee Assistance Professional Association.

Prior to having her own firm, she was Senior Manager in charge of human services for the Washington, DC, office of KPMG Peat Marwick. Ms. Hunt attended Vassar College and graduated from Columbia University.

As a national expert in family caregiving and long-term care, Ms. Hunt served on the Policy Committee for the 2005 White House Conference on Aging, as well as on the CMS Advisory Panel on Medicare Education. She was the chair of the National Center on Senior Transportation. Ms. Hunt is also a commissioner for the Center for Aging Services Technology (CAST) and on the Board of the Long-Term Quality Alliance. Ms. Hunt is a member of the Multiple Chronic Conditions Workforce Technical Expert Workgroup. She co-chairs the NQF MAP Person and Family-Centered Care task force. Additionally, Ms. Hunt is on the Governing Board of the Patient-Centered Outcomes Research Institute (PCORI).

INVITED PRESIDENTIAL KEYNOTE SPEAKER

Friday, April 1 9:00am - 10:15am

Room: Original Ballroom

George S. Bloom, Ph.D.

Professor of Biology and Cell Biology, University of Virginia

The Quest to Conquer Alzheimer's

Alzheimer's disease is the most expensive disease in the United States. Dr. Bloom will review the basic causes of this neurodegenerative disorder, summarize current efforts to diagnose and treat it more effectively, and describe why conquering Alzheimer's disease is proving to be such a daunting challenge.



George Bloom moved to the University of Virginia in August, 2000, after spending 16 years at the University of Texas Southwestern Medical Center at Dallas, where he left as a Professor in the Department of Cell Biology. He is currently a Professor in both the College of Arts and Sciences (Department of Biology) and the School of Medicine (Department of Cell Biology). His alma mater, the University of Pennsylvania, awarded him a B.A. in Biology and History in 1973, and a Ph.D. in Biology in 1979. Dr. Bloom's career originally focused on fundamental cell biological questions, most notably how mammalian cells move and change shape, and transport cellular building blocks from place to place within the cell. Recently, this basic science approach led directly to more clinically relevant research on Alzheimer's disease, which is now the dominant theme in his lab. He has authored more than 80 scientific papers, has served on grant review panels for the NIH, the Alzheimer's Association, the American Cancer Society and the Department of Defense, and is currently an Associate Editor for the journal CYTOSKELETON. His lab has been supported by grants from the NIH, the Owens Family Foundation, the Alzheimer's Association, the Cure Alzheimer's Fund and the American Cancer Society, among other funding agencies. Most recently he was awarded a prestigious Zenith Fellowship by the Alzheimer's Association.

SPECIAL GUEST WORKSHOP SESSION

Friday, April 1 2:10pm - 3:40pm

Room: Original Ballroom

Anne Basting, Ph.D.

Director, UWM Center on Age & Community; Founder, TimeSlips
Milwaukee, Wisconsin



*Anne Basting (Ph.D.) is an educator, scholar, and artist whose work focuses on the potential for the arts and humanities to improve our quality of life as communities and individuals. For over 15 years, Basting has developed and researched methods for embedding the arts into long term care, with a particular focus on people with cognitive disabilities like dementia. Basting is author of numerous articles and two books, *Forget Memory: Creating better lives for people with dementia* (2009) and *The Stages of Age: Performing Age in Contemporary American Culture*. Basting is the recipient of a Rockefeller Fellowship, a Brookdale National Fellowship, and numerous major grants. She is author and/or producer of nearly a dozen plays and public performances, including *Finding Penelope* (2011), a play inspired by a year of intergenerational conversations about the myth of Penelope from Homer's *Odyssey*, and professionally staged throughout Luther Manor, a long term care facility in Wisconsin.*

GRITS: Gerontologists Rooted in the South

2016 GRITS Hall of Fame *Gerontologists Rooted in the South (GRITS) of Distinction*

On May 18, 1979 the Southern Gerontological Society (SGS) was organized and has since grown into a network representing the South's most respected gerontology professionals. *GRITS of Distinction* honors members for their dedication and commitment to SGS and to gerontology through enhancing the lives of the elderly in the SGS region and beyond. Our honorees have demonstrated excellence in their respective fields and made significant contributions through teaching, research, writing, program development, administration, advocacy, legislation, or applied practice. They are the role models for future generations interested in the advancement of knowledge and practice in the field of aging. The first induction ceremony occurred at the close of the 2011 Annual Meeting in Raleigh, NC.

The 2016 GRITS of Distinction honorees are:

		
Rosalynn Carter Former First Lady of the United States RCI Board President Rosalynn Carter Institute for Caregiving Americus, Georgia	Ed Rosenberg, Ph.D. Professor of Sociology Director, Graduate Certificate Program in Gerontology Appalachian State University Boone, North Carolina	Douglas E. Beach Chief Executive Officer Western Reserve Area Agency on Aging Cleveland, Ohio

Come and celebrate the accomplishments of these dedicated gerontologists on Friday, April 1, 2016 during our annual luncheon in the Grand Pavilion from 12:00pm – 2:00pm.

This ceremony is sponsored by Sage Publications

PRESIDENTIAL GALA AND AWARDS CEREMONY

Saturday, April 2 6:30pm – 9:00pm

Room: Original Ballroom

Conference attendees will not want to miss this highlight event being held in the Boar's Head Original Ballroom. Gala guests will be able to relax, have dinner and dessert, enjoy drinks and enjoy entertainment. Our evening will include an awards ceremony recognizing the recipients of the prestigious Gordon Streib Distinguished Academic Gerontologist Award, the Applied Gerontologist Award, the Rhoda Jennings Distinguished Older Advocate Award, Best Practices Award, Media Award, and the Student Paper and Poster Awards. Recipients selected to receive the Virginia Association on Aging Student Research Scholarship Award and the SGS Student Support Scholarship Awards will also be recognized.

COUNCIL OF PRESIDENTS CLOSING SESSION

Sunday, April 3 10:00am –11:45am

Original Ballroom

How do gerontologists anticipate aging and experience aging? Join us for a lively and engaging discussion, featuring Dr. Leonard W. Poon and a distinguished panel of SGS colleagues at diverse career stages. Panelists will respond to a range of questions, such as "What did you want to be when you were growing up and how did you discover gerontology?" and "Do you think being a gerontologist has or will change the way you approach caregiving?"



Dr. Leonard Poon

Panel:

Leonard W. Poon, PhD, University of Georgia

Wayne Moore, PhD, North Carolina A&T State University

Jodi Teitelman, PhD, Virginia Commonwealth University

Christopher Kelly, PhD, University of Nebraska-Omaha

Venice Mason, Western Carolina University

Moderator:

Don E. Bradley, PhD, Samford University



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Long a national leader in nursing education and at the forefront of integrating compassionate and palliative care into its graduate and undergraduate curricula, University of Virginia School of Nursing students are mentored by more than a dozen national and international experts in gerontology and palliative care — in the classroom, across clinical sites and through scholarship. Great opportunity awaits students interested in gerontology as a practice specialty, their academic and clinical experiences enriched by access to a host of other disciplinary programs across Grounds including religion, ethics, contemplative sciences, mindfulness, and medicine.



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2016 CONFERENCE TRACKS

PROGRAM NOTE

Each format in the program has a pre-assigned allotment of time; time is built in for speaker and technology changes.

Time allotments per format are as follows:

<i>Symposium</i>	<i>90 minutes</i>
<i>Workshops</i>	<i>90 minutes; may include multiple presentations per session</i>
<i>Papers</i>	<i>15 minutes per paper, 2-4 papers per session</i>

Track 1: Caregiver Services and Support Systems: Education, Empowerment, and Well-Being

Topics may include programs on training, education, policies, tool kits, and/or research studies available in communities that address and support caregiver knowledge, empowerment, health, and well-being.

Track 2: Arts and Design: Creative Approaches for Caregivers

Topics may include creative arts programs and therapies, such as art, music, dance, poetry, animals, and horticulture; mindfulness practices; and landscape and interior design. This track includes programs, practices, and therapies not only provided by caregivers, but for caregivers as well.

Track 3: Technology and Telehealth

Topics may include concepts such as environmental design, assistive device communication, and enhanced quality of life through technological innovations. This track includes the impact of technology (assistive devices, remote patient monitoring, communications, robotics, and nanotechnology), research, development, and design of products or services to increase independence and quality of life for both those who are giving and/or receiving care.

Presentation titles are preceded by a bracketed, italicized number, such as (26). This number correlates to the presentation's abstract, listed in the back of the program book.

Please refer to the color-coded "schedule-at-a-glance" printout for a map of which themes are attached to which session.

Track 4: Palliative Care and End-of-Life Conversations

Topics may include palliative care, end-of-life caregiving, advance care planning, advance directives, hospice, physician's orders for scope of treatment (POST), and bereavement services.

Track 5: Diversity in Caregiving: Changing Dynamics

Topics may include changing demography, family dynamics and the roles of, and relationships between, care receivers and caregivers, ethnic and cultural approaches to caregiving, and working caregivers. This track includes how families define caregiving and how caregivers and care receivers evaluate their experiences.

Track 6: Intergenerational Connections: Preschool to College to Community

Topics may include collaborative educational opportunities such as technology, creative arts, poetry, and landscape/interior design that empower intergenerational relationships. This track also welcomes topics related to academic-to-applied partnerships that work to create age-friendly communities, support for caregivers, safe-driving programs, and mentorship programs.

CONCURRENT SESSION FORMATS & TRACKS

Symposium

A symposium is a collection of three or four papers organized around a topic or issue of major significance. The symposium organizer introduces the session, shows how the papers relate to one another and the topic, and moderates the discussion.

Workshop

In a workshop session, one or two leaders organize a systematic exchange of ideas or conduct a demonstration of techniques and/or skills. A workshop provides an excellent opportunity for involving participants in such diverse formats as application, lecture, case studies, and role-plays.

Paper

Scientific or professional papers chosen for this meeting, where possible, relate to the conference theme or session tracks. Paper presentations are normally 15 minutes in length, with those on similar subject matter grouped together, again where possible, in topical sessions.

Poster

Posters display and exhibit materials; the author(s) are present for an assigned period of time to interact with you regarding their work. The poster display reports on current research, service programs, policy issues or other aging-related activities. Results and findings are summarized in the form of graphs, tables, pictures, and text.

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FULL MEETING SCHEDULE

THURSDAY, MARCH 31

12:00pm-8:00pm	Meeting Registration	Pavilion Lobby
12:00pm-5:00pm	Exhibit Set-Up	Pavilion Pre-function Area
1:00pm-5:00pm	Collection for Silent Auction <i>Proceeds of the Silent Auction fund the SGS Student Support Scholarship Award</i>	Board Room 1-2

Silent Auction

The silent auction will be open in **Board Room I & II** throughout the conference with intake of items for auction beginning on Thursday, March 31, 2016 from 1:00pm until 6:00pm. The silent auction will be open for bidding on Friday, April 1 from 9:00am until 5:15pm (closed during GRITS Brunch) and again on Saturday, April 2 from 9:00am until 4:45pm. We will have final bidding from 4:45pm until all table have been cleared (by 5:15pm). Visit often, bid high, and bid often! This year, we will be introducing a "buy it now" option! The donations, made to the silent auction by SGS conference members and attendees, are excellent this year! The money raised from the silent auction goes directly to the SGS Student Support Scholarship Fund, which helps students to defray costs associated with attending and presenting at the SGS annual conference.

2:00pm-4:00pm	Opening SGS Board of Directors Meeting	Tack Room
5:00pm - 5:30pm	Member Meet & Greet	Pavilion II & III
5:30pm-7:30pm	OPENING SESSION: PRESIDENT'S DISTINGUISHED PANEL ON CAREGIVING*	Pavilion II & III

Caregiving Panel is pending NASW-VA CEU Approval for 2 contact hours

Please let us welcome you to the 2016 SGS Annual Conference. This opening session will commence with SGS President Dr. Christine Jensen's introduction of invited keynote caregiving panelists.

Panel members:

**Leisa Easom, PhD, RN,
Executive Director, Rosalynn Carter Institute for Caregiving**

**Lynn Friss Feinberg, MSW
Senior Strategic Policy Advisor, AARP Public Policy Institute**

**Gail Hunt
President and CEO, National Alliance for Caregiving.**

Following this, our reception will feature the poster presentations of the emerging generation of gerontologists. Please come and share in this vital networking opportunity, enjoy some hors d'oeuvres, and engage in the works of our students! *This is a ticketed event

This reception is sponsored by the University of Arkansas, Division of Agriculture, Research & Extension, and R. Turner Goins, Ph.D., Western Carolina University.

7:30pm - 8:00pm	Presidential Opening Reception	Pavilion I
8:00pm-9:30pm	Student Poster Session	Pavilion I
<u>Student Poster 1</u>		<u>Student Poster 6</u>
(45) Effective Interventions for Depression amongst Caregivers of People with Dementia: A Systematic Review <i>Mijung Lee RN, MSN, PhD(c), University of Virginia School of Nursing Ishan C. Williams, PhD, University of Virginia School of Nursing</i>		(64) Promoting Quality Care for Dementia through Palliative Care and End-of-Life Planning <i>Elizabeth Nguyen, James R. Peacock, PhD, Appalachian State University</i>
<u>Student Poster 2</u>		<u>Traditional Poster 7</u>
(46) Health Benefits of Volunteering: Evidence for Contributions beyond Personality <i>Jennifer A. Bellingtier, Claire M. Gowney, Shenghao Zhang , Shevaun D. Neupert North Carolina State University</i>		(66) Seniors Positive Outcomes as Perceived by Adolescents Regarding Interactions during Participation in ASSIST: An Intergenerational Faith-based Service Program <i>Ronda M. Christman, Southern Adventist University Pauline M. Westman, Polly's Outreach Ministries</i>
<u>Student Poster 3</u>		<u>Student Poster 8</u>
(48) A Facilitator's Guide to Still Alice <i>Callie Johnson , Brooke Dowd Barton College</i>		(70) The Relationship between Sports Related Head Trauma and Incidence of Dementia in Later Life: An Analysis of Research to Date <i>Carley Brandley, Athletic Training Education and The Gerontology Program, Barton College</i>
<u>Student Poster 4</u>		<u>Student Poster 9</u>
(60) Male Caregiving: Coping During Caregiving <i>Harvey Holmes, Kyle White Barton College</i>		(92) Mind-Body Therapies for Informal Caregivers of People with Dementia: An Integrative Review <i>Hui Zhao, BSN, RN, PhD student, University of Virginia</i>
<u>Student Poster 5</u>		<u>Student Poster 10</u>
(61) HeArt of Medicine: Arts-Based Interprofessional Workshops to Enhance End-of-Life Care Education for Medical and Nursing Students <i>Lauren Catlett, University of Virginia</i>		(101) Fall Risk Intervention Behaviors of Patient Care Assistants <i>Cynthia A. Southard, MSN, CHPN, DNP student, Old Dominion University</i>



The essential resource for navigating gerontology and geriatrics educational programs!

The Association for Gerontology in Higher Education will be releasing the Online Directory of Educational Programs in Gerontology and Geriatrics. This comprehensive, easy-to-use resource allows the user to browse educational programs in gerontology and geriatrics by location, type of degree program, certificate, or fellowship offered. AGHE members receive a special member benefit! The online directory will have two different formats for how a program's details are listed and only AGHE members are able to provide a detailed listing.

For more information, visit aghe.org/onlinedirectory.

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FRIDAY, APRIL 1

7:00am - 7:30am	Yoga Stretch & Energize Session OR Nature Trail Walk	Tack Room Resort Lobby
7:30am-5:00pm	Meeting Registration	Pavilion Lobby
7:30am-8:50am	Refreshments - Coffee & Pastries	Pavilion 1
8:00am-4:00pm	Exhibits Open	Pavilion Pre-function Area
9:00am-5:15pm <i>(Closed from Noon-2:00pm for GRITS brunch)</i>	Silent Auction Open <i>Proceeds of the Silent Auction fund the SGS Student Support Scholarship Award</i>	Board Room 1-2
9:00am-10:15am	INVITED PRESIDENTIAL KEYNOTE SPEAKER – DR. GEORGE BLOOM <i>Dr.Bloom's Keynote Address is pending NASW-VA CEU Approval for 1 contact hours</i>	Original Ballroom

George S. Bloom, Ph.D.
Professor of Biology and Cell Biology, University of Virginia

The Quest to Conquer Alzheimer's

10:30am-11:45am	PRESIDENTIAL WELCOME, STATE OF SGS, TRANSFORMING THE LANDSCAPE OF CAREGIVING DR. CHRISTINE JENSEN	Original Ballroom
<i>Attendees will move to the Grand Pavilion for the luncheon during this time</i>		
12:00pm-2:00pm	GRITS (Gerontologists Rooted in the South) Awards Luncheon*	Grand Pavilion

GERONTOLOGISTS ROOTED IN THE SOUTH (GRITS) LUNCHEON

The SGS brunch honors Gerontologists Rooted in the South (GRITS). At the end of the luncheon, this year's *GRITS of Distinction* will be recognized. This honor will be bestowed on three distinguished members. Biographical information and SGS contributions of these *GRITS of Distinction* will be placed on the SGS website and distributed during the meal.**This is a ticketed event*

2:10pm-3:40pm

CONCURRENT SESSIONS I

FEATURED SYMPOSIUM 2: <i>(Track 5: Diversity in Caregiving: Changing Dynamics)</i>	ALBEMARLE ROOM
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(21) Insights from Carework Scholarship: Interdisciplinary Thinking on Caregiving
Mignon Duffy, Ph.D., University of Massachusetts at Lowell
Amy Armenia, Ph.D., Rollins College
Mary Tuominen, Ph.D., Denison University
Deborah Little, Ph.D., Adelphi University
Jennifer Craft Morgan, Ph.D., Georgia State University

WORKSHOP 1:	PATIO ROOM
(Track 4 : Palliative Care and End-of-Life Conversations)	
(17) Difficult Conversations: An Inter-professional Approach to End of Life Care Planning	
Timothy Short, MD, FAAFP, FAAHPM, University of Virginia, School of Medicine Virginia LeBaron, PhD, APRN, FAANP, University of Virginia, School of Medicine	
(18) Difficult Conversations: Transitions of Care in Advanced Illness	
Timothy Short, MD, FAAFP, FAAHPM, University of Virginia, School of Medicine Karen Rose, PhD, RN, FGSA, FAAN, University of Virginia, School of Medicine	
WORKSHOP 2:	ARBOR ROOM
(Track 1: Caregiver Services and Support Systems)	
(51) Creating Community Partnerships to Expand and Enhance the Congregate Nutrition Program	
Missi Boyer & Colleen Keller, RD, Senior Connections, The Capital Area Agency on Aging	
WORKSHOP 3:	BLUE RIDGE ROOM
(Track 2: Arts and Design: Creative Approaches for Caregivers)	
(39) Yoga Benefits for Caregivers	
Mary Ann Zelinsky James H. Quillen VAMC, Mt. Yoga-Yoga teacher training	
WORKSHOP 4:	ORIGINAL BALLROOM
(Track 2: Arts and Design: Creative Approaches for Caregivers)	
(105) Building Creative Communities of Care: An Evidence and Arts-based Approach	
Anne Basting, PhD, University of Wisconsin Milwaukee, Peck School of the Arts	
3:40pm - 3:50pm	BREAK
3:50pm - 5:10pm	CONCURRENT SESSIONS II
FEATURED SYMPOSIUM 3:	ORIGINAL BALLROOM
(Track 3: Technology and Telehealth)	
(87) Implementation and Evaluation of Health Professional Education via Telehealth	
Kim Weitzenhofer, MPH, LNHA, CSA, Riverside Center for Excellence in Aging and Lifelong Health Chon Abraham, PhD, MBA, The College of William and Mary Douglas Panto, Alzheimer's Association - Southeastern Virginia Chapter	
WORKSHOP 5:	PATIO ROOM
(Track 1: Caregiver Services and Support Systems)	
(15) Using the In-Home Occupational Performance (I-HOPE) to Recommend Home Modifications for Older Adults and Their Family Caregivers	
Jodi Teitelman, Ph.D, Garrett McLees, M.S., OT, Whitney Whitmore, M.S., OT, & Nicole Williams, M.S., OTR/L - Occupational Therapy; Virginia Commonwealth University; Richmond	
(20) CONNECTIONS: A Home-based Activity Intervention for Persons with Dementia: A Model for Community	
Ellen Phipps, CTRS, MSG, Gerontologist, Alzheimer's Association; Virginia Commonwealth University	

PAPER SESSION 1:**ARBOR ROOM****(Track 1: Caregiver Services and Support Systems)****(73) Risks of Caregiving Someone with Dementia***Mario Garrett, PhD, San Diego State University***(74) What Really is Alzheimer's Disease and What are the Implications for Providing Care?***Mario Garrett, PhD, San Diego State University***(78) Improving Quality of Life for Persons with Dementia: Developing a Model for Competency-Based Training for Formal and Informal Caregivers***Christopher Kelly, PhD, University of Nebraska at Omaha**Ishan Carty Williams, PhD, University of Virginia**Jennifer Craft Morgan, PhD, Georgia State University**Kim McRae, Have a Good Life and co-founder Culture Change Network of Georgia***PAPER SESSION 2:****ALBEMARLE ROOM****(Track 5: Diversity in Caregiving: Changing Dynamics)****(11) Still Crazy (and Addicted) After All These Years: Can We Care for Dually Diagnosed Elderly?***Ed Rosenberg, PhD, Appalachian State University***(82) Coming Out Late: The Impact on Individuals' Social Networks.***Candace Kemp, PhD, & Russell Spornberger**Georgia State University, Gerontology Institute***(102) Successful Sexual Aging: Privilege and Disadvantage in Current Definitions and Measurements***Christina Barmon, MPH, doctoral candidate**The Gerontology Institute, Georgia State University*

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PAPER SESSION 3:**BLUE RIDGE ROOM****(Track 4 : Palliative Care and End-of-Life Conversations)****(63) A Qualitative Analysis for Understanding End-of-Life Terminology among African American Dementia Family Caregivers**

*Karen Moss, RN, PhD (c), Patricia Hollen, RN, PhD, Karen Rose, RN, PhD, & Ishan Williams, PhD,
University of Virginia School of Nursing*

Nancy Deutsch, PhD, University of Virginia Curry School of Education

(10) Integration and Enculturation of a Palliative Care Program into a Community Hospital

*Lynne Kennedy, PhD, MSN, RN, RNFA, CNOR, CHPN
Inova Fair Oaks Hospital*

5:15PM**SILENT AUCTION CLOSES FOR EVENING****5:30pm-8:30pm****LOCAL AREA DINE-AROUNDS**

Enjoy the local eateries with some of SGS's most engaging hosts! The SGS Dine-Arounds are for EVERYONE! Dine-Arounds are always a fun way to get to know other attendees and take in the local culture that Charlottesville has to offer. Dine-Around guests are responsible for paying for their food and drink, but the transportation to the designation is complimentary. The SGS local arrangements committee has selected from a wide range of taste and budget options. Students are encouraged to join the SGS Student Representative, Stephanie Edwards, for a special outing!

Sign up for your choice of dinner and company. Sign-up sheets are at the registration area and will be available for attendees starting on Thursday during the meet and greet.

Dine-Around groups will meet in the Pavilion courtyard and lobby area. Each of the dine-around hosts will be holding a sign with the designated dine-around's name on it. Be sure to check the sign-up sheets for instructions regarding which shuttle your dine-around will be using for transportation.

There will be THREE shuttles taking participants to our downtown Charlottesville venues. The first of the two shuttles will depart the Boar's Head Pavilion Area at 5:30pm. The second shuttle will leave 6:00pm. Return shuttles will depart downtown Charlottesville at 8:00pm and 8:30pm, respectively.

Attendees are welcome to head out on their own for dinner but be sure to be back for the entertainment you WILL NOT WANT TO MISS!

FRIDAY NIGHT IS MOVIE NIGHT!**8:45pm - 11:00pm**

MOVIE NIGHT
Movie Screening of Anne
Basting's "Penelope"

The Boar's Head
Original Ballroom

Come join us in the Boar's Head Original Ballroom for movie night! SGS has been granted special permission to screen the documentary film, "Penelope", features Anne Basting's, "The Penelope Project" and is also based on her book, "Finding Penelope". This documentary will be released publicly in May of 2016 on public television stations.

PENELOPE FILM SUMMARY:

"A long term care facility, a group of students and a theater company dared to raise the bar on bingo. Can they work together to stage a play based on Homer's Odyssey? Can they inspire us all to rewrite the odyssey of aging in our own lives?

Penelope is a documentary that tells the story of The Penelope Project, a collaborative effort to dramatically raise the bar on activities in long term care.

Using the story of Penelope from Homer's Odyssey, a team of staff, residents, artists, and students engaged an entire long term care community in creativity and learning. Everyone was welcome.

Discussion groups, movement exercises, visual art, stories, and music all emerged from this multi-year project that culminated in the performance of FINDING PENELOPE, a professionally-produced play staged inside the care facility."

Credits for the Film, Penelope, the Documentary

Producer/Director Brad Lichtenstein

A film by 371 Productions with support from the Helen Bader Foundation

Credits for the Play, Finding Penelope

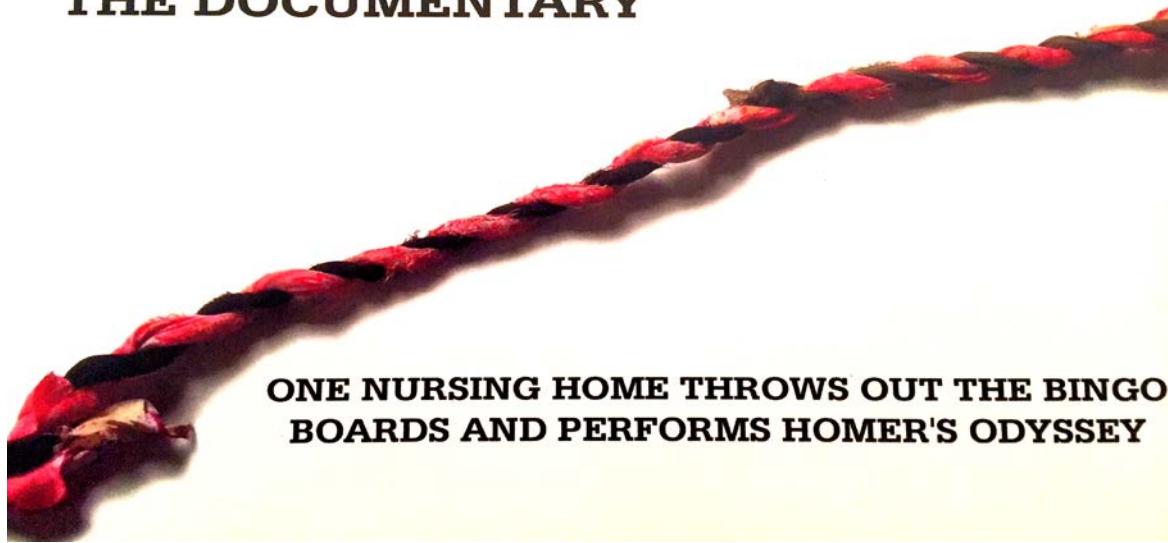
Director Maureen Towey

Writer, Project Director Anne Basting

This is a special treat for all conference attendees. Guests are welcome! We are requesting each attendee bring a \$5.00 donation-at-the-door for the Southern Gerontological Society Student Support Scholarship Fund and, in turn, we will provide you with popcorn and an enjoyable evening at the movie! If time permits, we hope to have time to engage in a lively after-movie discussion.

Penelope

THE DOCUMENTARY



SATURDAY, APRIL 2		
7:00am - 7:30am	Yoga Stretch & Energize Session OR Nature Trail Walk	Tack Room Resort Lobby
7:30am-5:00pm	Meeting Registration	Pavilion Lobby
8:00am-4:00pm	Exhibits Open	Pavilion Pre-function Area
9:30am-4:45pm	Silent Auction -Final bids start at 4:45pm, auction closed at 5:15pm.	Board Room 1-2
8:00am-9:30am	SGS MEMBERSHIP BUSINESS MEETING & BREAKFAST	Original Ballroom
9:45am-11:15am CONCURRENT SESSIONS III		
POSTER SESSION 2: <i>Posters attended from 9:45am until 10:45am, Posters remain up until 1pm</i>		PAVILION I
<p>Professional Poster 11 (13) Organizational and Job Characteristics Associated with Turnover of Personal Care Aides in Residential Care Facilities <i>April Temple, PhD, James Madison University</i></p> <p>Professional Poster 12 (23) Gerontological Teaming and Professional Identity <i>Tracey Gendron PhD, Virginia Commonwealth University; E. Ayn Welleford, PhD, Virginia Commonwealth University; Christine Jensen, PhD, Riverside Center for Excellence in Aging and Lifelong Health</i></p> <p>Professional Poster 13 (24) Put Your Oxygen Mask on First: Using Egoism and the Virtues of Selfishness in Caregiving to Re-Interpret Care and Responsibility <i>E. Ayn Welleford, PhD, & J. James Cotter, PhD, Virginia Commonwealth University</i></p> <p>Professional Poster 14 (25) Nonpharmacologic Pain Management Program for Older Veterans <i>Andrea Jennings Dr.PH., RN, Louis Stokes Department of Veterans Affairs Medical Center</i></p> <p>Professional Poster 15 (27) Local Demographic Changes From Affiliated University Based Retirement Communities <i>Deano Traywick, B.S., University of Arkansas at Little Rock; Alison Wiley, Demographic Research UALR Institute for Economic Advancement; LaVona Traywick, PhD., University of Arkansas System</i></p> <p>Professional Poster 16 (34) Snoezelen Use in Community Living Centers <i>Lauren Hagemann, Ph.D, Lindsey Jacobs, Ph.D, Katherine Luci, Psy.D, & Mamta Sapra, M.D. Salem VA Medical Center</i></p>		

Professional Poster 17

(37) Meaning-Making of Older Adults' Tattoos

Pamela Pitman Brown, PhD, CPG, Winston-Salem State University; Colleen Bennett, MA, MS, PhD (c), University of Maryland Baltimore County; & Cassandra Zagurski, Winston-Salem State University

Professional Poster 18

(41) Examining Intergenerational Relationships through the CATCH Healthy Habits Program

Sara Link, MS, Senior Connections; Sara Morris, CHES, The Capital Area Agency on Aging; E. Ayn Welleford, MSG, PhD, AGHEF, Virginia Commonwealth University Department of Gerontology; Thelma Bland Watson, PhD, The Capital Area Agency on Aging; Melissa Bess, EdD, MS, The OASIS Institute

Professional Poster 19

(47) Intergenerational Practices Foster Prosocial Behavior Among Children and Elders

Shannon Jarrott, Ohio State University; Jill Naar, Virginia Tech; Raven Weaver, Virginia Tech; & Megan Kale-Cheever, Ohio State University

Professional Poster 20

(52) Identifying Risk of Social Isolation with No Wrong Door & Age Wave Systems Integration

Catherine MacDonald, MS, Senior Connections, the Capital Area Agency on Aging; Sara Link, MS, The Greater Richmond Age Wave Coalition, Senior Connections; Patrick Hickey, The Greater Richmond Age Wave Coalition, Senior Connections; & Thelma Watson, PhD, Senior Connections, the Capital Area Agency on Aging, Gigi Amateau, United Way Chief Impact Officer, E. Ayn Welleford, PhD, Virginia Commonwealth University, Tracey Gendron, PhD, Virginia Commonwealth University

Professional Poster 21

(75) Aging in Prison in Virginia: How the Commonwealth Can Address a Growing Concern

Catherine MacDonald, MS, Virginia Commonwealth University & Tom Nash, Gnash Media

Professional Poster 22

(69) The Influence of Age and Gender on Workplace Behaviors

Jenessa Steele, Radford University; Boglarka Katie Vizy, West Virginia University; Michaela Reardon, Radford University; & Christopher Rock, Radford University

Professional Poster 23

(76) Reasons for using Yoga by Older Americans with Chronic Bone Problems

*Elizabeth Tait, PhD, Marianne Hollis, PhD, RN, & Brian Raming, PhD, MBA
Western Carolina University*

Professional Poster 24

(77) Caregiving During the Younger Years: Exploring the Effects of Caregiving on Emerging Adults

*Kristopher Struckmeyer, MS, & Whitney A. Bailey, PhD
Oklahoma State University*

Professional Poster 25

(86) It's INTRO Gerontology for Goodness Sakes -- Don't Make Me Talk about Dying!

Ms. Patrice H. Blanchard, M.S., Western Kentucky University

Professional Poster 26

(89) Transforming the "Language" of Family Caregiving: Unpacking Our Concepts and Metaphors in Scholarly and Public Conversation

Luci Bearon, PhD, North Carolina State University

FEATURED SYMPOSIUM 4:**PAVILION III****(Track 1: Caregiver Services and Support Systems)***This symposium is pending NASW-VA approval for 1.5 contact hours***(29) A Dementia-Capable Virginia: Implementing the FAMILIES Program to Support Caregivers**

Christine J. Jensen, PhD, Riverside Center for Excellence in Aging & Lifelong Health; Devin M. Bowers, MPH, Department for Aging and Rehabilitative Services; Jennifer Inker, MBA, MS, Virginia Commonwealth University; Carol Manning, Ph.D. ABPP-CN, University of Virginia; & Scott Sperling, Psy.D, University of Virginia

PAPER SESSION 4:**BLUE RIDGE ROOM****(Track 6: Intergenerational Connections: Preschool to College to Community)****(98) The Boomer Challenge: "Senior Sandwiched" Yet Still Aging**

Janice I. Wassel, PhD, The University of North Carolina at Greensboro; Neal E. Cutler, National Gerometrics

(68) Too Old to Play but Winning Anyway: Analysis of Age References in 2015 Wimbledon Final Matches

Jaye L. Atkinson, PhD., Georgia State University

(59) Deconstructing College Students' Ageist Stereotypes

*Graham D. Rowles, PhD, Aaron Guest, & Amy Schuster
Graduate Center for Gerontology, University of Kentucky*

PAPER SESSION 5:**EDNAM EAST****(Track 2: Arts and Design: Creative Approaches for Caregivers)****(14) A Holistic Approach to Predict Loneliness and Social Isolation in Older Adults**

Razan Al Fakir, University of Florida

(32) A Creative Arts and Writing Program: Results from a Randomized Control Trial

R. Turner Goins, MS, PhD, Western Carolina University; Mark Schure, MS, PhD, Montana State University; & Amy Henderson, MS, The Geezer Gallery

(85) The Hidden benefits of Equine Therapy for People Living with Dementia

Tina Thomas MS, & Carol Ivey MS, Williamsburg Landing

PAPER SESSION 6:**EDNAM WEST****(Track 3: Technology and Telehealth)****(26) Examining the Use of Blogs and Social Media by Family Caregivers of Persons with Dementia**

Joel G. Anderson, PhD, CHTP; Jessica Keim-Malpass, PhD, RN; Elizabeth Hundt, MSN, RN, & Morgan Dean, BSN, University of Virginia School of Nursing

(81) Assistive Technology and Older Adults in a Disaster

Mary Helen McSweeney-Feld, Ph.D., Towson University

(83) Ageism and the Digital Divide

Carol McDonough, University of Massachusetts Lowell

(88) 21st Century Belonging: Digital Inclusion among Older Adults in Continuing Care Retirement Communities

Elizabeth Yost, College of William and Mary; Vicki Winstead, University of Alabama at Birmingham; & Shelia Cotton, Michigan State University

WORKSHOP SESSION 6:

PAVILION II

(Track 1: Caregiver Services and Support Systems)

(35) Building Pathways to Address Driving and Community Mobility for Older Adults

Anne Dickerson, East Carolina University & Elin Schold Davis, American Occupational Therapy Association

(65) Laugh Your Way to Wellness and Engagement with LaughActive

Celeste Greene, Gerontology Institute, Georgia State University

(71) Stress Less with Mindfulness

Becky Smith, West Virginia University Extension Service

11:30am-1:00pm	LUNCH BREAK: <i>Join us and a Committee at our Committee Luncheon. Luncheon style food & drinks will be available to purchase</i>	<i>Tables will be set up for committee meetings and will provide space for participants to enjoy their meals.</i>
<i>Publication Committee to meet in Arbor Room (start at 11:30am)</i>		

SGS STANDING COMMITTEES INCLUDE:

- **AWARDS COMMITTEE**
- **MEMBERSHIP COMMITTEE**
 - *Seeking Chair or Co-Chair*
- **PROGRAM COMMITTEE**
 - *Includes local arrangement & site selection*
 - *Seeking Chair or Co-Chair*
- **BYLAWS COMMITTEE**
- **DEVELOPMENTS COMMITTEE**
 - *Seeking Chair or Co-Chair*
- **PUBLICATIONS COMMITTEE**
- **STUDENT COMMITTEE**
- **SENIOR COMMITTEE**
 - *Seeking Chair or Co-Chair*
- **BUDGET AND FINANCE COMMITTEE**
- **COUNCIL OF PRESIDENTS**
- **NOMINATING COMMITTEE**
- **EXECUTIVE COMMITTEE**

The Southern Gerontological Society runs most effectively and efficiently with strong committee support and leadership. We are seeking interested members to come join the many important discussions that will impact the future of this organization.

During this luncheon, tables will be identified by tent cards. Applications to join a committee will be made available at each table.

We are actively seeking new members for each committee but of special importance are potential PROGRAM COMMITTEE and DEVELOPMENT members who interested in helping to create the 2017 Asheville, NC annual conference program.

1:15pm-2:45pm

CONCURRENT SESSIONS IV

FEATURED SYMPOSIUM 5:

ORIGINAL BALLROOM

(Track 5: Diversity in Caregiving: Changing Dynamics)

(58) Understanding Care Convoys and Partnerships in Assisted Living

Candace L. Kemp, Georgia State University; Mary M. Ball, Emory University; Jennifer Craft Morgan, Georgia State University; Molly M. Perkins, Emory University; Patrick J. Doyle, Brightview Senior Living; Elisabeth O. Burgess, Georgia State University; Joy A. Dillard, Georgia State University; Christina E. Barmon, Georgia State University; Andrea F. Fitzroy, Georgia State University; Victoria E. Helmly, Georgia State University; Elisabeth Avent, Georgia State University; & Deborah Yoder, Georgia State University

WORKSHOP SESSION 7:

PAVILION II

(Track 4: Palliative Care and End-of-Life Conversations)

(28) The Art of Goodbye: University of Florida/IFAS Extension Programming Explores End of Life Concerns

Lynda Spence, M.S., University of Florida/IFAS Extension

(55) The Art of Goodbye: End of Life Education developed by University of Florida/IFAS Extension

Lynda Spence, M.S., University of Florida, IFAS Extension; Martie Gillen, PhD, University of Florida; & Brenda Williams, EdD, University of Florida, IFAS Extension Alachua County

WORKSHOP SESSION 8:

PAVILION III

(Track 6: Intergenerational Connections: Preschool to College to Community)

(38) Connecting Generations through Intergenerational Music Therapy Programs; An Interactive Approach

Becky Watson, MBA, MT-BC, Music for Wellness

(95) Connections between Lifelong Learners and College Students

Summer McWilliams, University of South Carolina Beaufort

(103) Dementia Connections: Learning to Be Present

Kelly Niles-Yokum, PhD, University of La Verne; Ryan Harrison, PsyD, Hillcrest/University of La Vern

PAPER SESSION 7:

EDNAM EAST

(Track 1: Caregiver Services and Support Systems)

(30) Grandmothers as Primary Caregivers: A Qualitative Perspective on Satisfaction with Social Support

Julian Montoro-Rodriguez & Judith Walsh, University of North Carolina at Charlotte

((62) Patient Centered Medical Home and the Older Adult: The Role of the Medical Assistant

Jennifer Craft Morgan, Georgia State University; Chivon Mingo Georgia State University; Emmeline Chuang, University of California at Los Angeles; Celeste Greene, Georgia State University; & Megan Koepnick, Georgia State University

(97) They Took my Blood ... But Didn't Give Me Anything: Patient Perceptions of Exchange in Chronic Kidney Disease Monitoring

Ann E. Vandenberg, PhD, MPH, Katharina V. Echt, PhD, & C. Barrett Bowling, MD, MSPH
Emory University, Department of Veterans Affairs Medical Center

(104) Coastal Change and Continuity: An Analysis of Environmental Adaptation in North Carolina

J. Evan Fulks, MS, East Carolina University; & J. Steven Fulks, PhD, Barton College

PAPER SESSION 8:

EDNAM WEST

(Track 5: Diversity in Caregiving: Changing Dynamics)

(33) Nuts and Bolts of a Scoping Effort in Dementia Caregiving

*Ishan C. Williams, Joel G. Anderson, Morgan Dean, Elizabeth Epstein, Ruth Palen Lopez, Karen Rose, Dan Wilson, Alice Xie
University of Virginia, School of Nursing, & MGH Institute of Health Professions*

(79) Perceptions of Quality of Care for People with Dementia at Dementia Day Care Centers

Chih-ling Liou, Kent State University at Stark

(93) Educating the Next Generation of Family Caregivers

*Carol L. Jenkins, PhD, & Abby J. Schwartz, MGS, MSW, PhD
School of Social Work, East Carolina University*

(94) "Ours is the Strangest Situation, Ours is Different from Most Peoples.": Spousal Caregiver Perspectives on the Complex Challenges of Dementia Caregiving in Late-life Marriage

*Emily Roberts, Whitney Bailey, & Kris Struckmeyer
Oklahoma State University*

2:45pm – 3:00pm

BREAK

3:00pm-4:30pm

CONCURRENT SESSIONS V

FEATURED SYMPOSIUM 6:

ORIGINAL BALLROOM

(Track 6: Intergenerational Connections: Preschool to College to Community)

(96) Keep Calm and Be Age Friendly

*Dana Burr Bradley, PhD, Hannah Ruggles, Marybeth Hunt, MSW, & Patrice Blanchard, MS,
Western Kentucky University, Center for Gerontology
Rodney Harrell, AARP*

WORKSHOP SESSION 9:

PAVILION I

(Track 3: Technology and Telehealth)

(12) The Lindsay Institute for Innovations in Caregiving: Advancing Caregiver Health

Richard W. Lindsay, MD, Gordon Walker, & Adrienne M. Johnson

The Lindsay Institute for Innovations in Caregiving & SeniorNavigator

WORKSHOP SESSION 10:**PAVILION II****(Track 1: Caregiver Services and Support Systems)****(8) Effects of the Minnesota Adaptation of the NYU Caregiver Intervention on Depressive Symptoms and Quality of Life for Adult Child Caregivers of Persons with Dementia**

Joseph E. Gaugler, PhD, Center on Aging, School of Nursing, University of Minnesota; Mark Reese, MA, LMFT, Families and LTC Projects, School of Nursing, University of Minnesota; & Mary S. Mittelman, DrPH, Department of Psychiatry, NYU Langone Medical Center

(9) Publish or Perish

Joseph E. Gaugler, PhD, Center on Aging, School of Nursing, University of Minnesota

WORKSHOP SESSION 11:**PAVILION III****(Track 2: Arts and Design: Creative Approaches for Caregivers)****(16) ACT for Caregivers Telephone Group Workshop**

Alissa Goldstein, M.C., Radford University; & Katherine Luci, Psy.D., Salem VA Medical Center

(57) Animating Aging: Animation and Person-Centered Art Therapy in Memory Care and Skilled Nursing

Caroline Edasis, MAAT LPC, Mather LifeWays

PAPER SESSION 9:**EDNAM EAST****(Track 5: Diversity in Caregiving: Changing Dynamics)****(31) Views of Long-Term Care among Older Russian-Speaking Immigrants**

Polina Ermoshkina, University of Illinois Urbana-Champaign; Dr. Kate de Medeiros, Miami University; & Dr. Robert Rubinstein, University of Maryland

(72) Care Networks of Older American Indians with Type 2 Diabetes

R. Turner Goins, PhD, Western Carolina University, College of Health and Human Sciences; Venice Mason, Western Carolina University; & Jacqueline Jones, University of Colorado, College of Nursing

(80) Will Western Experiences Flow to Asia? A Study of Aging Experiences in Adult Day Services (ADS) Centers in Taiwan

Chih-ling Liou, Kent State University at Stark

(99) Fostering Silver Entrepreneurship for Older Adults in South Korea

*Janice I. Wassel, PhD, & Hanjo Cho
The University of North Carolina at Greensboro*

WORKSHOP SESSION 12:**EDNAM WEST****(Track 4: Palliative Care and End-of-Life Conversations)****(49) End of Life Soul-Searching: The Role of Faith and Tradition in Culturally Sensitive Advance Care Planning & Preparation**

Ivan K. Tolbert, MPA, Med, Senior Connections, The Capital Area Agency on Aging; & Hilda Roundtree, RN, Conflict Mediation Group, Inc.

(53) The Social Aspects of Death and Dying: Classroom and Online Teaching

Rosalie Otters, PhD, University of Arkansas at Little Rock

4:45pm-5:15pm	SILENT AUCTION ENDS: Closing bids start at 4:45pm, all tables cleared by 5:15pm	BOARD ROOM 1 - 2
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Come make your final bids! Payments accepted in cash, check, or major credit cards.

5:30pm -6:15pm	Engage in DRUMMING: An Energetic Social Exercise! <i>Everyone is invited to come enjoy some drumming time before the Gala & Awards Ceremony begins.</i>	Original Ballroom Pre-Function Area
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6:30pm-9:00pm	PRESIDENTIAL GALA & AWARDS CEREMONY*	Boar's Head Original Ballroom
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6:30pm-7:00pm
Entertainment and Welcome

7:00pm - 8:00pm
Dinner, Cash Bar, & Desserts

8:00pm-9:00pm
Awards Ceremony

**ticketed event*

The Presidential Gala is sponsored by University of Virginia, School of Nursing

SUNDAY, APRIL 3

8:00am-10:30am	Meeting Registration	Registration Moved to Original Ballroom Pre-function Area
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8:15am-9:45am

CONCURRENT SESSIONS VI

FEATURED SYMPOSIUM 7:

ORIGINAL BALLROOM

(Track 4: Palliative Care and End-of-Life Conversations)

(19) Practical Palliative Care Conversations: When and How to Talk about Goals of Care

*Timothy Short, MD, FAAFP, FAAHPM, Julio Silvestre, MD, Karen Rose, PhD, RN, FGSA, FAAN, Virginia LeBaron, PhD, APRN, FAANP, Maureen Metzger, PhD, RN
University of Virginia, School of Medicine & University of Virginia, School of Nursing*

WORKSHOP SESSION 13:

EDNAM EAST

(Track 1: Caregiver Services and Support Systems)

This symposium is pending NASW-VA approval for 1.5 contact hours

(22) Transforming Caregiving Research and Practice through National and State Policies and Legislation

Jodi Teitelman, PhD, Virginia Commonwealth University, Dept. of Occupational Theory; & Christy Jensen, PhD, Riverside Center for Excellence in Aging & Lifelong Health

WORKSHOP SESSION 14:

EDNAM WEST

(Track 3: Technology and Telehealth)

(40) Daily Essentials for Caregivers Caring for Visually Impaired

Mary Ann Zelinsky, M.A., COMS, CVRT; & James H. Quillen VAMC/Blind Rehab Outpatient Specialist

(100) Telemedicine 101: Tools for Implementing Telemedicine into Clinical Practice

Tamara Broadnax, MSN, RN, NEA-BC, Director of Telemedicine at Virginia Commonwealth University Health

WORKSHOP SESSION 15:

TACK ROOM

(Track 2: Arts and Design: Creative Approaches for Caregivers:)

(50) Music Therapy and Older Adults 101

Daniel Goldschmidt, MT-BC, Goldschmidt Music Services, LLC

PAPER SESSION 10:

ALBEMARLE ROOM

(Track 1: Caregiver Services and Support Systems)

(67) Aging Adults' Reflections of Health, Socialization, and Promoting Vitality

Ronda M. Christman, Southern Adventist University

(84) Reciprocal Dynamics Between Adult Foster Care Providers and Residents

Kelly Munly, PhD, Pennsylvania State University at Altoona

(90) Characteristics of Homelessness: A Comparison of Older Adults over 50 with Younger Adults

Carolyn Turturro, PhD, & Rosalie Otters, PhD

University of Arkansas at Little Rock

PAPER SESSION 11:

BLUE RIDGE ROOM

(Track 5: Diversity in Caregiving: Changing Dynamics)

(42) Effect of Arm-swing Exercises on Elderly Health

Worawut Chompoopan, Khon Kaen University, Thailand; & Ed Rosenberg, PhD, Appalachian State University

(43) Increasing Self-care Ability among Community-dwelling Older People: A Community Participation Approach.

Kanchana Nimsuntorn, Khon Kaen University, Thailand; & Ed Rosenberg, PhD, Appalachian State University

(56) Evaluation of a Laughter-based Exercise Program on Health and Self-efficacy for Exercise

Celeste Greene, Gerontology Institute, Georgia State University; Jennifer Craft Morgan, Gerontology Institute, Georgia State University; LaVona S. Traywick, Cooperative Extension Service, University of Arkansas; & Chivon A. Mingo, Gerontology Institute, Georgia State University

(91) Translating the MOUTH Intervention into Practice: Help for the Caregiver in the Long-Term Care Setting.

Vicki Winstead, PhD, Rita Jablonski-Jaudon, PhD, CRNP, FAAN, Corteza Townsend, MPA, Andres Azuero, PhD, Ann Kolanowski, PhD, RN, FGSA, FAAN

University of Alabama at Birmingham School of Nursing & Penn State University College of Medicine

9:45am-10:00am

BREAK

10:00am-11:45am

COUNCIL OF PRESIDENTS (COPS) CLOSING SESSION

Original Ballroom

How do gerontologists anticipate aging and experience aging? Join us for a lively and engaging discussion, featuring Dr. Leonard W. Poon and a distinguished panel of SGS colleagues at diverse career stages. Panelists will respond to a range of questions, such as "What did you want to be when you were growing up and how did you discover gerontology?" and "Do you think being a gerontologist has or will change the way you approach caregiving?"

Panel:

Leonard W. Poon, PhD, University of Georgia

Wayne Moore, PhD, North Carolina A&T State University

Jodi Teitelman, PhD, Virginia Commonwealth University

Christopher Kelly, PhD, University of Nebraska-Omaha

Venice Mason, Western Carolina University

Moderator:

Don E. Bradley, PhD, Samford University

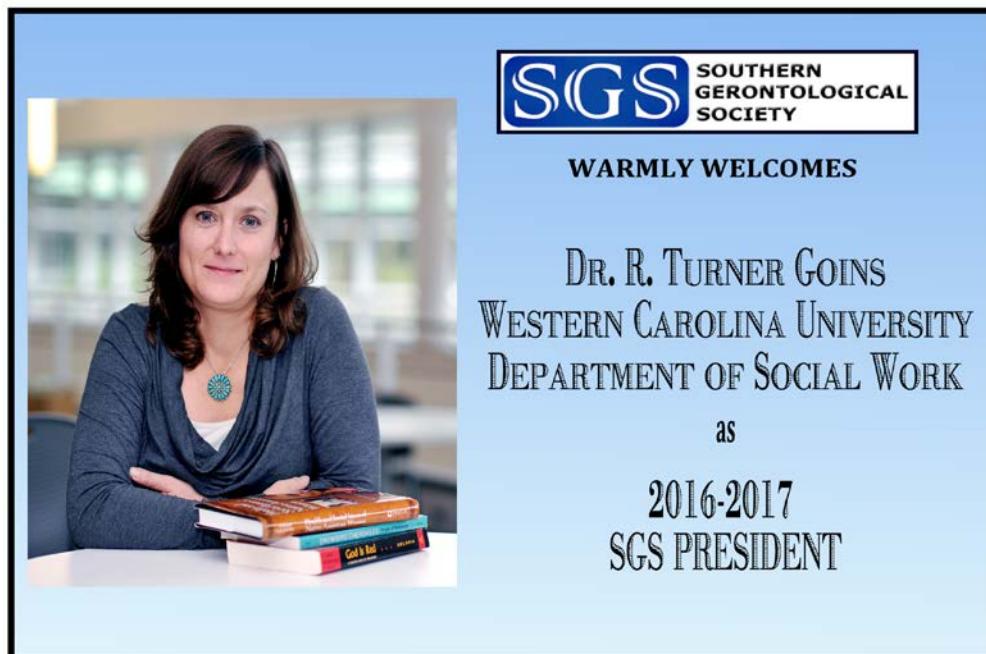
**Thank you for joining us!
We hope you will return to SGS's 38th Annual Meeting to be held
April 6-9, 2017 in Asheville, North Carolina.**

12:00pm-1:45pm

**SGS NEW BOARD MEMBER
ORIENTATION AND LUNCHEON**

**Albemarle & Blue
Ridge Rooms**

New incoming board members are encouraged to stay for a brief meet and greet and orientation to SGS board procedures.



A promotional graphic for WKU Aging. At the top left is the WKU logo, which consists of a red stylized 'W' inside a square. To the right of the logo, the word "WKU" is written in a large, bold, black serif font, with "AGING" in a smaller, bold, black sans-serif font to its right. Below the logo, the text "Congratulations, on the SGS 2016 Annual Meeting!" is displayed in a large, bold, black serif font. In the bottom left corner, there is a red link: "www.wku.edu/Aging". Below this, the text "Follow us @WkuAging" is followed by icons for Twitter, Facebook, LinkedIn, and Instagram. In the bottom right corner, there is descriptive text about WKU's aging programs: "WKU offers a Graduate Certificate in Aging Studies and undergraduate students may complete a Gerontology Minor and an Aging Specialist Certificate. Related options include a Health Studies Major with a concentration in Gerontology, Bachelors in Interdisciplinary Studies with a concentration in Health or a Long Term Care Certificate." The background of the graphic is a photograph of the WKU campus, showing buildings and greenery.



Department of Social Work

We have undergraduate and graduate degrees that present students with a variety of career options, from working in mental health, older adult, and substance abuse settings to working in private practice, non-profit, and social service sectors.

Our educational programs include:

- ▶ Bachelor of Social Work (BSW)
- ▶ Master of Social Work (MSW)
- ▶ Culturally-Based Native Health Certificate

Learn more at **SOCIALWORK.WCU.EDU**



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www.agsociety.org

Overcome the Myths of Aging

Develop Partnerships

Bring People Together

Be a member. You don't have to live in Arkansas to be part of our aging network.



University of Arkansas Cooperative Extension Service
Family & Consumer Sciences:

All the times in your life, we're here for you with steps towards healthier living:

- Advice to strengthen families
- Financial management skills
- Nutrition education
- Balancing life and stress



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ABSTRACTS

*These abstracts reflect content as submitted by the authors.
We apologize for any errors that we may not have found to
properly edit.*

(8) Effects of the Minnesota Adaptation of the NYU Caregiver Intervention on Depressive Symptoms and Quality of Life for Adult Child Caregivers of Persons with Dementia

Joseph E. Gaugler, PhD / Mark Reese, MA, LMFT / Mary S. Mittelman, DrPH

Center on Aging | School of Nursing | University of Minnesota | Families and LTC Projects | School of Nursing | University of Minnesota | Department of Psychiatry | NYU Langone Medical Center
gaug0015@umn.edu | reese131@umn.edu | mary.mittelman@nyumc.org

Purpose of the study. This study determined whether the NYU Caregiver Intervention for Adult Children (the NYUCI-AC) significantly reduced depressive symptoms and improved quality of life for adult child caregivers of persons with dementia.

Design and methods. The NYUCI-AC was evaluated within a single blinded randomized controlled trial. The sample included 107 adult child caregivers of persons with dementia (n = 54 assigned to the multi-component treatment group; n = 53 assigned to a contact control group). Participants completed comprehensive assessments every four months during the first year and every six months thereafter for at least two years and up to 3.79 years.

Results. Individual growth curve models found that caregivers in the NYUCI-AC treatment condition indicated statistically significant ($p=.05$) curvilinear decreases in symptoms of depression indicating withdrawal, apathy, and lack of vigor and increases in perceptions of overall quality of life over a three-year period in comparison to control caregivers.

Implications. The NYUCI-AC offered adult child caregivers the capacity, via individual and family counseling as well as ongoing support, to enhance their quality of life and overcome their social withdrawal and apathy over time. These findings lend additional support to the NYUCI as an evidence-based approach to support family caregivers of persons with dementia.

(9) Publish or Perish

Joseph E. Gaugler, PhD

Center on Aging | School of Nursing | University of Minnesota
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Joe Gaugler, PhD and Editor of the Journal of Applied Gerontology, will offer observations and lessons learned about the peer-review publication process he has learned as an author, manuscript reviewer, and editor. Topics that will be reviewed and discussed include steps to outlining and preparing a peer-reviewed manuscript submission, the submission process (tips on how to target a manuscript submission), how to interpret and respond to reviewers' feedback and comments, and suggestions as to how to revise and resubmit a manuscript. Dr. Gaugler will offer some examples of his

successful and unsuccessful attempts to navigate the tumultuous (and often idiosyncratic) waters of "publish or perish."

(10) Integration and Enculturation of a Palliative Care Program into a Community Hospital

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At a community hospital located in Fairfax, VA. providers began using a Palliative Care consult model to introduce the Palliative Care Team into the scope of treatment for geriatric and seriously ill patients. The intensivists in ICU began requesting Palliative Care participation at ICU inter-disciplinary morning rounds. The satisfaction of the intensivists with the care resulted in discussions with hospital senior leadership to sponsor a full Palliative Care Team. Primary care physicians (PCPs) needed education as they did not see the value in Palliative Care and believed they were already delivering the full service to their patients. Patients and their families were not getting adequate support because they did not understand all the options of care or the benefits and burdens of the various treatments.

Results: Seriously ill patients who receive palliative care feel that their care is more personalized to their goals of care and quality of life at any stage in the trajectory of their illness. On evaluating the data of existing readmissions and number of emergency room visits following discharge one may conclude that ambulatory palliative care services may facilitate achieving optimum reduction in readmissions.

(11) Still crazy (and addicted) after all these years: Can we care for dually diagnosed elderly?

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Dual diagnosis denotes people with concurrent, related psychiatric and chemical dependency diagnoses. While research on the dually diagnosed typically focuses on younger-to-middle-aged people, the numerical and proportionate growth of the older American population plus Baby Boomer culture suggest an imminent increase in the prevalence of dually diagnosed older persons. What do health care professionals know about this? Are there age-targeted treatment protocols and, if so, are they successful? Since most eldercare is informal, how can family/friends prepare? In addressing these questions, this presentation distinguishes substance use from abuse, misuse, and substance use disorder; covers substance use disorder symptoms and factors contributing to substance use disorder; notes age-related changes in alcohol use/abuse, and; describes mental illness in the older population. Treatment issues are reviewed, including strained relations between addictions and mental health professionals, integrated vs. parallel treatment, age-integrated vs. age-segregated treatment, and defining successful treatment outcome. Finally, the role of family, friends and other informal caregivers in identifying and responding to elderly dual diagnosis is discussed.

**(12) The Lindsay Institute for Innovations in Caregiving:
Advancing Caregiver Health**

Richard W. Lindsay, M.D. / Gordon Walker / Adrienne M. Johnson

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The role performed by family caregivers is the foundation upon which long-term care in the U.S. depends and is built. Evidence shows that caregivers neglect their health to provide care to their loved ones thus becoming persons at-risk and likely to need assistance. The healthcare system and physicians need to play a more active and leadership role in assessing and maintaining caregiver health.

The mission of the Lindsay Institute for Innovations in Caregiving is to heighten societal awareness of the negative health consequences of caregiving and to develop and improve methods to sustain caregiver health. One such method is to leverage technology. Institute staff will report on the results of an intergenerational, multi-disciplinary, award-winning, Caring for the Caregiver Hackfest that engaged students, caregivers and industry in a competition to design technological solutions that advance caregiver well-being. We will also report on ways to better educate health professionals so they may identify and assist their patients who are caregivers. Additionally, there will be a brief discussion on ways to further heighten societal awareness of this growing issue.

(13) Organizational and Job Characteristics Associated with Turnover of Personal Care Aides in Residential Care Facilities

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Turnover of personal care aides (PCAs) represents a major challenge to the provision of quality care in residential care facilities (RCFs). The purpose of this study was to explore the role of organizational and job characteristics in relation to turnover of PCAs. Using data derived from the 2010 National Survey of Residential Care Facilities ($n = 2,166$), weighted logistic regression analysis was used to examine organizational and job characteristics associated with facilities that reported turnover of PCAs. Results indicate that 61% of RCFs nationwide experienced PCA turnover. Among the organizational characteristics, larger facility size, for-profit ownership, higher occupancy rate, higher RN and PCA staffing levels, and shorter administrator tenure increased the odds of turnover. Job characteristics including less than 75 hours of training and the availability of health insurance also increased the odds of turnover. These findings suggest that larger RCFs with higher staffing levels, reflecting a greater acuity of residents, are more likely to have turnover of PCAs. Results also highlight the importance of increased training and longer tenure of administrators as important factors related to PCA turnover. Study implications include the need to tailor policy and practice interventions to recruit and retain PCAs in residential care settings.

(14) A holistic approach to predict loneliness and social isolation in older adults

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Longitudinal studies documented that aging is accompanied by decline in several domains of functions including sensory, cognition, emotional, and social. Loneliness and social isolation is a major risk factor for dementia onset among older adults. However, factors that plays a crucial role in isolation remains unclear in audiology rehabilitation. The concepts of the World Health Organization's International Classification of Functioning (ICF) and the ICF brief core set for hearing loss were used as a holistic approach to identify those factors.

A randomized cross-sectional cohort research design was applied to explore factors that play a crucial role in social isolation in individuals between 60 to 89 years old with and without hearing loss. The preliminary data analysis from 70 subjects of 120 (ongoing) using the multiple-regression analysis significantly supported the hypothesis. The initial model including: Hearing dysfunction, Attention, communication difficulties, Dizziness, and depression significantly correlated with De Jong Gierveld scale ($P < .01$). The Model ($R = .60$, $R^2 = .36$, $P < .01$). Depression mediate the relationship between hearing dysfunction and social isolation.

Conclusion: if information processing is sustained to the point where degeneration occurs (e.g. cognitive decline, depression) the socio-emotional regulation (e.g. personality) forces the brain to involuntary socially or emotionally withdraw.

(15) Using the In-Home Occupational Performance (I-HOPE) to Recommend Home Modifications for Older Adults and Their Family Caregivers

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The majority of family caregiving of older adults is provided in home environments, many of which may be unsafe at the worst, or at the very least contribute to impaired function, comfort and enjoyment for all living there. Programs oriented toward providing free or low cost in-home assessments and home modifications, such as Rebuilding Together, may be instrumental in supporting both caregivers and care receivers in remaining at home and in their communities by promoting greater safety and quality of life. This workshop will introduce an activity-based and observational assessment developed by occupational therapists to be administered by service providers, the In-Home Occupational Assessment (I-HOPE), as well as the I-HOPE Assist, designed specifically for completion by family caregivers. Components of the assessments will be reviewed, and participants will be shown

examples of assessment materials and forms. Results of a pilot-test of the I-HOPE's use in 10 homes of older adults participating in the Richmond [VA] Rebuilding Together program will be highlighted, including recommendations for its administration. Finally, participants will have opportunities to discuss successes, challenges and concerns with reference to in-home functional assessment and home modifications for community-dwelling families that include older adults.

(16) ACT for Caregivers Telephone Group Workshop

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Recent studies have shown that caregiver burden is associated with experiential avoidance (Spira et al., 2007) and that Acceptance and Commitment Therapy (ACT) and mindfulness interventions are promising treatments for reducing caregivers anxiety, depression, caregiver burden, and experiential avoidance (Epstein-Lubow et al., 2011; Losada et al., 2015; Marquez-Gonzalez, Romero-Moreno, & Losada, 2010). Many caregivers are unable to obtain psychological services because they are unable to leave a care recipient unattended. Additionally, many caregivers living in rural areas or considerable distances from a medical center find it too challenging to obtain face-to-face services. This workshop will train practitioners to conduct ACT for Caregivers group sessions over the telephone. Components of the workshop will include how to structure ACT into six telephone sessions, how to prepare participants for telephone therapy, and how to establish a therapeutic alliance over the telephone. Time will be provided at the end of the workshop for questions and answers.

(17) Difficult Conversations: An inter-professional approach to End of Life Care Planning

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End of life conversations are avoided all too often by health care teams as they get lost in the complexity of care, or there is reluctance to engage in these conversations by the health care team and/or patient and family. Prognostic uncertainty and inter-professional power dynamics also play a role. In this highly interactive scenario, a collaborative approach sets a frame work for transparent discussion, with optimal support in a highly emotionally charged conversation. The result is a care plan that is truly family-patient centered and fully informed. The facilitators will outline an approach to these conversations that has been highly successful in teaching learners at all levels, emphasizing an interdisciplinary approach. The attendees will have an opportunity to participate or critique interviews with standardized patients which will improve their communication and collaborative skills. This engaging workshop will offer an evidence based approach that can be adopted and taught to other health care teams, emphasizing a collaborative inter-professional approach to improve care planning at the end of life.

(18) Difficult Conversations: Transitions of Care in Advanced Illness

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Conversations about care planning at transitions of care, particularly in the setting of advanced illness, are critical in ensuring patient/family centered care. Too often, the health care delivery system can fragment these conversations across transitions, resulting in a care plan that is more system centered than patient centered. The facilitators will present a highly interactive, interdisciplinary approach to these conversations that will offer attendees an approach that can change and shape their own culture to assure that complex care across transitions remains rooted in the patient and family's wishes and that those decisions are fully informed. Using standardized patients, the attendees will have opportunity to participate or critique these conversations. The facilitators have utilized this approach with all levels of learners with great success. Attendees will improve their interprofessional communication skills and strategies, their ability to develop a family-centered care plan, and will be able to identify legal, financial, and social implications during these transitions of care.

(19) Practical Palliative Care Conversations: When and How to Talk about Goals of Care

Timothy Short, MD, FAAFP, FAAHPM / Julio Silvestre, MD / Karen Rose, PhD, RN, FGSA, FAAN / Virginia LeBaron, PhD, APRN, FAANP / Maureen Metzger, PhD, RN
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This symposium will focus on the essential elements for effective and transformative goals of care conversations with patients and families. An evidence based review of family centered care planning and prognostication will serve as a foundation to a practical framework for effective goals of care conversations. The symposium will be highly interactive, engaging, and relevant to health care professionals in all disciplines.

Prognostication: Current state of the art
Emphasizing the concept of disease trajectory, the team will present evidence based prognostic predictors and how these can be included in the ongoing care planning dialogue along the disease trajectory.

Patient/Family perspectives on Prognostication and Advanced Care Planning

The team will present findings from recent studies of patients and families perspectives on aspects of Advanced Care Planning that were most useful as well as when in the illness trajectory they felt these conversations are most useful.

Goals of Care Conversations

The team will present a framework for structuring an effective goals of care conversation with patients/families. This framework has been adopted as best practices by palliative experts and will incorporate the information presented on prognostication and advanced care planning.

Goals of Care Conversations: Making it Real

The team will facilitate an exercise where attendees can participate in a goals of care conversation in a practical and empowering way, utilizing the skills and information presented at the symposium.

(20) CONNECTIONS: A Home-based activity intervention for persons with dementia: A model for community

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Families caring for an individual with dementia need strategies to help interact positively with the individual and to help them remain engaged in life. Researchers have found that engagement in meaningful activity may decrease behaviors such as apathy, agitation, irritability, and/or anxiety, and reduction in these behaviors in-turn can relieve caregiver stress. A meaningful activity is determined based on the individuals past interests, current strengths, and educational levels. It can be a personal interest (gardening; painting) or a familiar daily activity (baking cookies). Caregivers, however, are often at a loss for how to adapt activities tailored to both the functional level and long-standing interest of the individual with dementia, and can benefit greatly from tools and support to help engage their loved one throughout the stages. This presentation, Connections Activity Intervention provides a strength-based, person-centered approach in teaching caregivers how to modify the home environment, set-up meaningful and appropriate activities, and use guided intervention techniques. It also introduces the partnered volunteering model for community partners in which trained volunteers work with the caregiver to engage the individual in activities adapted to his/her functioning level. Connections is evidence informed integrating three practice fields: therapeutic recreation, Montessori Methods, and cognitive interventions.

(21) Insights from Carework Scholarship: Interdisciplinary Thinking on Caregiving

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This featured symposium brings interdisciplinary insights on caregiving challenging us as gerontologists to look more deeply at and reflect upon how care is organized, sustained, practiced and studied. Focusing on themes of history, theory, methods and policy, four distinguished care work scholars seek to begin a dialogue on care reflecting on what it means to be care workers and care recipients. This symposium includes four papers: 1) The History of Care: Insights into the Social Organization of Care (Mignon Duffy, University of Massachusetts at Lowell), 2) Care Theory: Insights for Understanding Caregiving and Older Adults (Amy Armenia, Rollins College), 3) Reflexivity and Relationality: Narrative Methods in

Gerontology and Care Work Research (Mary Tuominen, Denison University) and 4) Empowerment of the Individual: Location, Capacity and Agency for Older Adults in Care (Deborah Little, Adelphi University). Each paper will frame insights from carework scholarship and interdisciplinary thinking that have the potential to widen or deepen the dialogue on caregiving and care receiving in later life. The discussant (Jennifer Craft Morgan, Georgia State University) will highlight cross cutting themes and discuss the implications of these papers on gerontological research and practice.

(22) Transforming Caregiving Research and Practice through National and State Policies and Legislation

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Appropriate policies and reimbursement structures are essential to support the programs and services needed by the 34 million-plus family members currently providing care to older adults in the United States. Funds for research to identify and implement these evidence-based, best practices approaches are needed as well. This annual workshop will review current and pending legislation at the national level and in selected Southern states that are engaged in caregiver programming. First, Federal programs and legislation addressing family caregiving concerns will be discussed, including the RAISE Family Caregivers Act, Older Americans Act Reauthorization, 2015 White House Conference on Aging, National Alzheimer's Act, and Veteran's Administration Family Caregiver Programs. Second, programs currently available in Virginia, North Carolina, Georgia and Florida will be identified. These caregiver support programs include Operation Family Caregiver, RCI-REACH, Caring for You, Caring for Me, and the New York University Caregiver Intervention. Finally, workshop participants will have the opportunity to exchange information about both challenges and positive state-level responses in supporting family caregivers of older adults.

(23) Gerontological Teaming and Professional Identity

Tracey Gendron, E. Ayn Welleford, Christine Jensen
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Geriatric interdisciplinary team training (GITT) has paved the way for the promotion of quality care of older adults by establishing best practices for the interdisciplinary training of health professionals across disciplines (Fulmer, Flagherty, & Hyer, 2003). It is well established in the literature that interdisciplinary teamwork practice is vital to maximizing effective delivery of care, improving productivity, enhancing shared decision making and is an effective approach to accomplishing complex tasks, and reducing healthcare costs (Youngwerth & Twaddle, 2011; Reeves, Abramovich, Rice & Goldman, 2007). The purpose of this exploratory study was to evaluate teamwork in gerontological practice. Participants (N = 475) were recruited through an online survey link sent through organizations and institutions serving older adults. Findings

demonstrated that age, length of time in profession and having a more positive view of teamwork made a positive difference in level of professional identity. Qualitative analysis demonstrates that personal and professional growth was identified thematically as an important element of teamwork. This study identifies that professionals working in aging services professions who practice teamwork identify value in teaming both personally and professionally. Identifying teaming experiences as relevant to professional identity development is important for elder workforce development and retention.

(24) Put Your Oxygen Mask on First: Using Egoism and the Virtues of Selfishness in Caregiving to Re-Interpret Care and Responsibility

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This presentation develops a framework for identifying how the key principles of Ayn Rand's egoism can be used to re-examine and improve the caregiving experience. The role of caregiver has been described in numerous research articles. Although much of the literature focuses on the detrimental effects of caregiving on the caregiver, recent research highlights the benefits of this normative life stage on health and longevity. The multidimensional nature of care calls into question the heretofore unidimensional approach taken historically in the literature and begging the question of an altogether new approach. After introducing the concepts of egoism, we explore how its key virtues "rationality, individuality, integrity, honesty, justice, productiveness, and pride" can be used to re-interpret the care role. We unpack the key tasks previously differentiated as separate roles of caregiver and care recipient for each of the virtues and how through an emphasis on individual self-interest, the experience of care can increase happiness for both parties. We conclude with recommendations for system changes to support personal responsibility within these relationships.

(25) Nonpharmacologic Pain Management Program for Older Veterans

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Chronic pain is a public health dilemma as billions of dollars are spent annually in the United States for medical treatment and related productivity issues. In the Veterans Health Administration, chronic pain is the most common problem that afflicts Veterans. Chronic pain is associated with lower quality of life and other chronic problems. Pain continues to be mismanaged due to the misperceptions and lack of knowledge that providers and patients have about the use of pain medications and nonpharmacological therapies. Having access to information regarding nonpharmacological methods to treat chronic pain is essential for providers, patients and caregivers. This pilot program focuses on the following three aims: 1) To assess knowledge and beliefs that nurses, older Veterans, and caregivers have in relation to chronic pain management. 2) To determine the effectiveness of nurse-

patient/caregiver communication regarding the use of nonpharmacological methods via simulation education training. 3) To determine the effectiveness of a nonpharmacological method (i.e., Yoga) used by older Veterans with chronic pain. Strategies used to develop this initiative will be highlighted to serve as a guide for future nonpharmacological pain management programming for older Veterans.

(26) Examining the use of blogs and social media by family caregivers of persons with dementia

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Many individuals, including dementia caregivers, use Web logs or blogs, as well as other social media platforms, to share their experiences. Blogs written by family caregivers contain rich narratives that represent an untapped resource for understanding the psychosocial impact of caring for a person with dementia at the individual and family level. This study used blogs written by caregivers of persons with dementia to explore how these individuals leveraged social media as part of the caregiving experience. Blogs written by self-identified informal caregivers of persons with dementia were identified using a systematic search method and a qualitative thematic analysis was conducted. Four themes emerged from the online narratives: communication, engagement, and social support; information gathering and seeking; reminiscing and legacy building; and altruism. By understanding the ways in which individuals providing care for persons with dementia use social media as part of the caregiving experience, family nurses can develop interventions and services aimed at improving caregiver burden and quality of life.

(27) Local Demographic Changes From Affiliated University Based Retirement Communities

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The term university-based retirement community was coined in 2006 by Andrew Carle, founder of George Mason University's program in senior housing administration. Although UBRCs were in existence before then, the number of university-based retirement communities has grown over the past decade. The intention of UBRCs is to connect students and aging community members for the benefit of both groups. The specific goals for each university that participates in this trend vary, but one factor is the same: increasing intergenerational interaction. The literature on UBRCs supports the notion of engaging students with the senior community through coursework and on-campus encounters. However, it is an assumption of many universities that participation in UBRCs will also support the surrounding regions. The research on the impact of UBRCs on the area surrounding the university campus is very limited. The question becomes, are students and senior adults

integrating outside the university "including the UBRC" campus. This study looks at five universities affiliated with established UBRCs and the surrounding community. Through census data, we evaluate the changes in age demographics of residential areas surrounding the university and UBRCs over time. Furthermore, when there are demographic changes, we study the distance the UBRC affects the community.

(28) The Art of Goodbye: University of Florida/IFAS Extension Programming Explores End of Life Concerns

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SGS participants will learn how University of Florida/IFAS Extension education is helping individuals and families explore personal, social, health, legal, and financial aspects of end of life concerns. Role play and activities will be offered as means to overcoming barriers, however, whenever, or wherever they are encountered.

Extension Family and Consumer Sciences Faculty are uniquely positioned to help reduce stigmas associated with death and dying by providing education to help individuals and families learn how to put together an end of life plan using an intentional, self-determined, and coordinated approach. The Art of Goodbye: End of Life Education is intended to open dialogue, strengthen skills, and change behaviors that in the past may have rendered individuals unable to even think about, let alone meaningfully plan for, end of life issues and concerns. Individuals and families benefit when guilt, shame, and conflict can be discussed and minimized. Confidence, hope, and peace can prevail through informed planning. Unnecessary provisions and costly treatments are avoided through a better understanding of service delivery. Information will help individuals and families begin to determine their own futures by normalizing discussions in a relaxed, yet structured, educational environment.

(29) A Dementia-Capable Virginia: Implementing the FAMILIES Program to Support Caregivers

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Caregiving for a person with dementia can be a challenging endeavor, requiring both skill and a strong support network. In 2014, Virginia implemented a caregiver intervention known as FAMILIES, which was adapted from the New York University Caregiver Intervention (NYUCI) model, a 20-year evidence-based counseling support program for family caregivers. This multi-site study is funded by the Administration for Community Living and offers caregivers of a community-dwelling person with dementia six counseling sessions: two individual sessions and four family

sessions with a specially trained counselor. The aim is to reduce caregiver burden by providing therapeutic support, education about dementia, and a direct means of access to community and clinical resources. Following the first and sixth sessions, caregivers complete a modified version of the NYUCI assessment battery to gauge satisfaction with the program, changes in caregiver health and well-being, and the functional capacities of the person with dementia. A six-month follow-up session provides longitudinal measurement of the intervention. The project partners include the Virginia Department for Aging and Rehabilitative Services (DARS), the University of Virginia Memory and Aging Care Clinic (MACC), Riverside Center for Excellence in Aging and Lifelong Health (RCEALH), the Alzheimers Associations and the Area Agencies on Aging in both regions. The project runs from September 2014 to August 2017 with a goal of 120 caregivers completing the program over the three years. To date, more than 50 caregivers have been enrolled and 32 have completed. Preliminary results, experiences of the counselors, and community outreach, will be reported.

(30) Grandmothers as Primary Caregivers: A Qualitative Perspective on Satisfaction with Social Support

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Research recognizes the importance of satisfactory social support. Despite the unique challenges faced by grandmothers raising grandchildren, some do not have access to traditional forms of support from family or empathetic friends. We conduct an intervention for a diverse group of 25 grandmothers, designed to activate and increase their level of meaningful social support. Guided by the model of selective optimization with compensation, we aim to help grandmothers identify important goals and develop social support strategies to achieve them, while compensating for the practical limitations of their current circumstances. We hypothesize that after participation, grandmothers will show a) higher satisfaction with social support, b) more positive assessments of the caregiving experience, and c) better well-being outcomes (i.e. lower depression and anxiety). Despite differences in grandmother characteristics, we encounter some common themes particularly within the context of their frustrations with adult children, and anxiety about who will continue to care for their grandchildren. Levels of satisfaction with support and coping strategies vary, often based on family situation (family size, network size, marital status). Analyses of these differences will enable future interventions to focus on groups that will benefit most.

(31) Views of Long-Term Care among Older Russian-Speaking Immigrants

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Social networks, living arrangements, and caregiving expectations differ significantly in the U.S. from the Former Soviet Union. Virtually no qualitative studies have examined the older Russian-

speaking immigrant women's views of the Former Soviet Union long-term care system and intergenerational care. To better understand the current caregiving expectations of this immigrant population, 16 women were recruited from Mid-Atlantic senior centers. Two 90-minute semi-structured interviews were conducted with older women, who immigrated to the United States after the collapse of the Soviet Union. Interviews were conducted in Russian through the interpreter; an independent second translator reviewed the transcriptions for accuracy. Using a thematic analysis approach, two themes were identified: nursing home is not an option and intergenerational sacrifice. When speaking about childhood years in a post-World War country, all participants recalled immense hardships (famine, scarcity of clothes, shoes, items of personal hygiene, books, and classroom furniture) as well as constant fear of government persecution for religious beliefs, disagreement with the ruling party, aristocratic heritage, or Jewish ethnicity. Years of abject poverty, fear, and experiences of discrimination had profound effect on the participants' views of themselves, relationships with children, and expectations of intergenerational reciprocity. Learning older immigrants' life story and their role within the family is beneficial for gerontologists, social workers, and service providers, as it allows them to address issues unique to this group of immigrants, specifically, transition from multigenerational homes to a single-generational home, and potential weakening of intergenerational ties with their grandchildren.

(32) A Creative Arts and Writing Program: Results from a Randomized Control Trial

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Creative arts programming is gaining interest as a viable approach to enhancing quality of life for older adults. Such a program, "Capturing Time: Journaling Your Journey", is a 10-week curriculum-based creative arts and writing program. Program participants meet once a week for 2 hours for 10 consecutive weeks. In 2015, we conducted a waitlisted randomized control trial to assess the efficacy of this program with older residents of two Section 8 Independent Living for Senior and Disabled apartment buildings in Asheville, NC. We randomized 85 persons into either the intervention group (n=42) or into the control group (n=43). Eight dropped out of the intervention group and 11 dropped out of the control group resulting in 34 and 32 participants, respectively. Participants in both groups completed in-person interviewer-administered pre and post measures of health-related quality of life, depression, loneliness, memory, morale, and apathy. We used the intention-to-treat approach in our analyses. The results indicated that the intervention group had significant reductions in depression, loneliness, and apathy compared to the control group. Surprisingly, the intervention group showed a significant decrease in morale compared to the control group. The development of robust evidence becomes central to any effort to translate promising programs into sustainable programs; such controlled studies will be critical if we are to move towards scaling up of creative arts interventions to achieve public health impacts.

(33) Nuts and bolts of a scoping effort in dementia caregiving

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Dementia, the 21st century epidemic, has devastating effects on millions of patients and family caregivers worldwide. While presently nearly 15 million U.S. adults care for someone with dementia, this number is estimated to increase to 37 million by 2050. Because family caregivers are the largest source of long-term care services, they are an important focus of research nationally and internationally. To map the range of dementia caregiver literature, we assembled an interdisciplinary team to conduct a systematic scoping review of published articles on family caregiving in dementia. The aim of this poster is to illustrate the methods, strategies, and technologies effectively used in this project.

Methods: We conducted the scoping review by identifying research questions and relevant studies, charting the data, and summarizing and reporting results. Technological tools and strategies included: RefWorks to manage the dataset; a collaborative website for sharing resources; Google documents and forms for data abstraction; and in person meetings, conference calls, and group emails.

Results: We found 2519 papers and retained 394 as relevant. Analysis of these studies indicated sufficient empirical research to identify relationships among caregiver demographics, the nature and scope of interventions directed at family caregivers, and the effects on outcomes for caregivers and persons with dementia.

Conclusions: There is a growing need to access, manage, and synthesize large amounts of data from literature searches. Lessons learned from this project contribute pragmatic strategies for those who seek to extract a diverse body of evidence and inform creative and thoughtful research and practice change projects.

(34) Snoezelen use in Community Living Centers

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Introduction: Snoezelen Therapy (ST) is a creative and effective tool that can reduce challenging dementia related behaviors. Utilizing this intervention however, has been considered an obstacle rather than a viable treatment option.

Objective: To address the underutilization of ST by exploring staff's awareness of this intervention and assessing the need for and barriers to implementation.

Methods: Data was gathered from focus groups attended by interdisciplinary stakeholders and questionnaires distributed to direct-care providers. Additional outreach was made to VAMC facilities nationwide to inquire about standard practices for Snoezelen use. Field observations and chart reviews were also conducted to complete a needs assessment.

Results: Of the questionnaires completed 71% of staff were aware of ST with only 43% ever having used the equipment. Not all users were formally trained, however training was desired by most staff. Belief that ST is an effective tool was mixed. Chart review identified 65% of respite admissions in 2015 had a dementia diagnosis, suggesting that ST may have been an appropriate treatment utilized during admission. Additionally, 52% of resident and 21% of staff observations were classified as a "missed opportunity" or an interaction where the intervention could have been implemented. Barriers identified by staff included lack of time, perception of other staff towards use, little support from management, limited training and maintenance of equipment. Burnout was also assessed as a potential barrier to use, however scores were sub-threshold.

Conclusion: Plan to address identified training needs, and develop a usage plan for ST while considering identified barriers.

(35) Building Pathways to Address Driving and Community Mobility for Older Adults

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This session will describe four major funded projects currently underway that will ultimately support and expand driver rehabilitation services for older adults and their families. The American Occupational Therapy Association received new (2015-2018) National Highway Traffic Safety Administration (NHTSA) funding to increase occupational therapy's capacity to address the needs of older drivers. The core objectives are to build networks to meet individual needs (older drivers and consumers) at the right time, through refinement/distribution of resources and building pathways between key stakeholders (e.g., occupational therapy, physicians, driver rehabilitation, state licensing). An array of resources will be provided for participants who can use the resources for their clients. Second, the presenter will share updated information about the new FTA/NHTSA funded web based clearing house for resources (ChORUS) to serve all stakeholders (providers and consumers) for older drivers. Third, East Carolina University was awarded an 20 month grant from the AAAA Foundation for Traffic Safety to develop a model program for driving schools that choose to offer older driver programs. The project will be described along with the expert input that provided its foundation and design. Finally, the new guide Clinicians' Guide to Older Drivers (3rd edition) from the American Geriatrics Society will be highlighted with recommendations for use for older adult practitioners.

(37) Meaning-Making of Older Adults' Tattoos

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Recent research indicates that over 21% of persons in the United States have one tattoo. For the first time women having tattoos has surpassed men, with 23% and 19% respectively. While current trends indicate more people are getting tattoos or modifying their body, little research has been conducted on the topic of those who are older, as age is a factor. A recent report indicates that only 11% of persons between 50 and 64, have tattoos, and only 5% of those over 65 have them. As tattoos begin losing their taboo status in the work place, those who often were concerned about their work culture may begin to get inked. Prior knowledge indicated varies meanings of tattoos within particular cultures. Some cultures use tattoos to signify religious affiliations, or social status. Fraternity members, bikers, and inmates also use tattoos as association with specific organizations. Tattoos and body modification is no longer a subculture phenomenon, but moved into mainstream America, as fashion statements. In the midst of the research there is none focused specifically on older adults (40+). Two snowball sampling methods, including utilizing Facebook and Social Media, were employed resulting in 230+ responses. Research questions included: is there a significant meaning attached to your tattoo, why did you get a tattoo, was the tattoo acquired before or after the age of 40, and do you have regrets concerning your body modification.

(38) Connecting generations through Intergenerational Music Therapy programs, an interactive approach

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The purpose of this presentation is to share the presenter's experience and intervention ideas of successfully combining children (ages 3-5 years old) and older adults in an adult day care program through music and music based activities. The session will include Intergenerational Music Therapy Session location (space) consideration/establishment (ensuring space has limited distractions), instrument selection, planning, preparing, communicating and conducting sessions with special adaptions for younger children (3-5 year olds). Ideas and options for bridging and inviting direct partnership connections and communication through instrument pairing and sharing will be demonstrated utilizing percussion instruments (wooden, bells, medal, boomwhackers, tone bars, etc), songwriting, and creative gross and fine motor movement. These music based interactive demonstrations are designed to stimulate spontaneity, dialogue and interest in pursuing intergenerational programs that will allow creativity, positive interaction, and bonding between two generations. An Overview of Intergenerational program research, cross-age interactions and attitudes of children and older adults, and older adults' psychosocial well-being will be discussed.

(39) Yoga Benefits for Caregivers

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People in general are living longer and one out of three people will participate as a caregiver for a family member. The role of the caregiver can be stressful. More than likely, caregivers may neglect their own health tending to a loved one. The practice of yoga is gaining popularity in the United States. Here, we explore this ancient discipline yoga and how it may provide a sense of physical and mental balance for the overburdened caregiver. This presentation reviews research supporting the benefits of yoga for the caregiver.

(40) Daily Essentials for Caregivers Caring for Visually Impaired

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As the general population ages, more people are living longer and will have some type of visual impairment. Current research shows approximately three million seniors have some form of visual impairment and the number is expected to double by year 2030. It will be important for caregivers of seniors who have a vision loss to understand their visual impairment, how to access resources, and become familiar with adaptive equipment. This will allow the caregiver to empower and support the senior in dealing with vision loss rather than the senior becoming over-dependent on the caregiver. This presentation will provide examples of adaptive equipment for managing daily health needs, safety in the home, and leisure activities.

(41) Examining Intergenerational Relationships through the CATCH Healthy Habits Program

Sara Link / Sara Morris / E. Ayn Welleford / Thelma Bland Watson / Melissa Bess

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The OASIS CATCH Healthy Habits program overcomes many barriers contributing to obesity by instilling lifelong healthy eating and active living habits in youth. This unique intergenerational program is more than a series of nutrition lessons and physical activities. It also builds relationships- intergenerational relationships. As an evidence-based program, adult volunteers (50-plus) and child participants (grades 3-5) take a pre survey, at the first session, and post survey, at the last session (week 8). Child participants rate their satisfaction with adult (50-plus) volunteers facilitating the sessions. Conversely, adult volunteers share insights about child participants including their feelings towards youth through interactions, discipline and teachings. This hands-on

learning experience for both youth and adults, coupled with interactive sessions, cultivate an engaging environment for the generations that strengthens positive relationships. This program builds on a national model of OASIS, active in over 23 cities across the U.S. Richmond is the only city in the Commonwealth with this program.

(42) Effect of arm-swing exercises on elderly health

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Arm-swing exercise (ASE) is a Chinese traditional exercise, easy and with low impact on joints, and thus especially appropriate for older persons. Yet there is little research on the precise effects ASE on elderly health. This study was conducted at two Local Health Promoting Hospitals in Khon Kaen province, Thailand. A cluster randomized trial design was used, with four clusters randomly allocated to receive either a 30-minute ASE session or no intervention. Pre- and post-intervention measurements were taken of blood pressure, heart rate, fall risk (timed up and go test), and depression (geriatric depression scale). The results demonstrated a significant reduction in blood pressure, heart rate, fall risk and depression, suggesting that ASE is beneficial for older persons. While cluster design results should not be injudiciously applied at the individual level, these findings are consistent with similar studies. Longer trials with larger samples and replications in other cultures would add to the robustness of the knowledge base.

(43) Increasing self-care ability among community-dwelling older people: A community participation approach

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Health promotion is an effective strategy to enhance older peoples quality and quantity of life. Among other things, it can decrease dependency and improve self-care ability. Community participation can develop elderly cohesion and thus further the development of self-care ability among community-dwelling older people. Thus it is important to develop and comparatively evaluate community-based health promotion models. This mixed-methods study developed a community participation health promotion intervention and assessed its effect on self-care ability among community-dwelling older people. A sample of 450 older people was recruited in one sub-district of Khon Kaen (Thailand) province. The intervention included three activities: a sport flexibility exercise program, health education, and a forum where older people could meet. The Self-care Ability Scale for the Elderly (SASE) was used, after obtaining permission for translation/back-translation from Swedish to Thai. Cronbachs alpha was 0.87; data were collected by well-trained interviewers. Data abstraction and interview forms were checked and double entered into the CDCs Epi Info (version 6), then transferred into SPSS (version 19) for data analysis. The response rate was 96%, the sample contained more females than males, and the modal age category was 60-69 years old. Nearly all (90%) had finished primary school, half the respondents were married, and 40% were widowed. Post-intervention SASE scores were significantly higher than pre-intervention scores ($p < .001$). The

findings show that substantial increases in self-care ability can be derived from a community-based program. Similar studies in different types of communities and cultures are recommended.

(45) Effective Interventions for Depression amongst Caregivers of People with Dementia: A Systematic Review

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Background: Dementia will be one of the top ten causes of deaths in the world regardless of race, sex, and age. Caring for a demented family member puts the caregiver at great risk for depression. Yet, experts have not decided on what type of intervention has promising effects on depression. The aims of this review are to summarize experimental studies, and to provide grades of recommendations for treatment categories.

Methods: Search strategy MEDLINE (Ovid), CINAHL, and PsycINFO electronic databases were searched. Key words were caregiving¹ and dementia¹, using the search year from 1999 to 2014. Experimental studies were identified; only depression outcome trials were included. Methodological Quality Assessment This systematic review evaluated all included studies for risk of bias in order to appraise their methodological quality. Lastly, each treatment category of intervention was then given an overall grade of recommendation (GR) ranging.

Results: Fifteen experimental studies, including nine RCTs and six quasi-experimental trials were analyzed. Two treatments out of five categories (cognitive-behavior therapy [CBT], multi-component intervention, counseling, education, and other) acquired high level of grade recommendation. (1) CBT acquired GR A given that three RCTs with significant effect on depression had 1+ level of evidence and (2) Counseling acquired GR B given that 1+ RCT and 2++ quasi-experimental trials.

Conclusion: CBT that focused on applying practical skills offered excellent benefits in improving depression amongst caregivers. Future studies that test the efficacy of CBT in diverse ethnic groups and in underrepresented caregiver groups will enhance the generalizability of the interventions.

(46) Health Benefits of Volunteering: Evidence for Contributions beyond Personality

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Formal volunteering among older adults has been associated with psychological, social, physical, and cognitive benefits (Anderson et al., 2014). Recently, research has questioned whether the benefits of formal volunteering remain significant predictors of physical and mental health after controlling for personality (King, Jackson, Morrow-Howell, & Oltmanns, 2015). It may be that the

personality of individuals who volunteer (i.e., higher levels of agreeableness and extraversion) predicts both volunteering and better health outcomes. The current study sought to examine the association between volunteering and health outcomes when controlling for sociodemographic and personality variables using data from waves 1 and 2 of the Midlife in the United States Study (MIDUS). Participants were 5,665 adults ranging in age from 25-74 at time 1 who self-reported on their volunteer activities, physical health, and mental health. Cross-sectional data from wave 1 suggest that volunteering remains a significant predictor of self-rated physical (but not mental) health controlling for personality. When examined longitudinally, volunteering at time 1 predicted better mental (but not physical) health ten years later (time 2) after controlling for personality. These findings suggest that the health benefits of volunteering do not derive solely from the personalities of those who choose to volunteer. Volunteering may be an important activity for maintaining physical and mental health in older adults.

(47) Intergenerational Practices Foster Prosocial Behavior Among Children and Elders

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Intergenerational shared site care programs provide unique benefits through programming that supports positive relationships and participant development. Yet, programs are challenged to accommodate diverse ages and abilities in group settings. Intergenerational program research reveals contradictory outcomes. Positive outcomes include enhanced empathy and prosocial behavior; identified drawbacks have included more negative attitudes toward and infantilization of elders. To facilitate positive outcomes, researchers, including ourselves, recommend long lists of best practices. We trained staff at three shared site programs to use 11 Best Practices reflecting elements in the physical and social environment conducive to positive intergenerational relationships. Across four years, 482 observations were made of child and elder participant behavior during intergenerational activities and of staff implementation of Best Practice indicators. Our analyses address the question: Which best practice indicators predict behavioral responses to intergenerational programming?

The model on which child and elder participant prosocial behavior was regressed was significant ($p < .01$), accounting for 23 per cent of the models variance. Site and specific environmental features predicted levels of intergenerational interaction among participants. Considering facilitator behaviors, pairing participants and materials and facilitating social exchange achieved higher levels of interactive behaviors. Our findings highlight the potential for facilitators to shape the social and physical environments of intergenerational programs and, in turn, participants experiences. We continue to explore which Best Practice indicators are crucial to successful programming. We can then modify staff training and allow facilitators to concentrate on the practices with the greatest potential to achieve positive, lifelong intergenerational relationships.

(48) A Facilitator's Guide to Still Alice

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Family caregiving has become a normative experience in our society. More than 80% of the care provided to older adults is provided by the family. A network of Family Caregiver Support Programs coordinated by the 670 Area Agencies on Aging throughout the country offer support groups to assist these care providers. Most of the support groups make use of the classic STILL ALICE novel, which was made into an Academy Award winning movie in 2015. What is missing is a facilitator's guide integrating the book, the movie and relevant information about each caregiving challenge. Through this project such a facilitator's guide was created, augmented by educational modules focusing on specific areas of concern. Such areas include recognizing The Ten Warning Signs of Dementia; housing and memory care options available; addressing wandering behavior; assistance with finances; how to address driving limitations; and a wide variety of specific task related concerns. Modules will be cross-referenced to specific areas within each chapter, and to where the issue is presented in the movie. This facilitator's guidebook divided into specific modules as they relate to chapters and topics presented.

(49) END OF LIFE SOUL-SEARCHING: The Role of Faith and Tradition in Culturally Sensitive Advance Care Planning & Preparation

Ivan K. Tolbert, MPA, MEd / Hilda Roundtree, RN

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In just two words, there is a very good reason why Senior Connections groundbreaking Faith to Fate Advance Care Planning Initiative was named the statewide first-place 2015 Best Practice Award winner, and chosen the National Association of Area Agencies on Aging's top 2015 Innovations in Aging Award winner in the Health & Long Term Services and Supports category: It works! Most Americans continue to avoid and neglect the difficult but necessary process of discussing their future medical preferences and life planning legal needs before an advancing illness, a sudden accident or a death renders them unable to ever do so, preventing their wishes from ever being known, honored or implemented. Absent having these probing caregiver, physician, faith-leader and family conversations beforehand, too many patients and families are getting critical medical treatments and estate dispositions that unaware patients, caregivers and their families neither wanted, expected, nor legally controlled. Targeting African-American communities where these national problems are most acute, since 2014 Senior Connections has established working partnerships with eight churches in Greater Richmond to inform, to educate and, most importantly, to actually equip seniors and their caregivers with the essential bedrock legal documents the will, advance medical directive and power-of-attorney required in order for them to document, direct and retain control over their own future medical care and estate-disposition decisions. So far, more than 300 legal documents have been provided absolutely free-of-

charge via Faith to Fate, while providing insightful lessons for people, faith traditions, and senior-serving organizations of all persuasions.

(50) Music Therapy and Older Adults 101

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Music therapy is the use of interventions to accomplish individual goals within a therapeutic relationship by an accredited professional. But, what does it look like? Why does it work? Consider what music is for everyone a form of sensory stimulation that provokes responses due to familiarity, an experience that provides a rhythmic scaffolding through its predictability, and songs that bring back memories and emotions: positive, negative, and otherwise. This interactive presentation will define and present examples of evidence-based Music Therapy with older adults. It will cover applications of Music Therapy related to deficits in physical, psychological, cognitive and/or social functioning; and how music therapy can impact the quality of life with people with dementia and Alzheimer's. Research results will be presented alongside anecdotal stories from the Music Therapists present. Presenter Daniel Goldschmidt is a Music Therapist in Richmond, VA. He has been featured in presentations around the country, including at TEDxRVA in his talk The Beautiful Lie.

(51) Creating Community Partnerships to Expand and Enhance the Congregate Nutrition Program

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Effective collaboration and partnership building are the key ingredients to increased participation and enhanced programming at Senior Connections Congregate Nutrition Program (aka Friendship Cafs). Twenty-two Friendship Cafs throughout the Greater Richmond area are designed to reduce isolation, engage minds, increase health and wellness as well as provide a nutritious meal to older Virginians. Learn how to attract new funding and establish mutually beneficial partnerships with both for-profit and not-for-profit entities. Learn how nurturing key relationships with partners like the YMCA, Better Housing Coalition, local Departments of Parks and Recreation, faith organizations, as well as for profit providers have been leveraged to directly improve the over health and wellness of participants. Learn how to successfully fund raise by understanding how the Agency's Adopt a Caf Program has created unique opportunities to provide better nutrition education at the congregate and individual level, to increase participation in the Chronic Disease Self-Management Education course, and has provided certified exercise programs and professional art instruction to our participants.

(52) Identifying Risk of Social Isolation with No Wrong Door & Age Wave Systems Integration

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In the Greater Richmond region, a project is underway to identify individuals and communities that may be at a higher risk of social isolation. Through a university and community partnership, a diverse team of stakeholders, at the local and statewide level, are working to create a framework to identify national to global best practices. The team is determining which factors/indicators best measure social isolation, as well as, developing key interventions and tools for an individual and a community determined as at higher risk.ⁱⁱ Existing systems and frameworks across the country are being assessed that have technology based case management system(s) like No Wrong Door (PeerPlace). Some communities are using system(s) to identify individuals and/or target communities that may be at a higher risk of social isolation. Current findings show nationally that Virginia is ahead of the curve.

(53) The Social Aspects of Death and Dying: Classroom and Online Teaching

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Until the early 20th century death and dying was perceived as a communal process. With medicalization, fewer child and maternal deaths and longer life spans, this part of life became shrouded in secrecy and even horror, as something unnatural. Today there has been a resurgence in interest in bringing death out of the closet. A recent Wall Street Journal article explains Why College Students are Dying to Get into Death Classes (2014). The interest in such courses began in the late 60s and today thousands of college death and dying courses are offered. Some even have waiting lists. What was once criticized as too macabre has become a popular option for many, of varying ages and experiences.

Why is the study of death and dying, the study of thanatology, important to the future of gerontology? In an era of aging baby boomers, whose leading edge turn 70 this year, we need to change our culturally narrow avoidance of death. Palliative care and end-of-life care in the 21st century depends on a broader mindset that can focus on death and dying as the means to living life fully. There are bio-psycho-social and religious/spiritual issues in this transition.

Goals:

1. Clarify the possible scope of death and dying classes.
2. Identify strengths and weaknesses of variables: as class numbers, ages, experiences, format.

3. Special teaching aspects, especially journaling as well as service learning.
4. Share experiences of teaching or hopes for teaching.

(55) THE ART OF GOODBYE: END OF LIFE EDUCATION DEVELOPED BY UNIVERSITY OF FLORIDA/ IFAS EXTENSION

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According to the Centers for Disease Control, seventy per cent of people say they prefer to die at home yet seventy per cent die in a hospital, nursing home, or long-term care facility. Out of 2,000 Americans, ninety-four per cent think it's important to have end of life conversations, yet less than one third have discussed what they want when it comes to their care. Individuals and families benefit when guilt, shame, and conflict can be discussed and minimized. Confidence, hope, and peace can prevail through informed planning. Unnecessary provisions and costly treatments are avoided through a better understanding of service delivery. Family and Consumer Sciences Extension Faculty are uniquely positioned to help reduce barriers associated with death and dying by providing education to help individuals and families learn how to put together an end of life plan using an intentional, self-determined, and coordinated approach. This curriculum is intended to open dialogue, strengthen skills, and change behaviors that in the past may have rendered individuals unable to even think about, let alone meaningfully plan for, end of life issues and concerns. Information will help individuals and families begin to determine their own futures by normalizing discussions in a relaxed, yet structured, educational environment. Workshop participants will learn how University of Florida/IFAS Extension education is helping individuals and families explore personal, social, health, legal, and financial aspects of end of life concerns. Role play and activities are offered to overcome barriers whenever, wherever, or however they are encountered.

(56) Evaluation of a Laughter-based Exercise Program on Health and Self-efficacy for Exercise

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Despite health benefits of physical activity (PA) and risks of physical inactivity, many older adults do not accumulate sufficient levels of PA to achieve associated health benefits. Lack of PA enjoyment may be a barrier to PA participation. Combining self-initiated laughter and PA for strength, balance and flexibility is a potential solution for helping older adults maintain independence in activities of daily living through enjoyable participation in PA. The purpose of this study is to assess whether combining endurance-enhancing laughter exercises with a moderate-intensity strength, balance, and flexibility PA program increases health and self-

efficacy for PA among older adults residing in 4 assisted living facilities (ALFs). The 12-week wait list control pilot study used pre- and 6-week post-intervention comparisons within and between groups ($n = 27$) who participated in twice-weekly LaughActive classes. Significant improvements ($p < .05$ - .10) were observed in mental health (SF-36v2), aerobic endurance (Senior Fitness Test), and self-efficacy (Outcome Expectations for Exercise Scale). PA programs that incorporate self-initiated laughter, like LaughActive, have the potential to improve key indicators of well-being and quality of life for older adults. Enjoyable PA interventions in the ALF setting may be useful in enhancing residents ability to maintain independence in activities of daily living.

(57) Animating Aging: Animation and person-centered art therapy in memory care and skilled nursing

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In recent decades, many in the aging services field have recognized the transformative power of the arts in care for older adults with cognitive and physical impairments. Within Mather LifeWays, a non-profit organization serving over 40,000 older adults each year, art therapists facilitate creative expression and connection for skilled nursing and memory support residents, built on the belief that self-expression through the arts is a fundamental psychosocial need and a vital component of well-being. Workshop attendees will learn about the power of creative expression by experiencing the voices, artwork, and transformative stories of caregivers and residents participating in the Mather LifeWays Animating Aging Project, 2015 winner of McKnight's Silver Award for Dignity through Technology. Stop-motion animations were created with residents and caregivers within skilled nursing and memory support communities, using personal objects, artifacts, or artwork, combined with music, poetry, and conversation. Residents were engaged as collaborators in this process, contributing as artists, story-tellers, poets, directors, set designers, photographers, and editors. These moments of self-expression and playfulness invite us to engage with persons living with cognitive and/or physical impairments as individuals with unique personal history, interests, and creative strengths. The animation process also enabled residents who may not be able to engage with traditional art materials to participate in a creative experience that is dignified and personally meaningful. This workshop will incorporate discussion, animation footage, and hands-on learning through demonstration of a collaborative animation process and personal story-making using objects and images.

(58) UNDERSTANDING CARE CONVOYS AND PARTNERSHIPS IN ASSISTED LIVING

Candace L. Kemp | Mary M. Ball | Jennifer Craft Morgan | Molly M. Perkins | Patrick J. Doyle | Elisabeth O. Burgess | Joy A. Dillard | Christina E. Barmon | Andrea F. Fitzroy | Victoria E. Helmly | Elisabeth Avent | Deborah Yoder

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Convoys of care are the evolving collection of individuals who provide formal and informal care to frail and disabled individuals (Kemp, Ball, & Perkins, 2013). They vary in size, composition, and function and are essential to how care is experienced, and organized in all care settings, including assisted living (AL), the fastest growing long-term care residential option in the nation. In recent years, AL residents have become older and frailer and have more complex care needs than in the past. Unknown is how to create collaborative care partnerships that best support residents and the array of individuals involved in their care. Drawing on data from a 5-year study using grounded theory and qualitative methods, we examine how care convoys operate in AL to influence care experiences, quality of care, and resident and caregiver quality of life. We present findings from analysis of the first of two waves of data collection involving 28 residents and their entire care convoys ($n=114$) followed over a two-year period. Findings suggest that increased resident impairment levels simultaneously: render health care more central and complicated; make supporting resident self-care more important, yet difficult; and complicate and enhance the need for effective communication within convoys. The overall aim of this symposium is to provide an overview of the study through a presentation of findings pertaining to the delivery of health care, the promotion and of resident self-care; and the role of communication in developing effective care partnerships in AL.

(59) Deconstructing College Students' Ageist Stereotypes

Graham D. Rowles / M. Aaron Guest / Amy Schuster

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Gerontophobia and gerontological illiteracy reinforce ageism-- prejudice and discrimination against individuals based on their age, a phenomenon that remains pervasive in American society. This study, conducted over three semesters as part of the multi-university Gerontological Literacy Network, examines the beliefs of 539 undergraduate students in an introductory gerontology course at the University of Kentucky. The study sought to examine how undergraduate students view and represent older adults and aging. Students were asked to identify an age at which they considered an individual to be old, to list words they associated with old person and grandma/grandpa, and to draw a sketch representing aging. Findings (1) indicate that most college students consider a person to be old at 65 years of age, (2) confirm previous research suggesting that students have a more positive view of older adults they know personally than older adults as a category; and (3) suggest that their image of aging, as represented in hand drawn sketches, is of a relatively short period at the end of life involving universal decline, decrepitude, disability and extensive use of medical resources and assistive devices. This view of aging as a brief concluding phase of the life course contrasts with the

contemporary reality of old age as a phase of life that may span several decades. These findings reinforce the need for renewed efforts to combat age stereotyping and ageism through gerontological education at the undergraduate level in order to create a more gerontologically literate society.

(60) Male Caregiving: Coping During Caregiving

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Family caregiving is a normative experience in today's society. At the 2014 NCAoA conference I shared a Black Males perspective, discussing my grandfather's journey. At the 2015 NCAoA conference I shared and offered insights on effective techniques and approaches found to meeting the caregiving challenge for families. The continuum of care including supportive in home services, Adult Day Care, and access to the Veterans Hospital were utilized effectively throughout our caregiving journey. Although not everyone's caregiving experiences are the same, our experience, reflections and lessons learned may assist others in providing more effective care in this meaningful family challenge with caring for a loved one. In this presentation, titled Coping as a Caregiver, my partner and I intend on fully explaining ways to cope as a caregiver, regardless of the situation one may be in. Caregiving takes a toll on many and can cause serious pain mentally, physically and emotionally to anyone who does not take the adequate time to cope. We believe that we can convey this message to others in a way that will instill hope for caregivers and establish a firm base within their caregiving experience.

(61) HeArt of Medicine: Arts-Based Interprofessional Workshops to Enhance End-of-Life Care Education for Medical and Nursing Students

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The HeArt of Medicine (HOM) is a student-run program formed in 2013 to address the deficiency in end-of-life (EOL) education for nursing and medical students using a successful arts-based interprofessional framework. Three voluntary workshops were offered annually through the program as part of a three-year research project to determine the effectiveness of this model in promoting interprofessionalism and improving student comfort level with end-of-life care. The proposed poster provides an overview of the program and preliminary research data. Survey results indicated improvement in student comfort level with end-of-life care as well as enhanced knowledge of the roles of members of the interdisciplinary team. Areas for improvement were also gleaned from survey responses and have been addressed through alterations to the 2015 workshop series. In light of underutilization of palliative care resources and recent changes in Medicare reimbursement for end-of-life counseling, professional caregivers, such as doctors and nurses, must be better prepared to offer these services to patients and to work as a team. The HeArt of Medicine program is an innovative approach to providing this preparation for caregivers in training.

(62) Patient Centered Medical Home and the Older Adult: The role of the medical assistant

Jennifer Craft Morgan / Chivon Mingo / Emmeline Chuang / Celeste Greene / Megan Koepnick

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The U.S. health care system is fractured and uncoordinated which makes management of chronic conditions difficult for all patients but particularly for older adults with multiple chronic conditions. One model aimed at improving this care is the patient centered medical home (PCMH) model. The PCMH model focuses on a team-based approach to care supported through enhancements to improve care coordination through improved use of the electronic medical record. While this model has been associated with improved outcomes and cost, little contextual research has been done to understand the how of PCMH. The purpose of this research is to describe the emerging role of the medical assistant within the primary care team and understand how this role is supported by enhancements to the electronic medical record across four health care systems. This paper uses thematic and descriptive analysis of semi-structured interviews (N=59), practice-level surveys and case study documents gathered from four health care organizations. Results include barriers such as provider reluctance, staffing, unstandardized training and difficulties in establishing career ladders and also facilitators such as structured communication, focus on active learning and skills integration, strategic plan alignment, coalition development and educational support for team-based care changes. Further, the paper describes the competencies developed at the MA level but catalogs the pre-post changes made to enhance team-based care coordination within primary care. Implications for the care of older adults with multiple chronic conditions will be discussed including the role of self-management which is vital to improving quality of life.

(63) A Qualitative Analysis for Understanding End-of-Life Terminology among African American Dementia Family Caregivers

Karen Moss / Nancy Deutsch / Patricia Hollen / Karen Rose / Ishan Williams

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Introduction: The Institute of Medicines (IOM) 2014 report on Dying in America highlights the fact that terminology matters when discussing end-of-life issues. Family caregivers' understanding of such terms may differ from healthcare provider expectations, particularly when cultures differ. This disconnect may lead to misunderstanding or inaccurate interpretations, negatively impacting end-of-life decision making.

Method(s): Semi-structured interviews (n=18) were conducted with African American dementia family caregivers recruited from communities across Virginia. This study was part of a larger mixed methods pilot study. Content and thematic analyses were conducted to determine meaning associated with the terms end-of-life, living will, and advance directive.

Results: Findings reveal that end-of-life was associated with death. Caregivers interpreted this term as either healthcare received prior to death, such as whether cardiopulmonary resuscitation (CPR) is used, versus burial/funeral arrangements following death, or both. The terms living will and advanced directive were associated with putting wants/wishes in writing, whether healthcare-related or not.

Discussion & Conclusions: Findings support the IOM report that the foundation for effective communication and meaning patients attach to healthcare decisions should be aligned with what consumers use and seek. To continue to transform the landscape of caregiving, additional studies need to examine provider expectations and consumer preferences, particularly when cultures differ or health literacy is low.

(64) Promoting Quality Care for Dementia through Palliative Care and End-of-Life Planning

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The risk of developing dementia increases with age. With an estimated 72 million people over age 65 by 2030 in the United States, the number of dementia cases is projected to reach more than 88 million by 2050. Dementia leads to progressive decline in reasoning and judgment, thus there needs to be discussion about how to uphold an adults right to self-determination regarding end-of-life healthcare decisions for people with dementia. This paper focuses on Alzheimers disease (AD), which is the leading form of dementia. Early detection and diagnosis enables people with AD to actively participate in end-of-life discussions by preparing Advanced Directives. Healthcare providers have an essential role in promoting patient self-determination through cognitive assessment tools that facilitate an early diagnosis. Providers need to also initiate advance care planning discussions with their patients and patients' families and caregivers following a diagnosis to educate them about treatment options toward ensuring informed decisions. Quality healthcare services should include referrals to palliative care in the early stages of AD to improve the patient's quality of life through better control of symptoms and enhanced comfort as the disease progresses. The role of non-profit organizations are considered in advancing quality of life for people with dementia through an overview of their advocacy and community outreach efforts regarding needed reforms in the healthcare system to improve the quality of care at the end of life.

(65) Laugh Your Way to Wellness and Engagement with LaughActive

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Despite health benefits of physical activity and risks of physical inactivity, many older adults do not accumulate sufficient levels of physical activity to achieve associated health benefits. If your organization facilitates exercise programming for older adults, you know what a challenge it can be to engage this demographic in exercise programming. Can you imagine what it would look, sound and feel like if more residents in your community were actually eager to exercise? Imagine seeing your residents genuinely smiling while exercising; hear their joyful cheers as they clap, laugh and play their way to better health and deeper connections. If you want to put the fun in fitness for older adults and unlock community engagement in exercise programming, laughter is the key. Laughter enhances exercise enjoyment and social connection beyond a typical exercise class. Plus, it's loaded with health benefits! LaughActive is a moderate-intensity strength, endurance, balance and flexibility program that also incorporates playful laughter exercises. The LaughActive program is easily adaptable for varying levels of physical and cognitive functioning and does not require a sense of humor. LaughActive was found to improve mental health (SF-36v2), aerobic endurance (SFT), and self-efficacy for exercise (OEE) in a study of assisted living residents. In this interactive workshop you will experience simple, effective and scientifically validated strategies for improving resident health, happiness and self-efficacy for exercise. Come ready to play and leave feeling joyful, energized and inspired with practical tools that you can begin using immediately.

(66) Seniors Positive Outcomes as Perceived by Adolescents Regarding Interactions during Participation in ASSIST: An Intergenerational Faith-based Service Program

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Generational gaps between adolescents and seniors hinder the potential benefits from intergenerational interaction. Facilitating interaction between seniors and adolescents within social programs does result in positive benefits. The Academy Student Service Initiative Stipend for Tuition Program (ASSIST) is a faith-based program that intentionally brings seniors and adolescents together to provide companionship and light housework for seniors and tuition assistance for adolescents. Tuition assistance is made possible through donations from a generous benefactor and a percentage of matching funds from academies. This qualitative study explored the adolescent-age participants views of the positive effects on their senior mentors during participation in the ASSIST program. ASSIST services were offered to seniors living at home, in assisted living facilities, or in nursing home settings. Grounded theory with constant comparative method was used to analyze data from a semi-structure interview guide consisting of questions on the adolescent's views of the positive outcomes of seniors who also participate in the ASSIST program. Interaction was rated with the following themes emerging: appreciation, improved environment, and enhanced socialization. Providing intergenerational opportunities was perceived to have a positive outcome by adolescents and is a promising possibility for enhancing relationships between adolescents and seniors.

(67) Aging Adults' Reflections of Health, Socialization, and Promoting Vitality

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As adults are aging there is heightened awareness on health, quality, and quantity of life. Finding and maintaining a healthy lifestyle in the aging years can promote longevity and satisfaction in the Golden Years. This study examined adults perceptions of their health, socialization and measured what they feel promotes their vitality by utilizing mixed methods including quantitative and qualitative survey questions. Descriptive statistics, patterns of responses, and Grounded Theory with constant comparison were also utilized to analyze the data. The 139 participants self-reported they were: two-thirds healthy to very healthy, almost one-quarter with average health, and one-tenth from somewhat to not healthy. When asked how sociable they were they self-reported: almost half being fairly to very social, almost one-third about average sociable, and one-fifth somewhat to not very sociable. When asked what keeps them young and full of vitality, themes that emerged were: exercise, healthy eating, staying active, adequate sleep, laughter, positive thoughts, relationship with God/Christ, and relationships with others. Therefore the findings demonstrate: establishing and maintaining a life of balance with exercise, healthy diet, adequate sleep, positive thoughts, and a relationship with God and others can help promote quality of life which hopefully leads to increased quantity of life.

(68) Too Old to Play but Winning Anyway: Analysis of Age References in 2015 Wimbledon Final Matches

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Since aging is often perceived to be full of physical decline, successful, older, professional athletes make interesting case studies. In 2015, two world class tennis players won their way into the final matches of the Wimbledon Grand Slam tournament. Serena Williams and Roger Federer were both 33 years old when they played in June of 2015. Examining the broadcasts of their matches enables an examination of how age and gender are used by commentators to explain athletic success and failure. Both matches were transcribed verbatim and subject to qualitative and quantitative content analysis. Factual age references identified chronological age references, and implied age references focused on indirect confirmations of one's age, such as young, old,ⁱⁱ variations of those terms, as well as words indicating stages across the life span (e.g., kid, teen). As found in other sport communication research, the number of age references remains low; the qualitative analysis, however, provides rich contextual information about how stereotypes remain alive and well in this commentary. World class athletes are not expected to perform well at this age. Broadcasters reinforce these stereotypes, identifying Williams and Federer as inexplicable phenomena rather than offering them as models of success. The longevity of their careers could inspire intergenerational audiences to succeed at any age, but the emphasis on youth as powerful (and old as slow) remains strong in these broadcasts.

(69) The Influence of Age and Gender on Workplace Behaviors

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Previous research has indicated gender stereotyping occurs in the workforce, with a focus on male strength and assertiveness and women often portrayed as caring and nurturing (DeArmond et al., 2006). Stereotyping based on age can also be detrimental; employees over the age of 40 are not afforded the same privileges (promotion opportunities, training, compensation, etc.) as their younger co-workers (Dennis & Thomas, 2007). The goal of this research study was to examine age and gender stereotypes in the workplace and how it impacted undergraduate student ratings of target employees based on performance evaluation, competence, reward recommendation, and punishment severity. Using an experimental study design, 245 undergraduate participants and were randomly assigned to rate two workplace scenarios based on both organizational citizenship behaviors (OCB; behaviors that go above and beyond organizational expectations) and counterproductive work behaviors (CWB, deviant behaviors that go against organizational expectations). Data analysis revealed a significant main effect for performance evaluation and a significant two-way age by gender interaction for reward recommendation when performing an OCB. Specifically, for both measures, participants rated older females significantly lower than younger females. Additionally, for reward recommendation, participants rated older females significantly lower than older males. Implications for organizations to implement action of a discrimination-free employee selection and review process are discussed.

(70) The Relationship between Sports Related Head Trauma and Incidence of Dementia in Later Life: An Analysis of Research to Date

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This study explores the relationship between head trauma specifically concussions related to sports injuries to dementia in later life. Specific areas include contact sports (football, lacrosse and soccer) and automobile racing. Differences and similarities between these sources of head trauma are explored. Recommendations are presented for further study as well as the profession of Athletic Training as it relates to implications in the older population. This project reviews all published research on this topic. The analysis explores cross-over content areas not currently identified, offering insight into cross-discipline research opportunities between Athletic Training and disciplines addressing dementia related interventions specifically gerontology.

(71) Stress Less with Mindfulness

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Problem statement: Emotional wellness is a much needed educational topic for national audiences. The impetus for this program came from poor health mental statistics for West Virginia, showing West Virginia ranking 2nd highest out of 51 for incidence of depression and poor mental health outcomes (Thomson Healthcare, 2007). These statistics reveal individuals who have several bad days each month and who perceive that they lack access to mental health resources. The Gallup-Healthways found West Virginia residents had the lowest overall wellbeing nationwide with a Well-Being Index score of 61.4 in 2013 (US 66.2).

Program Description: Stress Less with Mindfulness is a WVU Extension-developed curriculum introducing mindfulness-based skills to change ones approach to stress. These simple practices are based on the University of Massachusetts Medical Schools Mindfulness Based Stress Reduction protocol and are introduced with opportunity for participants to experience their ability to notice, shift, and practice their responses to stress. Stress Less with Mindfulness curriculum contains 5 sessions with the following topics:

Session 1- Begin with the Breath

Session 2- Mindful Eating

Session 3- Mindful Walking/Thought Surfing

Session 4- Be Kind to Your Mind

Session 5- Laughter is Good Medicine

Session participants will receive Stress Less materials.

(72) Care Networks of Older American Indians with Type 2 Diabetes

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American Indians are twice as likely to have type 2 diabetes compared to their White counterparts with a health profile indicative of a higher need of supportive care. Our study's purpose was to examine care networks, which is a broad range of friends and family involved in the socialization, support, and care of older American Indians with type 2 diabetes. We conducted in-depth interviews with 28 members of a Southeast tribe during the fall of 2015. Participants were asked who helped them with their diabetes and whether they felt as though they have strong social support with respect to their diabetes management. We examined professionally transcribed audio recordings and our field notes with a systematic text analysis approach. Participants were aged 60 years, with 16 women and 12 men. Forty-three percent did not have a strong social support network and 55% provided care to others including grandchildren and older impaired relatives. We found an emerging theme of generally low social support for diabetes self-

management behaviors. Those that were married, particularly men, had some support for dietary adjustments, but physical activity was a largely solitary endeavor. Self-reported confidence in the ability to successfully manage their diabetes was lower among those with less support. Prior research has indicated that value orientations among American Indian families command lateral-group relational behavior rather than autonomy and independence with extended family systems fostering interdependence. As such, a deeper examination of care networks specific to diabetes management among older American Indians is warranted in future studies.

(73) Risks of Caregiving Someone with Dementia

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Caring for a loved one defines the purest expression of love. There are more than 48.9 million Americans caring for an adult family member or friend. Unfortunately most report adverse effects on their emotional health, social activities, leisure time, and more than half reported adverse effects on family relationships. This discussion will focus on what these adverse effects are and strategies for mitigating some of these effects. Caring for someone with dementia causes changes to your immune system. Even after adjusting for a variety of factors, caregivers who are experiencing strain had mortality risks that were 63 percent higher than non-caregiving controls. The beneficial spiritual and physical effects of caregiving do not override the negative effects of caring for someone with dementia. Surprisingly, these adverse effects continued even three years after the person stopped caregiving. Caregiving becomes more stressful the longer you do it. This presentation will provide a review of the research and argues that being aware of these adverse effects you can plan to minimize as much of the stress as possible by following some management practices which will be introduced in the discussion.

(74) What Really is Alzheimer's Disease and what are the Implications for Providing Care?

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Alzheimer's disease is now the most feared disease of the 21st Century. Originally defined as a very specific neurological disease that afflicted younger people, after the establishment of the U.S. National Institute on Aging in 1974, Alzheimer's disease morphed into a broader category of dementia. This presentation argues that after a century of research we are no closer to understanding this clinical disease nor are we closer to uncovering a cure. By looking at Alzheimer's disease as a public health issue rather than a purely neurological problem a broader understanding of the disease can be appreciated. This presentation will address the history of the disease, some of the confusing anomalies, a broader approach to understanding the disease and some caregiving approaches that help the patient cope with the failing capacities. One of the great insights in caring for someone with Alzheimer's disease has emerged from nursing and philosophy, particularly from the work of Tom Kitwood. Some of his teachings will be introduced and discussed. This presentation is an overview of where we are in

research and what we currently know about successful caring strategies for people with Alzheimer's disease.

(75) Aging in Prison in Virginia: How the Commonwealth Can Address a Growing Concern

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MacDonald, C. Nash, T. As Virginias governor convenes a commission to reevaluate the Commonwealths Truth in Sentencing reforms that effectively ended prison parole, the issue of aging prisoners and the cost for their care remains largely absent from discussion. This paper analyzes the numbers behind Virginias prison population during the past two decades, including how its current geriatric release system is utilized; the costs involved in caring for geriatric inmates; reentry issues for older individuals and their communities; and a review of the literature about the effects of long-term prison stays on morbidity and likelihood of chronic conditions. With findings that show costs will continue to rise and geriatric release remains almost non-existent, this paper recommends several policy changes that would alleviate the rising geriatric prison population on human and fiscal levels.

(76) Reasons for using yoga by older Americans with chronic bone problems

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The purpose of this study was to examine persons with chronic bone conditions utilizing yoga and what reasons they give for doing so. Chronic bone conditions might include (osteo) arthritis, rheumatoid arthritis or any joint issues that limit activities. Data from the most current National Health Interview Survey (NHIS) supplemental survey on Complementary and Alternative Medicine (CAM), were used (2012). Descriptive and logistic analyses accounted for the survey design, and were weighted for national representativeness. Women, non-Hispanic Asians, and non-Hispanic Whites were more likely to do yoga as compared to the referent category of males or Hispanics. The oldest-old (80+) were less likely to do yoga as compared to those aged 50 to 55. Participants included age 50 and older who stated they had a chronic bone condition (n=8,761) and those who reported they had a chronic bone condition and did yoga (n=939). In adjusted results, those with a chronic bone conditions who did yoga were 4.6 times more likely to say they used yoga because it focuses on the whole person, mind, body, and spirit (OR 4.62, CI: 3.28, 6.51, p<0.001); it was recommended by a friend (OR 1.98, CI: 1.47, 2.68 p<0.001); and it can be practiced or done on your own (OR 2.753, CI 1.97, 3.86, p<0.001). Those with a chronic bone condition were 0.26 times less likely to do yoga if recommended by family or 0.24 times less likely if recommended by a physician. Yoga shows promise in improved movement for persons with chronic bone conditions

(77) Caregiving during the younger years: Exploring the effects of caregiving on emerging adults

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The family caregiving literature mainly focuses on adults in midlife and beyond. Little is known about the experiences and consequences of care provision among emerging adults (age 18-25). Selected studies focusing on this age group have shown that caregiving disrupts psychosocial development; interfering with social skill and abstract thought development, as well as the formation of intimate relationships. The aim of this study was to explore the influences of caregiving on the caregiver's well-being, psychological affect, and quantity of life events experienced. The sample (N=318) was a convenience sample of students recruited from a large, Midwestern university. A t-test revealed that caregivers (n=118) were significantly different from noncaregivers (n=200) in well-being and life events, such that noncaregivers reported higher well-being, but experienced fewer life events. When looking at gender, males (n=68) differed significantly from females (n=247) on well-being and negative psychological affect such that males reported lower well-being and higher negative affect. These results affirm findings found among midlife and older samples, such as caregivers reporting lower well-being than noncaregivers and feeling off-time from their peers. It is unclear why males report higher negative affect than females, an issue that warrants further exploration. The focus on emerging adult caregivers is important due to the relatively limited information on this group and the growing trend of multigenerational caregiving. Results from this study have implications for geriatric practitioners and gerontological professionals can improve services for caregivers in early adulthood, as well as their employers and family members.

(78) Improving quality of life for persons with dementia: Developing a model for competency-based training for formal and informal caregivers

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In 2015, there are more than 5.3 million Americans living with dementia. With nearly ½ billion informal caregivers and widespread shortages of paid direct care workers across long term care settings, the problem of preparing caregivers to provide person-centered care for persons with dementia will be a persistent educational and policy challenge at both the state and federal level. Persons with dementia engage in self-care and are cared for by paid and unpaid networks of caregivers and community members. Given the need to educate and prepare persons living with dementia, their informal caregivers, their paid caregivers and their communities, the need for integrated training models is clear. This paper reviews existing curricula commonly employed to train informal and formal caregivers and the evidence base where feasible and proposes an amalgamated competency-based model.

Using the Convoys of Care conceptual framework, the paper organizes barriers and facilitators based on multiple interacting layers of factors that influence quality of life for older adults. Results include review of state dementia-specific plans, widespread informal caregiver programs (e.g., Savvy Caregiver, Powerful Tools for Caregivers and EssentialALZ) in addition to competency frameworks developed internationally and by the Center for Medicare and Medicaid Services (CMS). The final model includes tiered core competencies and dementia-specific competencies accompanied by recommendations for system level and training supports for state-based implementation. Implications for career ladder development, widespread community engagement, policy development and system change are discussed.

(79) Perceptions of quality of care for people with dementia at dementia day care centers

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Dementia affects an increasing number of people each year. It is estimated that there are 25 million people worldwide have dementia. As there is no sign yet of a cure for the syndrome, dementia care has been focused on contributing to maximizing quality of life and quality of care. Therefore, quality of care have become an important outcome measure in dementia research. Majority of research had utilized quantitative method to collect data to discover which variables are related to quality of care; however, there is no consensus or convincing evidence to standardize definition (Beerens, Zwakhalen, Verbeek, Ruwaard, & Hamers, 2013; Spilsbury, Hewitt, Stirk, & Bowman, 2011). Moreover, quality of care research at dementia care settings in Asia is limited. This study aims to explore quality of care from the perspective of ADS staff and clients through 48 interviews at three dementia day care centers in Taiwan. Findings showed that there was a discrepancy between staff and clients on the definition of good care. Half of the staff participants expressed that the good quality of care is putting themselves in the shoes of the clients, whereas majority of the client participants emphasized the importance of safety. That is, staff may tend to put themselves in clients shoes but they did not actually figure out what is the good care that their clients prefer to receive. The different perceptions of good care further influenced the quality of life for people with dementia at those dementia day care centers.

(80) Will Western Experiences Flow to Asia? A Study of Aging Experiences in Adult Day Services (ADS) Centers in Taiwan

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Researchers have demonstrated that adult day services (ADS) benefit elders and their caregivers, but they have also observed infantilization that diminishes personhood. Most ADS research has been performed in Western society; little is known about ADS in Asian countries. While the Taiwanese government seeks to expand ADS availability to meet the needs of an aging population, research about experiences in Taiwanese ADS is limited.

Taiwanese ADS programs can be categorized into three models, those located in a: (a) hospital/nursing home, (b) senior center, or (c) freestanding unit. In this study, three different models of ADS centers were selected to explore clients experiences of daily life within the physical and social environments. Lawtons (1980) ecological model and Diaz Moores (2004) place rules informed this research framework. Ethnographic data were analyzed from 360 hours of field observation and 32 interviews with staff and clients. Results showed that different models of centers demonstrated different organizational cultures which affected staff-client interaction. Center A is located in a hospital with a hospital-like environment fostered a patient-nurse relationship. Center B is under a senior center with a community-like environment developed a parent/grandparent-children/grandchildren relationship. Center C is a freestanding unit with a semi office-like environment produced a teacher-student relationship. All centers reflected infantilization similar to that seen in the US and uniquely embedded within a traditional cultural background. Findings reveal a tension between physical and social care features reflecting Eastern traditions of respect for elders and western traditions of institutional care.

(81) Assistive Technology and Older Adults in a Disaster

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This presentation will provide an overview of the issues involved in the evacuation of older adults that utilize assistive technologies (AT) as well as alternate and augmentative communication (AAC) technologies in the event of an emergency or disaster. Definitions of AT and AAC technologies and FEMA's concept of Functional Needs Support Services planning for emergencies and disasters will be provided to session participants. An overview of requirements for accommodation of individuals with disabilities under the Americans with Disabilities Act before, during and after an emergency or disaster will then be discussed, and how they impact older adults. Recent court decisions in New York (BCID v. Bloomberg in 2011) and California (CALIF v. The City Of Los Angeles in 2009) and their implications for inclusion of older adults in emergency planning will also be provided, as well as a discussion of future implications of these court decisions for emergency planning for older adults throughout the United States.

(82) Coming Out Late: The Impact on Individuals' Social Networks

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Social support is a key factor influencing older adults health and well-being. Disclosing ones lesbian, gay, or bisexual (LGB) identity at any age has great potential for altering, if not destroying, existing relationships with family, friends, and others. With long-established social roles and personal relationships, the potential risks may be accentuated for those who come out in mid- or later-life. Yet, researchers have paid scant attention to this phenomenon. This exploratory qualitative study examines the impact of coming out late on older adults social networks. In-depth interviews were

conducted with a sample of fourteen older adults who disclosed their non-heterosexual identity at or after age 39. Interviews inquired about participants past and present social networks and the coming out process, particularly the influence of coming out "off time". Findings show coming out is a dynamic, continuous, and non-linear process that simultaneously characterizes and is characterized by social network gains and losses.

(83) Ageism and the Digital Divide

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Older adults as a group are on the negative side of the digital divide. The term digital divide not only identifies who uses the internet, but also gradations of digital exclusion, that is, the complexity, depth, and variety of internet use. While internet usage varies among older adults by age, ethnicity, education and income, within each subcategory, older adults have lower rates of internet usage than younger people. In 2013, while 86% of Americans used the internet, only 59% of older adults did so. Lower internet usage among older adults has important social and cost ramifications. As the internet becomes more integrated into everyday life, people who do not use the internet are more likely to become more disenfranchised and disadvantaged. This is particularly true in the workplace and for health care services. The literature attributes the digital divide to characteristics of older adults, such as technophobia, lack of perceived usefulness, and physical and cognitive deficits. This paper expands the literature by discussing why ageism may also contribute to the digital divide among older adults. Age-ism is age discrimination, a form of systematic stereotyping and discrimination against people simply because they are old. Certainly factors such as resistance to new technologies and preference for a more personal mode of communication may inform some older adults negative attitude toward the internet. Ageism may also affect such attitudes. Ageism fosters the image of older adults as internet-incompetent, causing some older adults to conclude that a negative attitude toward the internet is typical and appropriate. Such a conclusion may reduce an older adults internet use.

(84) Reciprocal Dynamics Between Adult Foster Care Providers and Residents

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I explored Adult Foster Care (AFC) as a small-setting option for community-based long-term care. Although this option varies greatly in structure and accessibility among states, AFC settings are licensed by each state and typically provide service for 2-6 residents per home. Semi-structured, guided interviews were conducted with 26 providers in North Carolina to understand their experiences with AFC operations and their relationships with residents. A most salient code that emerged from the data analysis related to reciprocal exchanges between residents and providers. Relational reciprocity is defined in this study as the acknowledgement or conscious experience of equal benefit in the relationship and emerged from the data as an equitable relational

dynamic between providers and residents. Providers expressed this reciprocity in two different and sometimes overlapping ways: residents making life easier for providers by helping with chores or the care of one another, and as expressions of affection (e.g., hugs or leaving small gifts). Providers who acknowledged and facilitated an opportunity for the experience of relational reciprocity with residents felt supported in their professional role and day to day work. Recognizing the value of reciprocity has implications for enhancing provider-resident experiences. Acknowledging the value of resident contributions to provider experience is one step further toward facilitating resident inclusion in communities. Providers who feel that their lives are improved by residents reciprocity may also find it more feasible to sustain their demanding care and administrative roles, contributing to one of the more cost-effective and community-integrated options for long-term care.

(85) The Hidden benefits of Equine Therapy for People Living with Dementia

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Equine-assisted activities a potential intervention to manage behaviors associated with dementia. Equine-assisted activities and therapies are a well-established, highly motivational, alternative therapy that holds promise for a range of rehabilitation needs. Nearly 25 years ago equestrian practitioners, physicians and psychosocial therapist, started documenting the physical and psychosocial impact of these programs. Currently these programs are being used for people with various psycho-social and mental health needs. Equine research has shown significant improvement in cognition, mood, anxiety level, perception, social skills, communication, and behavior.

Williamsburg Landing & Dream Catchers at the Cori Sikich Therapeutic Riding Center (Dream Catchers) partnered to pilot a yearlong project to explore the effective use of equine assisted therapy as a non-traditional, non-pharmacological behavioral intervention for people with dementia or depression. A similar study has been done at Ohio State University where researchers determined that spending time with horses eased symptoms of agitation that were related to dementia. However, the study only addressed adults performing ground activities such as grooming, leading, and feeding; whereas we explore ground and mounting activities. One participant commented You give me confidence that I can still do things. His daughter and wife both explained that he was now insisting on buttoning his own shirts and tying his own shoes. His gait has improved so much that his neurologist commented that shuffling was greatly improved.

(86) It's INTRO gerontology for goodness sakes -- don't make me talk about dying!

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With so many topics to cover in an introductory course on gerontology, it's easy to relegate the subject of death and dying to statistics and basic definitions of hospice and palliative care. Besides, aren't we supposed to use an intro class to get students

excited about the field and maybe recruit some new majors and minors? Although most young people prefer to avoid the subject of death altogether, this Poster Session will outline one strategy to make EOL conversations meaningful in an ONLINE intro gerontology course. Combining the use of a specific BlackBoard tool with The Conversation Project website, resulted in positive student feedback and insightful commentaries. A comparison of the effectiveness of various BlackBoard tools for this type of assignment will be shown, and examples of instructions and students reports will be shared.

(87) Implementation and Evaluation of Health Professional Education via Telehealth

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Continuous education to health care professionals on dementia care is in demand. The number of qualified educators and time to travel to rural nursing and assisted living centers can be a barrier. Bay Rivers Telehealth Alliance (BRTA), with Health Resources and Services Administration (HRSA) funding for Bridges to Telehealth project, partnered with the Alzheimers Association, Richmond and Southeastern Virginia chapters, to create modules according to facilities specific needs. Six 30-minute modules were delivered to twelve sites in both rural and urban areas simultaneously, providing interactive opportunities on multiple days and shift times. This symposium will demonstrate how to address challenges and best leverage the use of telehealth equipment for education of health professionals. We will address pros/cons, benefits and tips to creation of educational modules and dissemination, adjusting to the differences from traditional classroom settings.

The evaluation team, led by the Riverside Center for Excellence in Aging and The College of William & Mary, gathered both quantitative (e.g., MDS data, partner survey) and qualitative data (e.g., focus groups, interviews, surveys) to address the stated goals and objectives of the project. 120 health professionals completed pre and post evaluations and were involved with qualitative feedback. Along with education implementation, this symposium will highlight the methodology and outcomes of the evaluation of education via telehealth. This method of educating health professionals in various localities simultaneously from a home-base location can be replicable, efficient and effective when the right pieces are in place.

(88) 21st Century Belonging: Digital Inclusion among Older Adults in Continuing Care Retirement Communities

Elizabeth Yost / Vicki Winstead / Shelia Cotten

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Individuals are constantly bombarded with messages and cultural assumptions of technological knowledge. The idea that life is better with increasing technology usage pervades our society. This idea

has led to a significant digital divide between users and non-users of technology. Older adults are less likely to use computers, smartphones, tablets and other current technology. However, learning to use and continuing to use this technology can have positive impacts on well-being for older adults. Older adults in CCRCs have difficulty transitioning in and feeling not only a sense of belonging within the community, but also a sense of belonging to the world at large. Many report feeling that the world has simply passed them by. One possible way to overcome this feeling and increase well-being among this population could be through technological training for tablet computers. Through in-depth qualitative interviews, this work evaluates how early tablet-adopting seniors in CCRCs feel more connected to modern society and their social networks as well as a sense of empowerment. The findings from this work are beneficial to CCRCs in helping create technology program which promotes tablet use or technological assistance for residents. These programs can assist in increasing the sense of belonging and well-being for CCRC residents.

(89) Transforming the "Language" of Family Caregiving: Unpacking Our Concepts and Metaphors in Scholarly and Public Conversation

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What do we mean when we use the word caregiving? Who or what is a caregiver? When did we start using the term care receiver, or the acronym PWD for person with dementia? Would it make more sense to go back to calling caregivers and care receivers by their role in the relationship (e.g., daughter or child, husband, parent, niece)? Can we make our language family-friendly? Is it possible that some of our concepts distance us from understanding and finding meaning in family roles? Does our present vocabulary suggest that the giving goes only in one direction? Does it create the impression that the relationship between family members is almost entirely defined by the presence of a disease or impairment? Using selected examples from a broad sweep of scholarly and public communications on caring, caregiving and related ideas, this presentation will address how key concepts and metaphors evolved over the last 40-50 years, the critical elements and nuances they carry, and the unintended baggage that may hold us back in dignifying and experiencing the fullness of family life. Additionally, we will take some cues from organizations that have launched recent initiatives to change the language of aging (including care concepts), with examples from the Pioneer Network, LeadingAge, and the Frameworks Institute, and we will discuss how we can apply these ideas in our work and personal lives to further transform the landscape of family caregiving.

(90) Characteristics of Homelessness: A comparison of older adults over 50 with younger adults

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Homelessness, a serious issue in cities throughout the nation, has been noted among an increasing number of older adults. This

paper investigates differences in socio-demographic and individual level risk factors among older and younger adults who are homeless. Data for this study was collected biannually between 2007 and 2015 by visiting emergency and transitional homeless shelters, and soup kitchens located in the Little Rock metropolitan area during point in time homeless counts (last week of January in each of the years). A convenience sample of 1348 homeless individuals participated in an interview using a structured instrument. Forty percent (N=544) of the sample reported their age as 50 or above. Bivariate analysis was used to examine differences between homeless older and younger adults. Chi-square analysis revealed significant differences between the groups with older adults more likely to report being male, single, chronically homeless, of veteran status and unemployed in comparison to the younger adults. Older adults were also more likely to report having serious physical health problems. Older adults were less likely to report developmental disability and domestic violence than younger homeless adults. Racial breakdowns, reported serious mental illness, alcohol and substance abuse did not differ between the groups. Findings from this study suggest the need for targeted resources to help alleviate homelessness among older adults in coming years. Older adults who are chronically homeless with serious physical health problems are particularly vulnerable and require innovative approaches in caregiving.

(91) Translating the MOUTh Intervention into Practice: Help for the Caregiver in the Long-Term Care Setting.

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Provision of effective oral hygiene for residents who have moderate to severe dementia is a problem in long-term care facilities (LTC) and can have detrimental health consequences.

Consistent mouth care is oral infection control; when good oral care is not consistently provided, residents are at an increased risk for nursing home acquired pneumonia and other serious health conditions such as cardiovascular disease, poor glycemic control in diabetes, and/or stroke. Provision of oral care is often assigned to certified nursing assistants (CNAs) who have had only cursory training in caring for residents with dementia who exhibit care resistant behavior (CRB). When a resident with dementia resists their effort to provide oral care, the CNA is often not equipped to address the behavior thereby leading to inconsistent or no oral care. A multi-site randomized clinical trial tested the efficacy of the MOUTh (managing oral hygiene using threat reduction strategies) intervention in reducing care resistance among LTC residents with dementia. Results show a decrease in the intensity of CRB for the experimental group. Translating these evidence-based strategies into training protocols for CNAs has the potential to equip CNAs with the knowledge and skills needed to provide good oral care to

residents and may lay a foundation for providing other types of care to LTC residents.

(92) Mind-Body Therapies for Informal Caregivers of People with Dementia: An Integrative Review

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Mind-body therapies have shown benefits for improving mental and physical health among dementia patients in current studies. However, little research has tested the evidence of these interventions in informal dementia caregivers. This study aims to identify the forms and benefits of mind-body therapies for informal caregivers.

Using a variety of combinations of key terms, the study searched in five major databases, including the Cumulative Index of Nursing and Allied Health Literature (CINAHL), Medline, Psych Info, Web of Science, and Google Scholar. References from the searched articles were retrieved and reviewed. Inclusion and exclusion criteria were used for study selection. The PRYSMA recorded the details of the search strategy. The online search obtained a total of 15 articles for the final review, including seven randomized control trials (RCTs) and eight non-RCTs studies. Meditation, yoga, Taiji, and music are the popular therapies and work best for stress, depression, and caregiving burden. Multi-modality mind-body therapies can significantly decrease levels of stress and depression. The most reviewed studies were conducted in a short period and lack of follow-up to evaluate long-term benefits of mind-body therapies. Reviewed studies support the idea that short-term benefits of mind-body therapies in reduce levels of stress, depression, and caregiver burden are promising. However, the long-term benefits of this type of therapies remain ambiguous. The highlights of methodological issues of the existing studies suggested that future research should conduct RCTs by employing larger sample sizes and diverse population to evaluate the long-term benefits of mind-body therapies for informal caregivers.

(93) Educating the Next Generation of Family Caregivers

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Most college students have little knowledge about older adults and the issues they encounter. Understanding the dynamics of making family-based caregiving decisions is important since families tend to provide the bulk of care to older community-dwelling adults when they need assistance. Students seeking careers in human services provision will be assisting clients in making decisions, and will also be involved in making such decisions for their own older family members. In order to prepare students for these eventualities, they are required to complete a dynamic case study project simulating caregiving arrangement decision-making in the Introduction to Gerontology course.

Upon completion of course content on social support systems, living/care arrangements, and the long-term care system, students are divided into groups representing typical multigenerational

families. Each family goes through a series of changes impacting the needs of the older family member(s). With each change, the family must determine how the caregiving arrangement will respond to the new level of need. Students write a final paper summarizing what they learned.

This study is based on 69 group papers completed by a total of 432 students. Analysis of the papers identified the following themes: Decision Making Difficulty, No Good Choices, Family Relationship Challenges, and Access to Formal Services. Recommendations for future classes include (1) providing detailed financial information for each family, (2) helping students establish a baseline budget prior to the project, and (3) focusing more class time on long-term care resources.

(94) "Ours is the strangest situation, ours is different from most peoples": Spousal caregiver perspectives on the complex challenges of dementia caregiving in late-life marriage

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Researchers have examined many aspects of dementia caregiving, including spousal care. With over one-half million individuals over 65 years of age remarrying every year in the United States, increasing numbers of older couples entering late-life remarriage will face dementia and spousal caregiving. While we know a great deal about patterns in spousal caregiving in long-term marriages, little work has been done to examine the increasingly common, yet unique dimension of dementia caregiving in late-life marriage. Issues of boundary ambiguity, role identification and filial obligations are added dimensions to the already complex challenges of both caregiver and stepfamily dynamics. This qualitative cross-case analysis focuses on two caregivers in late-life marriages negotiating the challenges of illness and caregiving for a spouse with dementia. Caregiver 1 married a family acquaintance prior to his dementia diagnosis after her first husband's death and is now struggling to come to terms with the outcomes of the marriage. Caregiver 2 made the choice to re-marry her ex-husband of almost 25 years in order to care for him through his journey with dementia. Although their perspectives differ regarding their active choices for late-life marriage, both participants' stories share similar themes which include: (1) social isolation in their caregiving role, (2) complex relationships with adult children and step-children, (3) financial concerns, and (4) embracing the challenges of their non-normative caregiving role.

(95) Connections between Lifelong Learners and College Students

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Lifelong learning programs continue to grow in the US, providing an alternative (to adult/continuing education or senior center programs) for those who wish to pursue education in middle and later life.

These programs are commonly housed at a university but enable varying levels of connection to the university and its students. This study draws on interviews with 35 lifelong learners at two southeastern universities (one large with a relatively small lifelong learning program and one small with a relatively large lifelong learning program), particularly their accounts of interactions with students. It explores the meaning that lifelong learners attribute to their presence on a university campus and contact with others at the university, as well as feelings toward other programs they are involved with that do not necessarily facilitate connections with younger adults. Although many members of lifelong learning programs report electing to participate in the programs because of their relationships with the university and enjoyment of being on a college campus, this study finds only a few significant forms of intergenerational contact are noted by participants, most commonly with instructors of courses rather than students. Rather than enabling intergenerational educational experiences, lifelong learning programs create access to university environments and resources, segregated from university experiences.

(96) Keep Calm and Be Age Friendly

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As discussions about age livability and age friendly become more common, it is increasingly important to collaborate across public, private and nonprofit sectors. We begin this symposium with an overview of the age-friendly and age livability movements and a discussion of key organizations (WHO & AARP) as change agents. Although many excellent models for cross-sector collaboration show promise, collective impact (CI), an emerging model for creating larger scale change, has yet to receive much study. CI has five core tenets: a common shared agenda, shared measurement systems, mutually reinforcing activities, continuous communication, and backbone support. We then describe the CI model and its key dimensions and constructs. We illustrate how CI strategies, augmented by appreciate inquiry theory are being used, and with what successes or challenges, to help affect community- and policy-level changes in Bowling Green, KY. We discuss the strengths and weaknesses of CI as a framework for creating an Age-Friendly community, as well as the benefits, challenges, and initial outcomes of the Over 50 Academy, Senior Communication Project, and Age Friendly Bowling Green Businesses. The session concludes with an invitation to join an interactive discussion about the joys of participating in an elder-rich and elder-driven Age-Friendly community based research initiative.

**(97) They took my blood ... but didn't give me anything:
Patient perceptions of exchange in chronic kidney disease
monitoring**

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Patient-centered care has been embraced by the Veterans Health Administration as a way to improve care by shifting it towards patient goals and shared decision making. In chronic kidney disease (CKD) goal setting and decision making are complicated by the absence of symptoms, treatments, and predictable disease trajectories. CKD patients are routinely monitored for blood creatinine, urinary albumin, and electrolytes but not necessarily given medication. We investigated CKD patient perceptions of monitoring with an aim to improve the delivery of their care. We conducted six focus groups with a total of 30 Veterans with chronic kidney disease (mean age 75 years) at the Atlanta VA. Respondents frequently framed the physician-patient monitoring encounter in terms of inequity (lack of reciprocity). We analyzed focus group transcript content related to physician-patient encounters by language or actions of giving and receiving. Respondents within and across groups perceived an imbalance between what they give to their healthcare providers and what they receive from providers during the monitoring process. CKD patients described their contributions intimately as body fluids (blood, urine), body images (xrays, ultrasound), time, effort, and trust. They perceived provider contributions in turn to include diagnoses, lab results, medicine, warnings, and advice. The most frequent expected but unfulfilled contributions were information about kidney disease, explanation of test results, and a health action plan. This study points to a perceived gap in understanding of chronic kidney disease management that could be targeted to motivate better patient-centered care.

(98) The Boomer Challenge: "Senior Sandwiched" Yet Still Aging

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When the twentieth-century concept of the sandwich generation¹¹ collides with the middle-aging of the baby boom it becomes the senior sandwich generation. In the twenty-first century, 60-somethings in the midst of their own old-age planning are now the generation in the middle, with financial responsibilities simultaneously for elder parents (longevity trends) and adult children (family structure changes plus economic factors). This study focuses on the financial attitudes and behavior of older boomers who have at least one living parent and one adult child. The analysis uses a 2012 national survey text-decoration: line-through 2012 developed by Pew Research to monitor and analyze social and demographic trends. Designed to study family, intergenerational, and financial issues, this paper extends the Pew

Research by focusing on those middle-aged boomers who have at least one living parent and at least one older child (that is, sandwiched), and then examines these senior sandwiched boomers support to their parents and to their children. Sandwiched boomers provide support upwards and downwards. While almost twice as many older boomers financially support only their older children (41 percent) as support only their elder parents (23 percent), over a third of them (36 percent) support both. And the challenge continues. Younger boomers now in their early 50s are the senior sandwich generation in waiting,¹² and so have additional years to plan for themselves and for their younger and older family members.

(99) Fostering Silver Entrepreneurship for Older Adults in South Korea

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South Korea has become the fastest aging OECD country. Korea's rate of aging is unprecedented from 7.2% Koreans ages 65 and older (2000) to 12.2% (2015). By 2026, older Koreans will account for 20.8% of the population. Life expectancy and survival has increased; thus at retirement (mandated age 60), seniors may expect to survive another 2 or 3 decades. The policy response has been rapid in addressing potential aging and economic concerns; however for current older Koreans many changes will be too late. For example, private sector retirement age was recently raised from 55 (taking effect in 2016), but for low wage retirees, the National Pension Fund provides little support in old age. Many elders are in poverty (45%) needing income. The Korean government has encouraged entrepreneurial activity through economic support and grants; however the funding is directed towards young entrepreneurs. Korea ranks 22nd among OECD countries for entrepreneurship. Many older Koreans lack entrepreneurial background to be successful. Our presentation provides an overview of three entrepreneurial models currently being tested in South Korea for seniors. The first model discusses displaced older workers from the media industry who are being retrained to capture 'life stories' of elders and who are creating new self-sustaining businesses. The next venture is Senior Hub. It is working to create opportunities for seniors from building stores to deliver systems. And finally, Songpa Silvertrak, a café training center that's become a benchmark in its public-private cooperation. Songpa's Job & Work Zone provides self-employment training skills for seniors.

(100) Telemedicine 101: Tools for Implementing Telemedicine into Clinical Practice

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Incorporating Telemedicine and Remote Patient Monitoring (RPM) practices into disease management has been shown to increase access to care, improve patient outcomes and decrease health care delivery costs (Triple-Aim). The goal of this workshop is to provide the audience with a comprehensive overview of Telemedicine and RPM and offer knowledge and practical tools for implementing

Telemedicine and RPM into clinical practice. The objectives of this workshop are to: 1) provide a brief history, overview, and introduction to Telemedicine and RPM, 2) describe case study examples of positive patient outcomes secondary to Telemedicine and RPM, 3) explain different applications of Telemedicine and RPM; including the clinical, administrative and technical requirements and considerations, and 4) provide demonstrations of current and emerging Telemedicine and RPM technologies. The incorporation of Telemedicine into clinical practice is a proven methodology and it has the ability to significantly improve independence and quality of life for aging patients and reduce caregiver burden.

(101) Fall Risk Intervention Behaviors of Patient Care Assistants

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Falls are the leading cause of death caused by trauma in the population who are 65 and older. Providing fall prevention education to caregivers in all care settings could decrease the incidence of falls of elderly citizens and the physical, emotional, and economic toll falls can create. The purpose of this study is to examine the effects of an evidence-based fall prevention education intervention with daily huddle reiterations, on the fall prevention knowledge and behaviors of patient care assistants/technicians (PCA/PCT) and the rate of falls on a 26 bed geriatric and palliative acute care hospital unit. All PCA/PCTs that are employed on the unit will receive the one-hour fall prevention education. Informed consent will be provided and participation in the pre and post education survey will be voluntary and anonymous. The patient surroundings related to fall prevention interventions that are provided by PCA/PCTs will be observed for two weeks prior to the education intervention and for two, four, and six weeks after. The PCA/PCT sample will be approximately 24. Demographics will be anonymous and analyzed as descriptive statistics. Analyses will also include a paired t test to demonstrate any change in knowledge level related to the education intervention. Repeated measure analysis of variance (ANOVA) will be utilized to discover if there is a change in the PCA/PCT fall prevention behaviors before and after the education and whether the change is sustained at two, four, and six weeks post education with daily reiteration of portions of the education concepts.

(102) Successful Sexual Aging: Privilege and Disadvantage in Current Definitions and Measurements

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As gerontology has shifted from emphasizing the problems of aging to exploring how older adults can thrive, researchers have increased their attention on issues regarding sexuality and aging. A sometimes explicit, but often implicit assumption in the justification of this research is that sex is good for you that it is an integral part of successful aging or an engagement in a full and healthy life. Much of this research measures sex as frequency of vaginal penetration. This has the potential to promote aging and sexuality in

narrow ways that privilege certain groups over others. In this research, I reframe the relationship between sexual activity and health from a feminist gerontological perspective by asking who is privileged by the current successful aging framework. Using a nationally representative sample of community dwelling older adults (3005) in the first wave of the National Social Life, Health, and Aging Project, I find that there is a wide variety of sexual and intimate behavior in which older adults engage which differs by social location. Furthermore, much of these differences are due to satisfaction with sex and relationships. Implications for gerontological practice will be discussed.

(103) Dementia Connections: Learning to Be Present

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According to the World Health Organization (WHO, 2015) there are an estimated 47.5 persons living with Dementia and that number is expected to increase worldwide to 75.6 million by 2030. Gerontologists play a key role in addressing many of the challenges facing persons with dementia, including feelings of isolation, boredom, and loneliness common in this population. As a way to address and better understand these issues the University of La Verne and Hillcrest Retirement Community are piloting a new program entitled Dementia Connections[®] (DC). This program addresses the concept of being present as a meaningful approach to working with feelings of isolation, boredom, and loneliness. Based on the principles of The Foundation for Alzheimer's and Cultural Memory's Memory Bridge[®] program, which aims to connect people with Alzheimer's disease and related dementias to family, friends, and other people in their local community, the DC program connects masters level gerontology students with residents living in a memory care environment. Students are charged with learning how to "be" with their partners (rather than doing something to or for them). In the process, students explore person-centered memory care, their own attitudes about dementia, and learn about the importance of providing important social, psychological, and emotional connections to this population. This workshop will provide information about Dementia Connections including the program format as well as details and preliminary findings from a variety of perspectives. We will discuss this challenging yet rewarding program and how to overcome barriers, and embrace opportunities when venturing into intergenerational connections.

(104) Coastal Change and Continuity: An analysis of environmental adaptation in North Carolina

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This paper presents the utility of an anthropological approach to understanding age in relation to changing social dynamics within coastal populations in North Carolina. As the population ages, older members maintain unique social identities and institutions to facilitate social change. In addition to existing literature, I draw on ethnographic and qualitative research with coastal residents in order to examine correlations between network structure and attitudes towards information and activism. Analysis from this study

illuminates problem areas in perception or recognition and how they can be overcome for more effective adaptation planning. Through this work, I show the importance of cross-disciplinary studies within gerontology for applied research.

(105) Building Creative Communities of Care: An Evidence and Arts-based Approach

Anne Basting, Ph.D.

Director, UWM Center on Age & Community; Founder, TimeSlips Milwaukee, Wisconsin

Basting combines her expertise as community-engaged artist and scholar to infuse improvisation and artistic expression into care practices. In this session, she shares several model projects built on the evidence-based practice of TimeSlips improvisational storytelling and how it can be used as a building block for transforming communities of care.



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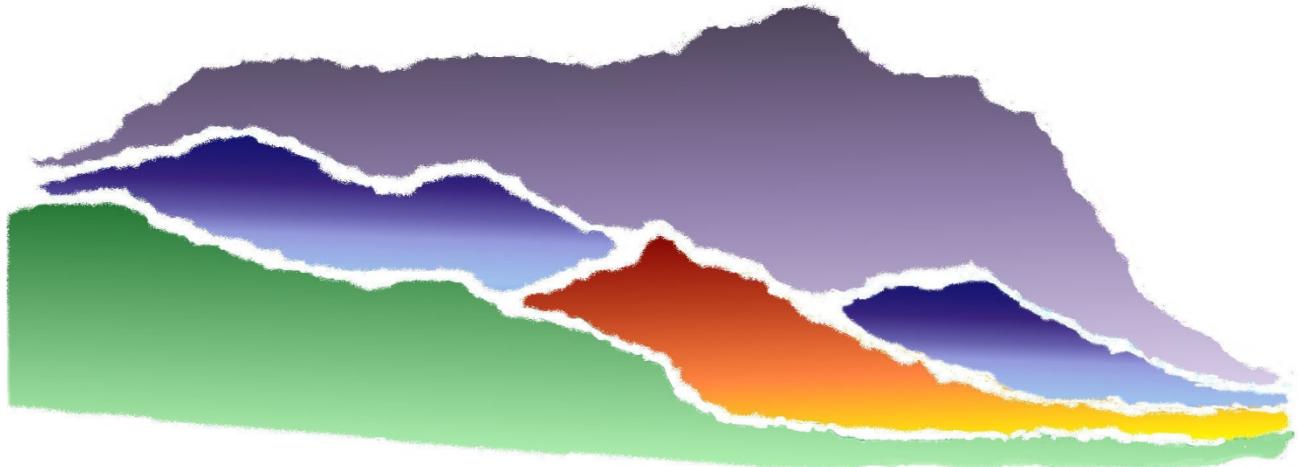
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