BOOK OF ABSTRACTS
44th Annual Meeting & Conference

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Advancing Effective Solutions:

The Interplay of Social Determinants of Health and Health Disparities

SGS
SOUTHERN
GERONTOLOGICAL
SOCIETY
Bridging Aging Research & Practice

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Age-related Health and Wellness

A Systematic Review of the Effect of Physical Activity on Atherosclerotic Cardiovascular Disease in Adults 60 Years and Older

Student Poster Presentation

Mr. Ian Dorsa [1], ***Ms. Marianna Hurtado*** [1], ***Ms. Shae Shodrock*** [1], ***Dr. TimMarie Williams*** [1]

1. *University of the Incarnate Word, School of Osteopathic Medicine*

Background: Atherosclerotic Cardiovascular Disease (ASCVD) is caused by atherosclerosis, which is the process that involves accumulation of fatty plaque within the arteries. Lifestyle modifications can slow or prevent this process. This systematic review was conducted to assess the effect of intense physical activity on atherosclerotic cardiovascular disease in adults 60 years and older.

Methods: A systematic search was completed on September 10th, 2022, using the databases of PubMed and Clinical Key. We included systematic reviews, narrative reviews, and meta-analyses, along with a variety of studies: observational, cross-sectional, and longitudinal. Studies and articles that were included needed to meet the following criteria: published in a peer-reviewed journal, investigated mortality outcomes related to ASCVD along with any form of leisure time physical activity as an intervention. Potential bias was assessed by looking at funding sources and ensuring comparisons were made to a control group.

Results: A total of 27 studies and articles were included after ensuring the elderly population was relevant, ASCVD was evaluated as a condition, and the level of physical activity was an intervention. Some limitations of the included studies were most presented observational data instead of experimental data, and a lack of statistical interpretation.

Discussion: The evidence collected strongly supports the association of increased physical activity with cardiovascular health and overall well-being. Conducting this review revealed the need for more experimental research related to the physical activity level in the elderly population.

Are Black Seniors Logging on to Health Information Technology? Examining the Relationship Between Digital Health Management and Emotional and Physical Well-Being with the National Health Interview Survey

Professional Paper Presentation

Dr. Carlene Buchanan Turner [1], *Dr. Yuying Shen* [1]

1. *Norfolk State University*

The analysis in this presentation will examine senior's well-being and using health information technology to manage their health care. The research questions are, what is the association between the practice of using health information technology by the elderly Black folks and their physical and emotional well-being? Secondly, what is the relationship between the regularity of doctor's visits by Black seniors and digital access for health care management? How are these relationships mediated by health care satisfaction, gender, employment status, marital status, and being younger old or older old? Although digital access has been problematized in general sociology, it has not been explored as rigorously in Sociology of Health. This presentation will outline the increasing centrality of seniors' use of digital technology to manage their health care.

To address these questions, the National Health Interview Survey – Sample Adult File, 2015 will be quantitatively analyzed. To analyze the research questions specifically, Statistical Packages for the Social Sciences was used to split the over the 65-year-old respondents from the full dataset. The focus of the analysis will be on American seniors (N= 8,378). Comparative statistical differences and regression analysis will be used to complete the analysis.

Data analysis and interpretation of results should reveal that Black seniors who utilize health information technology are more likely to report that they have positive well-being and that they visit their doctors more often. The discussion generated by this presentation has implication for supporting disenfranchised seniors' access to evolving work of personal digital health care management.

Arts on Prescription for Older Adults: Work in Progress on A Scoping Review

Professional Paper Presentation

Dr. S. Sudha **[1]*, Ms. Joy Birabwa* [2]*, Ms. Shayna Gleason* [3]*, Dr. Kathryn Daniel* [4]*, Dr. Ruth Finkelstein* [5]*, Ms. Maura O'Malley* [6]*, Ms. Betty Siegel* [7]*, Dr. Ardeshir Hashmi* [8]*, Ms. Rachel Chen* [9]**

***1.** The University of North Carolina at Greensboro, **2.** University of North Carolina at Greensboro, **3.** University of Massachusetts Boston, **4.** University of Texas Arlington, **5.** Hunter College, **6.** Lifetime Arts, **7.** Kennedy Center, **8.** Cleveland Clinic, **9.** Harvard University*

Background: Research shows the positive impact of arts participation on health and wellbeing. Healthcare systems in some economically advanced countries have thus incorporated Arts on Prescription (AoP), where healthcare practitioners write prescriptions for patients to participate in arts programs. This is distinct from art therapy. AoP has the potential to reduce healthcare costs.

Objective: We are undertaking a scoping review of research on AoP for older adults (OA). Our research questions include: (1) Impact of AoP on OAs': (a) access to and participation in arts programs, (ii) access specifically by marginalized and underserved populations, (c) health of participating OAs. (2) What funding and support mechanisms could support access to AoP for OA in the U.S.?

Design and Methods: We follow the PRISMA-ScR scoping review methodology, applying a checklist for required protocol steps and reporting items. After consultation with a research librarian on search terms, online databases were searched to identify publications between 2010-2022. Eighty-seven articles have been screened to date and 18 duplicates removed.

Results: Preliminary results indicate that AoP is described differently in various countries. Age ranges include OA and midlife adults. The effects on arts participation of OA is generally positive. The literature has paid less attention to disadvantaged OA's access to arts. There is some discussion of disability but less of income, language, race/ethnicity etc. Access occurs through some form of referral. The conditions most often targeted for AoP are mental health related, such as depression, anxiety, and isolation/loneliness, which might manifest as somatic symptoms.

Association Between Periodontal Disease and Cognitive Function among US Older Adults

Professional Paper Presentation

Dr. Giang Vu [1], ***Prof. Su-I Hou*** [1], ***Dr. Cynthia Williams*** [1], ***Dr. Di (Richard) Shang*** [2], ***Dr. Bert Little*** [3]

1. *School of Global Health Management & Informatics, University of Central Florida,* ***2.*** *University of North Florida,* ***3.*** *University of Louisville*

Objectives: The aim of this study was to analyze the relationship between periodontal disease and cognitive function among older adults in the United States.

Methods: National Health and Nutrition Examination Survey data 2011-2014 were used. The study sample included 1,915 participants aged ≥ 60 years that represents 36,157,015 older adults in the US in a probability weighted sample. Multiple logistic regression analysis was performed to examine the association of periodontal disease and cognitive function [Consortium to Establish a Registry for Alzheimer's Disease-Word Learning (CERAD W-L)]. The mean of CERAD sum score was used as the cut-off value for low cognitive function.

Results: The mean of CERAD sum score was 28. Controlling for covariates, multiple logistic regression revealed that periodontal disease was associated with low cognitive function (adjusted odds ratio (OR) = 1.55, 95% confidence interval (CI): 1.03 – 2.34, $p < 0.05$). Other risk factors of periodontal disease were current smoking status (OR = 4.26, $p < 0.001$), low income (OR = 1.51, $p < 0.05$), and racial minorities ($OR_{\text{Hispanic}} = 1.91$, $OR_{\text{Black}} = 2.00$, $OR_{\text{other race}} = 1.80$, $p < 0.001$). Protective factors of periodontal disease included annual dental visit (OR = 0.58, $p < 0.01$) and female gender (OR = 0.57, $p < 0.001$).

Conclusions: Low cognitive function was associated with increased risk of periodontal disease among US older adults. They should see their dentists at least once a year for oral examination and dental prophylaxis.

Collaboration and Change in Generational Perceptions After Participating in an Intergenerational Design Challenge

Student Poster Presentation

Mr. Andy Bell [1]***, Dr. Alicia Sellon*** [1]***, Dr. Matthew Peterson*** [1]***, Dr. Sylvia Long*** [1]***, Ms. Leah Mayo*** [1]***, Ms. Zoe Willard*** [1]***, Dr. Tina Newsham*** [1]

1. *University of North Carolina Wilmington*

An interdisciplinary team of university and community partners conducted an intergenerational design challenge to tackle the affordable housing crisis in the Wilmington, NC region. A primary objective of the design challenge was for college students and older adults living in the community to partner with each other to gain a pragmatic understanding and appreciation of the social issues our communities face, and the value and expertise different generations bring to the table. Five intergenerational teams worked together to design a low-fidelity prototype that could address the housing crisis. We collected pre-post survey data on student and older adult perceptions regarding one another in two areas: affinity and collaboration. We also collected data on their growth in terms of understanding affordable housing concerns for older adults and their creative problem-solving skills. Ten community older adults and seven students participated in the design challenge, and N=6 from each group provided complete pre-post data. Students' perceptions of older adults improved (affinity $p = 0.0625$). Students also reported improvements in the other three domains after participating in the design challenge ($p < 0.05$). The older adults' perceptions of their ability to collaborate with students, their knowledge, and their problem-solving skills trended toward improvement ($p = 0.0625$ in all areas except affinity). An intergenerational design challenge can not only be used to address an important social issue that older adults face but can also improve intergenerational perceptions. Future work is being planned to improve affinity through multi-day events where intergenerational relationships can deepen.

Creating a measure of community level dementia-friendliness in faith communities

Professional Paper Presentation

Dr. Miranda Moore [1], ***Ms. Grayson Gunn*** [1], ***Dr. Fayron Epps*** [2], ***Dr. Alexis A Bender*** [2]

1. *Emory University School of Medicine,* ***2.*** *Emory University*

As the prevalence of dementia rises, modifying built and social environments of persons living with dementia (PLWD) becomes increasingly essential. Although there is a call to rigorously evaluate dementia-friendly community initiatives, no known comprehensive evaluation tools exist to assess small communities such as churches and community centers. Therefore, we developed a person-centered Dementia-Friendly Community Assessment tool. This tool consists of new and validated scales to assess the level of dementia-friendliness among churches enrolled in a dementia-friendly congregation program based in African American communities. An initial draft of the theory-informed survey instrument was given to stakeholder groups (church leaders, care partners, PLWD, and the Alter advisory board) with the goal of gathering feedback on domains included in the tool, as well as general wording and appropriateness. After focus group recordings were transcribed, the team made revisions and administered the survey to 10 stakeholders (church leaders, care partners, PLWD, and lay congregants) to gather feedback on the digital version of the survey, proposed changes to the tool, and thoughts on implementation aids and barriers. Overall, the tool was well received by participants, with most participants indicating the tool's resulting scores would be useful for their community. Additionally, the tool's content prompted many to share personal experiences of living with dementia or caregiving for PLWD, indicating that future use of this tool may provide a starting point to address stigma. Next steps include piloting the survey with broad church membership, and our aim is to enable programs to quantify their dementia-friendly community initiatives.

Creative Wellness for Staff and Clients

Self Care Wellness Workshop

Mrs. Ariadne Gejevski [1]

1. *ariadnART*

Attendees will participate in a painting lesson that raises self-awareness, innate talents, personal interests, the lowering of stress levels, and the perception of one's own basic feelings, in doing something new. All in a process of striving for a personal mental and emotional state of well-being for staff and clients. Some people may participate and others may wish to observe. This lesson and 10 more will be shared in how to plan and initiate activities in order to promote self-healing for both. As an educator of art and an art therapist, my objective has always been in introducing task-oriented projects that stress dexterity and proficiency in mastering or regaining self-sufficiency of fine motor skills. That isn't enough. It is well understood that personal well-being is just as important to staff as it is for clients. This workshop will present a unique, well tested, creative approach in dealing with personal wellness and how staff can have a successful partnership with clients when both are working on the same wellness goal and are enjoying what they are doing.

This was a selected abstract but was not able to be presented during the 2023 SGS Annual Meeting & Conference.

Current Georgia State University H.O.P.E. lab combines warm calling programs to lessen social isolation, loneliness, and elevated suicidality (SILES) among older adults

Student Paper Presentation

***Ms. Chanel Reid* [1], *Dr. Laura R. Shannonhouse* [1]**

1. *Georgia State University*

Introduction: Impacts of COVID-19 protocols, social messages of being disposable, the lack of socialization, and aloneness have diminished older person's mental and physical well-being. Twenty percent of older adults who receive home and community-based services have been found to meet clinical criteria for suicide risk. When older adults believe they do not belong and are a burden to others, a desire for suicide emerges.

Method: The Georgia State University H.O.P.E. lab utilized a model in nutrition services to support social connection by training nontraditional groups to provide "psychological first aid." Older adult participants are stratified and randomly assigned to 1 of 3 conditions: (a) the "BE" (**B**elongingness and **E**mpathy) condition in which they receive treatment from trained caregivers (b) the "BE WITH" (**B**elonging and **E**mpathy, **W**ith **I**ntentional **T**argeted **H**elping) condition, in which they receive treatment from caregivers trained in BE as well as in LivingWorks Applied Suicide Intervention Skills (ASIST) training, or (c) a control group (no treatment). Data were collected from 600 older adults five times (baseline, every 2 weeks during the 8-week treatment).

Results:

Growth modeling results revealed the mental health of those receiving treatment in BE condition significantly improved, those receiving treatment in BE WITH improved with higher effect sizes when compared to those not receiving treatment.

Discussion:

BE and ASIST training would be an asset to the National Council on Aging Evidence-Based Registry (NCOA).

Diabetes Care at the Intersection of Race, Ethnicity and Geographic Continuum during COVID-19: Experiences of Older People of Color

Professional Poster Presentation

Dr. Moushumi Roy [1]***, Dr. Tirth Bhatta*** [2]***, Dr. Ann Marie Kopitzke*** [1]***, Dr. Carman Silver*** [1]

1. *Hampton University,* ***2.*** *University of Nevada*

Objective: Despite extensive research on racial and ethnic differences in diabetes, little attention has been paid to how intersectional identities of race and ethnicity influence diabetes care among older people and how these dynamics vary by rural-urban continuum. People of color, including immigrants, face barriers to care, which are exacerbated by the rural-urban context. Using an intersectionality framework, we assess additional comorbidities experienced by older people of color in the continuum of Newport News and the Isle of Wight. We examine the racial/ethnic disparities in how older people of color navigate diabetes care across the interconnection of suburban to rural areas.

Methods: The study uses a mixed methods approach- Qualitative and Quantitative, to analyze the data. Data will be collected from 50 years and older people of African American, White and Hispanic backgrounds living in Newport News and Isle of Wight counties in VA.

Findings: We anticipate that the study's findings will show significant differences in diabetes care across intersectional identities elevating geographical continuity between Newport News and the Isle of Wight.

Conclusion: The study findings will facilitate and inform policies aimed at improving diabetes care among racial and ethnic minorities and people of color to reduce health disparities contextualizing the geographies of the United States. This study will lay the groundwork for future research comparing the experiences of older people of racial and ethnic minorities living with diabetes across geographic communities throughout the United States

Does timing of retirement affect cognition or risk of dementia: A systematic review

Student Poster Presentation

Ms. Jessica Yauk [1]***, Dr. Debra Dobbs*** [1]

1. *University of South Florida*

Background and Objectives: Knowledge related to retirement timing (i.e., early, on-time, or late retirement) and its effect on cognitive decline are becoming increasingly salient issues. As life expectancy increases, governments and employers are looking for creative ways to keep people in the workforce longer. The purpose of the current systematic review was to evaluate the evidence related to retirement timing and its impact on age related cognitive decline and risk of dementia.

Research Design and Methods: A systematic review of the literature was conducted in February 2022 following the Preferred Reporting Items for Systematic Reviews and Meta-Analysis (PRISMA) guidelines. The search term ‘retirement timing’ was combined with terms related to ‘cognition’ or ‘dementia’. The databases included in this review were PubMed, Scopus, and PsycInfo.

Results: A total of ten studies were included in the final analysis. We found that cognitive decline results were mixed with some studies finding no difference for age of retirement, while other studies found a significant difference. Focusing on retirement timing and risk of dementia, revealed evidence in support of age of retirement and onset of dementia.

Discussion and Implications: We found evidence that dementia risk was reduced for those who retired later; however, results for cognitive decline were mixed. The current review revealed a significant lack of longitudinal studies using robust retirement timing and cognitive measures. More research is needed to understand the association between different cognitive domains in relation to retirement timing as well as research into the mechanism that may moderate this relationship

Easy Access to Health and Wellbeing with No Wrong Door Virginia

Technique or Tool Demonstration Workshop

Ms. Hollie Lutz [1], ***Ms. Sara Link*** [1]

1. *Virginia Department for Aging and Rehabilitative Services*

No Wrong Door Virginia is pleased to present a workshop to demonstrate the use of award-winning tools that address health and wellbeing for older adults and people with disabilities. Virginia Easy Access is No Wrong Door's easy-to-use site designed for any adult in need of local resources: caregivers, service providers, and/or individuals themselves. This session will demonstrate new and user-favorite features with objectives to:

1. Learn about No Wrong Door, person-centric design, and how one state is partnering across agencies to streamline a wealth of data into a **"one-stop shop" website** on the social determinants of health for older adults.
2. Learn about **innovative assistive technology** that helps older adults live safe, comfortable, and autonomous lives.
3. Demo the **Explore My Community** and other story-telling resources; then brainstorm enhancements with other peers and subject-matter experts in this session.

Virginia is a leader among states operating the federal No Wrong Door initiative which exists to streamline access to home and community based services through effective partnerships, holistic supports with person-centered practices, and essential resources that address quality of life through the social determinants of health. In this workshop, participants will see both the easy-to-use "front end" of the public-facing website, and also see the "back end" of state and national databases that feed into localized results.

Effects of Cardio Exercise on Cardiometabolic Disease in 45+ Year Old Males with and without Type II Diabetes: A Systematic Review

Student Poster Presentation

Ms. Marina Hanna [1], ***Mr. Carlo Martinez*** [1], ***Ms. Haripriya Sundaramurthy*** [1], ***Dr. TimMarie Williams*** [1]

1. *University of the Incarnate Word, School of Osteopathic Medicine*

Background: Type 2 Diabetes Mellitus (DM II) is a chronic disease associated with the onset of Cardiometabolic Disease (CMD). Although the incorporation of exercise and its effects on the health of patients with DM II is evaluated in research, the effects of exercise and the onset of CMD in patients with DM II requires further evaluation.

Objective: To perform a systematic review investigating exercise and its association with CMD in 45+ year old males with and without DM II.

Methods: Articles included were published in English between 2012 and 2022. Articles were collected from PubMed, CINAHL, and Health and Medicine databases; 2022, September 15, was the last date articles were searched. Inclusion and exclusion criteria included analysis of abstracts and full-text evaluation. The risk of bias was assessed by comparing the design and sample size of each research study. Results were analyzed to collect biological markers associated with the onset of CMD.

Results: Studies were screened to ensure quality and applicability of data collected. The risk of bias was analyzed, and studies were eliminated accordingly.

Discussion: Results indicated that there is a considerable benefit in incorporating cardiac exercise to reduce the effects of CMD. Study limitations were addressed. Future research considerations include predicting and treating CMD, maintenance of comorbidities such as DM II, and implementing socioeconomic policies.

Effects of Low-Carb and Vegan Diets on Hemoglobin A1c in Patients with Type-2 Diabetes Mellitus: A Systematic Review

Student Poster Presentation

***Ms. Yahaira Franco** [1], **Mr. Ali Hamide** [1], **Ms. Delicia Riojas** [1], **Dr. TimMarie Williams** [1]*

***1.** University of the Incarnate Word, School of Osteopathic Medicine*

Background: Type 2 diabetes mellitus is one of the leading chronic diseases afflicting people globally. Many studies have focused on finding effective medication for management, but recently there has been a larger push for implementing diet modification as an intervention and treatment.

Objectives: The aim of this systematic review was to examine the effect of low carbohydrate and the vegan diet in lowering the levels of hemoglobin A1C protein in type 2 diabetes patients aged 45 and older.

Methods: A search of PubMed and CINAHL was conducted on September 15, 2022. We included studies ranging from randomized controlled trials, study protocols, cross-sectional studies and systemic reviews. Articles included were published in English, peer-reviewed, and addressed the focus of this study. We excluded articles focusing on type 1 diabetes mellitus and physical activity and medication as intervention. The risk of bias and applicability of studies were assessed using a point-system created by the research team.

Results: Of the 14 included diet intervention studies, eight were low-carbohydrate, two studies were carbohydrate-reduced high protein, one study was vegan diet, one study was low-fat vegan or portion-controlled, one study was a balanced carb diet, and one study was a dietary questionnaire. The intervention duration was short-term in most studies, blinding procedures were often incomplete and other parameters/measures were not included in this study.

Discussion: Overall, the low-carbohydrate diet had the greatest impact on improvement of HbA1C protein levels for type 2 diabetes patients aged 45 and older, but further research is needed.

Emerging power sources in wearable health monitoring devices for older adults

Professional Poster Presentation

***Dr. Morteza Sabet* [1], *Dr. Mihir Parekh* [1], *Mr. Basanta Ghimire* [1], *Dr. Sriparna Bhattacharya* [1], *Mr. Herbert Behlow* [1], *Prof. Apparao Rao* [1]**

1. *Clemson University*

With the growing population of older adults, there is an increasing need for healthcare and assistance through wearable health monitoring technologies. These technologies primarily address impairments in cognition, mobility, and psychosocial functioning. Wearables, such as sensors, biomarkers, and health-monitoring gadgets, can be used 24/7, reducing healthcare costs and hospital admissions. Wearable technologies are expanding rapidly, with an increasing range of applications in healthcare, entertainment, research, and education. The global wearable electronics market was valued at $81.4 billion in 2020 and is projected to reach $459.6 billion by 2030.

Wearable health monitoring devices rely on different power sources. In this study, we present existing and futuristic technologies that power wearables in the context of applications for aging populations. Batteries have been a common power source for wearables. However, regarding their implications in aging populations, the battery systems require frequent charging, which can defeat their purposes and interrupt the activity they are designed to perform, such as health monitoring. Additionally, frequent charging may exceed older adults' physical and cognitive abilities. Therefore, constant, passive power from natural sources may be key to unlocking wearables' potential. The heat produced by our bodies, as a natural and sustainable energy source, is a prime candidate for this task. An emerging approach for self-sustainable wearables is to power them with thermoelectric generators (TEGs). We will present novel technologies that can harvest very low-grade heat from the body for power generation, potentially replacing TEGs that are applicable and user-friendly for older adults.

End of Life and Use of Hospice Care in Patients with Dementia with Lewy Bodies

Student Poster Presentation

Mrs. Brianna Arman [1]**, *Dr. Babak Tousi*** [2]

1. *Concordia University Chicago,* ***2.*** *Cleveland Clinic*

BACKGROUND: Patients with DLB have a different rate of overall decline as compared to other dementia, especially towards end of life. Understanding service provision for patients with advanced disease is a research priority, with a need to improve our knowledge of end of life disease process and utilization of care resources in DLB.
METHOD: The retrospective study cohort comprised patients who were diagnosed with dementia with Lewy bodies between 2009 and 2019 in a suburban specialty memory care clinic and were deceased at the time of this study.
RESULTS: 72% of patients waited about 24 months or more after their first symptoms to receive the diagnosis of DLB. The approximate length of time between the patients' initial diagnosis and date of death was 2 years. The average time between the onset of symptoms and date of death was 5.75 years. Approximately 63% of the reviewed patients did utilize hospice care near end of life. In the patients who utilize hospice care, the average duration of the service utilization was less than or equal to 10 days.55% of patients lost more than 5% of weight the last 6 month of life prior to death with 22% of more than 10% weight loss in that period.

CONCLUSION: Study results highlights the need for better education of patient and their families. Most of the patients utilized the hospice services for less than 2 weeks; hence there is a need to increase knowledge to care providers after recognition of end of life changes.

Ethical Considerations around Sex in the Elderly, Dementia Patient Population: Do residents have the right to participate in sexual activities?

Student Poster Presentation

Ms. Katherine Casey [1]

1. *Concordia University*

Identifying and ensuring resident's rights and dignity is a top priority. The topic of whether demented residents should engage in sexual intercourse has become an ethical dilemma in my current place of employment. Current research shows an increase in such stating that 73 percent among those aged 57-85 years, say yes to sex daily (Cirillo, 2018). With this high number of residents engaging in sexual activities, and with an ever-increasing elderly population being admitted to long-term care facilities, ethical challenges and dilemmas to caregivers are also heightened. Questions as to whether non-incapacitated residents with dementia are able to consent to sexual activity or physically intimate relationships pose a challenge to care staff, and current legislation does little to assist them. The following will argue that non-incapacitated residents who suffer from dementia have the right to engage in sexual behaviors, regardless on how caregivers and families view the behavior. Additionally, creating and implementing the most appropriate policies and protocol to staff and residents to maintain one's right to engage in sexual intercourse while simultaneously protecting them is of utmost importance. Additional research will help long-term care administrators develop ethical leadership skills and dispositional attitudes to manage projects and collaboration and additionally aid in the implementation of plans, partnerships, and policies at the local and federal levels. Further examination of the aforementioned will also help future administrators, caregivers, and lawmakers create polices and protocols to implement into long-term care facilities and help eradicate the taboo that currently surrounds the elderly and sex.

Exploring the Feasibility of a Statewide Advance Care Planning Helpline

Best Practices Presentation

Ms. Eleanor Jones [1]

1. *Honoring Choices Virginia*

With funding from the Southern Gerontological Society, Honoring Choices Virginia began researching what it would take to pilot an Advanced Care Planning (ACP) helpline in Virginia, based off of pilot studies in Minnesota. This presentation will explore the current ACP technology landscape, the potential usefulness of an ACP helpline, and findings from our grant work.

Faith Over Fear: Positive Later-Life Orientation for Retired Nuns

Professional Paper Presentation

Dr. Summer Roberts [1]

[1] University of South Carolina Beaufort

This paper explores in-depth interview data from nuns living in a Catholic retirement convent. The nuns range in age from mid-80s to 90s, with five interviewed individually in a first round and three participating in a second focus group following the height of the COVID-19 pandemic. Not surprisingly, the guiding force of religious beliefs in their lives was pervasive throughout the interviews. However, the impact of spirituality on their general approach to other aspects of life, including aging, health, and the pandemic, was particularly noteworthy. The nuns all reflected positively on the transitions they had taken throughout their lives, as they moved for different placements, eventually relocating to the convent, and even moving into and away from volunteer activities in retirement. Although driving and physical motion were becoming restricted in some ways, they generally identified their health and abilities as better than others their same age, adapting to limitations surrounding independently going on outings. Finally, in spite of some feelings of isolation stemming from COVID, their experiences within the convent were framed in terms of the care delivered by staff in keeping them safe, emphasizing the importance of place at this point in their lives. In conclusion, these nuns displayed an orientation toward later life and the challenges of recent years shaped by trust in their faith and appreciation of their residence that kept them free from regrets or negative feelings.

Financial Health Literacy and Community-Dwelling Older Adults: A Concept Analysis

Student Paper Presentation

***Ms. Kimberly Davis* [1], *Dr. Terry L. Jones* [1]**

***1.** Virginia Commonwealth University*

Aim: To examine and clarify the concept *financial health literacy* (FHL) within the context of aging and healthcare.
Background: Older adults have a high chronic disease burden and low financial and health literacy levels which leads to high healthcare costs. Clarification of the term FHL is necessary to develop measures to better support successful self-management.
Design: Concept analysis using literary synthesis.
Data Sources: Electronic databases were used to find scientific literature (i.e. PubMed, CINAHL, Business Source Complete).
Review Methods: Walker and Avant's eight-step method was used as a guide to construct a concept analysis of FHL. Clinical, aging, financial, and economic literature were reviewed to determine defining attributes, antecedents, and consequences of FHL on the older adult's health.
Results: FHL is defined as the knowledge, skills, and ability to make decisions that allow an individual to manage finances to optimally meet healthcare-related and household expenses, including resources to self-manage health, and plan for short-term, long-term and end of life healthcare. FHL has 3 defining attributes: knowledge, skills, and decision-making behaviors. Personal context, opportunity, and access are antecedents to FHL. The 4 consequences of FHL include effective healthcare utilization, effective cost management, effective self-management, and positive health outcomes.
Conclusions: FHL is a complex, multidimensional concept. Older adults have unique health and financial needs due to the complexity of retirement, living on a fixed income, and self-managing chronic diseases. Clinical application of a FHL assessment tool and intervention is needed and can be developed based on the results of this concept analysis.

Harnessing the Passion and Power of Student Volunteers

Panel Symposium

Ms. Mary Anand [1], ***Ms. Rajita Kanapareddy*** [1], ***Mrs. Nealy Minson*** [1], ***Mr. Alim Osman*** [1], ***Ms. Caitlin Shi*** [1], ***Mrs. Hannah Stamos*** [1], ***Ms. Erica Watson*** [1]

1. *Glennan Center for Geriatrics and Gerontology-Eastern Virginia Medical School*

Volunteerism and community service are among the foundational elements of American culture. Eastern Virginia Medical School (EVMS) recognized that integrating meaningful volunteer and community service opportunities in the communities of Hampton Roads, with structured learning in its curriculum strengthens the knowledge and skills of its students. EVMS created 19 Community-Engaged Learning (CEL) initiatives giving students opportunities that cannot be experienced in the classroom or clinic alone. We identified 6 initiatives (5 CEL programs and one student interest group) which are designed to improve communication and health literacy, increase access to medical care, achieve optimal health, expand knowledge and understanding of disease processes and improve opportunities for socialization for older adults, many of whom are socially disadvantaged. For each of the six initiatives: Beat of My Heart, Beyond Clinic Walls, Community Stroke Awareness, Palliative Medicine, Students for the Advancement of Geriatric Education and Street Health, we tabulated student enrollment, impact hours and events or encounters and documented 186 student volunteers giving 872 hours. A panel discussion, led by student leaders of these initiatives will provide a detailed description of each initiative and share their experiences with forming community partnerships, orienting and training volunteers, explaining logistical details, reviewing software used for tracking CEL activity and impact hours, establishing institutional support, developing metrics to evaluate the various initiatives and advancing research. With the growing older population, academic community-organizations can play a role in supporting older adults in their communities through establishing programs similar to these at EVMS.

Healthy Brain Initiative in Action

Best Practices Presentation

Mrs. Colby Takacs [1], ***Mrs. Denise Scruggs*** [1], ***Dr. Sharon Carter*** [1]

1. *University of Lynchburg*

The Healthy Brain Initiative funded by the Centers for Disease and Control and Prevention (CDC) is seeking to educate the general public and professionals about brain health, cognitive aging, and the benefits of early detection and diagnosis of dementia. Globally the incidence of dementia is rapidly increasing and new research is showing that healthy lifestyle choices may reduce our risk of cognitive loss. The Beard Center on Aging at the University of Lynchburg, located in Lynchburg, VA is actively partnering with the CDC and the Virginia Department of Health to collaborate with a number of community partners to increase the impact of public education about brain health, dementia and age-related health and wellness. This presentation will share current best practices, research, and evidence-based methods of utilizing virtual reality and collaboration as means of education to generate conversations around cognitive health disparities and empower positive change.

Integrated Primary Care Model Prevents Hospitalizations for People Living with Dementia

Professional Paper Presentation

Dr. Carolyn Clevenger [1], ***Mrs. Laura Medders*** [1], ***Dr. Miranda Moore*** [1], ***Ms. Anjali Khakharia*** [1]

1. *Emory University*

BACKGROUND: People living with dementia (PLWD) have high rates of total and ambulatory care sensitive hospital admissions and emergency department utilization. Ambulatory care sensitive hospital admissions are those that could be avoided by robust outpatient care. The Integrated Memory Care (IMC) is a comprehensive dementia care model where patients and their family caregivers access dementia-sensitive geriatric primary care.

METHODS: We conducted a retrospective observational study of adult patients of IMC, Cognitive Neurology (CN), and Primary Care (PC) clinics aged 65 and older with a diagnosis of dementia in 2019-2021. We matched patients by age, gender and race and measured the risk of hospitalization using logistic regressions controlling for clinic. Additionally, we conducted a regression adjusted for state of illness (proxied by activities of daily living (ADL)) for the IMC and CN clinics.

RESULTS: Overall 509 patients seen in IMC were matched with 490 CN patients and 509 PC patients. Most patients were female and white and aged 70-85. IMC patients had higher overall ADL scores than CN indicating more functional dependence. CN [PN] had 10% [2 times] higher odds (Odds Ratio (OR): 1.107; 95% Confidence Interval (CI): 0.87-1.41; OR: 2.037; 95% CI: 1.440-2.882), when compared to IMC patients in unadjusted models. After adjusting for ADL scores, CN patients had 66% higher odds (OR: 1.662; 95% CI: 1.260-2.193) of having a hospital admission during the study period.

CONCLUSIONS: Dementia-sensitive primary care reduces the rate of total and ambulatory-sensitive hospitalizations reducing healthcare costs and causing less disruption to care.

Interprofessional Age-Friendly Practice in the Community Addressing Social Determinants of Health: The Richmond Health and Wellness Program

Panel Symposium

Dr. Patricia Slattum [1], ***Ms. Kathie Hendrick Falls*** [2], ***Dr. Pamela Parsons*** [2], ***Ms. Corrie Malone*** [3], ***Dr. Faika Zanjani*** [4], ***Dr. Lana Sargent*** [2], ***Dr. Kimberly Battle*** [2]

1. *Virginia Center on Aging at Virginia Commonwealth University,* ***2.*** *VCU School of Nursing,* ***3.*** *Virginia Commonwealth University,* ***4.*** *VCU College of Health Professions*

The Richmond Health and Wellness Program (RHWP) offers care coordination and wellness services for low income older and disabled adults in urban Richmond, VA through weekly clinics in affordable senior apartment buildings and the VCU Health Hub delivered by interprofessional teams of health professions students and faculty since 2012. Program participants often experience multimorbidity, polypharmacy, adverse social determinants of health and health disparities, and the program strives to build self-management skills and connect participants with services to meet their health and wellness needs. Working with the Virginia Commonwealth University Geriatric Workforce Enhancement Program and the Institute for Healthcare Improvement, RHWP developed 4Ms workflows and attained Age-Friendly designation. This panel symposium will 1) describe RHWP and the lessons learned in its Age-Friendly Practice journey, 2) illustrate student learning impacts through a recent digital badging initiative focused on 4Ms care, 3) demonstrate the continuous improvement approach used by RHWP to link community and program identified needs to new program development and evaluation through the VCU Brain Health Initiative and its supports the Mind M at RHWP, and 4) describe the RHWP Prescription Produce Plan pilot as an exemplar of the initiatives that RHWP undertakes along with the community to address social determinants of health and prepare future healthcare practitioners. The panel will discuss the facilitators and barriers to success and lessons learned across these initiatives related to trust building, community connection, and student attitudes and self-efficacy, as well as future directions for these kinds of health and wellness promotion programs.

Interprofessional Collaborative Care in Geriatric Medicine: Targeting the patient experience by identifying “what matters most.”

Professional Poster Presentation

Dr. Mary Rubino [1], ***Dr. Michael Layne*** [1], ***Dr. Kaye Geaney*** [1], ***Mr. Jeff Kail*** [1]

1. *Eastern Virginia Medical School*

Two Institute for Healthcare Improvement (IHI) frameworks emphasize the importance of the patient experience in providing healthcare to older adults facing complex medical and social issues. The Triple Aim framework focuses on healthcare reform in part by improving the patient experience, and additionally focuses on population health and decreasing healthcare costs. The 4Ms of age-friendly healthcare provide a complementary framework specific to older adults anchored in what Matters Most to the individual and family. The Senior Strong Clinic provides interprofessional family-centered care focused on quality of life for older adults coping with complex medical illness and/or the challenges of aging and explores Medications, Mentation and Mobility based on the individual’s needs. The team strives to align medical care with patient and family values to optimize care. This project examined perspectives of those that received care at Senior Strong and identify gaps that affect the patient experience. Over a 6-month period, attendees at Senior Strong were approached to provide feedback on their experience by completing an optional, anonymous seven-item survey about their visit. Survey items were taken from the Consumer Assessment of Healthcare Providers and Systems Clinician and Group survey (CG-CAHPS) and CollaboRATE, a 3-item questionnaire specific to shared decision-making. Surveys were distributed via Google forms or on paper. Descriptive statistics were utilized to analyze survey results. Process improvement measures were implemented in the clinic based on analysis of survey results to improve the patient experience.

Let’s Live Healthier, Happier and More Independent as Well as Longer!

Virtual Presentation

Dr. Suzy Diggle [1]

1. *University of North Carolina Wilmington*

The majority of individuals want to live a long and healthy life. Not enough of us actually review the literature and learn how others achieve this common goal. I am a geriatric, adult nurse practitioner who specializes in health promotion and disease prevention. In this discussion I will share what I learned regarding this important topic. I will discuss, smoking, drinking alcohol, sleeping, exercise, diet and disease prevention, as well as sexuality. Significant resources will be shared. Levels of prevention for practitioners will be discussed, emphasizing what we can do as providers to facilitate aging gracefully. The literature has demonstrated that we must do more to support the most common goal of the overall population of being as independent as possible. Lastly barriers will be discussed and ways to work through these issues. The population is living longer and there will be more older adults every year. Let’s work together to improve the quality of life for many!

Longitudinal Association between Depressive Symptoms and Cognitive Functioning among Korean Older Adults: The Moderating Role of Social Engagement

Student Paper Presentation

Dr. Hyun Kang [1]***, Dr. Emily Ihara*** [1]

1. *George Mason University*

There is a complicated combination of social, psychological, and biological risk factors which play a part in the development of dementia, making it a complex condition to predict and prevent. Among several risk factors for cognitive decline, this study examines how depressive symptoms affect the cognitive functioning of older adults. The effects of depression go beyond mood and emotion alone; it can also alter the way the brain functions, which is one of the reasons why depression increases the risk of subsequent dementia. This study also tests social engagement as a potential moderating variable that could reduce the negative effects of depressive symptoms on cognitive functioning in older adults. Using six waves of the Korean Longitudinal Study of Aging (KLoSA: 2010-2020), a nationally representative longitudinal study of South Korean older adults, we examine the longitudinal relationship between depressive symptoms and cognitive functioning in Korean older adults (65+) through the latent growth modeling. SEM multiple group analysis is conducted to investigate the moderating effect of social engagement in the relationship between depressive symptoms and cognitive functioning. Depressive symptoms are assessed using the Center for Epidemiologic Studies Depression scale (CES-D) and cognitive functioning is assessed using the Korean Mini-Mental State Examination (K-MMSE). Social engagement includes religious, senior center, sports, reunions, voluntary activities, and political engagement. Approximately 10% of older adults in South Korea are estimated to be suffering from dementia. This study provides valuable insights into non-pharmacological interventions that can mitigate the negative effects of depressive symptoms on older adults' cognitive functioning.

Meet SoHeCo: A Holistic and Interactive Measure of Social Isolation

Professional Paper Presentation

Dr. Sarah A. Marrs [1], ***Ms. Sara Link*** [2], ***Ms. Erika Okonsky*** [2]

1. *Virginia Commonweath University,* ***2.*** *Virginia Department for Aging and Rehabilitative Services*

This presentation will describe and demonstrate The Social Health Connector (SoHeCo), a web-based tool created to measure social isolation experienced by older adults, caregivers, people living with disabilities, and veterans. First, we will describe the tool and the process used to create it. Specifically, we will review the steps taken to generate an initial list of items and share results of a pilot test, which led to subsequent revisions. Next, we will review the final version of the SoHeCo tool and demonstrate its use. Together, we will complete the SoHeCo as if we were filling it out on behalf of an older adult we are the caregiver for. As we complete the items, we will show the automatic feedback and tailored resources the tool provides for those filling it out.

Nurse-led Goal Setting Activities to Enhance Older Adult Health Care and Self-advocacy

Professional Poster Presentation

Dr. Francine Sheppard **[1]*, Dr. Kae Livsey* [1]*, Ms. Danielle Martin* [1]**

1. *Western Carolina University*

Objective: This research explored nurse-led health goal setting activities in residents living in low-income senior housing communities.

Methods: As part of home visit clinical experiences, student nurses met with residents 3+ times to establish health goals, discuss goal progress, and identify goal types, goal-achieving rewards, and barriers/facilitators to goal attainment.

Results: Themes emerged from identified goals: *Mobility*, *Maintaining and Regaining Independence*, and *Interdependence*. Rewards for achieving goals yielded themes: *Feeling Better and Happy; Sense of Accomplishment; Self-Confidence; Control (of chronic conditions),* and *Maintaining Independence*. Barriers and facilitators to meeting goals were identified.

Discussion: Findings from this study support prior findings of the main concerns facing older adults as identified by the Age Friendly Health Systems initiative, collaboratively developed by The John A. Hartford Foundation and the Institute for Healthcare Improvement (IHI), in partnership with the American Hospital Association (AHA) and the Catholic Health Association of the United States (CHA).

Physical Activity and Neuropsychological Functioning in Older Adults

Professional Paper Presentation

Dr. Anna Ord [1], ***Dr. Jamie Holland*** [1], ***Dr. Shannon Kuschel*** [1], ***Dr. Theresa Long*** [1], ***Ms. Candace Dumas*** [1], ***Ms. Adrienne Eldridge*** [1], ***Ms. Morgan Schools*** [1], ***Mr. David Netz*** [1], ***Dr. Hannah Jones*** [1], ***Dr. Rachel Stephens*** [1], ***Dr. Scott Sautter*** [2]

1. *Regent University,* ***2.*** *Hampton Roads Neuropsychology*

Research suggests that physical activity has been associated with psychological and cognitive functioning across the lifespan. The present study examined the relationship between regular physical exercise, depression, anxiety, and cognitive functioning in community-dwelling older adults (ages 56-96) in the Coastal Virginia region who completed an outpatient neuropsychological evaluation (N = 627). Psychometrically sound and validated measures were used to assess depression (Geriatric Depression Scale [GDS]), anxiety (Beck Anxiety Inventory [BAI]), and cognitive functioning (the Mini Mental Status Exam [MMSE] and the Repeatable Battery for the Assessment of Neuropsychological Status [RBANS]). Independent-samples t-tests were conducted to examine differences between individuals who reported engaging in physical activity regularly and those who did not. Results indicated that participants who reported physical exercise as part of their regular lifestyle displayed better scores on measures of depression (M = 2.89, SD = 3.15), anxiety (M = 4.17, SD = 6.10), and cognitive functioning (MMSE M = 26.85, SD = 2.80; RBANS M = 101.48; SD = 19.80), as compared to those did not report engaging in regular physical activity (GDS M = 5.85, SD = 4.66; BAI M = 10.98, SD = 11.98; MMSE M = 23.30, SD = 4.75; RBANS M = 82.81, SD = 23.88). All differences were statistically significant with $p < .001$. Effect sizes ranged from medium to large (Cohen's d range: 0.72 - 0.90). Clinical implications of findings, limitations of the present study, and directions for future research will be further discussed in this presentation.

Racial/Ethnic Disparities in Advance Care Planning Among Older Adults Across Cognitive Functioning Levels

Professional Paper Presentation

Dr. Zahra Rahemi [1], ***Dr. Ayse Malatyali*** [2]

1. *Clemson University,* ***2.*** *University of Central Florida*

In older adults with cognitive impairment, advance care planning is emphasized in the early stages of the disease before severe cognitive declines. Advance care planning engagement is associated with healthcare service utilization, such as the use of hospice care, at end-of-life and effectively reduces end-of-life care disparities. However, there are disparities in advance care planning engagement across racial/ethnic minority populations and health conditions. In this study, we used data from the Health and Retirement Study (HRS) to examine factors associated with racial/ethnic minority older adults' engagement in advance care planning across groups with different cognition levels. A sample of 17,698 participants in the HRS 2014 survey was used. Survey descriptive procedures and logistic regression procedures were used. We found that sociodemographic and health factors, including race, ethnicity, level of cognition, education, age, and the number of chronic diseases, predicted advance care planning. Participants with lower levels of cognition were less likely to have a living will and durable power of attorney for healthcare (DPOA). African American and Hispanic participants, those with lower cognition and education levels, and younger participants were less likely to engage in advance care planning. Marital status and loneliness frequently predicted advance care planning engagement. Our results indicated that sociodemographic status and health and cognitive status have a significant role in predicting advance care planning. The results can provide valuable insights into social determinants of health disparities in minority older adults and those with or at risk of cognitive impairments.

Radioactive Iodine Treatment versus Beta-Blockers for Management of Hyperthyroidism: A Systematic Review

Student Poster Presentation

***Ms. Teresa Baistra* [1], *Ms. Mesinze Koggerson* [1], *Mr. Alexander Vo* [1], *Dr. TimMarie Williams* [1]**

1. University of the Incarnate Word, School of Osteopathic Medicine

Background: Hyperthyroidism mainly affects women and men closer to middle-age, with many possible causes that lead to an overactive thyroid gland. This illness also has a variety of treatments, including radioactive iodine therapy and beta-blockers.

Objective: The purpose of this systematic review was to compare the effects of radioactive iodine treatment versus that of beta-blockers on patients 19 years and older with hyperthyroidism.

Methods: A systematic search was conducted between September to November 2022 using CINAHL and PubMed databases. We included full-text, English, cohort, longitudinal, and experimental studies published between 2012 to 2022. Articles that are biographies and written in other languages were excluded. Risk of bias was assessed by the sample size needed to make the comparison of anti-thyroid therapies valid.

Results: Of the 19 studies included, 10 are experimental cohort studies that describe the outcome of patients with hyperthyroidism with underlying conditions and other undergoing treatment such as radioactive iodine. Two of the included studies are observational cohort, two are observational case studies, 4 are literature reviews about either treatment option compared in this review, and 1 is a qualitative review about thyroid cancer management. The included studies should suggest which therapy would contribute to a better prognosis for patients with hyperthyroidism.

Discussion:

While beta-blockers improve patient' symptoms, radioactive iodine, a disease-modifying treatment for hyperthyroidism and thyroidectomies seem to be the most consistent options. Future research considerations include other oral medications used to control hyperthyroidism.

Religion and Quality of Life (QoL) among African American Breast Cancer Survivors

Student Poster Presentation

***Mr. Alfred Boakye* [1], *Dr. Antonius Skipper* [1], *Dr. Jennifer Craft Morgan* [1]**

***1.** Georgia State University*

Cancer continues to be the leading cause of morbidity and mortality across the world. Breast cancer is one of the most common forms of cancers, affecting individuals of various racial/ethnic and socioeconomic backgrounds. Several racial disparities exist in newly diagnosed cancer cases and survival rates among African American and White women. Notably, African American women are among the most likely to die from breast cancer, a phenomenon related to several factors (e.g., late diagnosis, lack of quality healthcare, socioeconomic strain). Geographic data finds that breast cancer is a leading cause of death for African American women in Georgia, and many women look to religion in response to a breast cancer diagnosis. Yet, existing literature on the intersections of breast cancer, religion and quality of life among African American women remains limited. The aim of this exploratory study is two-fold; (1) to document and analyze the shared experiences of African American breast cancer survivors, and (2) to explore the influence of religion on the quality of life of African American breast cancer survivors. Using purposive and convenience sampling techniques, participants will be recruited into several focus groups across Georgia. A semi-structured interview protocol will be used to gather data, and the data will be analyzed with a grounded theory approach. The present proposal offers potential implications that could inform quality of life interventions and alleviate racial disparities impacting African American breast cancer survivors in Georgia.

Social Connection and Health: Design Opportunities for an Aging Society

Best Practices Presentation

Dr. Thomas Cudjoe [1]

1. *John Hopkins School of Medicine*

Dr. Thomas Cudjoe is an Assistant Professor at the Johns Hopkins School of Medicine in the Department of Medicine, Division of Geriatric Medicine and Gerontology. He is a board-certified internist and geriatrician who works as a home-based medicine practitioner that cares for homebound older adults in Baltimore through the Johns Hopkins Home-based Medicine Program. Additionally, he leads a funded program of research that seeks to understand and address social isolation experienced by low-income older adults. He will discuss current knowledge relating to social connections and health and offer timely perspectives on how human centered design can be leveraged to develop solutions for complex social challenges such as social isolation.

Teaching self-management strategies to older adults diagnosed with adhesive capsulitis

Virtual Presentation

Dr. Andrea Jennings [1]

1. *VA Northeast Ohio Health Care*

Adhesive capsulitis commonly known as “frozen shoulder” is a debilitating shoulder condition where pain and limited range of motion is persistent. It is a complex condition that may have a tremendous impact on the quality of life of older adults. Health care providers in primary care settings and physical therapy settings have an important role in assuring those older patients with a frozen shoulder diagnosis are educated about strategies to manage this condition. A case study approach will be utilized to illustrate the complex challenges associated with this condition. The following challenges will be discussed, along with recommended strategies: managing the different symptoms associated with each phase of the condition, determining which treatments are appropriate, addressing mental health needs, reinforcing the importance of the prescribed exercises, and activating appropriate community resources. This case study approach may be utilized as a teaching tool for providers as they teach their older patients how to manage this condition effectively. Educating older adults on how to address the many challenges associated with a frozen shoulder may yield positive patient outcomes.

The Association between Meal Program Participation and Protein Intake among Older Adults: Results from NHANES

Student Poster Presentation

Dr. Anika Hines [1], ***Ms. Sarah Vacher Collins*** [1]

1. *VCU School of Medicine*

Background: The Older Americans Act aims to address food insecurity among home-bound and community-dwelling older adults via programs featuring balanced meals; however, their effects on nutrition quality are understudied.

Methods: We performed a cross-sectional analysis of 2013-2018 NHANES data including adults aged 60+ years (n=5,892). We used linear regression models to examine relationships between meal participation (home-delivered, congregate-site, both, or neither) and two-day average of protein intake accounting for covariates (age, sex, race, marital status, household size, and income).

Results: The mean protein intake for our sample of older adults was 0.95 g/kg (slightly below the dietary recommendation (1.0-1.2 g/kg)). Overall, protein intake did not differ between respondents who participated in meal programs and those who did not; however, interactions among income, race, and meal program participation yielded statistically significant differences. Women had lower protein intake than men accounting for bodyweight. Respondents who used both meal programs and were from households earning less than $20,000 per year had 0.28 g/kg more protein per day [SE:0.09; p=0.005] compared to respondents who earned $75,000 or more and participated in neither home-delivered or congregate-site meals. Black respondents who received home-delivered meals had protein intake that was 0.17 g/kg greater [SE: 0.08; p=0.049] than White individuals who did not participate in either meal program.

Conclusions: Income, race, sex and household size were strongly associated with protein intake. Individuals with lower household incomes or who identify as a racial minority may experience significant benefits to protein intake when participating in home-delivered and congregate-site meal programs.

The Effects of Plant and Ketogenic Based Diets on Cardiovascular Disease for Men aged 45-64: A Systematic Review

Student Poster Presentation

Ms. Linh Nguyen [1]***, Ms. Brianna Walker*** [1]***, Mr. Rishi Goswamy*** [1]***, Dr. TimMarie Williams*** [1]

1. *University of the Incarnate Word, School of Osteopathic Medicine*

Background: Diet is an important factor preventing the presence of cardiovascular disease.

Objective: To assess the effects of both plant-based and ketogenic diets on cardiovascular health in men 45-64 years old.

Methods: We included systematic reviews, and quantitative studies discussing cardiovascular disease in males 45-64 years old. We excluded studies published before January 1, 2017, and those not addressing cardiovascular pathologies. Searches within EBSCO Host and PubMed were completed on September 14, 2022. To investigate risk of bias, we focused on author affiliations to ensure that the studies selected were free of financial conflicts of interest.

Results: For diet intervention on cardiovascular disease, 5 studies included were reviews, and 11 were quantitative designs. Key metrics like LDL, VLDL, and BMI interpreted the outcome of the dietary intervention. The outcomes largely emphasize positive, promising results of plant-based diets, whereas the results of a ketogenic diet emphasize possible negative side effects.

Discussion: In the evidence, we observed smaller sample sizes and limited time to assess outcomes in the selected studies. We recommend the publication of more longitudinal clinical trials for this topic. In this review process, the researchers were limited to databases provided by the academic institution and tasked to complete the review within ten weeks.

Notwithstanding these limitations, our research found that better cardiovascular outcomes were conferred to individuals who consumed primarily plant-based foods when compared to individuals who primarily adopted ketogenic diets. More clinical research is necessary to produce generalizable conclusions.

The Richmond Health and Wellness Program: Supporting Wellness and Aging Needs

Professional Poster Presentation

Ms. Rachel Regal [1]***, Ms. Natalie Mansion*** [2]***, Dr. Pamela Parsons*** [2]

1. *Virginia Commonwealth University,* ***2.*** *Virginia Commonwealth University*

The Richmond Health and Wellness Program (RHWP) is a collaborative care coordination model that seeks to improve health outcomes of communities, enhance the lives of low-income older adults and adults with disabilities, and educate future practitioners through provision of a health and wellness promotion program by interprofessional student teams and faculty in urban community settings. RHWP was funded by American Association of Retired Persons (AARP) to improve the health and wellness of older adults by facilitating support for and replication of the RHWP model across the nation as a health and social connectedness intervention. To that end, RHWP developed and implemented a domain for Social Connectedness within the WHAT MATTERS age-friendly framework, including student training modules and participant assessment and intervention. RHWP also conducted focus groups with interprofessional students and community participants to determine the effectiveness and impact of the RHWP as a health and wellness promotion program with a focus on social connectedness. Presenters will 1) describe the design and implementation process of student and participant focus groups, 2) review results of thematic analyses from focus groups, building linkages between focus groups and program characteristics, and 3) discuss implications for enhancing practice change within community-based interprofessional programs.

The Role of Religious Social Capital in Church-Going Chinese Immigrants' Use of Endoscopic Screening for Colorectal Cancer: A Convergent Mixed Method Study

Virtual Presentation

Ms. Xian Cao [1]***, Prof. Su-I Hou*** [2]***, Mr. christian king*** [3]***, Ms. Xiaochuan (Sharon Wang*** [4]***, Mr. Xinliang (Albert) Liu*** [5]

1. *University of the Pacific,* ***2.*** *School of Global Health Management & Informatics, University of Central Florida,* ***3.*** *University of Central Forida,* ***4.*** *University of Central Florida,* ***5.*** *Lehigh University*

Background Chinese immigrants (CIs) had low screening rates for colorectal cancer (CRC). There is no research specifically exploring the role of religious social capital (CRC) in CIs' endoscopic screening for CRC. Thus, this research investigates whether religious social capital predicts CIs' endoscopic screening and how this factor impacts it.

Methods: This research used a convergent mixed method. In order to get quantitative and qualitative data from three local Chinese American churches, a validated survey and an interview that covered the same factors were used. 101 church-going CIs completed questionnaires, and 29 of them were interviewed. The association between RSC and CRC screening behaviors was modeled using logistic regression. A framework analysis was used to analyze the interview data.

Findings The majority of participants were over 50, employed, married, insured, well educated, and earning over $50,000 per year. 54.46 percent of participants had undergone endoscopic screening. Bonding social capital levels were typically high, whereas bridging social capital levels were lower. Endoscopic screening was associated with higher Sunday worship attendance and doctor recommendations. The qualitative investigation identified three themes: 1) Religion does not shape screening attitudes; 2) the uncertain relationship between trust and belief; and 3) high support potential but low request. Overall, this study showed that endoscopic screening was less impacted by high religious social capital among churchgoers.

Discussion and Conclusion The high religious social capital among church members is an underused resource. Chinese American churches should mobilize these resources by sharing endoscopic screening information and providing emotional and tangible support.

Transdisciplinary Team Science for Health and Wellness Across the Lifespan: Richmond Health and Wellness Program

Panel Symposium

***Dr. Lana Sargent* [1], *Dr. Marissa Mackiewicz* [2], *Dr. Ana Diallo* [1], *Dr. Jane Chung* [1], *Ms. Natalie Mansion* [1], *Dr. Faika Zanjani* [3], *Dr. Elvin Price* [4]**

***1.** VCU School of Nursing, **2.** Virginia Center on Aging at Virginia Commonwealth University, **3.** VCU College of Health Professions, **4.** VCU School of Pharmacy*

The problems that intersect healthy aging and society are complex, and many health and wellness issues affecting minoritized older adults are related to social determinants of health and health disparities. Effectively addressing these issues requires coordinated service, teaching, and research efforts across multiple disciplines. Our transdisciplinary team includes a network of health service delivery and community partners that work synergistically with academic researchers toward addressing the community's health and wellness needs. Addressing the disparities affecting low-income older adults aging in place requires an authentic partnership with the community. As a part of our mission to address community concerns and advance social equity, we developed a Community Advisory Council. The Advisory Council meets to ensure the community's voice is integrated into a sustainable program of research and service. The team is focusing on health and wellness needs identified by the community. We will discuss programs addressing 1) factors affecting digital health access and use, 2) food insecurity, 3) health and behavior change with health coaching, 4) personalized medication approaches with pharmacogenomics, and 5) substance use disorder. Each program relies on partnership equity between the university and various community partners. Collectively these programs nurture communities by enhancing the social and health aspects of daily living. The team members will present the health and wellness outcomes from each of these programs and describe how the team's shared work has impacted our understanding of what is needed to create sustainable solutions to address complex social health problems for older adults.

Village to Village Model

Best Practices Presentation

Ms. Martha Lamb [1]

[1] *Forest Commons Neighborhood Village/ North Carolina State University School of Social Work*

As we know, social determinants of health (SDOH) are the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks. Interventions to help older people obtain the social and community support they need are critical for improving their health and well-being (https://health.gov/healthypeople/priority-areas/social-determinants-health). Some have discovered that creating local “villages” in their neighborhoods can support social and community integration and engagement preventing social isolation and improving this very health and well-being factor in lives as well. The village to village movement has for over 20 years been nurturing the formation of local villages with social connections that enable older adults to enjoy a rich, independent and healthy quality of life when they choose to age in their homes and communities (vtvnetwork.org).

Environment & Location: The Power of Place

’Cane, Muck, and Community Connections: Soil and Air Matters

Professional Paper Presentation

Dr. Lisa Wiese [1]***, Dr. Christine Williams*** [1]***, Dr. Sheryl Magzamen*** [2]***, Dr. Juyoung Park*** [3]***, Dr. Lilah M. Besser*** [4]***, Dr. Janet Holt*** [1]

1. *C.E. Lynn College of Nursing, Florida Atlantic University,* ***2.*** *Colorado State University,* ***3.*** *College of Social Work and Criminal Justice, Florida Atlantic University,* ***4.*** *University of Miami*

Background:
Fifty-five miles due west of Palm Beach, Florida lies the poorest region in Florida - from an economic standpoint. “The Glades” is home to 92% racially and ethnically diverse generations of field workers who have established a strong tradition of caring for one another to mitigate effects of poverty.
Method:
This presentation will share inroads and roadblocks experienced during the CBPR journey of addressing “What Matters Most.” Inequities to be reviewed include social discrimination, lack of opportunities for lifelong education and socialization, and clean air in a region exposed to repeated cycles of air pollution during sugarcane burn season.
Results:
A diverse group community of stakeholders and researchers co-created a sustainable means of tackling disparities in their underserved communities. The research participation rate of over 84% among adults age 50 and older in four different projects speak to these rural residents’ commitment to “age in place.” Specific examples will be presented, including a 34% increase in intervention rates to diminish the threat of Alzheimer’s disease and relate dementias (ADRD) (Wiese, et al., 2021; 2022).
Implications:
Although faith-based approaches to support persons with dementia are well-founded in Epps’ work (2022, 2021), education and screening efforts to decrease ADRD risk have been lacking - until now. Another empowering approach to health promotion was found in training local high school students to mentor older adults in their homes in technology use, and in attending online bi-weekly classes (Wiese, Park, & Holt, 2022). These are both rich untapped resources for intergenerational health approaches

Aging In Place: Older Homeowners' Home Environment and Location

Professional Poster Presentation

***Dr. Sung-Jin Lee* [1], *Dr. Kathleen Parrott* [2], *Ms. S. Renee Robinson* [1], *Dr. Elizabeth Hopfer* [1],**
***Dr. Minyong Lee* [1]**
***1.** North Carolina A&T State University, **2.** Virginia Tech*

The recent pandemic has demonstrated the crucial impact of the home environment in determining the well-being of individuals and family members, but has also magnified existing life challenges for older adults who were already socially isolated, particularly, rural older persons. This study aimed to understand the current home environment of older homeowners in terms of their aging-in-place (AIP) practice. Also, a location factor (rural, suburban, and urban) was examined to assess an association with the home environmental barriers of the aging cohort.

In 2022, an online survey was conducted in North Carolina, which has experienced a growing aging population. The usable sample size was 575 older homeowners 62+. The survey included questions modified from the HomeFit Guide by AARP (2015) along with AIP and demographic/housing profile questions. With SPSS, descriptive statistics and one-way analysis of variance (ANOVA) were employed.

The majority of the older homeowners expressed their strong AIP desire (M=4.5 of 5.0). When assessing home environment features supporting AIP, the bathroom had the lowest AIP supportive feature score (44%), followed by kitchen areas (59%), entrance and exit areas (63%), and 'throughout the house' (66%). ANOVA showed a significant mean difference in home entrance and exit feature scores between those in rural areas and those in suburban and urban areas. These findings suggest a need for home modification services and/or programs to reduce home envi-ronmental barriers for older homeowners. In presentation, details in results on AIP supportive home environment features and comparison analysis by location will be further discussed.

An Unexplored Moral Landscape? Examining Unique Ethical Issues in Assisted Living Communities

Student Paper Presentation

Ms. Kelly Turner [1]***, Dr. Candace Kemp*** [2]***, Mr. Jason Lesandrini*** [3]***, Dr. Jennifer Craft Morgan*** [2]***, Ms. Barquiesha Madison*** [3]***, Mrs. Erin Donohue*** [2]***, Mrs. Gretchen Agans*** [3]

1. *Georgia State University, Saint Louis University,* ***2.*** *Georgia State University,* ***3.*** *WellStar Health System*

Although the ethics of clinical care for older adults is a well-established area of study, relatively little scholarship is devoted to ethical issues endemic to long-term care spaces such as assisted living (AL). Yet, it is well known that AL residents and their care partners, including staff, family, and friends, face value conflicts and uncertainties in daily processes of decision-making. In a previous analysis of qualitative data collected for a larger NIA-funded study focused on the daily lives and engagement opportunities among AL residents with dementia, we developed a typology of ethics issues in AL. We applied categorizations from established typologies used in acute-care spaces to initially characterize the type, frequency, and context of value conflicts observed in data gathered from four diverse AL communities. In the process of applying established categories, we discovered 13 emergent ethical issues unique to the social environment of AL. These unique issues were then incorporated in our 'Ethics in AL' typology, which will be applied to recent qualitative data collected from 2 additional communities. In this paper, we report on these 13 unique ethics issues; we also describe the social and organizational contexts of AL communities that produce these value conflicts. In doing so, we highlight the particular contextual factors of different communities that shape the moral experiences of residents, staff, and family members. We discuss how these unique issues point to specific situations in which expert ethics support and training is most useful for resolving value conflicts and uncertainties in AL communities.

Earlier-life Individual and Spatial Socioeconomic Conditions and Physical Activity at Older Ages

Professional Paper Presentation

***Dr. Yang Li* [1], *Prof. Dario Spini* [2]**

[1]. University of Southampton, [2]. University of Lausanne

Purpose: Framed within the life course and ecological perspectives, this study investigated the association between earlier-life individual and contextual socioeconomic conditions and later-life physical activity.
Methods: Contemporary and historical Census data as well as three bi-annual waves of nationally representative panel data from the Understanding America Study (N=1,981) were used. Three types of physical activity were separately assessed: mild, moderate, and vigorous, to understand the effect of earlier-life circumstances on different types of physical activity over the life course. Multilevel growth curve models were used to address the research questions.
Results: Growing up in a higher-poverty area was associated with lower levels of moderate and vigorous physical activity in later life. A higher level of father's education in respondents' earlier life was associated with higher levels of mild and moderate physical activity in respondents' later life. Moreover, better health status before the age of 16 was associated with a slower decline in moderate physical activity in later life.
Discussion: Findings underscore the long-term ramifications of earlier-life socioeconomic circumstances for later-life physical activity, emphasizing the lifelong processes of economic resources relating to health and health behavior. Study findings suggest that interventions to promote physical activity at older ages would benefit from a perspective that takes into account the individual and contextual socioeconomic conditions over the life course.

Examining a Person-Centered Model of Community Supervision for Older Adults

Student Poster Presentation

Ms. Victoria Helmly [1]

1. *Georgia State University*

Older adults account for a growing proportion of people involved in the criminal legal system in the United States. Though research in aging and the criminal legal system is growing, there is still limited data on how the carceral system impacts this population. In this presentation, I will discuss my dissertation research on older adults on parole and probation. This qualitative research study examines both the experiences of older adults under community supervision and the experiences of the officers who supervise this population. This data is collected through semi-structured interviews with community supervision officers and older adults under supervision. In addition to learning about the unique experiences of justice-involved older adults, this research aims to better understand a "person-centered model of community supervision". The interviews inquire about how this model is implemented, perceived, and understood by the participants. This research aims to inform policy and practice of community supervision and stimulate additional research in this area. In this presentation, I will discuss the study's relevance, methodology, and preliminary findings from the participant interviews.

Intergenerational Design Challenge: Addressing Housing Insecurity for Older Adults

Professional Paper Presentation

Dr. Alicia Sellon [1]***, Mr. Andy Bell*** [1]***, Dr. Sylvia Long*** [1]***, Dr. Matthew Peterson*** [1]***, Ms. Leah Mayo*** [1]***, Ms. Zoe Willard*** [1]***, Dr. Tina Newsham*** [1]

1. *University of North Carolina at Wilmington*

Access to affordable, safe housing is a key determinant of health for all community members, regardless of age. For older adults, particularly those who live on fixed incomes, rising rent and inflation pose a real threat to their ability to age in place. While there are policies and programs in place to help mitigate this crisis, older adults have a wealth of knowledge and experience that can be harnessed to help us better understand the problem and develop solutions. To leverage the creative problem-solving of older adults, we designed and implemented a one-day intergenerational design challenge, or hackathon, that brought local older adults, university students, community partners, and subject matter experts together to learn from each other and rapidly design innovative solutions. The event included ten community partners, ten older adults, and seven college students. Participants provided feedback on their experiences and learning gains. In this paper, we present the development and implementation of the design challenge. In particular, we focus on the structure of the event and the activities participants engaged in to help them learn more about the affordable housing crisis in their community. We also share examples of the skills we taught participants to enhance their design and collaboration skills.

Making and Remaking Home: Toward a Dynamic Model of "Being at Home" in Response to Negative Effects of Relocation and Enhancing Wellbeing in Old Age

Professional Paper Presentation

Dr. Patrick Dillon [1], ***Dr. Judith Weckman*** [1], ***Dr. Graham Rowles*** [2]

1. Berea College, 2. University of Kentucky

A person's relationship with place is disrupted by relocation, especially if this is involuntary, and particularly so in old age as environmental vulnerability increases. Such moves present a threat to physical and mental wellbeing. Interventions to minimize the effects of such disruptions are needed. To be effective, interventions require grounding in deep understanding of people's relationship with place. As part of a multi-year project to model the human imperative of "being in place", this presentation reports findings from a mixed-method survey of 187 Kentucky residents aged 50 or older that investigated the meaning and experience of home and its relationship to well-being. The survey included a scale designed to measure the meaning and experience of being at home that was constructed from previous research, review of the literature, and the input of experts from multiple countries. Findings from open-ended responses indicated 76 distinctive elements of the meaning of home. Primary elements included safety/security (49.6%), comfort (41.3%), family (21.5 %), restoration/rejuvenation (20.7%), place of love (14.9%), freedom/independence (12.4 %), friends (10.7%), joy/happiness (9.1%), refuge/sanctuary (8.3%), place of dwelling (8.3%), ownership (7.4 %), belonging (6.6%), centering (5.8 %) and possessions (5.8%). Different subgroups indicated diverse components and combinations of these elements in their framing of "the meaning of home" and what made them "feel at home." The next phases of this research include discrimination among these groups and assessing the congruence of their views with the quantitative measures and measures of wellbeing.

Rurality in extremis: Social exclusion influences on aging among Bonacca Cay’s Island Community of Guanaja, Honduras

Student Poster Presentation

Ms. Lee Ann Steffen Ferguson [1]

1. *Concordia University Chicago*

The concept of spatial exclusion concludes that certain environments restrict or deny access or choices, and challenge the way in which aging people may experience their environmental space (Wanka et al., 2018) The limited body of research conducted on rural spaces suggests that social exclusion is often a consequence of rurality, which can be defined to include dispersed or remote settings including islands (Walsh et al., 2020). Guanaja is a Honduran municipality located approximately 70 miles from mainland Honduras and is the second largest of the country’s three Bay Islands (Fickert, 2018). Bonacca Cay, located less than a half mile from the coast of its parent island of Guanaja, is a floating island city of densely compacted stilt-built homes constructed over two small islands in which 6.6% of the residents are currently over the age of 65 (Citypopulation.de, 2020). The island reflects key risk factors thought to be linked with age-related social exclusion which include the Cay’s extremely remote geographic location, Honduras’ highly criticized pension and health support systems, aging infrastructure (and recent island wide fire) and emigration of the island’s younger adults. The findings to be shared in this poster reflect the ethnographic field work conducted on Bonacca Cay as part of this researcher’s dissertation. This research is still ongoing but the poster will relay information on the process of the field work as a means to identify the key domains of social exclusion and socio-environmental factors which influence the health and well-being of the Cay’s oldest adults.

This was a selected abstract but was not able to be presented during the 2023 SGS Annual Meeting & Conference.

The Influence of Social Determinants of Health on Morbidity through Family Relationships: Pathways to Wellness using the Biobehavioral Family Model

Professional Paper Presentation

Ms. Rachel Regal [1]

1. Virginia Commonwealth University

While a large proportion of variance in health can be explained by the social determinants of health (SDOH), definitions and measurement of SDOH vary. This presentation describes the development of a SDOH index using secondary data from a large community-based participatory research study of historically marginalized, underrepresented parents. The index is used to identify pathways to health through family of origin relationships using the biobehavioral family model. The biobehavioral family model (BBFM) operationalizes biopsychosocial assessment and intervention, and has also been proposed as a potential framework for clinical practice and education in medicine. Results of this study will illustrate potential areas of assessment of and intervention with older adults by interprofessional healthcare teams, specifically in the realm of family of origin relationships and mental health. While this research was conducted with younger adults, the presenter will align implications using the age-friendly practice domains of Mind, What Matters, and Multi-Complexity. Finally, future research and implications of this model will be discussed.

Using Photovoice among Older Adults: Methods, Implementation, and Dissemination

Best Practices Presentation

Dr. Joyce Weil [1], *Dr. Anika Hines* [2]

1. Towson University, Gerontology Program, 2. VCU School of Medicine

Translation of research to viable steps forward remains a daunting task in community-based participatory research studies. While many methods can capture ideas of place, using photovoice or photo-elicitation offers a unique opportunity for older adults to visually represent their environment. This presentation will share two separate photovoice projects set in and around Baltimore County, Maryland, and then share research protocols, implementation, and dissemination of each study. One study's goal is to have older adults co-create the research by using their Smartphones to take pictures of what "home" means to them. As part of the study, older adults were interviewed via Zoom about the meaning of home and their community or neighborhood. The other study examines perspectives of the food environment for adults with hypertension. Findings were disseminated among multiple community stakeholders, including policymakers, community organizations, and community members themselves. This includes how findings were used in planning, agenda setting, and implementation of a stakeholder meeting on food equity. In addition to discussing findings, best practices in creating study protocols to address Institutional Review Board (IRB) concerns about using photovoice will be shared, as ways to ensure that the design is truly co-created with older adults and that planning is older adult-inclusive, and, in one instance, how to navigate and conduct a photovoice study in a completely virtual arena.

Diversity Topics in Aging Communities

Advancing Effective Solutions: LGBTQ+ Inclusivity Training and Education for Skilled Nursing Facilities

Virtual Presentation

Dr. Jennifer May **[1]*****, Ms. Alexis Domeracki*** **[2]*****, Ms. Perisa Ashar*** **[3]*****, Mrs. Glaucia Salgado*** **[4]*****, Mr. Jason Wheeler*** **[5]**

1. *Duke,* ***2.*** *Duke University School of Medicine,* ***3.*** *Duke University,* ***4.*** *Duke University Institute of Global Health,* ***5.*** *Duke Health, Population Health Management Office*

The population of older adults is growing in the United States, leading to greater need for specialized care. Some older adults might face health challenges that require specialized care offered by skilled nursing and long-term care facilities. Among older adults that require specialized healthcare, lesbian, gay, bisexual, transgender, queer, and other sexual and gender minority (LGBTQ+) older adults are more likely to experience health disparities and healthcare barriers due to lifelong discrimination and exclusion. Healthcare barriers place LGBTQ+ older adults as a high risk for poorer health outcomes. Health care workers within skilled nursing facilities (SNF) have expressed they do not feel prepared to care for LGBTQ+ older adults. Using Human Centered Design and guided by an LGBTQ+ Community Advisory Board the LGBTQ+ Inclusivity Training and Education (LITE) was developed to provide information to health care workers, staff, residents, and their families who work within or use SNFs. Survey finalization, collection, and analysis of the satisfaction, benefit, and usability of the LITE resources are in process. Providing LGBTQ+ focused training and education for members of the SNF community will address the need for health care worker training to foster equitable care and inclusive environments for the LGBTQ+ older adult community.

An exploration of factors that influence urban and rural African American participation in ADRD research

Professional Paper Presentation

Dr. Ishan Williams [1], ***Dr. Travonia Brown-Hughes*** [2], ***Dr. Randy Jones*** [1]

1. *University of Virginia,* ***2.*** *Hampton University*

Although older adult African Americans and Hispanic adults are disproportionately affected by Alzheimer's disease and related dementias (ADRD) when compared to whites, they make up less than 5% of underrepresented individuals who participate in clinical trials. To increase our understanding of the factors associated with a willingness or aversion to research participation among a diverse group of community members, we conducted four focus groups (N=48) using semi-structured interviews to explore the perception and knowledge of clinical research, the needs of the ADRD population, and ways to overcome recruitment barriers and increase participation in ADRD studies with a focus on African American adults from rural and remote settings. Thematic content and constant comparison analysis were used to identify relevant themes and sub-themes. Five overall themes emerged: 1) the need for increased knowledge and education about the brain donation process, 2) factors related to mistrust, 3) a lack of knowledge and awareness of Clinical Trials, 4) strategies to reduce the stigma/fear surrounding research, and 5) a lack of awareness and knowledge about research opportunities. The implications from this study will aid in the development of recruitment and retention strategies to increase participant engagement, particularly among underserved individuals, in ADRD clinical trials. Recommendations also include increasing awareness of the impact of ADRD within marginalized groups to improve the efficacy of ADRD research in communities disproportionately affected by the disease.

Bridging the Gap: A Partnership Approach to impact diversity in Alzheimer's clinical trials

Panel Symposium

Ms. Katie McDonough [1], ***Dr. Bahar Niknejad*** [2], ***Dr. Hamid Okhravi*** [2], ***Dr. Travonia Brown-Hughes*** [3], ***Dr. Ethlyn McQueen-Gibson*** [4], ***Dr. Ebony Andrews*** [3], ***Ms. Deborah Hudson*** [3], ***Ms. Alisa Lofton*** [5]

1. *Alzheimer's Association, Southeastern Virginia Chapter,* ***2.*** *Glennan Center for Geriatrics and Gerontology-Eastern Virginia Medical School,* ***3.*** *Hampton University,* ***4.*** *Gibson & Gibson Health Consultants LLP,* ***5.*** *Alzheimer's Association Southeastern Virginia*

More than 6 million Americans are living with Alzheimer's disease. Alzheimer's disease is the sixth leading cause of death among Americans and the fourth leading cause of death among Blacks. Black Americans are twice as likely as Whites to develop Alzheimer's disease, and less likely to to receive a timely and accurate diagnosis. Furthermore Blacks are grossly underrepresented in Alzheimer's treatment, prevention, and diagnostic clinical trials. There is an urgent need for creative new approaches and interventions to recruit minority populations for research studies. Community-based participatory research (CBPR) represents a partnership approach between academic researchers and community stakeholders to address health disparities in populations that have been disproportionately affected by negative health outcomes. CBPR uses community capacity and social capital to address disparities and develop sustainable health outcomes. This session will explore applied CBPR through a collaborative partnership approach between the Alzheimer's Association Southeastern Virginia Chapter, Eastern Virginia Medical School and Hampton University to significantly increase the enrollment of Black Americans in two Alzheimer's-related clinical trials: AHEAD 3-45 Study and the New Ideas Study. Discussion will explore the intersection of clinical professionals, academic researchers, and community-based organizations and groups. Consideration will be given to both volunteer and paid staff outreach models, and how the CBPR model can be integrated into future clinical trial recruitment models to offer more accurate representation of impacted populations in future studies.

Caregiving While Black: Dementia Caregivers Experiences with a Novel Culturally Tailored Course

Professional Paper Presentation

Ms. Karah Alexander [1]***, Mr. Nkosi Cave*** [1]***, Ms. Sloan Oliver*** [1]***, Dr. Fayron Epps*** [1]

1. *Emory University*

Many psychoeducation interventions utilizing different distant learning modalities to engage caregivers in active learning environments have demonstrated benefits in enhancing caregiving mastery, resulting in positive outcomes for care partners. However, few of these programs have been specifically adapted for the development of mastery in Black caregivers. The purpose of this qualitative descriptive study was to examine Black caregivers' experiences with the novel online *Caregiving while Black* psychoeducation course (CWB). CWB was co-produced by Black caregivers, persons living with dementia, and healthcare professionals. Caregivers were enrolled in the pilot study and engaged in 8-10 hours of asynchronous online content related to navigating the healthcare system, managing home life, and caregiver self-care topics. At the conclusion of their participation, 29 caregivers took part in individual semi-structured interviews to assess their perceptions of and experiences engaging in the course. After interviews concluded, team members thematically analyzed the transcripts, and 5 overarching themes were constructed. The themes were as follows: *Comfortability with a Culturally Tailored Course*; *Experiences Navigating the Course Platform*; *Utility of Course Resources*; *Time as a Barrier and Facilitator*; and *Familial and Community Engagement*. Caregivers expressed their appreciation of a culturally tailored course to address their needs and greatly utilized the external resources the course offered. However, time and complexities with the course online platform served as a barrier for many, to optimize engagement with and even finishing the entire course. Findings from this study will help inform and fuel the success of the next iteration of the *Caregiving while Black* Course.

Community Engagement with African African American Clergy: Best Practices For Working with African American Clergy

Panel Symposium

Dr. Kim Stansbury [1], ***Dr. Gillian Marshall*** [2], ***Mrs. Che Logan*** [3], ***Dr. Yarneccia Dyson*** [1]

1. *North Carolina State University* ***2.*** *University of Washington,* ***3.*** *Liberty University,*

Studies report racial differences in use of formal informal supports with African American older adults. It is important for researcher to and practitioners to incorporate culturally appropriate interventions when working with underrepresented populations. Faith based interventions is one such approach that includes a range of different types and patterns of care. Evidence has been documented in several studies on help-seeking behaviors that African American elder adults ten to use the church and clergy to cope with mental health challenges. Given the importance of African American clergy in the provision of mental health the purpose of this panel is to discuss a study findings now how clergy in this study provided faith based culturally competent practices to their older adults in need.

Considerations for practitioners working with gender and sexual minority elders at the end of life from an ecological perspective

Best Practices Presentation

Dr. Kate Morrissey Stahl [1], ***Dr. Kyle Bower*** [2]

1. *University of Georgia School of Social Work,* ***2.*** *University of Georgia*

Join an AASECT certified sex therapist/clinical social worker and a gender and sexuality researcher as they review considerations for working with gender and sexual minority clients at the end of life. The importance of intimate expression continues throughout one's life span, including when one approaches the end of life. Caregivers, focused on treatment of symptoms, often fail to consider sexual needs and preferences. This lack of focus on psychological and physical needs associated with intimate expression may be especially pronounced for people who identify as a sexual or gender minority. Reasons for a lack of focus among practitioners include conflicting moral beliefs, lack of knowledge regarding inclusive resources, discomfort exploring sexual needs, and cultural stigma against SGM individuals. Bronfenbrenner's ecosystemic framework is used to illuminate how practitioners can support end-of-life sexuality and intimacy among SGM patients in multiple nested contexts. These contextual levels move from the macrosystem through the microsystem and factor in transitions, shifts, and the historical context by inclusion of the chronosystem. We provide suggestions for healthcare practitioners who interact with people at the end of life to theoretically conceptualize and intervene at each intersecting level. Our overarching goals is to inform the creation of more culturally responsive environments in which individuals are comfortable expressing their gender and sexual identity if they choose to do so and where caregivers recognize and support patients' desires for intimate expression.

Dementia-Friendly Initiatives: Engaging Black Parishioners in Health Promotion Activities

Professional Poster Presentation

***Ms. Sherellia Moore* [1], *Ms. Janelle Gore* [2], *Ms. Robbin Frazier* [3], *Dr. Fayron Epps* [2]**

***1.** Progressive Baptist Church, **2.** Emory University, **3.** University of Minnesota*

The Alter program (https://alterdementia.com/) is a dementia-friendly program dedicated to addressing the gaps in dementia resource and support access within Black faith communities. The Alter program supports church partners by providing a framework consisting of evidence informed activities to establishing a dementia-friendly church. We present the results of a needs assessment survey developed by an Alter church partner to inform the implementation of the Alter program to successfully engage the congregation in dementia-friendly initiatives. Data were extracted using a 9-question survey distributed to 100 congregation members via electronically or paper following Sunday worship services. All participants (n=41) who completed the survey identified as Black/African. Twenty-one percent of participants identified as someone impacted by dementia. Seventy-six percent held a high interest in receiving dementia education at their church. The survey was able to capture the priorities of the congregation concerning what dementia-friendly initiatives are most needed for their community. Fifty-four percent of participants preferred receiving educational resources via printed handout/materials, followed by 22% preferring in-person events. As church members return to the church building post-COVID-19, 72% of respondents reported that implementing dementia-friendly initiatives would encourage more members to return to in-person worship service. Engaging diverse communities in needs assessments prior to the implementation of a new program can inform the successful implementation of health programs and tailored community engagement strategies based on culture, health need, & health literacy level.

Developing a public health toolkit for the cultural adaption of dementia caregiver programs

Student Paper Presentation

Mr. Tony Stallings [1], ***Ms. Jaylah James*** [2], ***Dr. Fayron Epps*** [3], ***Dr. Lauren Parker*** [4]

1. *University of Texas Health Science Center at Houston, University of Minnesota,* ***2.*** *North Carolina A&T State University, University of Minnesota,* ***3.*** *Emory University,* ***4.*** *John Hopkins University*

Dementia is a chronic, debilitating disease that affects millions of older adults each year in the United States (U.S.). The disproportionate prevalence of dementia among ethnocultural groups exacerbates the need for caregivers. Surprisingly, few resources exist to help inform public health agencies to adapt and tailor their dementia interventions for diverse caregivers. Therefore, developing a toolkit is essential to inform public health agencies in the U.S. on how to culturally adapt and tailor programs that meet the needs of diverse caregivers. The Public Health Center of Excellence on Dementia Caregiving strives to provide resources for public health agencies to be culturally competent when implementing programs. Specifically, we will share the steps to develop a toolkit to adapt and tailor interventions and programs for the Black/African American, Latino/Hispanic, Asian American and Pacific Islander, and Native American caregivers. It is important to consider the cultural aspects of a diverse demographic of caregivers to adapt to their unique experiences. Public health agencies use of the toolkit to inform culturally adapted and tailored programs may assist in addressing disparities in dementia-related outcomes.

End of Life in Assisted Living: A Focus on Experiences and Unique Care Needs of Special Populations

Professional Paper Presentation

***Dr. Jeffrey Lentz* [1], *Dr. Alexis A Bender* [1], *Dr. Candace Kemp* [2], *Dr. Molly Perkins* [1]**

***1.** Emory University, **2.** Georgia State University*

The assisted living (AL) population is growing more diverse. This diversity is reflected in the increasing use of AL by African Americans, Latinos, and other cultural groups who have traditionally "cared for their own," as well as a rising number of members of other special populations (e.g., sexual minorities and persons aging with HIV) requiring residential care. As part of a 5-year study of care at the end of life in AL funded by the National Institute on Aging (R01AG047408), we use an interpretive multi-case study approach to investigate the experiences and unique care needs of AL residents who represent members of various special populations within our sample. Data sources include observational data and in-depth and informal interviews with residents, AL staff, informal (e.g., family), and external care providers (e.g., hospice). These cases (three females and two males) reflect intersecting social statuses (e.g., race, class, ethnicity, sexual orientation, illness, and disability) that make them particularly vulnerable to stigma and other challenges that adversely affect their quality of life, including language barriers, cultural marginalization, discrimination, and inadequate social support. Strengths that contribute to their ability to negotiate these risks and maintain a positive sense of self include religiosity and spirituality as well as a having a sense of community or group pride (e.g., as an HIV survivor or member of a racial/ethnic group). Findings have implications for interventions to promote resilience and improve quality of life at the end of life for residents who represent members of special, often hidden populations.

Exploring Community Narratives and Experiences of Alzheimer's Disease and Other Dementias

Student Poster Presentation

Mr. Brian Battle [1], ***Dr. Annie Rhodes*** [2], ***Mr. Kennedy O'Donnell*** [3], ***Mr. Christian Johnson*** [3], ***Dr. Faika Zanjani*** [4]

1. *Virgina Commonwealth University,* ***2.*** *Virginia Commonwealth University,* ***3.*** *Virginia Commonweath University,* ***4.*** *VCU College of Health Professions*

- According to the Alzheimer's Association, African-Americans have the highest Alzheimer's disease rate and are about twice as likely as White Americans to be diagnosed with Alzheimer's disease. However, there has been a dearth of research elucidating the stories and narratives that undergird these facts. This project seeks to use a more holistic approach to explore African-American perspectives on Alzheimer's disease and other dementias by centering the voices of community members. Using semi-structured interviews with community members, and informed by the constructs, concepts, and analytical tools of narrative gerontology, this research further aims to contribute to the improvement of best practices in health communication and the dissemination of health research and data in underserved and disadvantaged communities. Data collection for the current study is ongoing and is being conducted within the context of a larger project seeking to increase community awareness and knowledge of Alzheimer's disease and other dementias.

Housing Models Promoting Aging in Community in the U.S.A. – A Brief Report on Key Lessons Learned

Professional Poster Presentation

Prof. Su-I Hou [1]***, Dr. Xian Cao*** [2]***, Dr. Khristen Holmes*** [3]

1. *School of Global Health Management & Informatics, University of Central Florida,* ***2.*** *Pacific University,* ***3.*** *Everly Health*

The majority of older adults prefer aging in their own homes or communities. Four promising housing models promoting aging-in-community (AIC) in the USA, including the village, naturally occurring retirement communities (NORC), senior cohousing, and university-based retirement communities (UBRC) were reviewed. A 20-year literature review (2000-2020) from eight scientific databases was conducted to address two key AIC issues: (1) What are the emerging research areas and key findings from data-based empirical studies on these four promising AIC models? (2) What are major challenges and recommendations from existing data-driven research studies? Among the 177 articles yielded from the initial search, a total of 34 unduplicated empirical studies were identified which examine the impact of these models including enhancing social support and improving older adult's well-being, remain independence at homes, and community social and civic participation. Although there is variation within and across AIC models, the current review of published empirical studies show these models have similarities such as access to activities that will increase social connections to reduce social isolation and essentially increase the ability of older adults to age in communities with others on a similar path. Findings support the positive impacts these AIC models and programs had among members. This review further identified research gaps, model challenges, and recommended strategies for continued research attention. It is critical to update current knowledge to capture emerging research areas and lessons learned for housing and community developers, and policymakers to consider for addressing the critical and growing aging in community needs.

Intersectional Identities and Social Inclusion in a Municipality in Switzerland

Professional Poster Presentation

Dr. Yang Li [1]***, Prof. Dario Spini*** [2]

1. *University of Southampton,* ***2.*** *University of Lausanne*

In Switzerland, 38% of the adult population experience loneliness, which is more prevalent among older adults and individuals with a migration background. While past interventions have helped reduce loneliness by fostering social connections, these interventions were often based on unidimensional and broad demographic categorizations (e.g. older adults or foreigners), neglecting the intersectional and multiplicative nature of social identities, thereby limiting the precision of interventions to enhance social inclusion. Using primary data collected in 2019 from a longitudinal participatory action research project (n=1,360), we sought to understand the extent to which intersectional social identities combined to shape risks of loneliness in a local municipality in western Switzerland. Employing innovative multilevel techniques from social epidemiology, we found that 56% of the variance between intersectional groups was explained by multiplicative identities (age x gender x nationality x education) – above and beyond the additive effects of social identities (age + gender + nationality + education). In addition, we identified that individuals who were non-Swiss and aged 65+ and male and have primary educational attainment only were most at risk of loneliness and would be logical intervention targets to reduce loneliness. Study findings suggest that future research and interventions on building more inclusive societies may benefit from understanding the population's intersectional identities for more precisely targeted outreach and tailored communications to enhance inclusion based on the intersectional identities of the most vulnerable populations.

Perception as Power: Strategies of Younger Residents in Long Term Care

Professional Paper Presentation

Dr. Sara English [1]

1. *Winthrop University*

Non-traditionally aged residents - who are identified as persons between the ages of 18-64 - are the fastest-growing group admitting to residential long-term care (LTC). Due to the complexity of needs and a lack of support, younger residents may potentially languish in LTC for twenty, thirty, or more years. Currently, non-traditionally aged residents comprise about 15% of the total residential LTC population; yet, little is known about this burgeoning group of younger persons, including how they perceive themselves as residents in LTC settings, how they are perceived by persons who work there, and how social disparities contribute to the increasing admissions of younger persons into nursing homes and other places of LTC. This research examined multiple sources of data, including a series of intensive interviews with non-traditionally aged residents, focus groups with Certified Nurse Aides (CNAs) and Social Workers, examination of documents and artifacts, and observations. Findings from this study indicated that non-traditionally aged persons perceived their admission to the LTC setting as a result of capricious fate, while workers perceive that non-traditionally aged persons are responsible for their admission, due to risky behaviors and bad choices. Non-traditionally aged residents are aware of how they are stigmatized and perceived by others, and strategize ways to influence the perceptions of LTC staff, improving the delivery of services and helping to increase personal power within the institutional setting.

Physician Trust and Adherence to Life's Simple 7 in Blacks and Whites Individuals: The Reasons for Geographical And Racial Differences in Stroke (REGARDS) Study

Virtual Presentation

Mr. Robert Harmon [1], ***Dr. Olivio Clay*** [1], ***Ms. Mercy Enogela*** [1], ***Dr. Wesley Browning*** [1], ***Dr. Raegan Durant*** [1], ***Dr. George Howard*** [1], ***Dr. Monika Safford*** [2], ***Dr. Emily Levitan*** [1]

1. *University of Alabama at Birmingham,* ***2.*** *Cornell University Medical College*

The American Heart Association developed Life's Simple 7 (LS7), which promotes healthy lifestyle habits and clinical management of cardiometabolic conditions to combat the 7 leading risk factors for heart disease and stroke. Eighty percent (80%) of Americans have low to moderateLS7 cardiovascular health scores putting them at risk for adverse health outcomes. Although collaboration between patients and physicians may improve cardiovascular health, little has been done to examine the relationship between physician trust and LS7 scores. To fill this gap, we utilized a cross-sectional study design to examine physician trust and adherence to LS7 using data from REasons for Geographic And Racial Differences in Stroke (REGARDS), a US national, population-based cohort study. Our study population consisted of 6482 participants, men (43.3%) and women (56.7%), average age 71 years, who completed the baseline survey, including demographics, the physician trust scale (5-item modified version of the Primary Care Assessment Survey (PCAS) trust subscale) and information on LS7. Three categories were used for LS7 scores, "Good", "Moderate", and "Poor", 7.8% of Black participants compared to only 4% of White participants were categorized as "Poor". Interestingly, multiple regression adjusted analysis showed that compared to low trust, participants with high trust had lower LS7 scores, $\beta = -0.12$, $p=0.05$. This study gives insight into the link between physician trust and LS7 within this sample. Additional work is needed to explore the nature of this relationship and examine potential explanatory variables such as an individual's self-efficacy when managing health conditions.

Social and Cultural Capital in Tribal Nursing Homes

Professional Poster Presentation

Dr. Anastacia Schulhoff [1]

1. *Appalachian State University*

This research project explores how CNA's cultural and social capital intersects with the institutional culture of a tribal nursing home. Data was collected through twenty-two semi-structured interviews with CNAs during a year-and-a-half-long ethnographic study of a tribal nursing. Three themes were identified – We are like family; We work together; and Care work is part of the culture. Findings show how CNAs identify important social and cultural capital in tribal nursing homes. Moreover, findings show how CNAs assign specific forms of capital to the residents, coworkers, administrators, and family members in this institution. This research begins to fill the gap in the gerontological and sociological literature about Native American older adults, their caretakers, and tribal nursing homes.

Social Determinants of Cognitive Decline among US Older Adults with Tooth Loss

Professional Paper Presentation

Dr. Cynthia Williams [1]***, Dr. Di (Richard) Shang*** [2]***, Dr. Giang Vu*** [1]

***1.** School of Global Health Management & Informatics, University of Central Florida,* ***2.** University of North Florida*

Poor oral health can be delineated by systematic factors as described by social determinants of health and is associated with cognitive decline among older adults. Based on the 2020 Behavioral Risk Factor Surveillance, the study sample included 44,700 participants aged 45 years and older in the United States. Multiple logistic regression analysis was used to analyze the association of cognitive decline and tooth loss. Social determinants (i.e., sex, race/ethnicity, education levels, employment status, income), smoking, diabetes, and body mass index (BMI) were included in the regression model as covariates. Multiple logistic regression showed that compared to individuals missing five teeth or less, adults with loss of six teeth or more were associated with an increased risk of cognitive decline (adjusted odds ratio (OR) = 1.76, $p < 0.01$). Hispanic older adults were less likely to have cognitive decline compared to Non-Hispanic White adults. Participants with high school diploma or higher were associated with a decreased risk of cognitive decline. Individuals who were unemployed, homemaker, retired or unable to work, had an increased risk of cognitive decline compared to adults with being employed, self-employed, or students. Compared to older adults with income $15,000 or less per year, those with higher incomes were less likely to have cognitive decline. Never and former smokers had a decreased risk of cognitive decline. Diabetes and obesity are risk factors of cognitive decline. In this presentation, we highlight oral health risk factors of cognitive health and recommend strategies for geriatric and dental public health professionals.

Social Determinants of Health of Older Afghan Refugees and Evacuees in the US: A Scoping Review

Professional Paper Presentation

Dr. S. Sudha [1], ***Dr. Sharon Morrison*** [1], ***Ms. Khaoula Bouti*** [1], ***Ms. Nida Qamar*** [1], ***Ms. Nupur Sharma*** [1]

1. *The University of North Carolina at Greensboro*

Background: Since the Refugee Act of 1980, Afghan refugees and evacuees (RE) have entered the United States (US) in waves following pivotal geopolitical events. Older REs especially face unique challenges and opportunities in navigating health systems. There is limited literature that examines the social determinants of health (SDOH) such as socioeconomic status, language barriers, education, acculturation, and access to health services, among older Afghan REs.

Objectives: This scoping review is to investigate (1) to what extent does research on Afghan RE address SDOH?, (2) which specific SDOH are represented in this literature? (3) Do research priorities change over 3 time frames (1980-2000; 2001-2020; 2021-2022); (4) how well are older adults represented in the literature?

Design: Our methodology follows the PRISMA-ScR extension approach for scoping reviews. This involves application of a checklist with essential reporting items for assessing the scope and synthesizing evidence on a topic. In consultation with a reference librarian, the research team developed essential search terms and accessed relevant online databases (e.g. PubMed, MedLine Plus, CINAHL, EBSCO) and gray literature to identify US-based studies that addressed the research questions. Team members independently conducted searches, results were discussed as a team and decisions arrived at through consensus.

Results: Emerging results suggest that studies consider contextual factors such as post-migration stressors, family separation, poor English skills, lack of community integration, as contributors to poor health of Afghan REs in the US. Studies focus on men, adults in general, and youth. Less attention has been paid to women and older adults.

Taking It Personally: Providing Options to Improve Outcomes

Best Practices Presentation

Ms. Sara Stowe [1], ***Ms. Liz Havenner*** [1]

1. *Virginia Department for Aging and Rehabilitative Services (DARS)*

Increasing caseloads and fewer program dollars and options have left direct service workers feeling overwhelmed and frustrated. The psychological stress created when there is a perceived imbalance between resources and demands is a leading contributor to staff burnout. What if we could reframe those perceptions and to employ person-centered strategies that could ease those perceived imbalances between resources and demands. Is it possible the very people they support have the answers?

Person-Centered practice is multi-faceted, benefiting the person receiving supports and services and the direct service workers assisting those individuals. Taking it personally by practicing person centeredness and programs like Options Counseling will contribute to increased confidence, job satisfaction and overall wellbeing for staff and those they support; while improving individual outcomes.

This workshop will demonstrate how to utilize Person Centered Thinking (PCT) tools and strategies for providing options to influence individual and organizational change, providing a culture of the core PCT principles of respect, trust, partnership, and collaboration. Participants will learn the power of person-centered options counseling with the supported person at the helm charting the course. Participants will leave with a clear understanding of the importance of self-direction and individual voice. Participants will take with them the keys to unlocking a more fulfilling job, stronger relationships, less stress and increased self-confidence in the efficacy of their efforts to impact change. Participants will gain access to tools and resources available through the No Wrong Door system, and consider opportunities to support the individuals they serve in new ways.

The Interplay of Social Determinants of Health and Health Disparities

Best Practices Presentation

Dr. Leland Waters [1]

1. Virginia Center on Aging at Virginia Commonwealth University

In the summer of 2020, we conducted a mixed-methods study of low-income older adults living in Richmond, Virginia, during demonstrations in reaction to the murder of George Floyd, which intersected with the pandemic in unique ways. Two complementary papers, one quantitative, and one qualitative were published in a special issue of *Gerontology & Geriatrics Medicine* highlighting the COVID-19 pandemic effects on older adults. Participants were recruited through Virginia Commonwealth University's Richmond Health and Wellness Program. One hundred telephone surveys were conducted using the 92-question Epidemic–Pandemic Impacts Inventory Geriatric (EPII-G) with a 15-question Racial/Ethnic Discrimination addendum. Fifteen participants were recruited from among the survey participants who were interviewed using a semi-structured interview guide developed by the research team. Our qualitative findings supported findings from our EPII-G survey where we found that the challenges our participants faced, while exacerbated by the pandemic, were not new. We found remarkable resilience and coping strategies in response to challenges participants experienced throughout their life, which benefited them when faced with the pandemic, social unrest, and political events that took place. This presentation will offer findings from our study and guide attendees through social, environmental, and behavioral factors that play a larger role in determining health outcomes.

The Second Episcopal District of the African Methodist Episcopal Church's Health Commission COVID-19 Webinar Series

Best Practices Presentation

Dr. Elvin Price [1], **Ms. Andrea Price** [2]

1. VCU School of Pharmacy, 2. Bridge Builders Group, LLC

Older African Americans (OAAs) were disparately impacted by COVID-19 pandemic. Specifically, OAAs were among the most likely to be hospitalized or to die from COVID-19. However, OAAs were not overrepresented among the earliest groups to receive COVID-19 vaccinations. Therefore, community outreach approaches that were culturally authentic were warranted to improve COVID-19 vaccine awareness and to reduce the disparate rates of COVID-19 associated mortality and morbidity among OAAs. Christian Churches play an integral role within many African American communities. Interestingly, a recent survey revealed that 75% of African American adults attend church worship services on some interval annually. Therefore, it was plausible that COVID-19 educational approaches via church outreach could prove successful for reducing disparities. The African Methodist Episcopal Church (AMEC) was founded in 1787 and exists as an international church that is organized within episcopal districts. The second episcopal district (SED) is comprised of 379 churches from Maryland, Washington D.C., North Carolina and Virginia. The AMEC SED's Health Commission designed a series of COVID-19 educational webinars with the goal of informing members of current trends, treatments and preventive measures for COVID-19. The seminars were well attended via Zoom, Facebook live, and YouTube.

The significant unseen older adult refugee; the case of 'Akida', a Congolese refugee resettled in the United States.

Student Paper Presentation

Ms. Joy Birabwa [1]***, Dr. S. Sudha*** [1]***, Dr. Rachel Boit*** [1]

1. *University of North Carolina at Greensboro*

Older adult (OA) refugees form about 4% of the global refugee stream. In 2020, of the 11,840 refugees resettled in the United States, 202 were between 60 and 64 years, 221 were between 65 and 74 years, and 57 were 75 years or older. Upon resettlement, older adult refugees are eligible for public services including medical assistance, nutrition and financial assistance. However, inadequate language proficiency coupled with distinct cultural experiences and attitudes plus the lack of prior economic contributions strain older refugees' resettlement. Older refugees' wellbeing is exacerbated by challenges like anxiety, social isolation, loneliness and financial hardships. Being old and a refugee is a double vulnerability, while having a disability is an added hardship producing intersectional disadvantages.

Using the case study approach, I examined the situation of one older adult refugee man, now resettled in the US. I conducted three in-depth interviews with 'Akida' (pseudonym) in 2021 to ascertain his resettlement experiences.

In 2021, eighty-year-old Akida, a refugee from Congo had lived in the United States for two years together with his wife and five children aged between three and ten years. Akida speaks Kizoba, Kiswahili and French, but can neither read nor write English. His physical disability hinders his mobility but he benefits from Medicaid health insurance and financial support from Supplemental Security Income (SSI). He relies on volunteers, his church community and the refugee agency for assistance as he struggles to integrate into the U.S. community. Akida represents a social predicament without an easy or quick solution.

Trauma-Informed and Diversity, Equity, and Inclusion Practices: Striving for Belonging and Empowerment

Panel Symposium

Dr. Jennifer Craft Morgan [1], ***Dr. Kendra Jason*** [2], ***Dr. Leigh-Anne Royster*** [3], ***Dr. Gigi Amateau*** [4]

1. *Georgia State University,* ***2.*** *University of North Carolina at Charlotte,* ***3.*** *Duke University,* ***4.*** *Virginia Commonwealth University*

The COVID-19 pandemic, as a widespread and global experience, caused whole communities to experience collective trauma (e.g. social isolation, burnout, job loss, uncertainty, lack of psychological safety). Systemic racism is another collective trauma that impacts large groups of people who are more likely to be impacted by other vulnerabilities due to disparities that are economic, health-related and environmental. Older workers, people of color, immigrants, older care recipients and direct care workers are more likely to experience the compounding effects of these dual collective traumas. Trauma informed practices, especially those that attend to the social ecology and intersectionality of experience and identities, can support organizations to reform their culture in ways that explicitly foster diversity, equity, inclusion and ultimately belonging and empowerment of individual community members. This panel session explores the interplay between DEI practices and Trauma-Informed approaches. First, we will map out the evidence of collective trauma experienced by many minoritized older workers and those in aging services and long-term care sectors. Second, we will explain the principles of a trauma-informed approach and how retention and empowerment practices can support transformation of organizational culture. Finally, we will demonstrate how holistic approaches that embrace both sets of ideas can result in belonging for community or organizational members. Implications for leadership, management, retention and quality of life will be discussed. Participant attendees will leave this session with priority DEI action items to implement trauma-informed practices on individual, organizational and community levels.

Vicarious Exposures to Major Discrimination through Partners, Depressive Symptoms and Anxiety Symptoms among Aging Black Adults

Professional Paper Presentation

Dr. Myles Moody [1]***, Dr. Olivio Clay*** [1]***, Dr. Raegan Durant*** [1]

1. *University of Alabama at Birmingham*

Objectives: Partnership is generally seen as a source of social support that may buffer stress. However, minority aging research has not yet considered how the vicarious effects of partner discrimination may obscure this relationship. The purpose of this study is to examine how vicarious exposure to discrimination, through the unfair experiences of partners, may shape the psychological well-being of Black adults over the life course.

Methods: A subsample of Black adults aged 50-69 years (N=273) were drawn from the Nashville Stress and Health Study. The relationship between lifetime vicarious exposures (via partners) to major discrimination and mental health was assessed. Linear regression analyses were employed to examine the association between their partner's experiences of major discrimination and their levels of depressive and anxiety symptoms within the context of other stressors.

Results: Our findings revealed that lifetime vicarious experiences of major discrimination through the experiences of the respondents' spouses were associated with higher levels of anxiety ($p<0.05$) and depressive ($p<0.05$) symptoms among middle-aged and older Black adults. This relationship persisted even after personal experiences of discrimination and other stressors were accounted for in subsequent models.

Conclusion: Vicarious, as well as personal, exposures to discrimination shape the mental health of Black Americans over the lifespan. While having a partner may buffer some of the negative effects of discrimination, partner discrimination may have poor implications for the mental wellness of aging Black adults.

“The word of God is my medication”: Religious justification and vaccine hesitancy among older African Americans

Professional Paper Presentation

***Dr. Antonius Skipper* [1], *Ms. Victoria Huebner* [1], *Dr. Daniel Rose* [2], *Dr. Richard Moye* [2], *Dr. Tangela Towns* [2]**

***1.** Georgia State University, **2.** Winston-Salem State University*

African Americans and older adults are among the most affected populations relative to the morbidity and mortality resulting from COVID-19. The development and distribution of the COVID-19 vaccine is essential to the overall health and well-being of older African Americans. However, racially-motivated factors such as medical mistrust, historical experiences, and cultural beliefs may contribute to older African Americans being less likely than their White counterparts to receive a COVID-19 vaccine. The present study used semi-structured, narrative-based interviews to examine vaccine hesitancy among 22 community-dwelling older African Americans who refused to receive the COVID-19 vaccine. Data were analyzed using grounded theory and inductive coding methods. Analyses identified several salient themes, and one major theme was related to religious beliefs as justification for vaccine hesitancy. Within this vein, the present study shares the in-depth narratives that highlight how and why religious beliefs may contribute to COVID-19-related vaccine hesitancy among older African Americans. Effectively navigating the often complex relationship between religion and health is essential to addressing the medical needs of highly religious populations, such as older African Americans. This study offers implications that can be used to respond to the vaccine hesitancy of older African Americans in ways that acknowledge and address cultural and racial complexities.

“Turning it over to God”: African American Assisted Living Residents’ End-of-Life Preferences and Advanced Care Planning

Professional Paper Presentation

Dr. Candace Kemp [1], ***Dr. Antonius Skipper*** [1], ***Dr. Alexis A Bender*** [2], ***Dr. Molly Perkins*** [2]

1. *Georgia State University*, ***2.*** *Emory University*

Assisted living (AL), one of the fastest growing formal long-term care options for older adults in the country, including the South, increasingly is a site for end-of-life care. Although most residents prefer AL as their final home, relatively little is known about their end-of-life preferences and advance care planning. This knowledge gap is especially significant among African American residents. Thus, our aims are to: (a) understand African American residents’ end-of-life preferences and advance care planning, and (b) identify how and why their preferences and planning vary and with what actual and likely outcomes. We draw on data from a five-year NIA-funded study aimed at identifying best care practices for end-of-life care in AL. Informed by grounded theory, we present analysis of qualitative data collected over two years in a 100-bed AL community catering to African American residents and their families. Data include fieldnotes from participant observations conducted during 310 site visits consisting of 818 observation hours, in-depth interviews with 25 residents, and review of their AL records. Residents varied in their end-of-life preferences and advance care planning, but united in their reliance on God. “Turning it over to God” offers an explanatory framework for understanding how this group negotiated end-of-life preferences and care planning. Individual-level resident factors such as age, pain, function, and broader cultural and societal influences, including health literacy and care experiences, were important. We discuss contradictions arising from turning it over to God, including chasms between care preferences, planning, and anticipated or actual end-of-life outcomes.

Caregiving, Care Support, and Care Partnerships

Advancing Solutions: Dementia-Related Disparities and Person-Centered Dementia Care

Panel Symposium

Dr. Debra Tann [1], ***Ms. Kim McRae*** [2], ***Ms. Rose Marie Fagan*** [3], ***Dr. Jennifer Craft Morgan*** [1]

1. *Georgia State University,* ***2.*** *Have a Good Life,* ***3.*** *The Live Oak Project*

In the U.S., older Black adults are approximately twice as likely as older whites to develop dementia. These disparities have arisen from inequality in life experiences, socioeconomic, and environmental health, access to healthcare, and other factors linked to dementia risk and delayed diagnosis. Further, the direct care workforce that supports those living with dementia in residential and home and community-based settings are predominately women, people of color and more likely to be immigrants. This workforce consistently experiences low job quality including low pay, few benefits, and heavy workloads which replicates disparities in health and well-being. Solutions to reduce these disparities, both for individuals living with dementia and the workforce that supports them, need to systematically address the ecology of factors that contribute to their persistence. This panel symposium will a) overview the dementia-related disparities and highlight the voices of older Black adults living with dementia, b) espouse a competency-based approach to reforming systems of care to increase societal awareness of dementia and related disparities, and empower communities using education, culture change and quality improvement, and c) overview existing resources and envision improved models for person-centered dementia care focused on quality of life and well-being. Speakers will emphasize practical implications and invite attendees to collaborate in a visioning exercise where disparities are reduced and eliminated.

Assessing unmet dementia-related care needs of informal care partners by spousal status

Student Paper Presentation

Mrs. Gretchen Tucker [1]***, Dr. Ann Gruber-Baldini*** [2]***, Dr. Quincy Samus*** [3]***, Dr. Laura Girling*** [4]***, Dr. J. Kevin Eckert*** [1]***, Dr. Brandy Wallace*** [2]***, Dr. Denise Orwig*** [2]

1. *University of Maryland Baltimore, Baltimore County,* **2.** *University of Maryland, Baltimore,* **3.** *Johns Hopkins Medicine,* **4.** *Towson University*

Research related to informal care partners (CPs) of persons with dementia has focused on spousal and female non-spousal CPs; little is known about male non-spousal CPs. To address this gap, a secondary data analysis of two cohort studies that enrolled dyads of persons with dementia and their CPs was employed to improve the understanding of CP dementia-related care needs by spousal status and gender. The unmet dementia-related care needs were measured using the Johns Hopkins Care Needs Assessment. The assessment consists of six domains and 18 binary items of CP unmet needs (e.g., memory disorder education, general health care, daily living, and informal support) yielding a summary score range 0-100. Of the 595 CPs, 69% (413) were non-spousal, 24% (140) were male and a greater percentage were African American (320 (55%)). CPs' average age was 63±11.85 years and 80±9.81 for care recipients and the average years of education for CPs was 15±3.11. There were differences in specific unmet needs by spousal status in which non-spousal CPs (vs spousal) had higher unmet needs regarding decision-making (80% vs. 58%; p<.0001); spousal CPs had higher unmet needs related to informal support (50% vs. 40%; p=0.03) and meaningful activities (23% vs. 15%; p=0.02). However, the mean percentage of unmet needs was not different for spousal status and gender. In conclusion, overall unmet needs of CPs were not different by spousal status or gender, but there were differences in some of the specific types of unmet needs by spousal status.

Assessing What Matters Most to Persons with Dementia and Their Caregivers: An Interprofessional, Interactive Learning Strategy

Technique or Tool Demonstration Workshop

Dr. Mary Rubino [1], ***Ms. Kimberly Davis*** [2], ***Dr. Robert Fix*** [3], ***Dr. Jodi Teitelman*** [2], ***Mrs. Temple West*** [1]

1. *Eastern Virginia Medical School,* ***2.*** *Virginia Commonwealth University,* ***3.*** *Virginia Commonwealth University Health System*

The 4Ms of Age-Friendly Healthcare frames medical care of older adults around what Matters Most, Medications, Mobility and Mentation. As the US population ages, more older adults are living with a dementia diagnosis and often receive care from a spouse or other family member. The family caregiver is uniquely positioned to incorporate effective strategies to care for their loved one as the dementia progresses, however they often lack understanding of how to best provide that care. Assessing what Matters Most to the older adult and family is one way to prioritize the needs of such patients and provides an opportunity to incorporate an interprofessional approach to care. Good dementia care should include resources that an interprofessional team can provide, for example by incorporating strategies from physical and occupational therapy, social work, and the medical team.

This innovative workshop will focus on providing attendees with the skills to assess What Matters Most to an older adult living with dementia and their spouse within the context of an interprofessional team visit. Attendees will learn how to provide resources and support that incorporate a patient-centered approach. To apply these concepts, attendees will participate in an interactive simulation activity with a standardized patient and family caregiver. A group debrief will be used to reinforce learning.

Association between providing clinical care and receiving clinical instruction on perceived preparation for caregiving of participants receiving home and community-based Medicaid waiver services in South Carolina

Student Paper Presentation

Ms. Reese Fredericksen [1], *Ms. Lauren Zink* [1], *Dr. Caitlin Torrence* [1]

1. *Clemson University*

Caregivers are often responsible for performing clinical tasks they have not been trained or prepared to carry out. This is especially true for caregivers of participants on Medicaid home and community-based service (HCBS) waivers due to the level of care needed to ensure community living. A state-wide survey of South Carolina's Community Choices HCBS waiver was administered in 2020 to collect information about the caregivers of waiver participants. Survey questions included clinical tasks and training and the validated Caregiver Preparedness Scale. This instrument asks respondents to rate how prepared they feel to provide care on a scale from 1 to 5, with 5 being the most prepared. A Mann-Whitney U test was conducted to determine if caregivers who received instruction to perform clinical tasks such as administering medication, taking and interpreting blood pressure, assisting with activities related to toileting, and operating medical equipment felt more prepared for caregiving. For those who received instruction, the mean score was 4.8. The mean score was .5 points lower for those who did not receive instruction. The difference between groups was statistically significantly different (z= - 2.71, p=.007). Anecdotally, caregivers in the survey requested various forms of clinical training ranging from basic CPR to more specific clinical tasks. A nationally standardized procedure ensuring that informal caregivers receive training to complete necessary clinical tasks would be beneficial. In lieu of this, states with HCBS Medicaid waivers are in a unique position to standardize a procedure and offer training as a specific service to waiver caregivers.

Barriers to Community Service Use Among Persons Living with Dementia and their Care Partners: A Focus on Consumers of a Novel Statewide Dementia Care Program in Georgia

Professional Paper Presentation

Dr. Alexis A Bender [1], ***Ms. Ellyn Pier*** [2], ***Ms. Joanna Jungerman*** [1], ***Dr. Miranda Moore*** [1], ***Dr. Molly Perkins*** [1]
1. *Emory University,* ***2.*** *Arizona Department of Health Services*

Informal care provided by family and friends for persons living with dementia is a critical component of the long-term care system and crucial to these individuals' ability to age in place in the community and avoid institutional placement. Although the importance of access to and utilization of community services is a well-documented aspect of this care, these resources are underutilized, especially in the early stages of the disease. In 2017, the Georgia Memory Net (GMN) was established as a novel private-public partnership to extend dementia screening, diagnosis, care planning, and community service connections for people with memory concerns throughout the State of Georgia. As part of this program, patients and care partners are linked with resources and support through the Georgia Area Agencies on Aging and other relevant agencies. Even with a direct handoff, many patients do not take advantage of these services. The purpose of this analysis was to identify barriers to using community services following a dementia diagnosis at a GMN memory assessment clinic (MAC). Data were collected through in-depth qualitative telephone interviews with 7 GMN patients and 19 unrelated care partners and analyzed using thematic analysis. Participants from three of the five MAC sites reported no service use. Key barriers included: a lack of a perceived need for services; patient resistance to services; constraints related to geographic location; challenges navigating services; and failure to receive a referral. The COVID-19 pandemic also reduced availability of these services. We offer several recommendations based on these findings.

Carework Network Panel Symposium: Multiple Undervalued Perspectives on Care Provision Systems

Panel Symposium

Dr. Francesca Degiuli [1], ***Ms. Kim McRae*** [2], ***Ms. Stephanie Flowers*** [3], ***Dr. Annie Rhodes*** [4], ***Dr. Jennifer Craft Morgan*** [5]

1. *Fairleigh Dickinson University,* ***2.*** *Have a Good Life,* ***3.*** *VCU Health,* ***4.*** *Virginia Commonwealth University,* ***5.*** *Georgia State University*

A person's trajectory into, through, and between long-term care settings is influenced by multiple stakeholders. Some of these stakeholders are not often acknowledged for their role or the value they bring to supporting older adults to have high-quality care and high quality of life. This panel session explores three stakeholder groups and their influence on the care and support trajectories of older adults across long-term care settings. The first paper explores the role that geriatric doctors play (or fail to play) in shaping how aging is understood by society at large, and the effects that this limited understanding has on the choices that individuals, families, and institutions make to address it. The second paper describes the journey of a family caregiver turned advocate and discusses the multiple ways family caregivers feel disenfranchised, and how organizations can utilize family caregivers to support, serve as essential collaborators to enrich the lives of loved ones in their care. The final paper pairs a researcher and a frontline community health worker. This is a case study demonstrating how direct care workers embedded in their communities are uniquely situated to forge bonds of trust with older adults who are vulnerable and medically underserved. The paper also discusses and how direct care workers are in a unique position to promote improved outcomes for their patients, because of the frequent contact with both patients and the broad healthcare team. Implications for collaboration and empowerment practices and care system reform will be discussed.

Carework Network Workshop: Advice and Discussion About Translating Research to Practice

Panel Symposium

Dr. Louise Oldridge [1], ***Dr. Jennifer Craft Morgan*** [2], ***Dr. Mary Larkin*** [3], ***Dr. Adrienne Cohen*** [4]

1. *Nottingham Business School,* ***2.*** *Georgia State University,* ***3.*** *Open University,* ***4.*** *Georgia Southern University*

As Giuseppe Delmestiri recently (2022) asked, ‘Are We All Activists?’ In publishing academically we write for our peers, but ultimately we need to ask ourselves why we carry out research. This workshop will feature three scholars who have made significant efforts to translate their work to key stakeholders outside of academia. This session will be a panel discussion and workshop that will engage attendees to explore how they can use different media to hone their messages and get their work out to key audiences in an effort to advocate, educate and empower others to change practice on behalf of older adults and their care partners. Panelists will discuss the facilitators and barriers experienced and offer their experiences as learning opportunities.

Dementia Friends Information Session: Helping Communities Become Dementia Friendly

Technique or Tool Demonstration Workshop

Mr. George Worthington [1]

1. Virginia Department for Aging and Rehabilitative Services

Dementia Friends Virginia is part of a global movement with the goal of transforming the way people think, act and talk about dementia. By helping everyone in a community understand what dementia is and how it affects people, each person can make a difference for people touched by dementia. Raising awareness of dementia and challenging the stigma surrounding the condition can help improve the lives of the more than 150,000 Virginians living with dementia, as well as those of the hundreds of thousands more who provide care and support. More than 7,000 Virginians have attended the highly engaging and interactive Dementia Friends information sessions led by the more than 600 Dementia Friends Champions across the state since 2018. In this session, delivered by one of the co-leads of Dementia Friendly Virginia, participants will learn how to utilize the Dementia Friends program in Dementia Friendly Community initiatives before participating in a full Dementia Friends Information Session. Participants will learn five key messages about dementia and basic facts about the condition, learn communication tips and strategies, participate in activities to help understand what it can be like to live with dementia or care for someone living with dementia, and commit to dementia-friendly actions of their own that might include becoming a Dementia Friends Champion in their community. All participants will receive a certificate of participation in recognition of having become a Dementia Friend.

Factors of communication with older patients among healthcare providers during COVID-19

Student Poster Presentation

Mr. Adam Reres [1], ***Prof. Su-I Hou*** [2]

1. *University of Central Florida,* ***2.*** *School of Global Health Management & Informatics, University of Central Florida*

Abstract: The ability to have reliable communication with patients is critical for healthcare providers to serve the older adult population. Reduced interactions can have notable effects on cognition, mental health, and staff relationships with older adult patients in medical settings. COVID-19 protocols in medical facilities decreased social interactions for patients and increased the burden on staff as the primary means of communicating needs, wants, and addressing sensitive topics such as depression.

Method: A survey was conducted from 45 healthcare providers that worked during the COVID-19 protocols to reveal information about their communication factors with older adults. A qualitative analysis of responses was used to explore the effects of the COVID-19 protocols on the healthcare providers' ability to communicate with their patients.

Results: The new push for use of technology in the form of telemedicine and social interaction was limited in success as it provided additional opportunity was not always suitable for older adults due to ease of use. Healthcare providers indicated that professionally developed skills and patient relationships were among the most important factors in being able to address the needs and wants of their patients. Additionally, the availability of resources that would allow healthcare providers to address issues appeared to influence the likelihood of healthcare providers entering conversations of sensitive topics such as loneliness or depression. COVID-19 protocols did limited interaction however, it also brought to light information on communication between patient and healthcare providers that can be used to assess strategic implementation of future emergency operation protocols.

Florida Policy Exchange Center on Aging Research on Workforce Programs to Improve Staff's Capacity to Provide Better Care

Panel Symposium

Dr. Debra Dobbs [1], ***Dr. Hongdao Meng*** [1], ***Dr. Lindsay Peterson*** [1], *Cassidy Doyle* [1]

1. *University of South Florida*

Researchers from the University of South Florida's Florida Policy Exchange Center on Aging will present research on staffing in nursing homes (NHs) and assisted living communities (ALCs) that aim to improve care provision. The first study addresses the NH workforce shortage. In Florida 700 NHs serve close to 85,000 residents. With a nurse aide shortage, it is difficult to meet staffing level standards. To address the shortage, Florida recently implemented a new law to allow unlicensed personal care attendants (PCAs) to be counted as part of the workforce staffing levels. In the first study, results about the ratings by administrators of the PCA program's effectiveness will be presented. Qualitative responses from administrators will also be discussed. Of the more than 800,000 older adults who live in ALCs in the U.S., close to 10% (75,000) reside in Florida; 40% of those have a diagnosis of Alzheimer's disease or related disorder (ADRD). The second study will present the protocol of a clinical trial to test the efficacy of a music intervention to reduce agitation in a sample of residents with ADRD (N=160 residents; 16 ALs). The third study will present a palliative care education in AL intervention for staff caring for persons with ADRD. We will share lessons learned from pilot studies that developed and tested the intervention in a sample of 10 ALs among 118 residents with ADRD and 23 nursing staff and administrators. Intervention development, recruitment, data collection, and data analysis will be discussed. The fourth study will present the usability findings from a mobile music application for caregivers of persons with dementia (N=6). We will share caregiver experiences and recommendations after testing the app over 2 weeks in their homes and discuss the implications for wider adoption of technology-based music interventions in AL.

Home Health Interdisciplinary Approach to Collaborative Care for those with Dementia

Best Practices Presentation

Ms. Lisa Hebert-Meritt [1], ***Dr. Brian Unwin*** [1], ***Mrs. Shannon Radmacher*** [1]

1. *Carilion Clinic Home Care*

Session Objectives: This presentation will demonstrate how home health agencies can adapt the Carilion Clinic Home Care (CCHC) dementia care program to promote better care and support of patients and families suffering from dementia with existing resources and home health practices. Outcome data will be presented as part of the presentation.

Carilion Clinic Home Care recognized that our patients with dementia were slipping through the cracks of the traditional medical care model. Needs of patients weren't met, and caregivers did not know how to manage the care of their loved ones at home. Medical providers faced time constraints and knowledge gaps affecting their ability to educate families and provide needed support.

In 2014, CCHC developed an innovative home health Dementia Care program to address the identified needs of these patients. The program provides education and support to patients and their caregivers in managing dementia at home, enhances shared information between home care and primary care providers, and teaches caregivers how to optimize the patient's function with everyday tasks

This presentation will describe the development and implementation of an interdisciplinary approach to assist patients and families suffering from dementia by using specially trained therapists, nurses and social workers embedded within a health system's home health agency. The goal of this program is to promote the best possible safe function for these patients in the home environment. The approach emphasizes collaboration of patients/families, primary care providers, community resources, and state agencies to enhance supports and services to this diverse and vulnerable population.

Household Food Security of Custodial Grandparents: Examination of the Social Determinants of Health, Sleep Quality, and Disability

Student Poster Presentation

Ms. Emerald Gibbs **[1]**, ***Dr. Kellie Mayfield*** **[1]**, ***Dr. Karen Clark*** **[2]**, ***Dr. Raeda Anderson*** **[1]**

1. *Georgia State University,* **2.** *Southern University and A&M College*

Individuals with disabilities often experience barriers to accessing healthcare, healthy food and adequate finances. There are links associating food insecurity to habitual short sleep duration and long sleep latency. Overall sleep quality is worse for people with disabilities. Compared to adults without disabilities, adults with disabilities report higher levels of sleep disturbances, are more likely to use sleep medication, and report lower levels of sleep quality. It is important to examine these health disparities as it relates to disability and sleep when it comes to food security in vulnerable populations. This presentation examines the interconnection between food security, sleep, and disability among custodial grandparents (CGP) in the southern United States. Data were collected through state-based Kinship Care support groups and online in 2019/ 2020 . Participants (N=102) completed the PSQI, 18-item household food security and self-reported disability statuses. The average age of study participants is 56.97 years with household averages of 2.90 adults and 1.44 children. About half of respondents were white and married, with large variation in employment and education. Overall, disabled CGP had poorer food security and poorer sleep quality. When examining these relationships by the disability status of the CGP, however, there are significant and substantive differences between grandparents with and without disabilities. Grandparents with disabilities have statistically significant positive associations between household food security and subjective sleep quality, sleep latency, and daytime dysfunction. Custodial grandparents without disabilities have statistically significant positive associations with overall sleep quality, sleep disturbance, sleep medication, and daytime dysfunction.

Identifying Factors Impacting Older Adult’s Successful Discharge from Inpatient Rehabilitation to Community-based Facilities

Student Poster Presentation

Dr. Casey Collins **[1]**, ***Dr. Lauren Hagemann*** **[1]**

1. *Salem VA Medical Center*

Discharge planning and transitional care programs are often used to improve care coordination and discharge success. The VHA has established community-based initiatives with the hope of improving placement outcomes for Community Living Center (CLC) residents. Residents of the CLC often present with complex cognitive, physical, and behavioral concerns, making care transitions challenging. The need for interdisciplinary discussion around appropriate discharge planning is paramount. Although Psychology supports both patients and staff on the CLC interdisciplinary team, there is no mandate or expectation that Psychology participate in discharge planning or provide transitional care services.

Data collection will be completed by February of 2023, and will include qualitative feedback from stakeholders at the national, local, and community levels, exploring areas of improvement to the discharge planning process.

Specifically, this project aims to identify the current need for Psychology to be involved in discharge planning and transitional care at our local facility. Additionally we plan to conduct a retrospective review of discharges to contracted nursing facilities to evaluate re-admission rates due to neurocognitive and/or behavioral reasons. With this data we will explore factors contributing to readmission with the goal to incorporate a more standardized use of behavioral plans to support effective care transitions. This project aligns with the community partnership initiative within VHA, and will increase collaboration among CLC providers and community stakeholders with the intent to improve Veteran’s stability of care.

Interprofessional Collaboration in Implementing the 2022 RAISE Report: Policies, Strategies and Opportunities for Caregivers

Best Practices Presentation

Dr. Christy Jensen [1], ***Dr. Jodi Teitelman*** [2], ***Dr. Ethlyn McQueen-Gibson*** [3]

1. *Riverside Center for Excellence in Aging and Lifelong Health,* ***2.*** *Virginia Commonwealth University,* ***3.*** *Gibson & Gibson Health Consultants LLP*

The recently-released (2022) RAISE Report was developed by advisory councils of the federal Recognize, Assist, Include, Support and Engage Family Caregivers and Supporting Grandparents raising Grandchildren Acts. This report represents a milestone in the caregiving field in that is serves as the very first National Strategy to Support Family Caregivers. It proposes 5 goals and 350 actions whereby public and private aging service providers can engage in best program and research practices to support the needs of family caregivers of persons with dementia. These rec-ommendations offer unique opportunities for public and private aging service providers to work collaboratively and through interprofessional teamwork to support the caregiving community and to address social determinants of health in dementia care. This workshop will begin with an overview of RAISE Report recommendations, with an emphasis on opportunities for interprofessional collaboration and for addressing disparities. This will be followed by specific program examples of how RAISE's recommendations are being implemented through interdisciplinary approaches in the Commonwealth of Virginia. For example, Goal 2 encourages actions that advance partnerships and engage family caregivers. This is being done through partnerships with Area Agencies on Aging, health systems and academic institutions to host community conversations and build awareness about the roles and needs of fam-ily caregivers. Presenters will emphasize their professional perspectives as nurses, researchers and gerontologists, including specific roles that were undertaken with the development of this plan. Time will be allotted for workshop participants to share other disciplinary perspectives as well.

It Takes a Village: Creating Community to Transform Health and Healing

Self Care Wellness Workshop

Ms. Mary Fridley [1]

1. *East Side Institute*

This workshop introduces a relational practice of health and healing - the “Health Team”- that is social, collaborative and performance based. Health teams are self-organized groupings of the patient, friends, family and professionals whose overarching task is to continuously engage the question: How are we going to create the most developmental life possible, that includes, but is not dominated by, the constraints and needs of a particular illness?

Health teams are designed to navigate the complex, often contradictory, sources of information and experiences of illness in 21st century America, as well as the isolation and loneliness that often accompanies illness, especially conditions like dementia.

While the concept was created by the late Dr. Susan Massad 30 years ago (during which dozens of teams have been created), the practice is rooted in consumer-driven health movements and inspired by grassroots efforts to reform health care and doctor-patient communication. One of several relational health practices that is challenging the individual bias of current health practices, Health Teams address what are considered traditional illness-related concerns – pain management, testing, effects of medicine, etc. – the team also responds to the subjective and emotional experiences of everyone.

Workshop participants will learn more about health teams, their history, the social therapeutic approach used to create them, and what has been learned to be the benefits and challenges of this collaborative process. The workshop will also include examples of conversational dialogues from some of the teams and give participants the opportunity to create their own.

This was a selected abstract but was not able to be presented during the 2023 SGS Annual Meeting & Conference.

Nursing Home Staff Perspectives on Person-Centered Care: What Matters for Care Outcomes?

Professional Paper Presentation

Dr. Jennifer Craft Morgan [1], ***Ms. Yun-Zih Chen*** [2], ***Mr. Waqar Ahmad*** [1], ***Dr. Elisabeth O. Burgess*** [1]

1. *Georgia State University,* ***2.*** *University of Maryland Baltimore, Baltimore County*

Person-centered care has been linked with higher quality of care and quality of life for residents in nursing homes. However, there are persistent barriers to its implementation which have been exacerbated by the experience of the COVID 19 pandemic in nursing homes. High staff turnover, the increased emphasis on task-centered practices and limited resources, for example, continue to make implementation of person-centered care in nursing homes difficult. The aim of this study is to assess the relative impact of person-centered practices on two dependent variables: resident care and the nursing home environment. A total of 851 staff from 23 Georgia nursing homes completed a survey on person-centered care practices and care outcomes. The survey measured person-centered practices using the Kansas Culture Change Instrument (KCCI). Domains of care environment, workforce, social resources, and nursing home characteristics are included in the model and analyzed using the linear regression model. Predictor variables such as environment, relationships, shared values, and workload significantly contribute to resident care in nursing home settings. Results show 45%-56% of variance in the two dependent variables is explained by the independent variables across two models. Identifying specific practices that lead to high quality resident care and home-like nursing home environments is essential to developing policies, practices and interventions aimed at improving person-centered care in real-world environments. Future research should examine person-centered practices on key dimensions of quality of care and quality of life for residents over time in order to reduce barriers, strengthen supports and identify resources for person-centered care.

Post acute care and long term care leaders experiences leading during a pandemic: factors associated with leaving the profession

Professional Paper Presentation

Dr. Sandi Lane [1], ***Dr. Darren Liu*** [2], ***Dr. Robert Rados*** [3], ***Ms. Casey Meinert*** [1]

1. *Appalachian State University,* ***2.*** *West Virginia University,* ***3.*** *Southern Illinois University Carbondale*

COVID-19 has affected the post-acute and long-term care (PALTC) community in unthinkable ways. From shutting their doors in March of 2020, to the long and mentally draining workload of staff and administrators, Covid-19 has forever changed operations and workload of the PALTC leaders. To learn about the experiences of PALTC leaders, a qualitative research study interviewing twenty-one PALTC leaders was conducted in spring 2022. During the interviews, participants were asked about their experiences leading throughout the Covid-19 pandemic. Through the examination of this data further research questions have been developed including: What were the notable differences between administrators who stayed in the profession and those who left the profession? The thematic analysis showed commonalities among PALTC leaders still in the profession. These Include the knowledge and competencies that contributed to their success, the lack of critical resources (finances, staff and personal protective equipment), how they received support, stressfulness of the job and mental health experiences, and the negative media and ageism bias. These factors have influenced the drive and motivation of administrators to maintain their profession and continue caring for older adults and those with disabilities. Understanding the factors that contribute to PALTC leaders' decision to stay in the profession versus leaving the profession can be used by educators, policy-makers, regulatory bodies, and professional associations to improve the profession and work environment.

PTCG: Coping with Post Traumatic Caregiving

Self Care Wellness Workshop

Mr. Mike Verano [1]

1. *Optima EAP*

According to a 2015 AARP study, over 40 million Americans are caregivers. While we know a lot about the experiences of this group—the financial, mental and emotional impact—what is not always clear is how they entered into their caregiver roles. Studies on stress, burnout and compassion fatigue have identified the challenges faced by caregivers and often provide survival tips. What has not garnered the same amount of attention is the fact that many people enter into this realm shell-shocked—stunned into emotional turmoil by witnessing a critical moment in the life of a loved one.

This experience is best described as post traumatic caregiving, or PTCG for short. When arising out of trauma, caregiving becomes a practice in the awareness that one has been thrown off balance and that multiple demands are drawing on energies, that while heightened, may not be channeled in a positive direction.

This workshop offers insights into the nature of PTCG and practical tips for coping with its fallout, while at the same time practicing the art of caregiving.

Reported Challenges of Informal Student Caregivers and Potential Strategies to Achieve Academic Success: A Mixed Methods Study

Professional Poster Presentation

Mrs. Gretchen Tucker [1], ***Dr. Roberto Millar*** [2], ***Ms. Christin Diehl*** [2], ***Ms. Yun-Zih Chen*** [3], ***Dr. Dana Bradley*** [4]

1. *University of Maryland, Baltimore and Baltimore County,* ***2.*** *The Hilltop Institute,* ***3.*** *University of Maryland Baltimore, Baltimore County,* ***4.*** *Erickson School of Aging Studies UMBC*

There are five million student caregivers in the United States. An informal (unpaid) student caregiver is someone who attends an educational institution while providing care to someone other than a child. While there is limited research examining the experiences of student caregivers, there is some evidence that student caregivers may experience challenges balancing their roles and responsibilities, which can be detrimental to psychosocial health and result in attrition from higher education. The purpose of this preliminary study is to explore student caregivers' challenges and potential opportunities to attain academic success. We used a mixed methods methodology consisting of a survey, which was sent to undergraduate and graduate students in a Baltimore-area public university, followed by interviews with those who expressed interest. Seventy-six respondents completed the survey, eight of which participated in follow-up interviews. Most respondents were female (76%), African American (33%) or Asian (33%), and between the ages of 18 and 24 (49%). Over half (62%) reported stress about their academic performance, and 54% reported having limited time to complete assignments. Five major themes emerged from the results; caregiving activities, academic challenges, other life challenges, confiding in others, and strategies to help student caregivers. Respondents reported several potential strategies to improve their ability to mitigate competing roles, such as caregiving support groups, flexibility to meet class requirements, and the ability to attend class virtually. We discuss these findings in a broader context by focusing on identifying opportunities for universities to serve informal student caregivers.

Setting the Stage for Dementia Care Competency through Improvisational Theatre

Professional Paper Presentation

Dr. Candace Kemp [1]***, Dr. Jennifer Craft Morgan*** [1]***, Ms. Andrea Hill*** [1]***, Ms. Emerald Pullon*** [1]***, Dr. Elisabeth O. Burgess*** [1]***, Dr. Molly Perkins*** [2]***, Dr. Alexis A Bender*** [2]

1. *Georgia State University,* **2.** *Emory University*

Caregiving in the context of dementia often involves burden, stress, and emotional strain, which can affect overall health, well-being, and mortality, and spill over to negatively influence care recipients' quality of care and quality of life. In the absence of a cure, innovations are needed to minimize negative care experiences and promote positive outcomes for care recipients and their care partners, including family, friends, direct care workers, and other care providers regardless of care settings. Here, we build on previous analysis of data from our ongoing NIH-funded study, focused on meaningful engagement and quality of life among assisted living (AL) residents with dementia to demonstrate the potential value of applying improvisational (improv) theatre skills to the dementia care context. We draw on qualitative data gathered during two one-year-long study waves involving persons with dementia (n=59), their formal and informal care partners (n=165), and participant observation (over 12,000 hours) in six diverse AL communities. A minority of care partners instinctively used improv techniques when interacting with persons living with dementia; most did not. Care partners who used such techniques demonstrated "exceptional engagement capacity" and had more successful interactions than others. Improv holds promise for improving dementia care because its communication techniques can be learned. We situate our observations within the context of the competencies developed by the Georgia Alzheimer's and Related Dementia's Collaborative and discuss the implications of our findings for persons living with dementia, their family, friends, neighbors, and communities, and for direct care workforce development, and healthcare delivery improvements.

Social Media Representations from Home-Based Black Caregivers of Persons Living With Dementia

Professional Paper Presentation

Dr. Meredith Troutman-Jordan [1]

1. *University of North Carolina at Charlotte*

Caregiving for a person living with dementia (PLWD) is a significant life experience. In home-based care, Black caregivers may face greater challenges than white caregivers since they seldom send people living with dementia to residential facilities. Home care can be a potentially devastating and exhausting occurrence that often spans a decade or more. Research literature emphasizes the unique experience of being a Black caregiver, although it often focuses on their role in residential facilities. However, interventions to optimally support the home-based caregivers, that consider racial and cultural nuances in their care preferences, are limited. The goal of our initial and exploratory qualitative study is to assess Black American caregivers' perspectives that can help us improve a set of caregiver resource guides to help caregivers of PLWD. We examined social media posts of home-based Black caregivers across a selection of social media, including TikTok as a supplement to current analyses on Twitter (Yoon et al. 2022), Instagram (www.instagram.com/thecolorofcare) and Facebook (www.facebook.com/ heycaregiver/ ; www.facebook.com/Black-Caregivers-Caretakers-Support-Group) to extend discussions of perceived needs in caregiver support.

Student Care Partnering Among Students at a HBCU: Exploring the Potential Impact on Student Persistence

Professional Poster Presentation

Dr. Claudia Thorne [1]

1. *Coppin State University*

More than 338,339 students attend Historically Black Colleges and Universities (HBCUs), or 10% of the Black student population. The number of students enrolled in higher education who are taking care of older adults, many of whom may be suffering from an illness, is expanding. The numerous factors in care partnering can compromise student success and persistence toward degree attainment. While most care partners experience challenges, the care partnering experience of Black students is magnified because HBCUs have a higher enrollment of first-generation and nontraditional students. Students may be primary care partners who provide most of the care, or they may provide supportive care as secondary, tertiary, and auxiliary care partners within an extended family or kinship network. Aging in place, within the context of family and community, emerges from African culture and tradition deeply grounded in filial loyalty. Care partnering is nuanced in the interaction of race, ethnicity, gender, family relationships, and student status; however, little is known about how to support student care partners to facilitate their persistence toward graduation in higher education.

This poster describes initial efforts to understand Black student experiences in care partnering in the context of a Mid-Atlantic HBCU. It suggests the next steps in a multi-year research program.

The association between choice and perceived stress and burden among caregivers of home and community-based Medicaid waiver participants

Student Paper Presentation

Ms. Sydney Jatio [1], ***Dr. Caitlin Torrence*** [1]

1. *Clemson University*

Medicaid home and community-based service (HCBS) waivers are intended to support the frail and elderly; however, even with comprehensive community-based services, participants often require additional support from a caregiver to remain in the community. Informal caregivers often implicitly assume the role and may not feel that they have a choice in doing so. To learn more about the caregivers of waiver participants, a statewide mail-based survey of caregivers of participants receiving services through the South Carolina Community Choices (CC) HCBS waiver was conducted. Specifically, the influence of choice on caregiver perceived stress and burden was assessed. The sample was restricted to caregivers who provide hands-on care and/or emotional support to a CC participant. A total of 156 surveys were completed. Subjective feelings of choice in becoming a caregiver were found to be significantly associated with lower perceived stress and burden (β -2.59, 95% CI -4.39 - -0.78). Findings suggest that feeling as though one has a choice in becoming a caregiver is associated with a reduction in perceived burden. HCBS waivers that directly engage with caregivers at the time of participant enrollment about their choice in assuming responsibility, as well as their desired level of involvement, may help reduce caregiver stress and burden. Continuous service planning that entails assessment of caregiver needs and desired involvement level would also be beneficial.

The Role of the Salon in Meaningful Engagement of Persons with Dementia in Assisted Living

Student Paper Presentation

Mrs. Ginger Heidbreder [1], ***Dr. Candace Kemp*** [1]

1. *Georgia State University*

An overlooked and little understood potential site for meaningful engagement among assisted living residents with dementia is the salon. The research in this paper addresses this important knowledge gap by seeking to: 1) examine salon experiences in relation to resident appearance, self-identity, and engagement opportunities; 2) identify processes and factors related to the salon experience and meaningful engagement; and 3) understand the salon experience and its meaning through the lens of embodied selfhood. Data for this analysis were as part of the ongoing five-year NIA-funded qualitative study, "Meaningful Engagement and Quality of Life in Persons Living with Dementia in Assisted Living" (R01AG062310). Collected in four diverse assisted living communities studied over a one-year period, data consisted of participant observations captured in in-depth fieldnotes and interviews with residents and their care partners. Analysis was guided by grounded theory method and informed by the sensitizing concepts of embodiment, self-narrative, and social identity. Findings show that self-identity, deep-rooted cultural practices, and adherence to sociocultural expectations, influenced residents' appearance, and salon experiences. Residents' ingrained familiarity with the salon space and with its sensory experiences and social rhythms enabled them to place themselves and know what to do – physically and socially. Several processes were identified comprising the salon experience that, collectively, provided engagement in a form of embodied selfhood meaningful to residents with dementia, and as such, helped residents maintain their personhood and sense of self. Findings point to the importance of care partner support and facilitation of resident salon experiences.

Trauma and Resilience among Direct Care Workers in Long-Term Care Institutions

Student Poster Presentation

Mr. Alfred Boakye [1], ***Dr. Jennifer Craft Morgan*** [1], ***Dr. Antonius Skipper*** [1], ***Dr. Candace Kemp*** [1]

1. *Georgia State University*

The Direct Care workforce continue to face challenges and the coronavirus pandemic only increased the precarity of the long-term care system. This has left many direct care workers more vulnerable. With increased systemic racism and political turmoil, direct care workers experience high rates of health risks (e.g., burnout, anxiety disorders, depression, and post-traumatic stress disorders) leading to a reduced quality of life. Notably, long-term care institutions are now striving to keep their employees focused and psychologically stable by seeking more information on how to make these direct care workers more resilient. Building resilience among direct care workers requires understanding their ability to develop protective effects to manage demanding work situations in long-term care settings. Yet, existing scholarship on how to build trauma-resilient organizations and direct care workforce to achieve competitive advantage remains limited. Using the socio-ecological framework, the aim of this exploratory study is two-fold; (1) examine direct care workers understanding of trauma and how it affects their ability to provide care, and (2) understand the strategies direct care workers use to cope with trauma and what it means to be resilient. Using purposive and convenience sampling techniques, participants are being recruited into the study. Semi-structured interviews (up to 25) will be used to gather data, and the data will be analyzed with a grounded theory approach. The present study offers insights that could enable long-term care employers to support resilience-building and ultimately empowerment practices. Implications for retention and support for staff from diverse backgrounds will also be discussed.

Vision Boards as a Means of Self-Care

Self Care Wellness Workshop

Mrs. Deneisha Scott-Poe [1]***, Ms. Khushbu Patel*** [1]

1. *Virginia Tech*

There are 56 million adults 65 years and older living in the United States, which accounts for roughly 16.9% of the nation's population and it is projected that by 2030, there will be more than 73.1 million older adults (America's Health Rankings, 2022). Given these staggering numbers, it is important to understand the experiences of older adults, especially regarding caregiving. Caregiving is a physically, emotionally, and mentally taxing responsibility for formal and informal caregivers (Born et al., 2019; Schulz et al., 2020). In addition to the services available to caregivers, there are a variety of creative ways to help older adults and caregivers. One of these is the use of vision boards. Vision boards have been gaining popularity and are being used in several disciplines, such as education and career counseling for children and adolescents (Benedict, 2021; Conderman & Young, 2021; Waalkes et al., 2019). Burton and Lent (2016) describe vision boards as "a collage of images that represents the things an individual wants out of [their] life… to help individuals illuminate for themselves what is important to them." Due to the intense nature of caregiving, older adults and their caregivers lose sight of their personal goals and ambitions. Therefore, implementing vision boards can help them identify growth areas and ways to practice self-care. Vision boards can be completed online, in person, with caregivers or healthcare professionals, other older adults, and even children. Everyone can utilize the vision board for what they need regarding their role in the system.

What’s Next? Honoring Life After Caregiving

Best Practices Presentation

***Mr. Mike Verano* [1], *Dr. Christy Jensen* [2]**

***1.** Optima EAP, **2.** Riverside Center for Excellence in Aging and Lifelong Health*

There are an estimated 40 million adults in the US providing elder care. While there are uncertainties along the way, what is certain is that at some point the role of caregiver will end. The term post caregiver syndrome, accompanied by reports of lingering depression and/or anxiety are enough to make anyone dread not just the loss of his or her loved one, but also the psycho-emotional impacts of the loss of this critical role. Caregivers often feel torn between two competing emotions when the person he or she was caring for passes. On one hand there is grief, the normal reaction to the death of someone close to them, and, on the other, is a sense of relief. This combination adds to challenges many caregivers face as they attempt to leave their caregiving lives and roles behind them. Adjusting to life after caregiving requires coming to terms with the combined experience of grief and relief. Steps to aid this process may include: establishing post-caregiving support groups and educational programs for preparing for life after caregiving; reframing the caregiving experience as one of growth; offering peer mentoring programs as caregivers have much they can offer to new caregivers; and training professionals to counsel and coach caregivers on adjusting to life post caregiving. With an opportunity to reflect, many caregivers look back on the time spent acting on behalf of another as profoundly meaningful and find the hidden gifts that come from this role.

"Compassionate Crisis Care" for nursing home challenging behaviors during pandemics and disasters

Virtual Presentation

Dr. Paul Aravich [1]***, Mr. Mason Mills*** [2]***, Ms. Patricia Westwater*** [3]***, Ms. Temple West*** [1]***, Mr. Craig Shields*** [4]***, Mr. Clay Bretz*** [2]***, Dr. Jennifer Styron*** [1]***, Mr. Craig Keeton*** [2]***, Dr. Latonya Hughes*** [1]***, Ms. Joani Latimer*** [5]***, Dr. Connie Coogle*** [6]***, Ms. Annette Clark*** [7]***, Ms. Anne McDonnell*** [8]***, Mr. Peter Leddy*** [9]***, Ms. Janet Davis*** [9]

1. *Eastern Virginia Medical School,* ***2.*** *VPM Media Corporation,* ***3.*** *Independent Script Writer and Video Producer,* ***4.*** *Nu Era Productions,* ***5.*** *Virginia Department for Aging and Rehabilitative Services, Office of the State LTC Ombudsman,* ***6.*** *Virginia Center on Aging at Virginia Commonwealth University,* ***7.*** *Virginia Dept. of Behavioral Health and Developmental Services,* ***8.*** *Brain Injury Association of Virginia,* ***9.*** *Otto Design and Marketing*

COVID-19 exacerbated an existing nursing home (NH) crisis. The National Academies called for "Immediate action" and a complete NH transformation, including during crises. The CDC established a "Strike Team" LTC funding program administered at the state level. The Virginia Department of Health awarded nine competitively reviewed proposals. Most are focused on infection/prevention controls. Instead, our award—now called "Compassionate Crisis Care" (CCC)—focuses on NH challenging behaviors during pandemics and disasters. These behaviors cause enormous suffering and staff burnout. We aim to develop a mental wellness program to empower certified nursing assistants (CNAs); and to produce freely available YouTube training videos with a NH-specific focus on positive behavioral controls and crisis management techniques for CNAs, National Guard, Medical Reserve Corps, outside pharmacists and emergency personnel. The effort is in collaboration with Nu Era Productions and VPM Media Corporation, Richmond, which provides PBS/NPR programing; the internationally recognized Standardized Patient program at Eastern Virginia Medical School; and a steering committee of experts. It relates to the National Academies' call for broad coalitions and to several of its goals: Goal 1: Person-centered equitable care. Goal 2: Well prepared workforce, including CNA empowerment. Goal 5: Increased funding for LTC Ombudsmen programs. Goal 6: Care plan implementation; staff well-being; psychosocial/behavioral health; and emergency preparedness. The panelists will discuss various features of our program, its alignment with the national call to reform NHs, and the development of a novel crisis-caregiver partnership. Finally, the session will include a viewing of our short CNA video followed by Q&A.

Gerontological Education and Professional Development

100th Day of School Celebration: Cultivating Positive Views of Centenerians, Aging, and Long Life

Best Practices Presentation

***Dr. Cynthia Hancock* [1], *Dr. Tina Newsham* [2], *Dr. Daniel Alston* [1], *Ms. Katie Sullivan* [1], *Dr. Elizabeth Fugate-Whitlock* [2], *Ms. Logan Elkins* [2], *Dr. Katherina Nikzad-Terhune* [3]**

***1.** University of North Carolina Charlotte, **2.** University of North Carolina Wilmington, **3.** Northern Kentucky University*

Upon learning that some teachers and schools celebrate the 100th day of school by asking young children to dress up “like a 100-year-old,” a group of gerontologists questioned what ideas about aging are reinforced by such an activity. The “fun” activity of dressing like a centenarian teaches children that it is okay to celebrate at the expense of another segment of the population and that we should expect older people to appear frail, weak, confused, and out of touch. Unfortunately, in our modern society, many people of all ages think of older people and centenarians through the lens of these negative aging stereotypes with little to live for and offering little purpose in our society. We are enculturated to ageism throughout our lives. The sources of enculturation are vast, from subconscious negative impressions left from seemingly innocent birthday cards and anti-aging products (implicit messages) to statements about the appropriate age for societal roles such as president (explicit messages). Partnering with experts in early childhood and elementary education, the team created a toolkit to offer accurate information about centenarians, aging, and ageism and to give teachers options for celebrating the 100th day of school in a way that reinforces important academic content, addresses prekindergarten to second grade learning standards and outcomes, and supports age-inclusivity rather than ageism. The purpose of this presentation is to share data from a pilot study of the curriculum and next steps for advancing aging education among very young learners.

A modest proposal: A “death first” approach to teaching lifespan development

Best Practices Presentation

Dr. Sara W. Bailey [1], ***Dr. S. Sudha*** [2]

__1.__ University of Lynchburg, __2.__ The University of North Carolina at Greensboro

The healthcare needs of older adults continue to outpace accessible services. Nearly 20% of U.S. adults aged 65 and older live with a substance use or mental health disorder, but fewer than half receive mental health care. Combined with an increase in service needs since the beginning of the COVID-19 pandemic, the need for qualified gero-focused mental health professionals has never been greater. Additionally, as a chronological cohort, this population has the highest utilization of specialized health care services, but there are only 1.07 geriatricians for every 10,000 adults 65+. Deficit-focused attitudes about aging, sparked in childhood and reinforced throughout the lifespan, contribute to the unmet healthcare demands of this rapidly expanding population. Despite the best intentions of educators committed to expanding the healthcare workforce by challenging negative ageist stereotypes, a birth-to-death approach to lifespan education may provide an additional threat to training enthusiastic, culturally sensitive practitioners. Andragogy grounded in extant developmental models from theorists such as Piaget and Erikson, who emphasized development from birth to emerging adulthood, may result in students perceiving the content shared at the beginning of the term as more important than content delivered in the final weeks of a semester when energy and focus are at their lowest. Reflecting on positive student outcomes from a “death-to-60s” gerontological counseling course taught in the summer of 2021, the presenters will demonstrate how a reverse-chronology approach to lifespan education may challenge the status quo and boost student gero-interest in working with individuals in later life.

Accreditation in Gerontology: How and Why

Best Practices Presentation

***Dr. Tracey Gendron** [1], **Dr. Jenny Inker** [1], **Dr. Elise Eifert** [2], **Dr. Donna Schafer** [3], **Ms. Maria Henke** [4]*

***1.** Virginia Commonwealth University **2.**University of North Carolina at Greensboro, **3.** National Association for Professional Gerontologists, **4.** University of Southern California Leonard Davis School of Gerontology*

Accreditation of gerontology programs promotes professional mobility and enhances employment opportunities for graduates. In this interactive workshop, we will answer the question of why it is important to get accredited and how to go about the process. Through open discussion, representatives from two accredited programs will address the barriers you might face in pursuing accreditation and will provide guidance for how you might get around them, describe what the process of completing the self-study was like and share what we learned and how our programs have benefited.

An assessment of student attitudes towards persons with dementia: A cross-cultural study.

Professional Poster Presentation

***Dr. Chorong Oh* [1], *Dr. Julie A. Brown* [1]**

1. *Ohio University*

Students in Communication Science and Disorders (CSD) programs often enroll in gerontology courses or learn age-related concepts to prepare for a career in a clinical setting. It is critical for educators to understand how gerontological curriculum can shape the attitudes of CSD students who may be advocates for people with dementia. In addition, it is important to consider how cultural considerations may also outline the development of this advocacy. This study was designed to 1) explore students' attitudes toward people with dementia among CSD majors in the United States (US) and South Korea and 2) investigate factors shaping each group's attitudes. A total of 399 CSD majors (247 US, 152 Korean) completed an online anonymous survey that consisted of three parts: 1) background information; 2) a quiz on aging and dementia; 3) the revised Scale of Attitudes toward People with Dementia. The two groups' attitudes toward people with dementia were compared using an independent samples t-test. To understand factors affecting each group's attitudes, stepwise regression analyses were conducted. Factors important for attitudes of both groups were *interest in the aging population, the number of gerontology courses taken, and work experience with older adults*. However, some additional factors influencing the two groups' attitudes differently were also identified. This insight can aid in the refinement of CSD curriculum to better prepare future clinicians. Future investigations of CSD students and clinicians in practice through a cultural lens is necessary to better understand the mechanisms that influence and foster the shaping of dementia-friendly attitudes.

Applying best practices to increase student interest in gerontological careers

Student Poster Presentation

Ms. Rachel Scrivano [1]***, Ms. Jaclyn Kirsch*** [1]

1. *The Ohio State University*

Ageism significantly contributes to college students' disinterest in working with older adults. However, there is a pressing need to recruit more gerontological professionals to serve our growing older adult population. Research finds that personal aging beliefs, as well as frequency and quality of contact with older adults predict students' interest in gerontological careers. Other research has supported the importance of both positive aging education and intergenerational contact in reducing ageism among college students, with recent studies suggesting effectiveness demonstrated through brief interventions. Despite these findings, aging education is rarely infused within non-gerontological courses in higher education. To address this translation gap, this poster presentation will describe best practices that were applied to increase student interest in gerontological careers among undergraduate Social Work students in an Introduction to Social Work course. Best practices derived from prominent ageism theories, the Positive Education about Aging and Contact Experiences model, relevant systematic reviews and meta-analyses, and previous research to inform a one-hour guest lecture delivered during a gerontological unit. The guest lecture began with brief reflections to prompt students to consider how aging is relevant to them, an integral component carried throughout the presentation. These reflections were followed by a definition and examples of ageism, a discussion of prominent ageism theories and factors that contribute to successful aging, positive indirect contact with an older adult role model, and concluded with information regarding the importance of pursuing a career in aging as well as a list of example gerontological careers students may consider.

Best Practices for teaching Dying, Death, and Bereavement during a pandemic

Best Practices Presentation

Dr. Megan Smith [1]

1. *The University of North Carolina at Charlotte*

The class topic of Dying, Death, and Bereavement is central to a gerontology education, but during a pandemic this topic poses new challenges. Currently, I teach this course at The University of North Carolina Charlotte, known for high admittance of first generation college students. This population of students also experience as do their families and friends, many of the social characteristics that led to higher rates of contraction and death from COVID. A number of students personally lost multiple family members. The recent deaths make learning about this topic challenging. This presentation focuses on the best practices of teaching a common course that contains new meaning with the pandemic. I will share some of the strategies I employed in the class to focus on learning while also supporting students who at times struggled with the content of the course due to personal experience.

Challenges and Opportunities in Growing the Eldercare Workforce: Findings from a Geriatric Workforce Summit

Best Practices Presentation

***Ms. Min Kyoung Park* [1], *Ms. Joy Taylor* [2], *Ms. Meredith Hochman* [3], *Dr. Diane Martin* [1]**

***1.** University of Maryland, Baltimore, **2.** Maryland Area Health Education Center- West, **3.** Central Maryland Area Health Education Center*

Addressing workforce challenges affecting long-term care and related industries must be informed by a conceptual framework that acknowledges employer needs and the unique circumstances affecting employees. In fall 2022, we hosted a state-wide geriatric workforce summit with a two-fold purpose: (1) identify challenges with recruitment and retention in long term care workforce and (2) formulate opportunities to build a pipeline of talent while being adaptive to a new generation of employees. Frontline staff, licensed professionals, managers, and directors attended the half-day event to share their perspectives on factors influencing recruitment and retention of employees in the senior service and care sector and identify strategies to reverse current trends resulting in the shrinking of the eldercare workforce. In addition to wages and benefits, small group discussions identified barriers permeating from ageism, low employee morale, and a lack of mentorship and career development opportunities within organizations. Participants shared ideas about the role institutions of higher education and area health education centers can play in overcoming some of the identified challenges. In this session, we will share the findings of our geriatric workforce summit and exchange ideas that can make delivery of long-term care services and supports to older people an attractive career choice.

Community-Based Training in Care of Older Adults: Opportunities for Emergency Medical Services Providers

Best Practices Presentation

Ms. Kimberly Davis **[1]*, Mr. Ken Faulkner*** **[1]**

1. *Virginia Commonwealth University*

There is an identified need to provide Emergency Medical Services (EMS) providers with foundational knowledge and skills in care of older adults. EMS providers are uniquely positioned to recognize, intervene, and connect older adults and caregivers to community resources. Further, they can provide invaluable information and referrals to primary care providers (PCP), including partnering with the PCP for long-term management. However, they receive little to no formal training in best practices for care of older adults. This ongoing HRSA-funded project incorporates a two-pronged approach to training EMS providers: (1) training in advance care planning needs including introduction of the Physician Orders for Scope of Treatment, medical-ethical conversations in end of life, and patient advocacy; and (2) training on the challenges of living with dementia from both the patient and caregiver perspectives including disease progression, management, communication skills, and community resources. Training was provided to EMS providers in Northern Virginia in 2022 and will be expanded to Southwest Virginia during 2023. Content aligns with goals set forth in the *Dementia State Plan 2020-2024: Building a Dementia Capable Virginia* which seeks to incorporate a public health approach to mitigate its impact. As front line workers, EMS providers are uniquely poised to help with early identification for older adults who would benefit from referral and early treatment, thereby reducing disease and disability.

Considerations in Teaching The Experience of Loneliness Among Older Adults

Professional Paper Presentation

Dr. Megan Smith [1]

1. *University of North Carolina at Charlotte*

The topic of loneliness among older adults has been researched for decades, but the pandemic highlighted the continued burdens and challenges older adults face due to social isolation. While the research consistently concludes that lonely older adults experience poor physical and mental health outcomes, the current choice of interventions is limited, narrow, and simply not succeeding in reducing loneliness at the needed rates. The classroom is the perfect and appropriate context for future gerontologists to determine ways that social organizations and structures provide currently and should support older adults to address and combat loneliness. By employing a collaboration model with multiple scaffolded assignments, in conjunction with imparting content knowledge, students are encouraged to think differently about loneliness than many traditional ways of learning. They are encouraged to utilize critical thinking skills, draw upon their curiosities, and recognize cultural differences to address the burden loneliness within communities and our society at large. Additionally, a reflective model, both of their engagement with collaboration activities and within the topic will be discussed, as students recognize their own biases, difficulty with ambiguity, and other obstacles and challenges that may affect their ability to solve the problem of loneliness among older adults.

Enhancing Primary Care for Persons Living with Dementia: A comparison of Models

Panel Symposium

Dr. Daniel Bluestein [1], ***Dr. Mary Rubino*** [2], ***Ms. Kim Ivey*** [1], ***Dr. Patricia Slattum*** [1], ***Dr. Ishan Williams*** [3], ***Dr. Christy Jensen*** [4]

1. *Virginia Commonwealth University,* ***2.*** *Eastern Virginia Medical School,* ***3.*** *University of Virginia,* ***4.*** *Riverside Center for Excellence in Aging and Lifelong Health*

Primary care can contribute to dementia management through screening, exclusion of treatable contributors, optimal inpatient care, and subsequent aftercare.

Although many primary care venues manage dementia well, others are less successful. Challenges include knowledge limitations, difficult care coordination, therapeutic nihilism, and clinician burnout. Consequences entail delayed diagnosis, non-disclosure of diagnosis, diagnostic errors, hospitalization complications, and ineffective aftercare. These adversities are magnified for African-American, rural, and underinsured patient populations.

A variety of innovative educational interventions addressing these issues have arisen, catalyzed in part by the COVID epidemic, and of which the Virginia Geriatric Education Center's Geriatric Workforce Enhancement program has sponsored five. These include a Project ECHO (Extension for Community Healthcare Outcomes) series regarding primary care for dementia, a caregiver empowerment webinar, an outreach program to rural practices and underserved patient constituencies, microlearning sessions on dementia care for our primary care providers , and resident physician education concerning dementia, geriatrics, and social determinants of health. All have achieved initial success yet face challenges to reaching their full potential. The symposium will begin with a brief overview of the status of dementia primary care, including challenges and opportunities. The aim is to provide context for subsequent presentations wherein each of the 5 presenters will then describe their respective programs. The session will conclude with questions and answers, as well as a summarization and consideration of how to move forward.

Enhancing the Social Engagement of Residents with Neurocognitive Disorders in Long-Term Care Settings through Recreational Therapy and Speech-Language Pathology Interprofessional Practice

Student Poster Presentation

Mrs. Shelly Beaver [1], ***Dr. Rachel Johnson*** [1]

1. *Old Dominion University*

Through an integrated and experiential learning approach, Recreational Therapy and Speech-Language Pathology students from Old Dominion University will present informational posters featuring interprofessional therapeutic practice strategies and techniques used to enhance the social engagement of older adults with neurocognitive disorders in long-term care settings. The posters will highlight shared and profession-specific roles of Recreational Therapists and Speech-Language Pathologists in meeting the social needs of this target population while exploring interdisciplinary interventions and modalities to create a more cohesive treatment plan.

This poster session is an extension of an interprofessional education community-engaged learning program in Old Dominion University’s Darden College of Education & Professional Studies. The model program’s structure presents opportunities for professionals in-training to expand their siloed views of clinical practice while deepening their understanding of interprofessional service delivery and enhancing their opinions of older adults. In addition, the program encourages the development of strategies for enhancing socialization and friendship development of long-term care residents resulting in a strengthened sense of community within the facility. The program also provides students with a foundational step in multi-trajectory career development, including but not limited to recreational therapy, speech-language pathology, social work, physical and occupational therapy, and health care administra-tion. This session will support participants to adapt the interprofessional education program structure to their own contexts, potentially benefiting older adults and professionals in-training in their home communities.

Exploring Mutually Beneficial Intergenerational Mentorship

Panel Symposium

Dr. Jodi Teitelman [1], ***Dr. Graham Rowles*** [2], ***Ms. Taylor Everly*** [3]

1. *Virginia Commonwealth University,* **2.** *University of Kentucky,* **3.** *Mercer University*

The SGS Encore Committee, composed of SGS members with decades of experience in both academic and practice sectors, provides mentoring opportunities to younger Society members to support their graduate studies, early careers and overall professional development. This joint session with the SGS Student Committee, will provide an overview of the Encore Mentorship Program focusing on the potential reciprocity of mentor-mentee relationships. For example, mentoring recipients traditionally gain support and feedback, while the mentors may gain "tech" advice and a sense of generativity. This workshop will briefly describe the mentoring process, first from the perspective of a student and then from that of a current Encore Committee member. But the primary focus of the session will be on sharing experiences among generations of participants through one-on-one or small group discussions. Mentorship areas to be discussed will be determined by student participants and may include research, thesis/dissertation, teaching, academic/practice career preparation, program development, program evaluation, and program directing. These interactions will focus on establishing new mentor-mentee partnerships and encouraging ongoing mentorship relationships that will reinforce the intergenerational focus of the Society.

Gerontology and High School Engineering: Building & Creating Educational Memories

Panel Symposium

Dr. Candace Brown [1], ***Dr. Marianne Chanti-Ketterl*** [2], ***Mr. Renato Laucas*** [3]

__1.__ The University of North Carolina at Charlotte, __2.__ Duke University, __3.__ Trinity School of Durham and Chapel Hill

Background: Considering that almost 13 million Americans are projected to live with Alzheimer's Disease (AD) by 2050, the potential for younger generations to know or meet a person living with the disease is increased. Introducing students to Gerontology, at an earlier age, may influence future generations as they navigate their career goals. This panel discussion will inform attendees of how Gerontology can be embedded into a high school course.

Methods/Results: A first year high school engineering class in North Carolina (N = 21) was assigned a 3-D printing project to design and build a "Memory Box" to help those with AD recall people or events from their past; and/or prompt conversation about their lives. To facilitate their learning process and build their empathy levels, the class partnered with two university researchers who taught them the basics of AD including causes of the disease, how it differs from other dementias, and research prevention of the disease. To increase their empathy levels and assist in their box designs, students learned about normal sensory changes with aging and how AD can impair sight and touch senses over time. After completing the project, students were encouraged to donate their boxes to family members or local adults living with AD and their families.

Conclusion: Introducing Gerontology as a hands-on experience to students in non-health classes may not only enhance their understanding of their own aging process but has the potential to spark an interest in aging, regardless of the career field they may pursue.

How we will be as older adults? Representations of old age from an undergraduate group of the University of Guadalajara

Virtual Presentation

Prof. MARTHA ELENA VAZQUEZ ARIAS **[1], *Mrs. Sofía Maldonado Cárdenas*** **[1], *Mr. Yariel Alonso Álvarez*** **[1]**

1. *University of Guadalajara*

Knowing the perception that students have of old age, aging and the elderly should be a common practice in all areas of knowledge. Therefore, the present work shows how dental students visualize old age and whether they have a clear concept of what an older adult is.

This activity took place with all the students enrolled in the Public Health I course in the 2022B calendar, of which 22 were women and 6 were men, between 18 and 28 years of age. They were asked to visualize their partner next to them and draw him/her as an older adult, thinking about the habits he/she currently has. It was found that none of them had a clear idea of from what age one is considered to be an older person (some mentioned that this was from the age of 40). Others visualized themselves exactly the same as they are now, with a higher income, but using glasses or a cane. At the end of the activity, some expressed that they had never thought about becoming elderly and several mentioned that they are afraid of becoming old.

It is necessary to provide gerontological education to students in basic education, so that they learn more about the concepts of old age and aging and lose the fear of aging.

Impact of Education on Knowledge and Attitudes Surrounding Goals of Care Conversations and Documentation

Student Poster Presentation

Mrs. Chelsea Weaks [1], ***Dr. Pamela Bishop*** [1]
1. *Old Dominion University*

Problem: Hospital providers are not reliably engaging in high value discussions surrounding the patient's goals of care with those who may receive advanced therapies for chronic conditions as they near end-of-life. This trend in provider's practice is noted over the past decade and has been exacerbated by the COVID-19 pandemic. There is a paucity of research on effective interventions to improve provider's knowledge and attitudes surrounding these goals of care conversations.

Purpose: To address this problem, this study will evaluate the impact of an educational intervention on the provider's knowledge and attitudes surrounding goals of care conversations to enable further refinement of future interventions. Additionally, it will assess the rate at which conversations are occurring in this setting as a measure of direct patient impact. Lastly, this study will examine if there is a correlation between demographics and the provider's knowledge and attitudes.

Methods: Physicians and Advanced Practice Providers in Southeastern Virginia were asked to engage with an asynchronous online educational intervention as a part of a descriptive correlational study. The intervention included two modules to increase knowledge and attitudes surrounding goals of care conversations and to standardize documentation practices. An immediate pre and post educational intervention survey was completed in Qualtrics to evaluate knowledge and attitudes surrounding goals of care conversations. A retrospective chart review was completed for one month prior to the intervention and again one month after the intervention closed to assess for changes in documentation practices and standardization.

Intergenerational Learning Strategies for University and College Students to Reduce Ageism: Preliminary Scoping Review Results

Professional Poster Presentation

Dr. Michelle Hand [1], ***Dr. Emily Ihara*** [1], ***Dr. Megumi Inoue*** [1], ***Dr. Hyun Kang*** [1], ***Dr. Catherine Tompkins*** [1], ***Ms. Kaitlyn Harvey*** [1], ***Ms. Amanda Parsons*** [1]

1. *George Mason University*

Intergenerational learning initiatives can be used to improve educational outcomes among college and university students, to enhance greater wellness in later life, and to challenge the endorsement of ageism. However, research on the mutual benefits and effectiveness of intergenerational learning approaches in higher education is fairly recent, limited, and continuing to emerge. Thus, a scoping review was conducted to explore what is currently known about the use of intergenerational learning approaches in higher education based on available research and how (if at all) intergenerational approaches may be relevant for programming focused on improving inclusivity and reducing ageism, particularly among students who will work with older adults during their internships and after graduation. Further, this scoping review was conducted to offer an in-depth understanding of any implications this knowledge base may offer for practice, education, policy, and research that directly impacts older adults.

Interprofessional Education for Interprofessional Practice for Recreational Therapy and Speech-Language Pathology Through Experiential Service-Learning Activity

Best Practices Presentation

Mrs. Shelly Beaver [1], ***Dr. Rachel Johnson*** [1], ***Ms. Olivia Cheskey*** [1]

1. *Old Dominion University*

With an increase in the aging population, there is a high demand for effective service delivery to maintain the quality of life and overall well-being of older adults, particularly in long-term care settings. As a result, it is imperative that healthcare professionals are proficient at delivering effective and efficient comprehensive client-centered care. This session will present foundational concepts related to Interprofessional Education (IPE) as a means of preparing professionals in-training to utilize Interprofessional Practice (IPP) strategies and approaches to maintain the holistic health of older adults residing in nursing homes. Presenters will define IPE and identify core competencies for developing and implementing interprofessional therapeutic practice. In addition, strategies for implementing IPE in an established curriculum will be presented using Old Dominion University's Therapeutic Recreation and Speech-Language Pathology experiential learning program as a model.

Is Clinical Psychology Education Missing Geriatric Content?

Student Poster Presentation

Ms. Taylor Everly [1]***, Prof. Jennifer de la Cruz*** [1]***, Dr. Leslie Taylor*** [1]

1. *Mercer University*

By 2030 all baby boomers will be older than 65 and older adults' access to mental health services is limited. Of the 64 accredited clinical Doctor of Psychology (PsyD) programs in the country, less than ten percent require any geriatric-focused courses. This is corroborated by practicing psychologists reports of receiving few formal didactic and clinical experiences. In order to help older persons and their families maintain well-being, overcome problems, and achieve maximum potential during later life, psychologists must be prepared to provide proficient geriatric care. Few psychologists choose geriatrics as a specialty. This research identifies a lack of aging focused PsyD didactic and clinical training as a contributing factor. - A review of all course offerings at 64 accredited PsyD programs revealed that only five (7.8%) required a geriatric didactic course. This contrasts significantly to pediatric psychology education which has required courses at 50% of PsyD programs. Many programs require lifespan courses yet few mention explicit details of older adult content in their course descriptions leaving details to program discretion. Nationally, access to geriatric-focused training is limited to few courses, practicums, and internships. Enhanced geriatric training is critical in order to prepare psychologists for the complexity of care of older adults so that they can serve as key members of patients' interprofessional teams.

Memory Clinic: gerontologist for a healthy cognitive aging.

Virtual Presentation

Prof. Neyda Ma. Mendoza Ruvalcaba [1]**, *Prof. Maria Luisa Ávalos Latorre*** [1]**, *Prof. Melina Rodríguez Diaz*** [1]

1. *Universidad de Guadalajara*

"Clinic Memory" is a project of the Research Center of Development and Human Aging (CIDEH) at University of Guadalajara in collaboration with a governmental office (Sistema DIF) in Jalisco, Mexico. This project focuses on the prevention of cognitive decline and dementia in community-dwelling older adults. Offers specialized primary services dedicated to the diagnosis, intervention programs and monitoring of cognitive processes in aging.

Since 2018, have participated 564 older adults (Mean age 71 years old, 79.7% women), and 25 students of the Bachelor in Gerontology Program, the different Intervention programs offered in the Memory Clinic are:

-"Active-mind", consisted in a series of presential workshops of 8 group sessions, where cognitive training strategies are practiced to improve memory, attention, processing speed, executive functions, visuospatial skills, language.

-"How is your memory today?", consisted in a brief program (4 sessions) devoted to improving subjective memory and reduce memory complaints.

-"My mind online", developed and implemented during the pandemic of Covid-19 consisted in a series of 24 YouTube videos that were shared via WhatsApp to 113 older adults.

This project allows us to understand and analyze the cognitive profile of older adults in our context, besides, the results of the interventions are positive in general for older adults. Student´s experiences and competences participating in the program are also discussed, demonstrating the relevance of these programs in the training of gerontologists.

Multi-Generational Learning Partners: A Proposed Model for Education in Gerontology

Panel Symposium

Ms. Sonya Barsness [1], ***Ms. Zoe Byington*** [1], ***Ms. Tiffany Zhang*** [1]

1. *Georgetown University*

In order to present a multi-dimensional view of the experience of growing older in gerontological education, it needs to start with the lived experiences of older adults. This panel presentation is an overview of the Multi-Generational Learning Model that has been used in the graduate Psychology of Aging course in Georgetown University's Masters in Aging and Health Program. Through this model, older adult learning partners join the class on a regular basis for a shared learning experience with students, creating a multi-generational and experiential classroom. Learning partners and students share their perspectives on various topics in the Psychology of Aging, and participate in discussions equally. The presentation will describe how the course is structured, including how Learning Partners are invited and included, the creation of an inclusive and reciprocal classroom environment, and reported impact from both students and Learning Partners. In the spirit of person-centered thinking and critical Gerontology, the panel will present a call for action to consider how we can ensure that gerontological education is not offered in an academic vacuum that excludes the participation of older adults, and encourages multi-generational, critical discourse on the lived experience of growing older. In doing so, we hope to prepare emerging gerontologists, those interested in the aging field, and others, to see older adults as us, not them, and create a new paradigm of growing older.

Practicing Anti-Ageism Together

Technique or Tool Demonstration Workshop

Dr. Tracey Gendron [1], ***Dr. Jenny Inker*** [1]

1. *Virginia Commonwealth University*

This interactive session will facilitate a conversation about how ageism occurs in our day-to-day lives. Using interactive activities, we will build our capacity and practice techniques to respond to ageism in personal and professional situations. it will allow participants to build their knowledge of ageism's physical, mental, and societal effects and how language can shape ageist and anti-ageist views. Through a mixed format of presentation and active workshop participation, attendees will discover, brainstorm, and practice methods to speak up, share knowledge, and help others recognize the value of an anti-ageist society. Come ready to have fun and participant in vibrant and productive conversations!

Reengaging in Aging: A Panel Discussion on Reimagining Academic Retirement

Panel Symposium

Dr. Leland Waters [1], ***Dr. Patricia Slattum*** [2], ***Dr. Daniel Bluestein*** [3],
Dr. Jodi Teitelman [2], ***Dr. Patricia Bach*** [4], ***Dr. Pamela B. Teaster*** [5]

1. *CCHW,* ***2.*** *Virginia Commonwealth University,* ***3.*** *Virgina Commonwealth University,* ***4.*** *Eastern Virginia Medical School,* ***5.*** *Virginia Tech*

The model of retirement as an abrupt ending to professionally contributing to your given field isn't a good fit for academicians who aspire to have a societal impact. For gerontologists and geriatricians who have devoted their academic lives to these fields, reimagining retirement as an individually unique timeline not only benefits institutions, governments, and older people but also has a generative impact on the academicians. We conducted a mixed methods study of gerontologists and geriatricians to better understand how this re-engagement model has met the adaptational challenges of retirement. We elicited respondent perceptions of how their re-engagement has been helpful to their academic departments, explored how COVID has impacted retirement and re-engagement, and identified suggestions for retirement mentoring. We used two validated surveys, the Retirement Satisfaction Inventory, and the Retirement Experiences Questionnaire, and developed a 14-question interview guide built on earlier work by inquiries regarding the impacts of family and gender roles, and questions concerning the effects of the COVID-19 pandemic on the negotiation of the developmental challenges of retirement. We also inquired about respondents' perceptions of how a mentorship program can be developed to assist early and mid-career colleagues. This presentation will share insights into our findings in a panel discussion format, where several of our panelists will share their insights as they have reimagined their retirement paths.

Sigma Phi Omega: Learn how to join, create a chapter, and serve in the leadership of the International Academic Honor and Professional Society in Gerontology

Technique or Tool Demonstration Workshop

Dr. Diane Martin [1], ***Dr. Mary Ann Erickson*** [2]

1. *University of Maryland, Baltimore,* ***2.*** *Ithaca College*

This session will provide SGS attendees the opportunity to learn how to become a member and create a chapter in Sigma Phi Omega - the International Academic Honor and Professional Society in Gerontology. Membership and leadership opportunities are open to students, professionals, and faculty. These opportunities provide a space for recognition of academic and professional excellence and continued contribution to outstanding work with and for older adults. The target audience is students, professionals, and faculty. All are welcome into membership, and we provide opportunities for graduating with honors, as well as elected service at the international level through our many Leadership positions.

Taking Classroom to Community: Immersive Experiential Learning through Occupational Therapy Wellness Initiatives

Professional Paper Presentation

Dr. Allysin Bridges-German [1], ***Dr. Kendra Heatwole Shank*** [1]

1. *Towson University*

Occupational Therapy (OT) has straddled paradigms of medical and social models of health and wellness for over a century (Baum & Law, 1997). More recently, a refocusing on meaningful participation in daily life, aligned with the World Health Organization's model of health and wellbeing (WHO, 2023), has animated educational strategies to provide transformational learning for OT students. This shift coincides with ongoing efforts nationally to bolster gerontology preparation within curricula (Bardach & Rowles, 2012). An overwhelming need for student participation exposure to creative service delivery for older adults that transcends the medical model and enhances wellness remains (Reitz & Scaffa, 2020).

The purpose of this talk is to present a novel approach involving health professions students in community-based older adult program design and implementation. Towson University OT curricula include *OT Health Promotion Initiatives in the Community*, a course where graduate students are engaged in community-based wellness interventions for older adults as part of reimagining aging communities. This course is designed to facilitate experiences in conducting needs assessments, designing programs or services to meet said need(s), developing materials, markets, and stakeholder relationships, then deliver the program. While the age-inclusive course spans many populations, this presentation will discuss two student-designed programs for older adults at a regional Department on Aging and Non-profit organization. Social determinants of health of each region are then compared.

The designed, implemented student projects described highlight partnerships they created to ensure success. Outcomes are presented and discussed regarding the older adult participants, occupational therapy students, and partnering organizations.

Teaching students through service-learning: Using the AARP Walk Audit Tool Kit in an undergraduate gerontology ethics course

Virtual Presentation

Dr. Meredith Pitt [1]

1. *The University of Findlay*

The benefits that arise from service-learning projects in undergraduate courses can range from increasing the student's feelings of efficacy, development of moral standards, and strengthening of leadership qualities (Eyler, Giles, Stenson, & Gray, 2001). For some students, service-learning projects may be the first time they work with or for a particular population. In this presentation, information will be shared about the development of a service-learning project using the AARP's Walk Audit Tool Kit. The Walk Audit Tool Kit can be used by anyone concerned with the walkability and safety of a street, a neighborhood, or a community. Students in a gerontology ethics course were required to complete walk audits of neighborhoods in a rural town in northwest Ohio where their university is situated. Students compiled information using the free Tool Kit and presented their findings to the town's mayor and members of her cabinet. Students learned about advocating for the older adult population, presenting their findings to city officials, and participating in a project that impacted a community outside of their own classroom.

The Existential-Enhanced Rational Emotion Behavioral Therapy in Grief Counseling

Virtual Presentation

Dr. Lufei Young [1]

1. UNC Charlotte

The first objective of this paper is to review the influence of a therapist's personal philosophy on the choices of psychotherapy in geriatric psychiatric practice. Personal philosophy and belief play a significant role in choosing different approaches to geriatric psychotherapy. The therapist utilizes and prefers different theories of personality based on his/her personal philosophy, culture, life experiences, education, social connections and family background. Therefore, it is important for the therapist to have a full awareness of his/her values and beliefs, and their influences on their approaches and practice style, which helps achieving the highest ethical standards and the best outcomes for clients. In addition, this paper proposes an integrative conceptual model that combines two psychotherapy theories. The practitioners may use the model to develop effective interventional strategies in grief counseling.

The Importance of Informal Social Networks for Mid-Career Professionals in Gerontological Education

Best Practices Presentation

Dr. Chris Kelly [1], *Dr. Alexis A Bender* [2], *Dr. Candace Kemp* [3], *Dr. Ishan Williams* [4],
Dr. Jennifer Craft Morgan [3]

1. *University of Nebraska at Omaha,* ***2.*** *Emory University,* ***3.*** *Georgia State University,* ***4.*** *University of Virginia*

As gerontology programs in higher education institutions have experienced periods of both expansion and contraction in the past 25 years, one constant has been the collaboration of academics in aging both within and across institutions, particularly academics from the same cohort. In this panel discussion, five scholars and SGS members, all trained in the 2000s, provide examples of these collaborations, across topics that include family caregiving supports, health care and long-term care disparities, the recruitment of the direct care workforce, and the regulation of long-term supportive services. This discussion is intended to illuminate how informal social networks have helped now mid-career academics achieve professional growth while making substantial contributions to the base of knowledge in a still emerging discipline.

The Use of Virtual Reality Cases to Improve Empathy, Knowledge, and Attitudes in Geriatrics Clerkship Students

Student Paper Presentation

Mrs. Desiree Seid [1] , ***Dr. Pamela Saunders*** [2]

1. *Georgetown University School of Medicine,* ***2.*** *Georgetown University*

The use of virtual reality (VR) tools in medical education has increased in the past 10 years, our study suggests that VR can be used to increase medical students' empathy towards older adults. By offering VR cases during the Geriatrics Clerkship, our goal is for medical students to see age-related processes and diseases through a holistic lens and to improve empathy toward older adults. This study examines if participating in VR cases using a guided reflection improves empathy toward older adults and specific age-related illnesses using pre-and post-measures. Students enrolled in the third-year Geriatrics Clerkship at Georgetown University (GU) School of Medicine were recruited to participate in the study. Approval was obtained by the GU Institutional Review Board. Using VR software from Embodied Labs (www.embodiedlabs.com), students were able to embody older adults in two cases, one portraying an individual with dementia and one focused on age-related macular degeneration and hearing loss. Before and after the VR experience, students completed the Jefferson Empathy Scale (Hojat, 2016), as well as knowledge and attitudes scales. Preliminary results (still in process) indicate an increase in empathy, positive attitudes, and knowledge for both the dementia case and the age-related macular degeneration/hearing loss case. Implications suggest that using VR training tools could be an effective tool to increase students' empathy as well as knowledge and attitudes towards age-related processes.

Utilizing Evidence-Based Practice to Impact Gerontological Education and Professional Development

Technique or Tool Demonstration Workshop

Dr. Tracy McClinton [1]

1. *University of Tennessee Health Science Center*

In the age of new technologies and pharmaceutical breakthroughs, improving the geriatric population's health is a primary concern to ensure aging adults receive evidence-based care which enables them to thrive in society. Teach-ing advanced practice nursing (APRN) students evidence-based practice competencies to implement change is a key approach to improving patient safety and healthcare outcomes. Evidence-based practice (EBP) competencies are best practices for improving health care outcomes, as evidence informs us on how to implement practice changes. The Seven Steps of Evidence-Based Practice Model incorporates change utilizing EBP competencies which begin with a spirit of inquiry in asking the appropriate questions to improve care in the geriatric population. Subsequent competencies include: 1) formulating a strong P-I-C-O-T question, which includes the population, intervention, com-parison, outcome, and time when appropriate, 2) searching the databases for the correct evidence, 3) critically ap-praising the evidence, 4) synthesizing the evidence, 5) integrating the evidence, 6) evaluating the outcomes, and 7) disseminating the findings. Teaching these EBP skills to advanced practice nurses who care for our aging older population is vital to ensure best practices are implemented in our clinics, hospitals, pharmacies, rehabilitation cen-ters, long-term care facilities, and everywhere care is provided for the geriatric patient. This pedagogical strategy of teaching evidence-based practice competencies aligns with National Organization of Nurse Practitioner Faculties (NONPF) Core Competencies of the nurse practitioner and the American Association of Colleges of Nurses (AACN) Es-sentials. Utilization of specific tools in teaching EBP competencies improves safety and healthcare outcomes within the geriatric population.

Working with Sexual and Gender Minority Older Adults

Best Practices Presentation

Dr. Jeffrey Lentz [1]

1. *Emory University*

The sexual and gender minorities population continues to age and is at risk for utilizing long-term care services. This poses an issue for long-term service administrators and staff as they are not prepared to provide inclusive quality care for sexual and gender minority older adults. In order to give quality inclusive care to older sexual and gender minority adults, long-term care administrators and staff need to have a basic understanding of terms, history, trauma, and intolerance sexual and gender minorities experienced throughout their life course. In addition, learn how to make their communities safe, welcoming, and inclusive for sexual and gender minority older adults. This workshop will give participants an overview and best practices for working with older sexual and gender minority adults in personal care homes, assisted living communities, and nursing homes. Topics include terms, historical trauma, discrimination, prejudice, dementia, statistics, and resources to make communities safe, welcoming, and inclusive.

Advocacy For Or By Older Adults

Collaborative partnership to increase Historically Black College or University (HBCU) student participation with the Alzheimer's Association Thurgood Marshall College Fund outreach program

Professional Paper Presentation

Dr. Kathleen Thomas [1]***, Ms. Denisha Megginson*** [1]***, Ms. Bryana Rosado*** [1]***, Ms. Alisa Lofton*** [2]***, Ms. Katie McDonough*** [3]***, Dr. Paul Aravich*** [4]

1. *Norfolk State University,* ***2.*** *Alzheimer's Association Southeastern Virginia,* ***3.*** *Alzheimer's Association, Southeastern Virginia Chapter,* ***4.*** *Eastern Virginia Medical School*

Alzheimer's disease (AD) is a major public health challenge for older people. Older African Americans (AAs) have a 1.5-2 times higher risk than older Caucasian Americans. The national Alzheimer's Association has partnered with the Thurgood Marshal College Fund (TGMCF) to train undergraduates from Historically Black Colleges or Universities (HBCUs) to become community champions to address this disparity. The effort reported here proposes a way to better identify meritorious students from Norfolk State University to participate in the TGMCF program with the Southeastern Virginia Chapter of the Alzheimer's Association. Twenty-three college-aged students in an undergraduate neuroscience course were asked to write essays between 400-1,000 words entitled, "How I will become an African American Community champion for better awareness and treatment of Alzheimer's disease." Researchers read the anonymous essays and identified three common themes. The most prevalent was a need to increase awareness of the risks of Alzheimer's in the AA community and ways to raise that awareness. Secondly, students identified use of the Health Belief Model to encourage willingness to participate in research studies. Finally, culturally appropriate services necessary for continuous awareness and participation were identified. Other items included advocating for affordable health insurance for early diagnosis and promoting increased funding. The top two best essays were determined, qualitatively, and de-identified. The winners were then acknowledged by co-authorship on this abstract. It is proposed this strategy expands the student selection criteria for the innovative Alzheimer's Association-TGMCF community champion program to increase AA Alzheimer's disease awareness and quality of life.

Development of the National Council of Dementia Minds: An Advocacy-Based Peer Support Organization Led by People Living with Dementia

Virtual Presentation

***Dr. Melissa Harris* [1], Mr. Steven Barbieri [2], Mrs. Bonnie Erickson [2], Ms. Florence Johnson [3], Mr. Brian LeBlanc [2], Ms. Anitra Mostacero [2], Mrs. Brenda Roberts [2], Mr. Mark Roberts [2], Dr. Joanna Fix [2]**

***1.** Duke University School of Nursing, **2.** National Council of Dementia Minds, **3.** University of Michigan*

Peer support, engagement in advocacy, and empowerment-building initiatives can promote socialization and enhance well-being among persons living with dementia (PLWD). Yet, few supports exist that empower PLWD through group-based advocacy engagement, and even fewer have been developed by experts living with the disease. The National Council of Dementia Minds (NCDM) is a non-profit organization led by PLWD with a mission to transform the worldview of dementia. To carry out this mission, the NCDM offers remotely-facilitated, group-based experiences designed to empower PLWD through co-creation of advocacy-based projects and presentations. Since 2019, the NCDM has led 8 groups involving over 55 PLWD with projects and presentations reaching over 12,000 healthcare professionals, researchers, students, community leaders, and others across 6 countries. This presentation will begin with a visual timeline depicting the history and development of the NCDM organization, followed by a conceptual model illustrating the structure and process of the facilitated, advocacy-based experiential programming developed by NCDM. A video montage will then be presented of founders and other key members of the NCDM who will discuss what they perceive to be the key components that make the NCDM programming a success. Members will then describe ways in which their involvement in NCDM has supported their own journeys of living with dementia. This presentation will highlight how the coming together of a small group of PLWD led to the development and rapid progression of a transformative organization that is filling an intense gap by offering support to people actually living with the disease.

Evidence-Based Non-Clinical Service Delivery Advantages and Challenges

Best Practices Presentation

Dr. Jim Mitchell [1]

1. *Professor Emeritus, East Carolina University*

Based upon a former project as a “best practice,” *A Demonstration Service Allocation Program for the Rural Elderly*, conducted from 1989 to 1991 as a springboard, the advantages of an evidence-based approach to planning for and delivering community-based and in-home services to elderly people will be discussed, tempered by the discussion of challenges to implementation and continuation. Consistent with the SGS mission to encourage academic and service-provider partnership, advantages of and challenges to the development, implementation, and continuation of a data-based approach to planning and delivering services will be discussed from both university-based academic, and service-provider perspectives.

People Under Guardianship in Rural Virginia

Professional Paper Presentation

***Dr. Pamela B. Teaster* [1], *Dr. E. Carlisle Shealy* [1]**

***1.** Virginia Tech*

Humanizing data about people with a guardian are largely unavailable without significant resources for extraction, which can shed light on their gender, living situation, health conditions, and whether they are improving mentally or physically. We characterized the people with a guardian in rural Smyth County, Virginia, and coded petitions for guardianship from 2019 and 2020 for race, gender, age, medical conditions, place of residence, person serving as guardian, and timeliness of the report of guardian. Of the 46 people, 54% were males, Caucasian (89%) and over the age of 60 (63%). Most lived at home followed by a mental health hospital, with intellectual and developmental disabilities reported in 93.5%. Family members most frequently served as guardian (60.9%), with adult children typically taking on the role. On average, 83 days were required to appoint a guardian. Among the 30 people with an annual Report of Guardian for an Incapacitated Person, guardians recommended continuation for 20 people; the guardianship ended due to death for eight people; and status could not be determined for two people. After assessing two years of petitions across six different data sources, we encountered significant challenges in analyzing the annual report. Reports were highly subjective, often completed by hand, and included many opened-ended questions. Overhauling the report, streamlining data collection and retrieval, and creating greater accountability for guardians when a report is late or missing would help counties better monitor and protect those under guardianship.

Physician Orders for Scope of Treatment in Rural Southwest Virginia

Professional Paper Presentation

Dr. E. Carlisle Shealy [1], ***Dr. Pamela B. Teaster*** [1]

***1.** Virginia Tech*

The purpose of Physician Orders for Life-Sustaining Treatment (POLST) is to improve end-of life-care for patients with advanced, chronic, and progressive illnesses whose death is expected within a year. Although it exists in some form in all states, uptake has lagged in rural areas such as Southwest Virginia (where it is called POST). Our study investigated current practices and barriers around using POST in Southwest Virginia, grounded in Kingdon's Theory of Policy Formulation and Longest's Stages of Policy Making. We conducted an online survey of people identified by the Virginia POST Collaborative and then invited respondents to participate in a semi-structured interview to explore rural POST uptake more deeply. We received 101 survey responses and conducted 20 interviews of stakeholders. Respondents came from a variety of disciplines–social workers (34%), RNs (21%), and physicians (18%); nearly half provided care in outpatient settings (48%) with 40% providing care in both inpatient and outpatient settings. Most (95%) used electronic medical records, with 74% of their facilities supporting patients' completion of a POST document and 87% honoring a POST document. COVID-19 did not significantly affect the use of POST. From the interviews, three themes emerged related to uptake: the importance of education, instituting the completion of POST forms as an organizational policy, and identifying leaders and inflection points to increase POST uptake. Strategies for increasing uptake included the need for consistent funding, virtual opportunities for POST conversations, measurement/research that POST achieves its goals, and identification of consistent champions in rural areas.

Policy and Advocacy Workshop: Develop your Advocacy Pitch

Technique or Tool Demonstration Workshop

Dr. Annie Rhodes [1], ***Dr. Lindsay Peterson*** [2]

1. *Virginia Commonwealth University,* ***2.*** *University of South Florida*

The advocacy “pitch” is a brief persuasive tool that conveys an issue’s importance and convinces others to support it. A good pitch can be used in digital and face-to-face advocacy and organizational or political contexts. But– it can be daunting to know where to start. An impactful “pitch” requires clear communication of the key messages and a call to action. At this workshop, participants will learn about the current advocacy priorities of SGS and advocacy resources. Participants will also structure their personal advocacy “pitch”. Come to this interactive, low-stress workshop to practice developing or refining your gerontological advocacy and support your peers by providing valuable feedback. Network, collaborate, and learn how fellow SGS members use advocacy to advance essential causes for older adults—presented by the Public Policy and Advocacy Committee.

The SGS Public Policy and Advocacy Committee believe that all SGS members have a role to play in advocacy and supporting the SGS mission of bridging research and practice. The committee also curates a collection of national and state advocacy resources for members on the SGS website.

Reporting Elder Abuse To Enhance Interprofessional Teams

Professional Poster Presentation

Dr. Meredith Troutman-Jordan [1]***, Dr. Boyd Davis*** [2]***, Dr. Lufei Young*** [3]

1. *Univerisity of North Carolina at Charlotte,* ***2.*** *Professor Emerita,* ***3.*** *UNC Charlotte*

The U.S. has an estimated 5.0 million cases of elder abuse yearly, with $36.5 billion of annual loss. Unfortunately, over 50% of elder abuse is not reported. Our study aims to investigate the enabling, hindering, and intention to report factors influencing actual reports of suspected elder abust in the home health setting. The purpose is to examine factors influencing home health nurses' and social workers' decisions to report elder abuse. An exploratory sequential mixed method design will be used to collect, analyze, and triangulate qualitative and quantitative data. This poster will present data from the first phase of this project; data from a focus group conducted with a sample of home health nurses exploring their knowledge, experiences, feelings and self-efficacy related to recognition and reporting suspected elder abuse.

The Importance of Resident Councils for Self-Advocacy in Long-Term Care

Panel Symposium

Dr. Kim Stansbury [1], ***Mr. William Lamb*** [2], ***Dr. Willa Casstevens*** [3], ***Ms. Lauren Zingraff*** [4]

1. *North Carolina State University,* ***2.*** *Friends of Residents in Long-Term Care,* ***3.*** *Buena Vista University,* ***4.*** *National Association of Social Workers North Carolina Chapter*

One of the results of the pandemic for nursing home residents was that residents were isolated in their rooms for safety reasons, leading to extreme social isolation and the cessation or reduction in Resident Council meetings at most facilities. North Carolina State University (NC State) School of Social Work and community partner Friends of Residents in Long-Term (FOR) had received a Civil Monetary Penalty grant prior to the pandemic aimed at developing resource material and supports to enhance the operation of nursing home Resident Councils in North Carolina. These resources and supports were developed primarily through virtual collaboration among stakeholders, including nursing home residents, during the pandemic. Five short videos and an accompanying manual were developed on different aspects of Resident Council development and operation. Regional ombudsmen were trained and used to introduce videos and manual at five nursing homes in North Carolina. After these were piloted, a team member conducted semi-structured interviews to evaluate Resident Council reactions to the material. Responses were generally favorable, and at least one nursing home decided to include the first video in its new resident orientation. This panel presentation describes the design and purpose of the project, the importance of residents having a voice in the care they receive, and how Resident Councils are an important component of collective advocacy in long-term care settings.

Virginians’ Needs and Knowledge of Available Elder Abuse Resources

Professional Paper Presentation

***Dr. Sarah A. Marrs* [1], Ms. Courtney O’Hara [1], Ms. Catherine MacDonald [1]**

***1.** Virginia Commonweath University*

As the population of older adults in our world continues to grow, it is estimated that one in five people in Virginia will be older than 65 years by the year 2030 (Sen, 2017). Reported cases of elder abuse have been steadily increasing (DARS, 2021) and this trend is expected to worsen and intensify. As a starting place to begin building a more resource rich Virginia, we conducted a two-part, mixed methods needs assessment to better understand the knowledge of resources available in Virginia as well as the needs of older adults, caregivers, and frontline workers related to abuse. First, we conducted focus groups and interviews with frontline workers in healthcare, law enforcement, and aging/victim services. Themes from these focus groups were shared at last year’s conference but will be reiterated here. Second, we sent out a statewide survey assessing knowledge of and needs for targeted resources relating to elder abuse. The survey was completed by those who work with older adults (n = 2,891) as well as older adults and caregivers (n = 288). Taken together, our qualitative and quantitative findings point to a number of areas in need of additional support and professional development and education for practitioners as well as older adults and their caregivers. This is particularly important when it comes to increasing the public’s ability to recognize and respond to abuse in later life. Finally, our findings highlight ways in which we can broadly strengthen capacity to better safeguard elders in Virginia.

Washington Update and Why You Should Care

Best Practices Presentation

Mr. Robert Blancato [1]

1. *Matz, Blancato & Associates*

This session will provide current information on major aging-related federal public policy issues and education on how to effectively advocate with Congress and the Executive branch. It will also have an interactive Q&A session to discuss additional policy issues of importance to SGS.

What About Us? The Aging Without Children Advocacy Movement

Professional Paper Presentation

Dr. Sara English [1]
1. *Winthrop University*

Choice or change often . The same is true for persons who do not have children. Current estimates find that about 20% of persons over the age of 50 have no children. A United States Census report (United States Census Bureau, 2021) illustrated the failure of current policies for older persons, which fail to meet the needs of our aging population. Indeed, the burgeoning number of persons who are aging without children is exposing the gaps in care that are often left unfilled for persons who have no living children, who never had children, or who experience estrangement from adult children who have, traditionally, supported the care needs of aging persons. This paper examines the grass-roots advocacy of the Aging Without Children (AWOC) network in the United Kingdom, and its important influence on policy to address the needs and assert the power of persons who are aging, without benefit of children, and how AWOC can serve as a catalyst for change for older persons in the United States.

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