



SGS PRIORITIES SURVEY 2.0 FULL REPORT

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EXECUTIVE SUMMARY - SGS PRIORITIES SURVEY 2.0

OVERVIEW

Recommendations from the 2018 inaugural Southern Gerontological Society (SGS) priorities survey report led to substantive outputs including the development of conference tracks, a peer-reviewed publication and subsequent presentations, a webinar series, and two new standing committees (Gerontological Education and Advocacy). The survey subcommittee also recommended that SGS conduct a survey of priorities with respect to aging in the South at least every three years. To honor that recommendation, the second SGS priorities survey (Survey 2.0) was sent to members and stakeholders in April and May of 2021. This report explains the methodology and content of the survey, describes respondent demographics, presents the findings, includes a discussion of evolving SGS priorities, and offers recommendations resulting from the project. Additional information can be found in the full report.

METHODOLOGY

The survey was created in Qualtrics, with a link sent via the Constant Contact email platform to SGS members and stakeholders. There was an average of 1,953 successful deliveries from four emails sent, meaning the email made it to inboxes without bouncing. Seventy completed survey responses were received. The survey response rate was 3.5%. Though this was lower than the 2018 SGS survey (13%), the large amount of qualitative data collected made for rich, in-depth insights regarding what respondents considered the most pressing issues faced by older adults in the South, as well as SGS priorities.

The survey had a total of 10 questions. In questions 1 through 5, respondents were asked to rank the top five most important topics from 1-5 with 1 being the most important. Topics were listed alphabetically within the following five categories related to aging in the South: Health and Well Being (15 topics), Environment (17 topics), Society (10 topics), Technology (13 topics), and Emerging Concerns (13 topics). In addition to the topics within each category, there was an “Other” option, allowing respondents to write in and rank a topic of personal/professional interest related to each of the five categories.

At the end of each category section were two open-ended questions. The first asked respondents to share personal or professional reasons for their answers. The second asked for information about how they felt the COVID-19 pandemic may have influenced the priorities they selected. Question 6 was open-ended, and respondents were asked to consider all the topics, including any they might have added, and rank what they thought were the top five topics in overall importance faced by older adults in the South. Question 7, also open-ended, asked respondents to comment on the highest priority for SGS to consider over the next three years, given their previous answers. Three demographic questions asked about respondents’ SGS membership status, profession, and in which state they resided. A copy of the survey is included as an appendix in the full report.

RESPONDENT DESCRIPTION

Thirty-seven respondents (52.8 %) were individual SGS members; 13 (18.6 %) had an organizational membership; and 20 (28.6 %) indicated that they were not members.

Respondents were able to select multiple options for professions. Thirty indicated they were educators, 20 practitioners, 20 researchers, 10 retired, nine students, nine other, and four policy makers/influencers. Respondents used the “Other” option to self-identify as advocates, ADRC counselor, disability and aging counselor, Alzheimer’s and dementia specialist, and care partner.

DATA ANALYSIS

To analyze the topic rankings by respondents, the weighted means were calculated for questions 1-5 of the completed surveys (N= 70). A topic ranked number one (most important) was given a weight of five, while a topic ranked number five (least important) was weighted as one. In a comparative analysis of responses from questions 1-5, we identified 10 topics with the highest means. We then used this data to inform our descriptive analysis of questions 6 and 7. The findings are summarized in Tables 1 and 2. Written responses (N=70) were uploaded into ATLAS.ti 9 and received systematically assigned codes and added comments (i.e., code definitions) to capture emerging themes. The coding process through ATLAS.ti made it possible to identify significant quotes from participants, which were extracted to enrich an understanding of each priority discussed in the following sections of this report.

FINDINGS

Aggregating the responses from questions 1 through 5 into a Top 10 list from all categories and compiling a second Top 10 list from the open-ended responses to question 6, five topics made both lists: Internet Access, Aging Services Workforce, Poverty and Income Inequality, Health Disparities, and Informal/Family Caregiving (see Table 1). The full report provides details about each topic, with qualitative responses added for further context.

Table 1. Topics on both Top 10 lists (Top 10 topics overall from Questions 1-5 and Question 6)

TOPICS	NUMBER OF RESPONDENTS	MEAN	CATEGORY
Internet access (#1 on Q1-5 list)	60	4.10	Technology
Internet access (#10 on Q6 list)	11	2.55	
Aging services workforce (#3 on Q1-5 list)	46	3.76	Emerging Concerns
Aging Services Workforce (#8 on Q6 list)	9	3.22	
Poverty & income inequality (#5 on Q1-5 list)	63	3.62	Society
Poverty & income inequality (#5 on Q6 list)	10	3.30	
Health disparities (#6 on Q1-5 list)	45	3.60	Health & Well Being
Health disparities (#3 on Q6 list)	9	3.56	
Informal/family caregiving (#9 on Q1-5 list)	60	3.42	Society
Informal/family caregiving (#7 on Q6 list)*	13	3.23	

* In some cases, we assumed that a response was informal/family caregiving based on context or when it was not obvious that paid caregivers were the subject.

PRIORITY ISSUES FOR SGS

Question 7, an open-ended question pertaining to the priorities of SGS as an organization, was answered by 63 of the 70 respondents (90%). This question was not required for completion of the survey. Responses are organized by topics and related categories and are noted in Table 2.

Table 2. Question 7: Highest Priority for SGS

TOPIC	# OF RESPONDENTS	CATEGORY
Health Disparities	8	Health & Well Being
Minority Aging*	8	Society
Quality Of Care**	7	Multiple Categories
Informal/family caregiving***	6	Society
Isolation & Loneliness	5	Environment
Poverty & Income Inequality	5	Society
Virtual Communication/Telehealth	5	Technology
Aging Services Workforce	4	Emerging Concerns
Mental Health/Depression	4	Health & Well Being
Aging in Place	4	Environment
Training/Education	4	Multiple Categories

*Minority Aging combined topics of minority aging, social justice, and racism

**Quality of Care included responses mentioning access to healthcare, access to resources, and the general term of access to care.

***In some cases, we assumed that a response was informal/family caregiving based on context or when it was not obvious that paid caregivers were the subject.

We observed considerable overlap in this list and the top 10 topics from questions 1-5. For instance, six of the topics appeared in the top 10 list from questions 1-5, and seven of the topics also appeared in the top 10 list for question 6. In addition, four of the five topics appeared on all three lists. Given these findings, the subcommittee feels that SGS should be confident in prioritizing these areas of focus moving forward. Additionally, respondents recommended that SGS continue offering education and training to expand organizational commitment to addressing the many regional issues faced by older adults and their support networks.

Responses to question 7 crossed many topics such as training/education and research and provide more descriptive information of ways SGS might address these issues. Upon analysis of the priorities noted by respondents, further discussion, learning, and education is needed on the most pertinent issues identified to develop a plan for areas where SGS can potentially make the strongest impact (e.g., providing expertise, funding, etc.).

RECOMMENDATIONS

Conducting a survey of SGS members and stakeholders every three years represents our commitment to empowerment evaluation as a conceptual framework of action that addresses the discrepancy between intention and attainment in research (Schwartz et al., 2021). A strength of empowerment evaluation is that it embraces and values the perspectives and representation of all constituents, including minority stakeholders

(Fetterman & Wandersman, 2005). Additionally, the principles of empowerment evaluation reflect the underlying philosophy and culture of SGS (see Schwartz et al., 2021). Within this framework, SGS stakeholders (i.e., SGS members, aging network community partners, educators, and others with an interest in aging in the southern United States) can incorporate organizational learning experiences into program development and implementation to create optimal outcomes.

Based on the priorities identified from SGS Survey 2.0, the survey subcommittee makes the following recommendations which can be encapsulated within three interwoven empowerment evaluation principles (noted in italics):

- ***Continue with efforts to base organizational improvement on evidence-informed strategies that emphasize community ownership through self-determination and accountability.***
 - Share the SGS Survey 2.0 results with SGS committees so they may plan initiatives that emphasize collaboration.
 - Prioritize networking with organizational and community partners who can assist in identifying sponsorships and work toward a mission of bridging the gap between research and practice.

- ***Place a priority on inclusion that encourages mutual responsibility (an ethos of social justice and an ethic of care) among stakeholders.***
 - Make special efforts to address priorities of particular interest to stakeholders, while also maintaining inclusion across all constituencies and acknowledging the significance of all priorities and not only those expressed by the majority.
 - Raise awareness around the identified topics to improve representation in subsequent versions of the survey.
 - Prioritize a regional focus as we learned from the survey that certain issues remain especially important in the South.

- ***Remain steadfast in building capacity for rapid adaptation as a means of promoting sustainability.***
 - Repeat and elaborate upon the topics from Survey 2.0 in Survey 3.0, scheduled to be disseminated in 2024.
 - Consider avenues that increase diverse stakeholder representation from all states in our region.
 - Transform SGS into a more engaged organization by increasing SGS representation in other types of meetings and/or forums working on issues identified in the priorities established by Survey 2.0.
 - Identify resources to enhance dissemination of current and future findings.

The three broad recommendations noted above are operationalized by specific recommendations and action items in the full report. These recommendations build on those provided in the 2018 survey report recommendations, creating a longitudinal approach to ensuring that SGS member and stakeholder input is infused into priority setting for organizational activities.

FULL REPORT - SGS SURVEY 2.0

OVERVIEW

Recommendations from the 2018 inaugural Southern Gerontological Society (SGS) priorities survey report led to substantive outputs including the development of conference tracks, a peer-reviewed publication and subsequent presentations, a webinar series, and two new standing committees (Gerontological Education and Advocacy). The survey subcommittee also recommended that SGS conduct a survey of priorities with respect to aging in the South at least every three years. Fielding a survey at that interval allows SGS to regularly engage stakeholders involved with older adults in the South and to determine topics stakeholders believe should be priorities for SGS to consider regarding gerontological education, research, and practice.

The second SGS priorities survey (Survey 2.0) was sent to members and stakeholders (e.g., conference attendees and sponsors, aging network partners, educators, and others with an interest in aging in the southern United States) in April and May of 2021. This report explains the methodology and content of the survey, describes respondent demographics, presents the findings of the survey, includes a discussion of evolving SGS priorities, and offers recommendations resulting from the project.

METHODOLOGY

The survey was created in Qualtrics, with a link sent via the Constant Contact email platform to SGS members and stakeholders. An initial email and three reminders were sent, with an average of 1,953 “successful deliveries”, meaning the email made it to inboxes without bouncing. The 2021 survey was different than the 2018 version in that it used a concurrent, mixed method approach which included significant qualitative data collection. The subcommittee analyzed only fully completed survey responses. Seventy completed survey responses were received. The survey response rate was 3.5%. Though this was lower than the 2018 SGS survey (13%), the large amount of qualitative data collected made for rich, in-depth insights regarding what respondents considered the most pressing issues faced by older adults in the South, as well as SGS priorities. Possible reasons for the low response rate include:

- Persons involved in the design and development of the 2021 survey were encouraged to recuse themselves from completing the survey.
- The 2021 survey was sent via email around the time of the SGS annual meeting, which was online due to the COVID-19 pandemic. The subcommittee originally planned to use the meeting as a reminder to participate in the survey. Given all that was happening at the time, there may have been “SGS overload”.
- Due to the pandemic, many people were working remotely, with most meetings, classes, and other activities taking place online. Therefore, the online survey may have fallen victim to “pandemic online work burnout”.
- To minimize the potential of spam responses, the 2021 survey was sent to a closed network and was not heavily promoted. It was not included in SGS social media posts, no teaser emails were sent, nor were there presentations by the subcommittee to other SGS committees to promote the survey to their members and networks.

- The 2021 survey took longer to complete than the 2018 survey, with more open-ended questions that people might not have had the time or inclination to finish. For example, 131 people started the survey but only 70 completed it.

As a starting point for Survey 2.0 development, survey subcommittee members reviewed the topics from the 2018 survey to ensure that relevant topics were included in the 2021 survey. Where necessary, topics were renamed, re-categorized, or deleted (if redundant). The subcommittee then reviewed the open-ended answers from 2018 survey question five, which included the written-in rankings of what respondents considered to be the top five overall issues faced by older adults in the South. The answers were sorted by topic and the survey subcommittee integrated feedback into Survey 2.0.

The 2021 survey had a total of 10 questions. In questions 1 through 5, respondents were asked to rank the top five most important topics from 1-5 with 1 being the most important. Topics were listed alphabetically within the following five categories related to aging in the South: Health and Well Being (15 topics), Environment (17 topics), Society (10 topics), Technology (13 topics), and Emerging Concerns (13 topics). In addition to the topics within each category, there was an “Other” option, allowing respondents to write-in and rank a topic of interest to them related to each of the five categories.

At the end of each of the category sections were two open-ended questions. The first asked respondents to share personal or professional reasons for their answers. The second asked them to include information about how they felt the COVID-19 pandemic may have influenced the priorities they selected. Respondents were not required to answer these questions for their surveys to be considered complete. The qualitative data from these write-in answers is detailed later in the report.

Question 6 was open-ended, and respondents were asked to consider all the topics, including any they might have added, and rank what they thought were the top five topics in overall importance faced by older adults in the South. Question 7, also open-ended, asked respondents to comment on the highest priority for SGS to consider over the next three years, given their previous answers.

Three demographic questions asked about respondents’ SGS membership status, profession, and in which state they resided. Appendix A provides a copy of the full survey.

RESPONDENT DESCRIPTION

Thirty-seven respondents (52.8 %) were individual SGS members; 13 (18.6 %) had an organizational membership; and 20 (28.6 %) indicated that they were not members. Respondents were able to select multiple options for professions. Thirty indicated they were educators, 20 practitioners, 20 researchers, 10 retired, nine students, nine other, and four policy makers/influencers. Respondents used the “Other” option to self-identify as advocates, ADRC counselor, disability and aging counselor, Alzheimer’s and dementia specialist, and care partner. There was representation from nine states in the SGS region. The state with the most respondents was Georgia (18) followed by North Carolina (16) and

Virginia (15), which are also the states with the most SGS members. No responses were received from Alabama, Arkansas, the District of Columbia, Louisiana, Mississippi, Texas, or West Virginia. There were, however, responses from five states outside the SGS region: California, Massachusetts, Nebraska, Ohio, and Oklahoma.

DATA ANALYSIS

Survey responses were exported to Excel where the data were cleaned, and incomplete responses were removed. Excel was used for descriptive analyses of quantitative data. ATLAS.ti 9 for Mac, a qualitative data analysis software program (QDAS), was used to store, manage, and assist with descriptive and open coding of the qualitative data (Friese, 2019).

Quantitative Analysis. To analyze the topic rankings by respondents, the weighted means were calculated for questions 1-5 of the completed surveys (N= 70). A topic ranked number one (most important) was given a weight of five, while a topic ranked number five (least important) was weighted as one. Table 1 provides an overview of the topics within each of the five categories. The topic listed as Housing (in the Environment category), was consolidated from three topic options provided in the survey (housing affordability, housing accessibility, and housing quality). An iterative approach informed this analytical decision that was made based on results from questions 6 and 7 in which respondents referred to these housing topics with considerable overlap. By consolidating the three housing topics we were able to compare responses from questions 1-5 to questions 6 and 7 with greater accuracy. In a comparative analysis of responses from questions 1-5, we identified 10 topics with the highest means (Table 2). We then used this data to inform our descriptive analysis of questions 6 and 7. The findings are summarized in Tables 3 and 9. Of the 70 respondents, 37 and 63 answered open-ended questions 6 and 7, respectively.

Qualitative Analysis. Written responses (N=70) were uploaded into ATLAS.ti 9 where we systematically assigned codes and added comments (i.e., code definitions) to record descriptive characteristics and capture the meaning of the data. The coding process through ATLAS.ti made it possible to generate a full codebook and export analytical reports with illustrative quotes from respondents. These quotes were then incorporated into the findings sections to convey a deeper meaning of each priority.

Table 1*. SGS 2021 Survey – Top 5 Rankings within Categories

Responses to QUESTIONS 1-5	# of Respondents	Weighted Mean
HEALTH & WELL BEING		
Chronic illness	42	3.69
Health disparities	45	3.60
Cognitive impairment/dementia	51	3.53
Mental health	42	2.76
Informal caregiver health	33	2.33
ENVIRONMENT		
Aging in place	43	3.77
Housing (affordability + accessibility + quality)	63	3.16
Long-term services and supports (LTSS)	35	3.23
Social isolation	48	3.21
Transportation	28	2.64
SOCIETY		
Poverty and income inequality	63	3.62
Elder abuse/neglect/exploitation	56	3.52
Informal/family caregiving	60	3.42
Minority aging	47	3.00
Faith communities as a support resource	30	2.43
TECHNOLOGY		
Internet access	60	4.10
Telehealth	47	3.30
Personal assistive technologies	53	3.19
Personal mobility aids	35	2.94
Mobile technologies	32	2.59
EMERGING CONCERNS		
Aging services workforce	46	3.76
Funding for aging programs	45	3.18
Loneliness	46	3.15
Medicare (e.g., eligibility, enrollment, fraud)	36	2.83
Advance care planning	33	2.45

*The Category color coding in the above table is repeated in each table in the report.

FINDINGS

Aggregating the responses from questions 1 through 5 into a Top 10 list from all categories and compiling a second Top 10 list from the open-ended responses to question 6, five topics made both lists: Internet Access, Aging Services Workforce, Poverty and Income Inequality, Health Disparities, and Informal/Family Caregiving (see highlighted rows in Tables 2 and 3). The following sections detail these topics, with qualitative responses added for further context. The analyses depicted in Tables 2 and 3 will be essential for documenting longitudinal shifts in priorities among stakeholders.

Table 2. Top 10 Topics Overall from Questions 1 through 5 (Top 5 issues faced by older adults in the South within each category)

TOPICS RANKED BY WEIGHTED RESPONSES in Q1-5	NUMBER OF RESPONDENTS	MEAN	CATEGORY
Internet access	60	4.10	Technology
Aging in place	43	3.77	Environment
Aging services workforce	46	3.76	Emerging Concerns
Chronic illness	42	3.69	Health & Well Being
Poverty and income inequality	63	3.62	Society
Health disparities	45	3.60	Health & Well Being
Cognitive impairment/dementia	51	3.53	Health & Well Being
Elder abuse/neglect/exploitation	56	3.52	Society
Informal/family caregiving	60	3.42	Society
Telehealth	47	3.30	Technology

Table 3. Top 10 Topics-Question 6 (Top 5 issues faced by older adults in the South)

TOPICS RANKED BY WEIGHTED RESPONSES in Q6	NUMBER OF RESPONDENTS	MEAN	CATEGORY
Social entitlement programs	7	4.00	Emerging Concerns
Food security & nutrition	9	3.67	Health & Well Being
Health disparities	9	3.56	Health & Well Being
Housing	13	3.54	Environment
Poverty & income inequality	10	3.30	Society
Minority aging*	7	3.29	Society
Informal/family caregiving**	13	3.23	Society
Aging services workforce	9	3.22	Emerging Concerns
Isolation & loneliness	15	2.60	Environment
Internet access	11	2.55	Technology

*Minority Aging combined topics of Asian populations, Black communities, BIPOC populations immigrant populations, LGBTQ populations, social injustice, racism, and refugees.

**In some cases, we assumed that a response was informal/family caregiving based on context or when it was not obvious that paid caregivers were the subject.

Internet Access

Internet Access, in the Technology category, ranked highest on the Top 10 list aggregated from all categories in questions 1-5. On the Top 10 list compiled from the open-ended responses to question 6, Internet Access ranked tenth (see Table 4). Indeed, in contemporary society, internet access and use has transitioned from something that is desirable to something that is essential. It is widely accepted that this may be problematic for older adults (Hargittai, Piper & Morris, 2019).

Table 4. Internet Access Rankings

TOPIC	NUMBER OF RESPONDENTS	MEAN	CATEGORY
Internet access (#1 on Q1-5 list)	60	4.10	Technology
Internet access (#10 on Q6 list)	11	2.55	Technology

Issues of internet access emerged as the highest priority in the entire survey with a mean score of 4.10. As one respondent commented:

Free internet access as a utility, not a privilege, for everyone became an even more visible sign of equity during COVID-19, especially for social connections, education, and health access.

The sentiment that COVID-19 has brought issues of internet access into sharper focus was reinforced by another respondent who noted that, *COVID has shown us how important and impactful connectedness via technology can be.* Another wrote:

The pandemic struck quickly causing most in-person services to stop for many months. Without access to the internet and/or a device that allows them to communicate with those outside their home, older adults were unable to do many things that helped those with technology persevere through the pandemic.

There was particular concern with access in rural areas (Lee et al., 2020); *It all hinges on expanding internet access to rural areas.* Advantages of providing internet access, particularly with regard to telehealth, were emphasized:

Access to telehealth (which requires access to reliable broadband) can not only mitigate health deserts but can also be a great way to include the family caregiver. Providing the senior with a mobile device and the training to use it would promote health and social interaction since many virtual communication tools can be accessed via mobile.

Expanding on the issue of access, a major concern was user acceptance and technology friendliness. For example, one respondent commented:

... encouraging or relying on technology is, in my opinion, not very "age-friendly". Many older adults have no interest in learning to use these devices but for some, they can be helpful. While access to the internet has greatly increased in some rural parts of the south, having access doesn't mean that older adults use that access. For instance, all of my living

grandparents have internet. They rarely, if at all, use it. They also hate their cell phones. I do believe this adversity to technology will fade as time passes and we move toward a cohort of older adults who have always had technology in their lives but even my parents, the age of boomers, hate how "techy" things are becoming.

Echoing the observations of many respondents, one person wrote, *Many have technology with no idea how to use it!* Another noted that, *Internet does not seem to be an issue, but knowing how to use the technology is a major issue. We need teams to teach older adults to successfully use the technology.*

And a third reinforced this advocacy:

Tech has gadgets we do not know how to use and cannot afford. Let's approach lack of connectivity and isolation as an opportunity to supply and train every elder this utility at the lowest possible cost and highest quality support.

Providing internet access, in itself, was not deemed sufficient but had to be considered as part of a broader array of solutions when addressing the concerns of older adults in the South. But it was viewed as necessary for addressing many of the issues identified in the survey. As one person opined, *...most of these [issues] tie back to internet access. Without access, most of the technologies are irrelevant.* Another respondent wrote, *To properly execute Telehealth many of the other choices will need to also be implemented. There is a need for an overall solution instead of discrete options that don't work with each other.* Finally, we note that one respondent questioned the notion that access to technology even be considered as a solution to complex issues involving diverse users, explaining:

COVID emphasized that the technology infrastructure for successfully implementing Telehealth on a broad level does not exist despite the billions of dollars invested in the technology. We need to stop looking at this as a technology solution and focus on the end users and how they would prefer to interact.

Aging Services Workforce

Aging Services Workforce, in the Emerging Concerns category, ranked third overall on the Top 10 list aggregated from all categories in questions 1-5. On the Top 10 list compiled from the open-ended responses to question 6, Aging Services Workforce ranked eighth (see Table 5).

Table 5. Aging Services Workforce Rankings

TOPICS	NUMBER OF RESPONDENTS	MEAN	CATEGORY
Aging services workforce (#3 on Q1-5 list)	46	3.76	Emerging Concerns
Aging Services Workforce (#8 on Q6 list)	9	3.22	Emerging Concerns

Along with the rapidly increasing aging population is the demand for services. However, the aging services workforce is facing a thorny dilemma. Two participants' statements revealed aspects of this difficulty, the first stated, *At the current rate there will not be enough professional caregivers in the future to provide care at an affordable rate.* The second commented, *The aging services workforce was already having difficulties maintaining staff due to low wages, long hours and limited benefits.*

One respondent, commenting on workforce issues, reported, *The Covid-19 pandemic made these issues worse and at a time when it should have been adding staff to be able to serve the needs of the baby boom generation as it ages.*

Poverty & Income Inequality

Poverty & Income Inequality, in the Society category, ranked fifth overall on the Top 10 list aggregated from all categories in questions 1-5. On the Top 10 list compiled from the open-ended responses to question 6, Poverty & Income Inequality also ranked fifth (see table 6).

Table 6. Poverty & Income Inequality Rankings

TOPIC	NUMBER OF RESPONDENTS	MEAN	CATEGORY
Poverty & income inequality (#5 on Q1-5 list)	63	3.62	Society
Poverty & income inequality (#5 on Q6 list)	10	3.30	Society

Although poverty and income inequality were in the Society category, this topic was mentioned across other categories including Health and Well-Being, Environment, and Emerging Concerns. A participant elaborated on the cross-cutting nature of poverty and inequality as an issue:

Wealth inequality and social/racial injustice are symptomatic of our deep misunderstanding of the contextual differences in which we are born and raised. Without a clear legal framework establishing the rights of every individual to the basic securities and sustenance of human dignity (food, clothing, shelter, healthcare, education, communication, transportation, legal representation, a living wage, free association, physical security, and voting rights) and broad social acceptance of these universal rights, we will continuously struggle with failure in our society...

Another participant mentioned health disparities and issues of longevity in connection to income:

Multi-morbidity and health disparities greatly influence the experience of aging and longevity in the South. In my practice with a low income minority older adult population reduced life expectancy is significant and needs to be addressed.

This concern coincides with literature indicating associations between lack of access to health care and low-income populations (Lazar & Davenport, 2018):

As alluded to in the comments above, respondents call for policy reform that supports equity among all citizens and a universal approach regarding older adults’ rights. Other respondents discussed topics related to poverty and inequality specifically within rural communities, such as:

Affordable housing that is high quality with access to transportation and healthy food is often unavailable for older persons. Our program is housing-based, and I see first-hand the issues in urban low income communities. I live in a rural community and access to health food remains a huge issue--with no grocery store in the county and the only convenient place to shop is Dollar General or gas station convenience stores.

Together, these statements speak to the permeability of poverty and income inequality as it relates to social determinants of health such as housing, transportation, access to health care, and food insecurity.

Health Disparities

Health Disparities, in the Health & Well Being category, ranked sixth overall on the Top 10 list aggregated from all categories in questions 1-5. On the Top 10 list compiled from the open-ended responses to question 6, Health Disparities ranked third (see Table 7).

Table 7. Aging Services Workforce Rankings

TOPIC	NUMBER OF RESPONDENTS	MEAN	CATEGORY
Health disparities (#6 on Q1-5 list)	45	3.60	Health & Well Being
Health disparities (#3 on Q6 list)	9	3.56	Health & Well Being

As described by one participant, *Health disparities in the U.S. have led to minorities not getting regular healthcare checks which has resulted in increased populations living with untreated health conditions.* Another participant succinctly stated how, *Covid-19 has shown that we need more work on health disparities.* Current literature and ongoing research demonstrate disparities among those infected and dying from COVID-19 (CDC 2020; Abedi et al., 2020). This is not limited to physical health disparities but also includes the mental health impacts of the pandemic on ethnically diverse older adults (Bohn et al., 2021). In addition to mental health, one participant noted falls as a major health disparity among older adults in the South:

I do think there are health disparities among older adults in our region and that there are issues - specifically falls and mental health ...seem to be a greater issue or that more older adults need support or services to support [them].

Participant responses related to health disparities overlap with other highly ranked topics in the SGS survey, including Poverty and Income Inequality. Given the negative association between poverty and health (Price et al., 2018), it is not surprising that these topics were highly rated as top issues faced by older adults in the South.

Informal / Family Caregiving

Informal/Family Caregiving, in the Society category, ranked ninth overall on the Top 10 list aggregated from all categories in questions 1-5. On the Top 10 list compiled from the open-ended responses to question 6, Informal/Family Caregiving ranked seventh (see Table 8).

Table 8. Informal / Family Caregiving Rankings

TOPIC	NUMBER OF RESPONDENTS	MEAN	CATEGORY
Informal/family caregiving (#9 on Q1-5 list)	60	3.42	Society
Informal/family caregiving (#7 on Q6 list)	13	3.23	Society

Open-ended responses related to family caregiving reflected how caregivers should be recognized as part of the health care team and are often performing medically complex tasks for long periods of time. As one respondent stated, *Supports for family caregivers are essential because without family caregivers the entire care infrastructure fails. Family caregivers manage care, manage the meds and ensure that the care plan is implemented (test, appointments, imaging, nutrition, etc.).*

Another respondent addressed the shrinking caregiver ratio of potential family caregivers to the number of older adults needing help, due to the aging baby boom population, and reduction in birth rates, among other factors:

The need for family caregivers is increasing at the same time the number of family members available to provide care is decreasing. Since caregivers are the backbone of the health care system for older adults with chronic and serious illnesses, and as the large baby boom generation ages, and the long-term care system has difficulty maintaining its workforce, caregiving becomes a crisis situation.

An additional comment noted the difficulties caregivers often face. This includes lack of support in managing difficult tasks in which they are not trained, through fragmented health care and community-based systems that can be confusing, *Caregiver support is lacking - caregivers referred around heavily complex systems but never receiving assistance needed.*

Approximately 48.1 million people are providing care for someone 50 years or older (AARP & National Alliance for Caregiving, 2020). Challenges faced by family caregivers have been highlighted during the COVID-19 pandemic, since many community-based programs and services shut down or were reduced, causing some people to assume caregiving duties for the first time.

EVOLVING SGS PRIORITIES- THE PAST, PRESENT, AND FUTURE

Conducting a survey of SGS members and stakeholders every three years represents our commitment to empowerment evaluation as a conceptual framework of action that addresses the discrepancy between intention and attainment in research (Schwartz et al., 2021). A strength of empowerment evaluation is that it embraces and values the perspectives and representation of all constituents, including minority stakeholders (Fetterman & Wandersman, 2005). Additionally, the principles of empowerment evaluation (improvement, community ownership, inclusion, democratic participation, social justice, community knowledge, evidence-based strategies, capacity building, organizational learning, and accountability) are aligned with the underlying philosophy and culture of SGS (see Schwartz et al., 2021). Within this framework, SGS stakeholders (i.e., SGS members, aging network community partners, educators, and others with an interest in aging in the southern United States) can incorporate organizational learning experiences into program development and implementation to create optimal outcomes.

Comparison to Previous Survey

The 2018 survey responses influenced SGS priorities in program development, committee agendas, projects, and conference tracks. It also provided a foundation for creating Survey 2.0 and led to a journal publication. Many of the topics that made at least one of the Top 10 lists in Survey 2.0 findings were also on the Top 10 list from the 2018 survey report, including Health Disparities, Poverty/Economic Concerns, Caregiving, Chronic Illness, Housing, Social Isolation, and Dementia. Though we found evidence suggesting the COVID-19 pandemic had an impact on response rankings from 2021, the similarities between the results of the two surveys indicate a continuity in respondents' feelings about issues faced by older adults in the South. Given our focus on organizational empowerment, we believe it is important to be transparent in acknowledging that, while some priorities shifted regarding perceived importance, they are still considered stakeholders' priorities and should continue to be addressed (see Recommendations section).

Priority Issues for SGS

Question 7, an open-ended question pertaining to the priorities of SGS as an organization, was answered by 63 of the 70 respondents (90%). This question was not required for completion of the survey. Responses were organized by topics and related categories and are noted in Table 9.

Table 9. Question 7: Highest Priority for SGS

TOPIC	# OF RESPONDENTS	CATEGORY
Health Disparities	8	Health & Well Being
Minority Aging*	8	Society
Quality Of Care**	7	Multiple
Informal/family caregiving***	6	Society
Isolation & Loneliness	5	Environment
Poverty & Income Inequality	5	Society
Virtual Communication/Telehealth	5	Technology
Aging Services Workforce	4	Emerging Concerns
Mental Health/Depression	4	Health & Well Being
Aging in Place	4	Environment
Training/Education	4	Multiple

*Minority Aging combined topics of Asian populations, Black communities, BIPOC populations immigrant populations, LGBTQ populations, social injustice, racism, and refugees.

**Quality of Care included responses mentioning access to healthcare, access to resources, and the general term of access to care.

***In some cases, we assumed that a response was informal/family caregiving based on context or when it was not obvious that paid caregivers were the subject.

We observed considerable overlap in this list and the top 10 topics from questions 1-5. For instance, six of the topics appeared on the top 10 list from questions 1-5, and seven of the topics also appeared in top 10 list for question 6. In addition, four of the five topics appeared on all three lists. Given these findings, SGS should be confident in prioritizing these areas of focus moving forward. Additionally, respondents recommended that SGS continue offering education and training to expand organizational commitment to addressing the many regional issues faced by older adults and their support networks.

Responses to question 7 crossed many topics such as training/education and research and provide more descriptive information of ways SGS might address these issues. It is possible that respondents recognized that SGS could have a more defined and specific role in addressing certain issues. For example, one respondent wrote, *Follow our Mission, and participate in the work of SGS, build productive collaborative relationship[s] with groups and people of action, and take action to accomplish mutually planned SMART goals; review, repeat.*

Upon analysis of the priorities noted by respondents, further discussion, learning, and education is needed on the most pertinent issues identified to develop a plan for areas where SGS can potentially make the strongest impact (e.g., providing expertise, funding, etc.)

RECOMMENDATIONS

Based on the priorities identified from the SGS Survey 2.0, the Development Committee survey subcommittee makes the following recommendations which can be encapsulated within three interwoven empowerment evaluation principles (noted in italics):

- **Continue with efforts to base organizational improvement on evidence-informed strategies that emphasize community ownership through self-determination and accountability.**
 - Share the SGS Survey 2.0 results with SGS committees so they may plan initiatives that emphasize collaboration, such as:
 - Endowment campaigns should plan for the shifts in priorities among stakeholders over time.
 - Established and newly formed SGS committees are encouraged to use the survey data and findings to develop intra-organizational networking opportunities.
 - SGS should consider an integrated approach to organizing the annual conference tracks as the survey results indicate that topics are complex and span categories.
 - Prioritize networking with organizational and community partners who can assist in identifying sponsorships and work toward a mission of bridging the gap between research and practice.

- **Place a priority on inclusion that encourages mutual responsibility (an ethos of social justice and an ethic of care) among stakeholders.**
 - Make special efforts to address priorities of particular interest to stakeholders, while also maintaining inclusion across all constituencies and acknowledging the significance of all priorities, not only those expressed by the majority.
 - While issues relating to socially excluded and minoritized populations were specifically mentioned, the inequities that negatively impact these populations were apparent across categories and should be interpreted as interconnected.
 - Situational factors (e.g., the pandemic) should be considered in interpreting results from past, present, and future surveys to ensure that SGS has the greatest impact on the diverse lives of older adults and their support networks. For instance, the opioid crisis remains a priority among stakeholders, even though it was not among the top priorities in Survey 2.0.
 - Raise awareness around the identified topics to improve representation in subsequent versions of the survey.
 - SGS committees are encouraged to use this information to aid in recruiting a larger and a more diverse sample for Survey 3.0.
 - Prioritize a regional focus as we learned from the survey that certain issues remain especially important in the South.
 - The southern region is an area that suffers disproportionately from communication disadvantages (e.g., internet access) particularly in rural

areas; therefore, it is imperative to develop regionally relevant research and outreach.

- **Remain steadfast in building capacity for rapid adaptation as a means of promoting sustainability.**
 - Topics from Survey 2.0 will be repeated and elaborated upon in Survey 3.0, scheduled to be disseminated in 2024. The survey subcommittee will plan to:
 - Ask comparative questions to gain an understanding of how identified priorities related to older adults in the South may shift over time.
 - Solicit input from participants about where they stand presently/at the time of the survey on the categories and associated topics in Survey 3.0.
 - Improve survey measures to capture the complexity of topics and categories.
 - Consider avenues that increase diverse stakeholder representation from all states in our region.
 - Transform SGS into a more engaged organization by increasing SGS representation at other types of meetings and in forums working on issues identified in the priorities established by Survey 2.0.
 - Apply insights learned from the COVID-19 pandemic to guide SGS actions moving forward as other potential illnesses/diseases become a part of our societal consciousness.
 - While gerontological challenges are always present, the COVID-19 pandemic has exacerbated many issues. Therefore, we recommend increased involvement in public and private sectors, such as the direct care workforce.
 - Identify resources to enhance dissemination of current and future findings.
 - Encourage the *Journal of Applied Gerontology* and other communication outlets to refer to these findings and identify foci of special interest and other means of highlighting research in these areas.

These recommendations build on those provided in the 2018 survey report recommendations (see Appendices B and C), creating a longitudinal approach to ensuring that SGS member and stakeholder opinions are infused into priority setting for organizational activities.

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Appendix A. SGS Research Priorities Survey 2.0

Start of Block: Welcome

You are being invited to participate in a research study titled “The SGS Priorities Survey” being conducted by The Southern Gerontological Society (SGS). SGS would like your input to identify areas where more attention is needed regarding the issues faced by older adults in the South and those who care for them. The survey responses will help SGS prioritize and inform the development of its regional gerontological agenda which may include research, education, service activities, and other initiatives.

The survey includes five categories of issues faced by older adults and their support networks. Within each category, please rank what you think are the top five priorities in order of importance to aging in the South. In each category, there is an option to add topics you think are important but are not included. Then, please consider what you think are the Top 5 issues overall faced by older adults in the South, from all that were listed and/or others you’ve added.

There is also an area where you can share your perspectives on the implications and applications of the top prioritize you indicated.

Your responses will be kept confidential and no data will be released or used with your identification attached. Your participation in the research is voluntary. You may choose not to answer any or all questions, and you may stop at any time. There is no penalty for not taking part in this research study. Please call Abby Schwartz at 252-328-4209 for any research related questions or the ECU University & Medical Center Institutional Review Board (UMCIRB) at 252-744-2914 for questions about your rights as a research participant.

- I agree to participate
- I do NOT agree to participate

End of Block: Welcome

Start of Block: Ranking Priorities

Q1. CATEGORY 1: Health & Well-Being

Within this category are topics (listed alphabetically) pertaining to physical and mental/emotional health that affect the well-being of older adults living in the South and those who care for them. Please rank the top 5 most important topics (1=Most Important

and 5= Least Important). If a topic is not listed, you may enter it in the "Other" text box below.

- Chronic illness
- Cognitive impairment/dementia
- End-of-life care
- Falls
- Food insufficiency
- Health disparities
- Health literacy
- Informal caregiver health
- Issues of faith, religion, & spirituality
- Mental Health
- Nutrition
- Oral Health
- Palliative care
- Top 5 causes of death (e.g., Alzheimer's Disease, cancer, heart disease, respiratory disease, stroke)
- Other

Q1a. We encourage you to add comments and describe personal/professional issues that influence your perceptions of your Top 5 choices.

Q1b. Please comment on how the COVID-19 pandemic may have influenced the health and well-being priorities you selected.

Q2. CATEGORY 2: Environment

Within this category are issues (listed alphabetically) pertaining to the environmental context, surroundings, resources, or conditions that affect the quality of life of older adults in the South and those who care for them. Please rank the top 5 most important topics

(1=Most Important and 5= Least Important). If a topic is not listed, you may enter it in the "Other" text box below.

- Accessible housing
- Affordable housing
- Aging in place
- Delivery services (e.g., food, commodities, prescriptions)
- Disaster preparedness and recovery
- Food deserts
- Health care deserts
- Housing quality/security/sufficiency
- Long-term care living options (e.g., independent living, assisted living, skilled care)
- Long-term services and supports (LTSS)
- Options for respite
- Personal safety and security
- Rurality
- Shared living alternatives
- Social isolation
- Transportation
- Other

Q2a. We encourage you to add comments and describe personal/professional issues that influence your perceptions of your Top 5 choices.

Q2b. We encourage you to include your thoughts and experiences regarding environment in relation to COVID-19.

Q3. CATEGORY 3: Society

Within this category are issues (listed alphabetically) pertaining to society and how current structures and conditions may influence equality, inclusion, and social justice for older

adults in the South. Please rank the top five most important topics (1=Most Important and 5=Least Important). If a topic is not listed, you may enter it in the "Other" text box below.

- Elder abuse/neglect/exploitation
- Faith communities as a support resource
- Immigration
- Informal/family caregiving
- LGBTQ issues and aging
- Minority aging
- Poverty and income inequality
- Representation (voting access)
- Status of refugees
- Other

Q3a. We encourage you to add comments and describe personal/professional issues that influence your perceptions of your Top 5 choices.

Q3b. We encourage you to include your thoughts and experiences regarding society in relation to COVID-19.

Q4. CATEGORY 4: Technology

Within this category are issues (listed alphabetically) pertaining to the use of and access to technology among older adults in the South. Please rank the top 5 most important topics

(1=Most Important and 5=Least Important). If a topic is not listed, you may enter it in the "Other" text box below.

- Home assistance devices (e.g., virtual assistant/Alexa, cleaning robots/RoboVac, security/Ring)
- Internet access
- Medical alerts (e.g., safety/Life Alert)
- Mobile technologies (e.g., Smartphones, tablets, readers/Kindle)
- Personal assistive technologies (e.g., hearing aids, glasses, grabbers)
- Personal mobility aids (e.g., rolling walkers, scooters, electric wheel chairs)
- Personal computers (e.g., laptops, desktops, software)
- Surveillance and monitoring technologies
- Telehealth
- Virtual reality devices
- Virtual communication (e.g., Zoom, Facetime, WhatsApp)
- Wearable devices (e.g., activity tracker/Fitbit, step counter)
- Other

Q4a. We encourage you to add comments and describe personal/professional issues that influence your perceptions of your Top 5 choices.

Q4b. We encourage you to include your thoughts and experiences regarding technology in relation to COVID-19.

Q5. CATEGORY 5: Emerging Concerns

Within this category are issues (listed alphabetically) pertaining to emerging concerns among older adults in the South. Please select and rank the top five most important topics

(1=Most Important and 5=Least Important). If a topic is not listed, you may enter it in the "Other" text box below.

- Advanced care planning
- Aging services workforce (e.g., size, capabilities, training)
- Family separation and migration
- Funding for aging programs
- Income
- Loneliness
- Medicaid (e.g., eligibility, access, dependence, expansion)
- Medicare (e.g., eligibility, enrollment, fraud)
- Older adult employment
- Opioid use and misuse
- Retirement planning
- Social Security (e.g., dependence, solvency)
- Other

Q5a. We encourage you to add comments and describe personal/professional issues that influence your perceptions of your Top 5 choices.

Q5b. We encourage you to include your thoughts and experiences regarding emerging concerns in relation to COVID-19.

Q6. From the topics in Categories 1 through 5 (including any topics added), please indicate what you believe are the top 5 issues faced by older adults in the South (1=Most Important and 5=Least Important).

End of Block: Ranking Priorities

Start of Block: Block 4

Q7. Considering your prior choices in this survey, what is the highest priority for SGS to consider over the next three years?

End of Block: Block 4

Start of Block: Demographic Questions

Q8. Are you, or is your organization, an SGS member?

- Yes, I am a member
- Yes, my organization has a membership
- No, I am not a member

Q9. Which best describes your profession? Select all that apply

- Educator
 - Policy maker
 - Practitioner
 - Researcher
 - Retired
 - Student
 - Other _____
-

Q10 In what state do you reside?

- Alabama
- Alaska
- Arizona
- Arkansas
- California
- Colorado
- Connecticut
- Delaware
- District of Columbia
- Florida
- Georgia
- Hawaii
- Idaho
- Illinois
- Indiana
- Iowa
- Kansas
- Kentucky
- Louisiana
- Maine
- Maryland
- Massachusetts
- Michigan
- Minnesota
- Mississippi
- Missouri
- Montana
- Nebraska
- Nevada
- New Hampshire
- New Jersey
- New Mexico
- New York
- North Carolina
- North Dakota
- Ohio
- Oklahoma
- Oregon
- Pennsylvania
- Rhode Island
- South Carolina
- South Dakota
- Tennessee
- Texas
- Utah
- Vermont
- Virginia
- Washington
- West Virginia
- Wisconsin
- Wyoming
- I reside outside the United States

End of Block: Demographic Questions

Start of Block: Thank you for your time

Thank you for your participation! If you would like to receive reports on the results of this survey, please contact the SGS Executive Director at **admin@southerngerontologicalsociety.org**. We welcome any additional comments related to this survey below.

End of Block: Thank you for your time

Appendix B. 2018 SGS RESEARCH PRIORITIES RECOMMENDATIONS

On the basis of the priorities identified from the survey and our considered deliberations, the Development Committee Survey Subcommittee makes the following recommendations with regard to the research priorities of SGS. We recommend that SGS address these priorities through the most appropriate means, including research funding, policy initiatives, advocacy, and education.

(1) The highest priority for research to be endorsed and supported by SGS should be studies concerned with addressing health disparities among older adults in the South.

Within this rubric, the focus should be on reducing the prevalence of *chronic illness* and increasing the support of caregiving initiatives that help to alleviate chronic illness and its effects. Special efforts should be made to address the array of health issues associated with *Alzheimer's disease* and the health and wellbeing of persons caring for a person with a dementing illness.

(2) SGS should prioritize research and the support of interventions to address social isolation and loneliness. While this is a national problem of immense proportion, this is of particular concern in the South and especially in rural areas.

(3) SGS should support research on the immediate and community environments in which older adults reside. Concern should be with environments ranging from the *residence/dwelling/housing* of older adults to the larger scale environment of the community. Particular emphasis should be placed on *rural settings*. Within this priority, a particular concern should be with research on addressing the problem of *food deserts* which occur in many areas of the rural South.

(4) A major focus of SGS research should be studies of an interrelated array of socioeconomic concerns that limit the wellbeing of older adults in the South. Within this priority, emphasis should be placed on studies of poverty, the economic challenges of minority status, and issues of transportation cost and availability that limit access to services.

(5) Priority should be placed on supporting research and interventions on focused contemporary issues including (a) the opioid crisis, (b) elder abuse and neglect, (c) food deserts and (d) disaster recovery. We suggest that SGS *maintain a current list of specific crisis issues* pertinent to the South (for example, disaster recovery from specific hurricanes). This list of current critical issues should be updated on no less than an annual basis so that the Society can become the catalyst for efforts to research and address critical issues concerning the older adult population

(6) SGS should conduct a survey of research priorities with respect to aging in the South at least every three years. The current survey provides a baseline for the future. We suggest that subsequent surveys build on the structure and findings of this survey. Findings from the surveys should be used in formulating specific priorities for research to be supported by the Society through both advocacy and funding (for example through the funding of pilot research supported by the Endowment or the sponsorship of regional summit meetings on specific topics).

Appendix C. 2018 SGS SERVICE PRIORITIES RECOMMENDATIONS

On the basis of priorities identified from the survey and our considered deliberations, the Survey Subcommittee makes the following recommendations with regard to SGS service priorities. We recommend that SGS address these priorities through research funding, policy initiatives, advocacy, and education.

1. **SGS Service Activities:** While survey respondents were generally in favor of an expanded service role for SGS in the South, there are some complicating issues that may make a centrally-coordinated service initiative during the annual conference challenging or impractical. Below are options for consideration.
 - a. If it is decided to pursue a service project during the annual SGS regional conference, the following considerations may increase the likelihood of success.
 - 1) Choosing an appropriate project in sufficient time for preparation before the conference.
 - 2) Obtaining member assurance of participation in sufficient numbers before committing to an SGS group service project.
 - 3) Keeping the project scope within the established meeting days in order to avoid adding to members' travel time and costs.
 - 4) Determining how to schedule a meaningful amount of time to a service project without taking time away from conference participation.
 - b. As an alternative, SGS could designate an "SGS Service Week" during which members would be encouraged to participate in a day of service in their local communities.
 - 1) Member activities could be reported for inclusion in an "SGS Volunteer Service Report" to be published for the membership.
 - 2) These activities could be included in a press release and distributed to local media by members, to promote the work of SGS at the local and regional levels.
 - 3) Presentations about member service activities could be made at the annual conference in a forum that would facilitate comparison, idea sharing, and replication of initiatives.
2. **SGS Webinars:** Since webinars and CEUs are available from other resources, it might not make sense for SGS administration to focus time and effort on webinar production, given that only 43 respondents (39.8%) indicated interest, and the suggested subject areas were very diverse.
 - a. Webinars and CEU accreditation decisions/recommendations should become the responsibility of the proposed SGS Education Committee.
 - b. Prior to formation of an Education Committee, SGS members may facilitate webinar production as individual initiatives, in coordination with the SGS Executive Director, including pursuing any credentials needed for CEU credits.
3. **SGS Member Benefits:** While it appears that no major changes or additions to member benefits are currently needed, the following suggestions mentioned by multiple respondents should be considered:

- a. Setting up an attendee match program for the annual conference, connecting first-time and/or student attendees with existing SGS member(s) for networking and mentoring, including contact prior to the conference.
 - b. Creating an online directory of relevant state organizations within the 14-state SGS region (e.g. state gerontological associations, State Units on Aging, Area Agencies on Aging, etc.).
 - c. Creating an area on the SGS website for member forums.
4. **Future Surveys:** SGS should continue to monitor constituent attitudes regarding service priorities and member benefits at least every three years, as part of a recurring research and service priorities survey. More refined levels of respondent detail should be considered in the framing and interpretation of future survey questions, to facilitate a more actionable cross-tabulation of answers.